

**WASHOE COUNTY
DISTRICT BOARD OF HEALTH**

Matt Smith, Chairman
Kitty Jung, Vice Chairman
George Furman, MD
Councilman Dan Gustin
George Hess, MD
Denis Humphreys, OD
Councilwoman Julia Ratti

ANNOTATED AGENDA

DISTRICT BOARD OF HEALTH
Building B – South Auditorium
1001 East Ninth Street, Reno, Nevada

September 22, 2011

1:00 PM

NOTICE

Pursuant To NRS 241.020, Please Be Advised That The Agenda For The District Board Of Health Meeting Has Been Posted At The Following Locations: Washoe County Health District (1001 E. 9th St), Reno City Hall (1 E. 1st St), Sparks City Hall (431 Prater Way), Washoe County Administration Building (1001 E. 9th St), And On The Washoe County Health District Website @ WWW.WASHOECOUNTY.US/HEALTH.

The Board of Health may take action on the items denoted as “(for possible action)”.

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

NOTE: Items on the agenda may be taken out of order; combined with other items; withdrawn from the agenda; moved to the agenda of another later meeting; moved to or from the Consent section; or may be voted on in a block.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in the Consent section of the agenda are voted on as a block and will not be read or considered separately unless withdrawn from the Consent Section.

The District Board of Health meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, PO Box 11130 Reno, NV 89520-0027 or by calling (775) 328-2416 24-Hours prior to the meeting.

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

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

1.	Call to Order, Pledge of Allegiance Led by Invitation	HELD
2.	Roll Call	HELD
3.	Public Comment (3 minute time limit per person)	NO PUBLIC COMMENT PRESENTED
4.	Approval/Deletions to the Agenda for the September 22, 2011 Meeting (for possible action)	APPROVED
5.	Approval/Additions/Deletions to the Minutes of the August 25, 2011 Meeting (for possible action)	APPROVED
6.	Recognitions and Proclamations	<p><u>YEARS-OF-SERVICE</u> MARY-ANN BROWN – 5 YEARS MARY AMES – 10 YEARS CRAIG PETERSEN – 10 YEARS</p> <p><u>APPOINTMENT BY GOVERNOR – STATE OF NEVADA EMERGENCY RESPONSE COMMISSION</u> JEFF WHITESIDES</p> <p><u>KRISTINE NAGY-JOHNSON – 2011 RECOGNITION AWARDS – CHILD ABUSE AND NEGLECT PREVENTION TASK FORCE (CAN) – DONNA LEGG AWARD – EXCELLENT PUBLIC HEALTH SERVICE</u> DEBBIE CHICAGO</p> <p><u>PROCLAMATION – DECLARING SEPTEMBER 2011 – “NATIONAL PREPAREDNESS MONTH”</u> ADOPTED</p>
7.	<p>Consent Agenda</p> <p>Matters, which the District Board of Health may consider in one motion. Any item, however, may be discussed separately by Board member request. Any exceptions to the consent agenda must be stated prior to approval.</p> <p>A. Air Quality Management Cases</p> <p>1. Recommendation to Uphold Citations Unappealed to the Air Pollution Control Hearing Board</p> <p>a. No Cases This Month</p> <p>2. Recommendations of Cases Appealed to the Air Pollution Control Hearing Board</p> <p>a. No Cases This Month</p> <p>B. Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board</p> <p>1. No Cases This Month</p> <p>C. Budget Amendments / Interlocal Agreements</p> <p>1. Ratification of Interlocal Agreement between the Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to Provide Educational Opportunities for School of Social Work Students to Engage in Practical Application of Classroom Instruction in a Public Health Agency Environment for the Period Upon Approval of the Board of Regents and the Washoe County Board of Health through June 30, 2012 Unless Extended by the Mutual Agreement of the Parties; with Automatic renewal for Two (2) Successive One-Year Periods for a Total of Three (3) Years on the Same Terms Unless Either Party Gives the Other Written Notice of Nonrenewal at Least Sixty (60) Days Prior to June 30 of Each Year (for possible action)</p> <p>2. Proposed Ratification of Interlocal Contract with the State of Nevada, Department of Motor Vehicles, for the DMV Excess Reserve Grant Program (IO TBD), in the Total Amount of \$230,000, for the Period of Approval through June 30, 2013; and Approval of Budget Amendments Totaling an Increase of \$230,000 in Both Revenue and Expenses (for possible approval)</p>	<p>APPROVED</p> <p>APPROVED</p>

3.	Approval of Notice of Subgrant Award from the Nevada State Health Division in the Amount of \$497,304 (with \$49,730 or 10% Health District match), in Support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness (PHP) Program, for the Period of August 10, 2011 to August 9, 2012 (for possible action)	APPROVED
4.	Approval of Budget Amendments Totaling an Increase of \$52,432 in Both Revenue and Expense Air Quality Management, EPA Air Pollution Control Program, IO 10019 (for possible action)	APPROVED
5.	Approval of Amendments Totaling an Increase of \$5,000 in Revenue and \$3,000 in Expense to the Medical Reserve Corps (MRC) – National Association of County and City Health Officials (NACCHO) Grant Program (Internal Order #10969), FY 12 Budget; and Approval of Amendments Totaling an Increase of \$2,000 in Expenses to the MRC – NACCHO Grant Program (Internal Order #10655) FY 12 Budget (for possible action)	APPROVED
6.	Approval of Application Submission to the Office of Population Affairs (OPA) Title X Family Planning Services Program for a Competitive Continuing Grant for the Period of July 1, 2012 through June 18, 2018 for the Washoe County Health District (for possible action)	APPROVED
8.	Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health A. No Cases This Month	
9.	Regional Emergency Medical Services Authority A. Review and Acceptance of the Operations and Financial Report for August 2011 (for possible action) B. Update of REMSA's Community Activities Since August 2011 C. Update to REMSA's Response to the Mass Casualty Events in Carson City and at the Reno National Championship Air Races; and the Health District's Response to the Air Races	ACCEPTED PRESENTED PRESENTED
10.	Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for August 2011 (for possible action)	ACCEPTED
11.	Program Overview – Washoe County Social Services “ <i>Sleep Safe Baby Campaign</i> ”, and Program Overview – REMSA's “ <i>Cribs for Kids Campaign</i> ”	PRESENTED
12.	Discussion and Possible Determination of Agenda Items for the Board of Health's October 6, 2011 Strategic Retreat (for possible action)	DISCUSSED
13.	Staff Reports and Program Updates A. Director, Epidemiology and Public Health Preparedness – Communicable Disease; Public Health Preparedness (PHP) Activities B. Director, Community and Clinical Health Services – 2011 Obesity Forum; 2011 Back to School Immunizations; 2011 Budget and Legislative Impacts on the Nevada Department of Health and Human Services; Washoe County Board of County Commissioners (BCC) Staff Report on Community Food Systems C. Director, Environmental Health Services – Special Events; Vector-Borne Prevention Program – Bed Bugs; Vector-Borne Diseases Prevention Program D. Director, Air Quality Management – Monthly Report of Air Quality Activities, Permitting Activities, Compliance/Inspection Activity, and Enforcement Activity E. Administrative Health Services Officer – Washoe County Health District Technology Services Activities F. District Health Officer – 2012/2013 Legislative Sessions; Budget; Human Resources; Communication; Washoe County & Community Activities; Media Contacts and Outreach; State-wide (and Beyond) Organizational Efforts; District Board of Health Information and Resources	PRESENTED
14.	Board Comment – Limited to Announcements or Issues for Future Agendas	COMMENTS PRESENTED
15.	Public Comment – (3 minute time limit per person)	NO COMMENTS PRESENTED
16.	Adjournment (for possible action)	ADJOURNED

**WASHOE COUNTY
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George Furman, MD
Councilman Dan Gustin
George Hess, MD
Denis Humphreys, OD
Councilwoman Julia Ratti

NOTICE OF MEETING AMENDED AGENDA

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1:00 PM

1. Call to Order, Pledge of Allegiance Led by Invitation Mr. Smith
2. Roll Call Ms. Smith
3. Public Comment (3 minute time limit per person) Mr. Smith
4. Approval/Deletions to the Agenda for the September 22, 2011 Meeting **(for possible action)** Mr. Smith
5. Approval/Additions/Deletions to the Minutes of the August 25, 2011 Meeting **(for possible action)** Mr. Smith
6. Recognitions and Proclamations Mr. Smith
 - A. Years-of-Service
 1. Mary-Ann Brown – CCHS – 5 Years
 2. Mary Ames – AQM – 10 Years
 3. Craig Petersen – AQM – 10 Years
 - B. Appointment by the Governor to the State of Nevada Emergency Response Commission
 1. Jeff Whitesides – EPHP
 - C. Kristine Nagy-Johnson – 2011 Recognition Awards – Child Abuse and Neglect Prevention Task Force (CAN) – the Donna Legg Award for Excellent Public Health Service
 1. Debbie Chicago – CCHS
 - D. Recommendation to Approve and Adopt Proclamation Declaring September 2011 as *"National Preparedness Month"* **(for possible action)**
7. Consent Agenda Mr. Smith

Matters, which the District Board of Health may consider in one motion. Any item, however, may be discussed separately by Board member request. Any exceptions to the consent agenda must be stated prior to approval.

 - A. Air Quality Management Cases
 1. Recommendation to Uphold Citations Unappealed to the Air Pollution Control Hearing Board Mr. Bonderson
 - a. No Cases This Month
 2. Recommendations of Cases Appealed to the Air Pollution Control Hearing Board Mr. Bonderson
 - a. No Cases This Month
 - B. Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board Mr. Tyre
 1. No Cases This Month
 - C. Budget Amendments / Interlocal Agreements
 1. Ratification of Interlocal Agreement between the Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to Provide Educational Opportunities for School of Social Work Students to Engage in Practical Application of Classroom Instruction in a Public Health Agency Environment for the Period Upon Approval of the Board of Regents and the Washoe County Board of Health through June 30, 2012 Unless Extended by the Mutual Agreement of the Parties; with Automatic renewal for Two (2) Successive One-Year Periods for a Total of Three (3) Years on the Same Terms Unless Either Party Gives the Other Written Notice of Nonrenewal at Least Sixty (60) Days Prior to June 30 of Each Year **(for possible action)**
 2. Proposed Ratification of Interlocal Contract with the State of Nevada, Department of Motor Vehicles, for the DMV Excess Reserve Grant Program (IO TBD), in the Total Amount of \$230,000, for the Period of Approval through June 30, 2013; and Approval of Budget Amendments Totaling an Increase of \$230,000 in Both Revenue and Expenses **(for possible approval)**

3. Approval of Notice of Subgrant Award from the Nevada State Health Division in the Amount of \$497,304 (with \$49,730 or 10% Health District match), in Support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness (PHP) Program, for the Period of August 10, 2011 to August 9, 2012 **(for possible action)**
 4. Approval of Budget Amendments Totaling an Increase of \$52,432 in Both Revenue and Expense Air Quality Management, EPA Air Pollution Control Program, IO 10019 **(for possible action)**
 5. Approval of Amendments Totaling an Increase of \$5,000 in Revenue and \$3,000 in Expense to the Medical Reserve Corps (MRC) – National Association of County and City Health Officials (NACCHO) Grant Program (Internal Order #10969), FY 12 Budget; and Approval of Amendments Totaling an Increase of \$2,000 in Expenses to the MRC – NACCHO Grant Program (Internal Order #10655) FY 12 Budget **(for possible action)**
 6. Approval of Application Submission to the Office of Population Affairs (OPA) Title X Family Planning Services Program for a Competitive Continuing Grant for the Period of July 1, 2012 through June 18, 2018 for the Washoe County Health District **(for possible action)**
-
8. Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health
 - A. No Cases This Month
 Mr. Bonderson

 9. Regional Emergency Medical Services Authority
 - A. Review and Acceptance of the Operations and Financial Report for August 2011 **(for possible action)**
 - B. Update of REMSA's Community Activities Since August 2011
 - C. Update to REMSA's Response to the Mass Casualty Events in Carson City and at the Reno National Championship Air Races; and the Health District's Response to the Air Races
 Mr. Gubbels
 Ms. Coulombe
 Dr. Todd
 Ms. Akurosawa

 10. Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for August 2011 **(for possible action)**
 Ms. Coulombe

 11. Program Overview – Washoe County Social Services “*Sleep Safe Baby Campaign*”; and Program Overview – REMSA's “*Cribs for Kids Campaign*”
 Ms. Hunter
 Ms. Krall

 12. Discussion and Possible Determination of Agenda Items for the Board of Health's October 6, 2011 Strategic Retreat **(for possible action)**
 Dr. Iser

 13. Staff Reports and Program Updates
 - A. **Director, Epidemiology and Public Health Preparedness** – Communicable Disease; Public Health Preparedness (PHP) Activities
 Dr. Todd
 - B. **Director, Community and Clinical Health Services** – 2011 Obesity Forum; 2011 Back to School Immunizations; 2011 Budget and Legislative Impacts on the Nevada Department of Health and Human Services; Washoe County Board of County Commissioners (BCC) Staff Report on Community Food Systems
 Ms. Brown
 - C. **Director, Environmental Health Services** – Special Events; Vector-Borne Prevention Program – Bed Bugs; Vector-Borne Diseases Prevention Program
 Mr. Monsen
 - D. **Director, Air Quality Management** – Monthly Report of Air Quality Activities, Permitting Activities, Compliance/Inspection Activity, and Enforcement Activity
 Mr. Dick
 - E. **Administrative Health Services Officer** – Washoe County Health District Technology Services Activities
 Ms. Coulombe
 - F. **District Health Officer** – 2012/2013 Legislative Sessions; Budget; Human Resources; Communication; Washoe County & Community Activities; Media Contacts and Outreach; State-wide (and Beyond) Organizational Efforts; District Board of Health Information and Resources
 Dr. Iser

 14. Board Comment – Limited to Announcements or Issues for Future Agendas
 Mr. Smith

 15. Public Comment – (3 minute time limit per person)
 Mr. Smith

 16. Adjournment **(for possible action)**
 Mr. Smith

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING
Board Room - Health Department Building
Wells Avenue at Ninth Street

September 22, 2011

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WASHOE COUNTY DISTRICTBOARD OF HEALTH MEETING

September 22, 2011

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WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING
SEPTEMBER 22, 2011

PRESENT: Commissioner Kitty Jung, Vice Chair; Councilman Dan Gustin (arrived at 1:17pm); George Hess, MD; Denis Humphreys, OD; and Councilwoman Julia Ratti

ABSENT: Mr. Matt Smith, Chairman; and George Furman, MD

STAFF: Dr. Joe Iser, District Health Officer; Eileen Coulombe, Administrative Health Services Officer; Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness; Mary-Ann Brown, Director, Community and Clinical Health Services; Kevin Dick, Director, Air Quality Management; Scott Mosen, Vector-Borne Disease Program Coordinator, Acting Director, Environmental Health Services; Patsy Buxton, Fiscal Compliance Officer; Lori Cooke, Fiscal Compliance Officer; Jeff Whitesides, Manager, Public Health Preparedness Program; Craig Petersen, Air Quality Specialist; Mary Ames, CPS, Office Assistant II; Christine Conti, Health Care Systems Liaison; Debbie Chicago, Community Health Aide; Betsy Hambleton, Medical Reserve Corps Coordinator; Jeanne Harris, Administrative Secretary; Steve Fisher, Department Computer Application Specialist; Candy Hunter, Public Health Nurse Supervisor; Curtis Splan, Department Computer Application Specialist; Janet Smith, CPS, Recording Secretary; and Leslie Admirand, Deputy District Attorney

At 1:05pm, Vice Chair Jung called the Washoe County District Board of Health meeting to order, followed by the Pledge of Allegiance, led by Ms. Christina Conti, Health Care Systems Liaison.

ROLL CALL

Roll call was taken and a quorum of the Board noted. Mrs. Janet Smith, CPS, Recording Secretary, advised Chairman Matt Smith and Dr. Furman are excused.

PUBLIC COMMENT

There was no public comment presented.

APPROVAL/DELETIONS – AGENDA – SEPTEMBER 22, 2011

Vice Chair Jung called for any additions or corrections to the agenda of the September 22, 2011 meeting of the Washoe County District Board of Health meeting.

MOTION: Dr. Hess moved, seconded by Ms. Ratti, that the agenda of the District Board of Health September 22, 2011 meeting be approved as received. Motion carried unanimously.

APPROVAL/ADDITIONS/CORRECTIONS – MINUTES – AUGUST 25, 2011

Vice Chair Jung called for any additions or corrections to the minutes of the August 25, 2011 meeting of the Washoe County District Board of Health.

MOTION: Dr. Humphreys moved, seconded by Dr. Hess, that the minutes of the District Board of Health August 25, 2011 meeting be approved as received. Motion carried unanimously.

RECOGNITIONS AND PROCLAMATIONS

Vice Chair Jung and Dr. Joseph Iser, District Health Officer, presented Certificates of Recognition to Ms. Mary-Ann Brown for **5 Years-of-Service**; Ms. Mary Ames for **10 Years-of-Service**; and Mr. Craig Petersen for **10 Years-of-Service**.

Dr. Iser introduced Mr. Jeff Whitesides, Manager, Public Health Preparedness Program, advising that Mr. Whitesides has been appointed to the State of Nevada Emergency Response Commission by the Governor, serving from July 25, 2011 through June 30, 2015.

Dr. Iser introduced Ms. Debbie Chicago, Community Health Aide, advising at the 2011 Kristine Nagy-Johnson Recognition Awards for Child Abuse and Neglect Prevention Task Force (CAN), Ms. Chicago received the Donna Legg Award for Excellent Public Health Service.

PROCLAMATION

Dr. Iser read the Proclamation declaring September 2011 as "*National Preparedness Month*" (a copy of which was placed on file for the record). Vice Chair Jung and Dr. Iser presented the Proclamation to Dr. Randall Todd; Mr. Jeff Whitesides; Ms. Christine Conti; Ms. Betsy Hambleton; and Ms. Jeanne Harris of the Public Health Preparedness Program.

**MOTION: Ms. Ratti moved, seconded by Dr. Humphreys, that the Proclamation declaring September as "*National Preparedness Month*", be approved and adopted as presented.
Motion carried unanimously.**

CONSENT AGENDA – BUDGET AMENDMENTS/INTERLOCAL AGREEMENTS

The Board was advised Staff recommends **ratification** of the **Interlocal Agreement** between the **Washoe County Health District** and the **Board of Regents of the Nevada System of Higher Education** to provide educational opportunities for **School of Social Work students** to engage in practical application of classroom instruction in a public health agency environment for the period upon approval of the Board of Regents and the Washoe County District Board of Health through June 30, 2012, unless extended by the mutual agreement of the Parties; with an automatic renewal for two (2) successive one-year periods for a total of three (3) years on the same terms unless either party gives the other written notice of nonrenewal at least sixty (60) days prior to June 30 of each year.

The Board was advised Staff recommends **ratification** of the **Interlocal Contract** with the **State of Nevada, Department of Motor Vehicles (DMV)**, for the **DMV Excess Reserve Grant Program (IO TBD)**, in the **total amount of \$230,000** for the period of approval through June 30, 2013; and **approval of budget amendments totaling an increase of \$230,000** in both revenue and expenses.

The Board was advised Staff recommends **approval** of **Notice of Subgrant Award** from the **Nevada State Health Division** in the amount of **\$497,304 (with \$49,730 or 10% Health District match)**, in support of the **Centers for Disease Control and Prevention (CDC) Public Health Preparedness (PHP) Program** for the period of August 10, 2011 to August 9, 2012.

The Board was advised Staff recommends **approval** of **budget amendments totaling an increase of \$52,432** in both revenue and expense to the **Air Quality Management, EPA Air Pollution Control Program, IO 10019**.

The Board was advised Staff recommends **approval of amendments totaling an increase of \$5,000 in revenue and \$3,000 in expense to the Medical Reserve Corps (MRC) – National Association of County and City Health Officials (NACCHO) Grant Program (Internal Order # 10969) FY 12 Budget; and approval of amendments totaling an increase of \$2,000 in expense to the MRC – NACCHO Grant Program (Internal Order #10655) FY 12 Budget.**

The Board was advised Staff recommends **approval of the application submission to the Office of Population Affairs (OPA) Title X Family Planning Services Program for a Competitive Continuing Grant for the period of July 1, 2012 through June 18, 2018 for the Washoe County Health District.**

MOTION: Ms. Ratti moved, seconded by Dr. Hess, that the Interlocal Agreement; Interlocal Contract with the corresponding budget amendments; Notice of Subgrant Award; budget amendments; and the application submission for a Competitive Continuing Grant, be approved as outlined. Motion carried unanimously.

REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY'

A. Review and Acceptance of the Operations and Financial Report – August 2011

Mr. Jim Gubbels, Vice President, REMSA

Advised the Board members have been provided with a copy of the August 2011 Operations and Financial Report; that the overall emergency response times for life-threatening calls in August was 92% and 95% for non-life threatening calls; that within the eight (8) minute zone it was 91%; within the fifteen (15) minute zone it was 96%; and within the twenty (20) minute zone it was 100%. The overall average bill for air ambulance for August was \$6,889, with a year-to-date average of \$7,249. The overall average bill for ground ambulance for August was \$987, with a year-to-date average of \$988.

Ms. Ratti

Thanked Mr. Gubbels for providing the "break-down within the response zones each month."

MOTION: Dr. Humphreys moved, seconded by Dr. Hess, that the Operations and Financial Report for the month of August 2011 be accepted as presented. Motion carried unanimously.

B. Update of REMSA's Community Activities Since August 2011

Mr. Gubbels

Advised, on September 10, 2011, REMSA responded to a mutual aid request from Douglas County to Minden and Gardnerville for the recent wild-land fire; that the request "was to provide coverage for the community. REMSA was on-site from approximately 1:20pm through 7:00pm, responding to three (3) 911 calls and conducting two (2) transports; that REMSA was then released" and returned to Reno/Sparks for service.

In response to Ms. Ratti

Regarding a mutual aid response to Carson City for the IHOP incident, Mr. Gubbels stated a mutual aid agreement was requested; that the three (3) Care Flight helicopters responded; that REMSA was prepared to send ground transport; however, the ground response was canceled.

Ms. Ratti

Stated, with all of the recent "regional tragedies all first responders, including REMSA have been stretched thin and working so well together across the boundaries; that she is appreciative those boundaries disappear when necessary."

Advised, he will designate the remaining time allotted for the update to the briefing of the recent mass-casualty events in Carson City and the Reno Air Races.

C. Update of REMSA's Response to the Mass Casualty Events in Carson City and at the Reno National Championship Air Races; and the Health District's Response to the Air Races

Dr. Iser

Stated, Staff and representatives of REMSA will be presenting an update to REMSA's response to the mass-casualty events in Carson City and the Reno National Championship Air Races; and the Health District's response to Air Races." Stated, Ms. Coulombe will begin the presentation, followed by REMSA; and then Dr. Todd.

Ms. Eileen Coulombe, Administrative Health Services Officer

Stated, she would extend her condolences "to the victims of this tragedy; and her sincere admiration to all of the responders."

Stated, the District Board of Health has adopted a Multi-Casualty Incident Plan, which "provides the guidelines necessary to effectively and safely respond to and manage an MCI, through the mobilization of emergency medical services resources within Washoe County." Stated, due to the necessity of coordination among multiple responding agencies and organizations the MCI Plan has adopted the Incident Command System. Advised, there are "red, yellow, green, and black diagnostic categories" utilized during an MCIP incident. Advised, upon notification she immediately responded to the REMSA Dispatch Center to assist with any calls and to serve as the liaison; that she maintained contact with Dr. Iser who kept the Board member apprised. Stated, in accordance with the MCI Plan she will be coordinating the post-incident debriefing

Mr. Kevin Romero, EMS Director, REMSA

Presented an overview of the MCIP activation, mutual aid and response to the September 16, 2011, event at the Reno National Championship Air Races; advising upon notification that an MCIP incident had occurred, all area hospitals; the District Health Officer; and Mr. Aaron Kenneston, Washoe County Emergency Manager, were immediately notified. Stated, each hospital immediately implemented its MCI Plan, through the Washoe County Health District; that REMSA and the hospitals immediately "called back all off-duty personnel."

Advised, immediately prior to the event REMSA had approximately twenty-five (25) EMS providers on-scene, including four (4) staffed ambulances, two (2) of which were dedicated as crash units. Stated, there were four (4) ALS response units and clinical staff on-site in conjunction with Saint Mary's Regional Medical Center (i.e., nurses, physicians and EMTs). Advised, "a total of nineteen (19) ambulances immediately responded to the scene, with an additional fourteen (14) being immediately dispatched; that all three (3) Care Flight helicopters responded to the incident. Stated, "a total of forty (40) ambulances were placed system-wide throughout the County" ensuring the availability of ambulances throughout the community to respond to any other calls. Stated, North Lyon County, Storey County, Carson City, and Incline Village responded to the request for mutual aid; that air ambulance resources were made available from northern Nevada and northern California in addition to the Care Flight units.

Advised, a total of fifty-four (54) patients were transported within sixty-two (62) minutes. Advised, approximately ninety (90) minutes after the incident occurred, the media center at the Air Races

presented the information regarding the fifty-four (54) patients who had been transported; and the number of the deceased referred to the Medical Examiner. Stated, this information was provided to Mayor Bob Cashell and Mr. Mike Houghton, President of the Reno Air Races Association.

Stated, "this is the first MCIP, which has required all divisions of REMSA." Mr. Romero reviewed the educational component of REMSA's training, advising "during the past month staff have taught both Basic and Advanced Disaster Life Support to pre-hospital care providers and hospital personnel." Advised, REMSA Special Event Services pre-plans for all events occurring within the city limits and county, utilizing the District Health Department's "algorithm as to how many EMS personnel should be present at any particular event."

Advised, in a regional response system, as Ms. Ratti indicated, multi-casualty incidents "eliminate boundaries"; that REMSA dispatched two (2) strike teams (a total of 10 ambulances with EMS Supervisors) to respond to the Amtrak incident. Stated, the REMSA helicopters were dispatched to the IHOP incident in Carson City; that REMSA "had a strike team of ambulance units available had those units been needed." Stated, a number of the mutual aid responders attend the educational training seminars at REMSA and; therefore, these responders "train and respond the same way for a multi-casualty incident."

Mr. Brian Taylor, Director, Special Operations, REMSA

Stated, he functioned as the Medical Branch Director on-scene for the Reno Air Races when the MCIP occurred; and operated within the unified command with police and fire.

Reviewed the pre-planning efforts, including drills and exercises, for special events, advising "this is a key component, which is why the response went well." Advised, in May, 2011, "a full-scale exercise '*Broken-Wing*' was conducted in which more than 100 'patients' were transported to area hospitals to test the capacity of the system to manage an emerging situation; the integration of other first responders; and the surge capacity of the hospitals."

Stated, in July REMSA staff met with the Reno Air Races Association and other first responders to specifically plan for the Air Races scenario and various situations of what could occur; and the responses for those scenarios. Stated, the "third preparation was reviewed just prior to the event" during which the discussion was "what would happen should a plane go down in the stands; that he then reviewed the plans with his crews." Stated, when the incident occurred, REMSA integrated with police, fire, bystanders and medical professionals "to do what they had trained and planned for" in an MCI. Stated, REMSA, fire, and law enforcement "did what they could in a very tragic

situation" establishing areas of "triage, treatment, and transport." Stated, law enforcement established egress and ingress routes cordoning-off the streets and highways; that ambulances "picked-up and transported patients to the hospitals very, very quickly; that the hospitals were very prepared" to receive patients.

Stated, "the real heroes are the Paramedics, the nurses, the physicians, the medical personnel, and bystanders who immediately responded; that the integration among medical, fire and law enforcement was seamless." Stated, this integration of all agencies "was instrumental to the successful response to a very tragic situation."

Stated, the "next concern is the {mental} health of those people who responded as many will be affected for a long time to come" regarding this incident. Stated, counselors were immediately provided to assist all of REMSA personnel who had responded; that REMSA staff are currently participating in a group session being provided to all area first responders, including police and fire. Stated, REMSA will continue to monitor the personnel who responded.

Stated, "with the involvement of Health District personnel, REMSA will conduct an internal review of the entire operational response "as there are always ways in which to improve." Stated, REMSA will then participate in an external review with all of the participating first responders, discussing "what occurred, what went well, lessons learned, etc." Stated, in conjunction with the Health District the Multi-Casualty Incident Plan (MCIP) will be reviewed; that the response was based on the MCIP approved and adopted by the Board of Health; and the response "went very well."

Stated, "the concern remains with the victims, their families; and all of the first responders."

Dr. Randall Todd

Stated, the Board is aware REMSA transported the injured; the remains of the deceased "came under the care of the Medical Examiner"; that the other component "is the family of all of the victims." Stated, Ms. Christina Conti, Health Care Systems Liaison; Kathy Jacobs, Executive Director, Crisis Call Center; and Stacy Belt, Medical Reserve Corps, Carson City Health and Human Services, contacted the Regional Emergency Operations Center (REOC) regarding "setting-up a Family Assistance Center (FAC)." Stated, "an FAC is intended to be a short-term operation providing information to affected family members who may have family who are missing or lost in a disaster."

Stated, when it was determined there was a need for an FAC, the Crisis Call Center had received approximately 1,000 calls; that as of September 21, 2011 had received 1470 missing person calls. Stated, at approximately 11 a.m., Saturday, September 17th the Family Assistance Center was "operationally ready"; that it had been decided the FAC would not be "operational until the National Transportation Safety Board (NTSB) had cleared it." Stated, the Reno Airport Authority provided assistance with the logistics of the FAC, as the Airport "had practiced the FAC model, as part of the *Broken Wing* exercise." Advised, the FAC "operated for three (3) operational periods."

Stated, "this was an exceptional operation"; that yesterday Staff conducted "an internal *hotwash* to discuss what occurred, what went well, what didn't and where improvements can be made."

Stated, immediately after the event, he was contacted by Ms. Betsy Hambleton, Medical Reserve Corps (MRC) Coordinator regarding utilizing the services of the MRC volunteers. Stated, "on Saturday through Sunday, a number of the MRC volunteers were deployed to the Family Assistance Center (FAC); and were extremely helpful." Stated, Staff was contacted by the Medical Examiner's Office requesting assistance on-scene; that four (4) MRC volunteers were deployed on-scene to assist with recovery operations for approximately nine (9) hours.

Ms. Jung

Stated, she would "thank everyone who participated in the response to this horrific event." Stated, she received inquiries from people involved in emergency services from across the Country questioning how [Washoe County] was able to do this – having everyone transported within sixty-two (62) minutes from the time of the disaster." Stated, "it is because of the terrific planning and the investment the Health District has made in preparing, as well as the emergency responders: REMSA, the firefighters, law enforcement, etc."

Stated, "in watching the video she was amazed at how quickly the emergency responders were on-scene; that it was incredibly courageous and responsive" of the EMS personnel and volunteers. Stated, it was obvious the response to these type of events "had been practiced."

Stated, when she was contacted regarding the Family Assistance Center "she had no idea what the FAC was"; that she was advised by several people of the positive comments received regarding the feedback from the representative of the NTSB. Stated, she was advised the FAC was an item "the NTSB representative had to check-off as part of his investigation."

Stated, she would commend Mr. Phil Ulibarri, [Health District's Public Information Officer], as "he did an excellent job; that she received feedback from several sources regarding how he did a tremendous job with a very difficult subject matter."

Ms. Ratti

Stated, she was "so proud of the relationships that have been built over time between the public sector and the non-profit sector"; that she noted "over and over where the non-profit sector (i.e., REMSA), was playing that important role." Stated, the Air Races are managed by a small group of paid staff supported by "a Board of Directors who are all volunteers; and then thousands of volunteers; that this sense of community spirit has made this community what it is today." Stated, REMSA; the Crisis Call Center, with the limited staff and resources; the Red Cross; United Blood Services, and other community agencies worked well together to respond to this event.

Mr. Gustin

Stated, the cooperation among the entities; the first responders; the medical personnel, and the volunteers in the community who were involved "was incredible." Stated, "that all of the victims being transported within sixty-two (62) minutes to medical facilities, to him, is unbelievable." Stated, "on behalf of the City of Reno and all those who they represent, he would thank all who responded for what they did."

Dr. Iser

Stated, "his Staff knows how thankful he is for all of the work they did; and in keeping him apprised"; however, he has not had the opportunity to "thank Jim, Kevin, Brian, Mike, Mitch, and REMSA for all the work they did."

Stated, during the event he "kept Matt and Kitty apprised of what was occurring"; that Chairman Smith requested he express "his (Chairman Smith) very heartfelt thanks for all the hard work that everyone put into the response."

REVIEW – ACCEPTANCE – MONTHLY PUBLIC HEALTH FUND REVENUE AND EXPENDITURE REPORT – AUGUST 2011

Ms. Coulombe

Advised, the Board members have been provided with a copy of the Health Fund Revenue and Expenditure Report for the month of August 2011. She reviewed the Report in detail advising Staff recommends the Board accept the Report as presented.

In response to Dr. Humphreys

Regarding the reduction in the amount of the Environmental Oversight Account, Ms. Coulombe advised there were two (2) recent, Board of Health approved purchases, with funding from the Environmental Oversight Account for HazMat equipment. Advised, all expenditures from this account must be approved by the Board of Health.

In response to Vice Chair Jung

Regarding travel expenditures allocation, Ms. Coulombe advised the budget for travel for FY 12 is \$152,000; that the reduction is (probably) grant-related to different travel accounts.

**MOTION: Mr. Gustin moved, seconded by Dr. Humphreys, that the District Health Department's Revenue and Expenditure Report for August 2011 be accepted as presented.
Motion carried unanimously.**

PROGRAM OVERVIEW – WASHOE COUNTY SOCIAL SERVICES “SLEEP SAFE BABY CAMPAIGN” – REMSA’S “CRIBS FOR KIDS CAMPAIGN”

Ms. Candy Hunter, Public Health Program Manager

Stated, her Staff report to the Board delineates “the work being done in the community to support safe sleep practices for babies.” Stated, “the Public Health Nurses, in the Home Visiting Program, have been educating clients as to the issues of safe sleep” for infants for a number of years. Advising the Staff adheres to the guidelines of the American Academy of Pediatrics.

Stated, the establishment of a National Child Death Review databank in 2005, simplified reviewing cause of death for infants, toddlers in children within the community. Stated, a review of the data indicated "a problem with unsafe sleep practices in the community."

Introduced, Ms. Melissa Krall, advising, Ms. Krall is the Director, Community Outreach Programs for REMSA, and developed a local chapter of the *Cribs for Kids National Program*, and is the current Program Coordinator. Stated, Ms. Krall "has brought this Program to the State in addition to Washoe County. Stated, the Health District's Public Health Nurses of the Home Visiting Nurses Program, and WIC Staff "are part of the Program promoting and educating parents as to the safe sleep practices."

Stated, as noted in her Report, Washoe County Social Services has received funding from the Nevada Child Death Review to initiate a community educational campaign to increase awareness regarding infant safe sleep practices. Stated, Washoe County volunteers, through the Manager's Office, are participating in the 'train the trainer sessions for the educational efforts for safe sleep issues."

Melissa Krall, Director, Community Outreach Programs for REMSA

Stated, the Washoe County Sleep Safe Baby campaign is an excellent example of non-profit agencies partnering with public agencies and, "is absolutely essential." Stated, REMSA has been involved in the Safe Sleep Program for approximately two (2) years, becoming involved at the request of the State Health Division.

Ms. Krall provided a power point presentation (a copy of which was placed on file for the record), of the collaborative efforts in the *Washoe County Sleep Safe Baby Campaign*; and the 'train the trainer program', advising '*Safe Kids Washoe County*' is the sole contracted partner with the National *Cribs for Kids* partnership. Advised, when it is determined finances are the only barrier "to making the choice for safe sleep, the family is provided with a 'safe sleep survival kit', which includes a portable Pack-n-Play crib, for those who have completed the training.

Advised, this presentation "has been shown at two (2) EMS Conferences; a statewide webinar for social workers and nurses; and the Child Abuse and Neglect (CAN) Prevent Conference. Advised, the Safe Sleep Baby Campaign will be disseminated statewide throughout the rural counties and to Clark County.

Advised there are now nine (9) agencies partnering for the '*Sleep Safe Baby*' and '*Cribs for Kids*' Campaign.

Dr. Hess

Stated, "it is surprising the numbers [of infant deaths] have not gone down"; that he would question if the data is available "incidents per 1,000 babies."

Ms. Krall

Advised, currently that information isn't available; however, "a new project has just been started utilizing a student from the University who will be doing an overall death data review for better analysis."

In response to Dr. Hess

Ms. Hunter

Stated, there is information providing "a breakdown based on the racial and cultural differences; however, the numbers are so small" there is a question as to the relevance.

Ms. Krall

Stated, data indicates the national breakdown of ethnic groups indicates the highest risk is among the African-American families. Stated, in reviewing data for Washoe County "some of the numbers indicated there was a higher risk among the ethnic categories than what the national rates are."

In response to Mr. Gustin

Regarding "recycling the cribs", Ms. Krall advised, "similar to the car seat program" the safety of the crib cannot be guaranteed that the crib has not been damaged, which results in issues of liability. Advised, Graco is a national partner with the program; and provides the cribs at a cost of approximately \$80.

Ms. Hunter

Advised the volunteers will be seeking donations from various service organizations when giving the presentations.

Ms. Ratti

Stated, she would commend Ms. Brown, Ms. Hunter, Ms. Krall and "the others who stay and deal with these issues making a big difference in the community."

In response to Vice Chair Jung

Regarding providing pacifiers, Ms. Krall advised pacifiers have been proven effective in the prevention of Sudden Infant Death Syndrome (SIDS).

The Board thanked Ms. Hunter and Ms. Krall for the presentation.

DISCUSSION – POSSIBLE DETERMINATION – AGENDA ITEMS – BOARD OF HEALTH'S
OCTOBER 6, 2011 STRATEGIC RETREAT

Dr. Iser

Stated, he forwarded an email to the Board of Health members recommending topics addressing specific issues for discussion at the Board's annual Strategic Retreat; that other than Dr. Hess he did not receive any comments from the Board members.

Stated, he recommends conducting the Board of Health's annual Strategic Retreat "here at the Health Department" rather than off-site, which will save Staff time and resources.

In response to Ms. Ratti

Regarding the meeting of October 6, 2011 focusing on specific issues rather than "a strategic plan", Dr. Iser stated he has requested each of the Division Directors develop "individual strategic plans." Stated, the Leadership Team "will then work together on a proposed strategic plan to present to the Board of Health for discussion; that the divisional plans will be both operational and

strategic. Stated the goal would be for the Health District plan to include the issues of communicable and acute chronic disease and "then reviewing outcomes and how goals can be achieved working across divisions and with the community partners."

Ms. Ratti

Stated, "her aspirational hope for the Health District is to have a strategic plan, which includes stakeholders input and is more broad-based planning for the community."

In response to Ms. Ratti

Dr. Iser

Stated, as he discussed with Ms. Ratti, "Dr. Todd and his team are working with the other Divisions to develop a 'Health Status Report'." Stated, the Reports would be disseminated throughout the community to obtain more broad-based community input as to the current health status for the future direction of the Health District. Stated, he does not anticipate the Health Status Report being completed until January 2012. Stated, obtaining the community input regarding the health status of the community assists in determining "how better to address the issues and develop outcome measures and goals."

Ms. Ratti

Stated, 'without a comprehensive plan; it is difficult to prioritize resources.'

In response to Ms. Jung

Regarding mental health issues "being a public health issue", Dr. Iser stated in Nevada "behavioral health issues in general aren't fully-funded or supported at the State level." Stated, the issue can be discussed; however, the Health District doesn't have the resources or any grant funding related to mental/behavioral health issues. Stated, the majority of State funding for mental health issues is through the Substance Abuse and Mental Health Services Administration (SAMHSA) of the public health service. Stated, these funds are distributed at the state and not the local level; that the states determine how those funds are distributed. Stated, Social Services may receive some funding; however, the Health District does not receive any SAMHSA funding.

In response to Dr. Iser

Ms. Brown

Stated, her Division Director's Report includes the 2011 Legislative Summary from the Division of Health and Human Services, delineating the reductions made within all health-related programs, including "Mental Health and Developmental Services."

Ms. Ratti

Stated, as a State, progress was made in the decade prior to the recession; however, that "progress is currently being dismantled."

Dr. Iser

Stated, it is anticipated the Board of County Commissioners (BCC) will have approved the budget prior to the October 6, 2011 Retreat; that the BCC is scheduled to review the 10% reductions at the September 27, 2011 meeting. Stated, Staff will provide an update to the Board.

Stated, it is his intent the Strategic Planning Retreat be "interactive among the Board members, Division Directors and Management Staff."

After a brief discussion, Dr. Iser stated he will contact Washoe County Human Resources regarding providing a facilitator for the Retreat.

It was the consensus of the Board to conduct the annual Strategic Retreat at the Health Department; and that lunch will be a "healthy potluck."

STAFF REPORTS AND PROGRAM UPDATES

A. Director – Epidemiology and Public Health Preparedness

Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

Vice Chair Jung

Stated, she would commend EPHP Staff for "providing information at the theaters showing the movie Contagion; that it was appropriate the movie was playing during *Public Health Preparedness Month*.

B. Director – Community and Clinical Health Services •

Ms. Mary-Ann Brown, Director, Community and Clinical Health Services, presented her monthly Division Director's Report, a copy of which was placed on file for the record.

Ms. Brown

Stated, she would commend the Chronic Disease Team "on another very successful Obesity Forum; that there were in excess of 173 participants; that Dr. Iser; Chairman Smith and Dr. Furman in attendance." Stated, Staff is "receiving nothing but positive feedback and glowing reports on the outcome of the forum, which has been the impetus for momentum in the community to address obesity from a population base; and an individual clinical perspective." Staff is analyzing the evaluation forms from this year; and planning for next year's event.

Stated, back-to-school immunizations, specifically for 7th grade Tdap, "with a mighty effort of Health District Staff Immunization Team; the community providers; St. Mary's; and the School District was successful." Stated, Ms. Sharon Clodfelter, Health District Bio-Statistician, is to be commended for providing exceptional data; that she assisted in merging two (2) programs", which provided valuable information "specific to the scope of the need for the Tdap among 7th graders." Stated, representatives of the School District "were very pleased with the collaborative efforts."

Stated, yesterday she attended a statewide immunization meeting; that there was discussion regarding developing a strategic plan statewide to address the challenges of back-to-school immunization issues. Stated, the lessons of the Health District's debriefing of the last four (4) years will be used in developing that plan.

Stated, she would encourage the Board members to review the DDHS 2011 Legislative Summary, which she previously referenced, prepared by Mr. Michael Willden, Director, Nevada Division of Health and Human Services. Stated, "his report is very sobering in terms of what the State is facing; and how that may impact the Health District."

Stated, she has provided the Board members with a copy of the presentation regarding the efforts of the Health District and Community Development Department to amend the Regional Plan to identify barriers to healthy food systems. Stated, the "chief project is to obtain advocates for the promotion of healthy foods; access to healthy foods, nutrition, and physical activity." Stated, Mr. Chad Giesinger, AICP Senior Planner, Community Development gave the presentation to the Board of County Commissioners "praising the efforts of the [Health District's] ACHIEVE Program." Advised the Chronic Disease Program Staff will be providing an update to the Board during the October 27, 2011 meeting regarding the efforts of the ACHIEVE Program; and the efforts in the development of a Washoe County food plan and the creation of a Washoe County Food Council.

In response to Dr. Hess

Regarding "all the information provided in the DHHS 2011 Legislative Summary", Ms. Brown advised Staff monitored the Legislative Bills that directly affected public health and kept the Board apprised. Stated, Staff will keep the Board apprised as to the "budget impacts as programs receive less funding from the State" for the Health District programs. Stated, the Summary indicates "collectively which programs in the health care system will be the most affected, including acute care; prevention; and public health, for which Staff provides direct services." Stated, the Summary indicates "where the challenges are in the public health system; the acute side of medicine and other support programs, including behavioral health."

C. Director – Environmental Health Services

Mr. Scott Monsen, Acting Director, Environmental Health Services, presented the monthly Division Director's Report, a copy of which was placed on file for the record.

Vice Chairman Jung

Thanked Staff for the report on the bedbug problem.

Dr. Iser

Stated, the funding for the chemicals for aerial spraying of mosquitoes is diminishing; that it may be necessary to obtain approval for additional funding from the Board of County Commissioners in the spring to begin next season's control efforts. Stated, Staff will keep the Board apprised.

In response to Mr. Gustin

Regarding the "150 plus hours of overtime" for the Rib Cook-Off and the Burning Man Festival, Mr. Monsen stated there is no authority to bill for the overtime hours.

Dr. Iser

Stated, he will be working with Ms. Admirand and Ms. Coulombe to "review program funding; and being able to fund programs adequately." Stated, his goal is "when it is known events will require 150 hours of overtime", the District having the ability to incorporate those costs into the vendor fees.

Ms. Ratti

Stated, she "fully supports cost recovery"; however, she would caution "in this economy as to some of those special events that are tilting on the edge." Stated, should full cost recovery require a large increase that the Board would consider phasing in the fees allowing the vendors "time to react."

Mr. Monsen

Stated, he will present the Board's comments to Mr. Sack.

D. Director – Air Quality Management

Mr. Kevin Dick, Director, Air Quality Management, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

Mr. Dick

Stated, he has been providing the Board members with updates regarding the new Ozone Rule; that "at the beginning of September the President directed the US Environmental Protection Agency (EPA) Director, to hold back on the reconsideration on that Standard." Advised, it is anticipated a new Ozone Standard will be established for 2013.

Stated, "the implications of halting the reconsideration of the 2008 Standard, is that reconsideration was based on the available scientific reports, which were originally reviewed by the Scientific Advisory Committee to the EPA. These were developed prior to 2006."

Stated, the next Ozone Standard will "consider more recent scientific studies", which could result in the recommended Ozone Standard being "lower than the range currently proposed for the 2008 Standard."

Stated, Staff "will continue to anticipate the lower Standard and work to develop approaches for the community to reduce the Ozone levels."

E. Administrative Health Services Officer

Ms. Eileen Coulombe, Administrative Health Services Officer, presented her monthly Administrative Health Services Officer Report, a copy of which was placed on file for the record.

Ms. Coulombe

Stated, she would thank Mr. Steve Fisher, Department Computer Application Specialist, for providing "his trip report for his attendance at the Accela User Conference."

F. District Health Officer

Dr. Joseph Iser, District Health Officer, presented his monthly District Health Officer's Report, a copy of which was placed on file for the record.

Dr. Iser

Stated, he has provided the Board members with a copy of his "10% Reduction Plan" (a copy of which was placed on file for the record), which he presented to the Board of County Commissioners. Stated, the 10% Reduction Plan and the Organizational Chart delineates "what positions the Health District will lose through the 10% reductions."

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

September 22, 2011

Page 21

Stated, he has offered Ms. Simon, Washoe County Manager, the opportunity to present the County's Fundamental Services Report to the Board of Health; that this will be agendaized for the October 27, 2011 meeting.

Stated, the County has contracted with Tri-Data to review the EMS system countywide; that Commissioner Breternitz met with REMSA to discuss information "that Tri-Data will request for the study." Stated, he met with Mr. Dick Barnard, REMSA Governing Board, to discuss this request; that "the meeting with REMSA occurred on Tuesday; and he has been advised the meeting went very well; that REMSA will provide the data Tri-Data has requested with perhaps minor exception specific to finances."

In response to Dr. Hess

Regarding the EMS study, Dr. Iser reviewed the two (2) tier EMS system, advising the EMS system includes REMSA, fire, dispatch and the Emergency Rooms. Stated, he has been advised the area hospitals will be conducting a parallel study similar to that of Tri-Data with a different consultant; that he will ensure both consultants have the same exact data for the studies.

Stated, he received his Nevada State Medical License this week.

Stated, he had Ms. Smith investigate arranging a private showing of the movie 'Contagion'; that a private showing would have to occur early on a Saturday morning, and was "a little pricey"; that the second option offered was to pre-purchase a block of tickets for a first showing. Stated, he is considering other options; that he will keep the Board members apprised, and Staff apprised.

BOARD COMMENT

Ms. Ratti

Advised, there will be a community-wide memorial service for the victims of the Reno National Championship Air Races, at the Rose Garden in Idlewild Park, on Sunday, September 25, 2011, beginning at 6:00pm.

Vice Chair Jung

Stated, she has concerns regarding an article in the newspaper specific to "Nevada being #1 for women being killed by men in incidences of domestic violence"; that too often "it is not understood Nevada is a very large state with two (2) major counties." Questioned, if it is possible to have data available, whereby either Dr. Iser, the Chairman or Staff can immediately respond to these articles, "as the local media paints Washoe County with the same brush as data more specific to Clark County", without a differentiation between the two (2) largest Counties.


Ms. Ratti

Questioned if it is possible for the District Board of Health to present "some commendations to those agencies and individuals "who really stepped-up in responding to the tragedy at the Air Races." Stated, the Crisis Call Center; the other agencies, and County Staff "who were involved in the response."

PUBLIC COMMENT

There was no public comment presented.

There being no further business to come before the Board, the meeting was adjourned at 2:50pm.



JOSEPH ISER, MD, DrPH, MSc
DISTRICT HEALTH OFFICER/SECRETARY



JANET SMITH, CPS
RECORDER

PROCLAMATION

WHEREAS, "National Preparedness Month" creates an important opportunity for every resident of Washoe County to learn more about ways to prepare for all types of emergencies, from public health threats to potential terrorist attacks to natural disasters; and

WHEREAS, This year represents the 10th anniversary of the September 11 attacks. "*A Time to Remember, A Time to Prepare*" acts as a call to action urging our community to remember the disasters of our past while being aware of potential disasters in our future; and

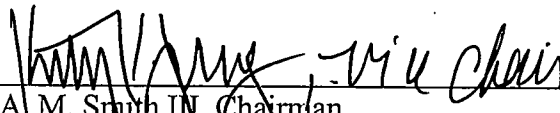
WHEREAS, Experience tells us that by preparing ahead of time – by getting an emergency preparedness kit, making a plan and being informed – people can better respond to, recover from, and lessen the physical, emotional and financial impact of a disaster or other emergency; and

WHEREAS, The Washoe County Health District, throughout the various divisions, and other state, local, private and volunteer agencies are working together to increase public awareness in preparing for public health emergencies and to educate individuals on how to take personal responsibility for preparedness; and

WHEREAS, Citizens are encouraged to "**Make a plan. Assemble a kit. Stay informed.**" before, during and after a regional emergency. By visiting www.ReadyWashoe.com citizens can learn more about the three steps of preparedness; now, therefore, be it

PROCLAIMED, By the Washoe County District Board of Health that September, 2011 is National Preparedness Month, and encourages all citizens and businesses to develop their own emergency preparedness plan, and work together toward creating a more prepared community.

ADOPTED, this 22nd day of September, 2011.


A. M. Smith III, Chairman
Washoe County District Board of Health

9/22/11



Washoe County Health District



Public Health
Prevent. Promote. Protect.

STAFF REPORT
BOARD MEETING DATE: 9/22/11

DATE: August 31, 2011

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District *PB*
775-328-2418, pbuxton@washoecounty.us

THROUGH: Eileen Coulombe, Administrative Health Services Officer, Washoe County *EC*
Health District, 775-328-2417, ecoulombe@washoecounty.us

SUBJECT: Ratification of Interlocal Agreement between the Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide educational opportunities for School of Social Work students to engage in practical application of classroom instruction in a public health agency environment for the period upon approval of the Board of Regents and the Washoe County Board of Health through June 30, 2012 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Interlocal Agreement.

SUMMARY

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

District Board of Health strategic priority: Develop our workforce.

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

BCC Strategic Outcome supported by this item: Healthy communities.

PREVIOUS ACTION

The Washoe County Health District has entered into on-going Agreements with the University of Nevada School of Medicine and School of Community Health Sciences. This is a new Agreement with the University of Nevada School of Social Work.

BACKGROUND

The Interlocal Agreement provides opportunities for students to engage in practical application of classroom instruction in a Public Health Agency environment. The learning opportunities will

AGENDA ITEM # 7.C.1.

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

The School of Social Work shall select, in consultation with the Health District, learning experiences to which the students will be assigned. Dates and times for the use of the facilities by students will be mutually determined. The School of Social Work will prepare and provide specific student schedules and other plans for instruction practice with the primary view of obtaining maximum educational benefit from the Health District's programs. The student's instructor will provide a copy of the course syllabus, which includes the evaluation form(s) and expectations. Preceptors will be assigned to each student as appropriate and a mutually agreed upon plan for educational experience will be developed.

A project that is scheduled should this contract be approved is a macro level social work project in which a student will be doing a community needs assessment relating to the injection drug user population (identified as a priority population in the Nevada State HIV Prevention plan.) The student will be analyzing national, state, and local data related to injection drug users and to the risks of transmission of HIV and Hepatitis. The student will be conducting a community services assessment to include surveys and focus groups relating the communicable disease risk of injection drug users and disease prevention strategies. A local resource inventory relating to the topic will be created and strategies to reduce the burden of communicable disease among injection drug users developed. A community education document that will be used as a platform for community presentations and future social marketing campaigns will be designed and printed.

Washoe County's Risk Manager and Deputy District Attorney have reviewed and approved this Amendment to the Agreement.

FISCAL IMPACT

Should the Board approve this Interlocal Agreement, there will be no fiscal impact to the adopted FY 12 budget as students and faculty will not receive compensation in connection with this Interlocal Agreement. Community and Clinical Health Services will absorb the costs associated with student projects within their adopted budget.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Interlocal Agreement between the Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide educational opportunities for School of Community Health Sciences students to engage in practical application of classroom instruction in a public health agency environment for the period upon approval of the Board of Regents and the Washoe County Board of Health through June 30, 2012 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior

to June 30 of each year; and if approved, authorize the Chairman to execute the Interlocal Agreement.

POSSIBLE MOTION

Move to ratify the Interlocal Agreement between the Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide educational opportunities for School of Community Health Sciences students to engage in practical application of classroom instruction in a public health agency environment for the period upon approval of the Board of Regents and the Washoe County Board of Health through June 30, 2012 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Interlocal Agreement.

A Contract Between Washoe County Health District
Acting By and Through Its
HEALTH DEPARTMENT
(hereinafter referred to as the WCHD)
P.O. BOX 11130
Reno, Nevada 89520

And

THE BOARD OF REGENTS
OF THE NEVADA SYSTEM OF HIGHER EDUCATION
(hereinafter referred to as University)
University of Nevada, Reno
Reno, Nevada 89557

WHEREAS, the University of Nevada School of Social Work desires to have access to community and clinical public health opportunities for Social work students during their preceptorship experience; and

WHEREAS, the WCHD conducts several community and clinical public health programs which would be enhanced by the services of Social Work students; and

WHEREAS, it is deemed that the services hereinafter set forth are both necessary and in the best interests of the parties;

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

CONTRACT TERM. This Contract shall be effective upon approval of the Board of Regents and the Washoe County Board of Health, through June 30, 2012, unless extended by the mutual agreement of the Parties. The Agreement will automatically be renewed for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. The automatic renewal provision of this section shall not affect the right of the Health District to terminate the Agreement as provided below.

TERMINATION. This Contract may be terminated by either party prior to the date set forth in paragraph (1), 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 County, State and/or Federal funding ability to satisfy this Contract is withdrawn, limited, or impaired. This Contract may also be renegotiated in the event of a reduction in the anticipated County, State, or Federal funding revenue required to satisfy this Contract.

NOTICE. All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.

INCORPORATED DOCUMENTS. The parties agree that the services to be performed shall be specifically described; this Contract incorporates the following attachments:

ATTACHMENT A: SCOPE OF EDUCATIONAL EXPERIENCE (See Attachment A)

ATTACHMENT B: WASHOE COUNTY DISTRICT HEALTH DEPARTMENT VACCINE AND TB SCREENING REQUIREMENTS (See Attachment B)

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.

LIMITED LIABILITY. The parties will not waive and intends to assert available NRS Chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. To the extent applicable, actual contract damages for any breach shall be limited by NRS 354.626.

INDEMNIFICATION.

a. Consistent with the Limited Liability provision stated above, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other party from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the indemnifying party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise exist as to any party or person, described in this paragraph.

b. The indemnification obligation under this paragraph is conditioned upon receipt of written notice by the indemnifying party within 30 days of the indemnified party's actual notice of any actual or pending claim or cause of action.

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, act of public enemy, 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.

HIPAA. As covered entities, the parties acknowledge the applicability of the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191 ("HIPAA") to any covered functions, which may be performed pursuant to this Agreement.

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.

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 nonenforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.

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.

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.

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.

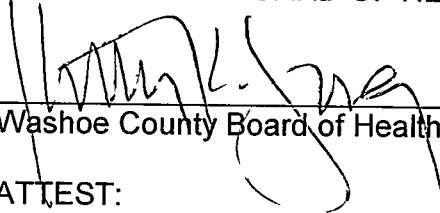
PROPER AUTHORITY. The parties hereto represent and warrant that the person executing this Contract on behalf of each party has full power and authority to enter into this Contract and that the parties are authorized by law to perform the service set forth in this agreement.

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 jurisdiction of the Washoe County, Nevada district courts for enforcement of this Contract.

ENTIRE AGREEMENT AND MODIFICATION. This Contract and its integrated attachment(s) constitute the entire agreement of the parties and 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 Washoe County's legal advisor.

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

APPROVED BY BOARD OF HEALTH



Washoe County Board of Health

On 9/22/11 _____
Date Title

Vice
Chair
Title

ATTEST:

On _____
Date

APPROVED BY BOARD OF REGENTS

On _____
Date Title

On _____

ATTACHMENT A
SCOPE OF EDUCATIONAL EXPERIENCE
SCHOOL OF SOCIAL WORK

Responsibilities of the Parties

1. The parties agree to jointly plan for the utilization of the WCHD's facilities for student educational experiences as part of preparation of Social Work and other related professionals. The maximum number of students and the specific period shall be jointly determined after consideration of the District's facilities and adequacy, extent and variety of learning experiences available.
2. Both parties agree that students are not considered employees of either party under this Agreement.

Responsibilities of the University

1. University shall maintain oversight of students participating in educational opportunities through WCHD programs.
2. University shall ensure that all students carry and have evidence of adequate group medical insurance prior to the participation in any educational experience at the WCHD.
3. University shall ensure that vaccine and TB screening requirements have been met for all students and faculty prior to the beginning of an educational experience on site at the WCHD based on individual student activities/placement. The requirements for each student placement are contained in Attachment B: WASHOE COUNTY HEALTH DISTRICT VACCINE AND TB SCREENING REQUIREMENTS FOR STUDENTS/INTERNS/RESIDENTS.
4. University shall comply with all applicable laws, ordinances and regulations of governmental entities having jurisdiction over matters which are the subject of this Agreement. Further, pursuant to NRS Chapter 239B, University shall require background checks for students and instructional personnel participating in the activities covered by this Agreement. The University or the student will pay any cost associated with the background investigation. The results of these background checks may result in removal of a participant from the program, at Agency's discretion, or termination of this Agreement.
5. University shall immediately upon notice remove any student from Agency program under this Agreement whom Agency determines, in its reasonable discretion, imposes an unreasonable risk of harm to Agency personnel, clients, property or to him/herself, or who violates Agency policies, regulations or procedures despite warning.
6. The Department Director or delegatee will be the liaison officer and the principal contact between Agency and University for purposes of administration of this Agreement.

Responsibilities of the WCHD

1. WCHD shall have sole responsibility for establishing the policies, regulations and procedures applicable to its operations and activities. It shall notify University of all policies,

regulations and procedures that it expects University's personnel and students to adhere to while on WCHD premises or conducting activities in WCHD facilities. WCHD may notify University personnel and students directly without prior notice to University of policies, regulations and procedures if circumstances prohibit such prior notice.

2. WCHD shall maintain its facilities that are open to University personnel and students in compliance with applicable local, state and federal laws and regulations and accreditation requirements, if any.
3. WCHD will provide physical facilities as necessary to the administration of this Agreement and to the conduct of the learning experiences conducted under the auspices of this Agreement, within the limits of the District.
4. WCHD administration and personnel recognize their responsibility to maintain a learning environment of high quality in which sound educational experiences can occur.
5. WCHD will provide learning opportunities for students within the limits of WCHD. The emphasis shall be on education rather than services without disruption of usual WCHD activities.
6. WCHD shall appoint a liaison officer and notify University of same. Such officer shall be the principal contact between WCHD and University for purposes of administration of this Agreement.
7. WCHD may remove and restrict from entry upon its premises University personnel or students who it determines, in its reasonable discretion, impose an unreasonable risk of harm to WCHD personnel, clients, property of him/herself, or who violates WCHD policies, regulations or procedures despite warning. WCHD shall exercise reasonable efforts under the circumstances to notify University of its intent to remove or restrict prior to taking action and shall notify University as soon thereafter as is reasonable.

WCHD personnel shall not be obligated to participate in the learning experiences of students referred to WCHD hereunder except to the extent agreed between University and WCHD. To the extent WCHD personnel are engaged in the supervision of student learning experiences they shall adhere to the learning experience requirements established under the authority of this Agreement and shall make such reports and provide such information specified therein.

Scheduling and Tracking Student Placements

The School of Social Work shall select, in consultation with the District, learning experiences to which the students will be assigned from among those learning opportunities made available by the WCHD. The School of Social Work and the WCHD shall mutually determine dates and times for the use of these facilities by such students.

Types of WCHD student placements:
Individual Undergraduate Students
Individual Graduate (Masters and PhD) Students

The School of Social Work agrees to prepare specific student schedules and other plans for instruction practice with the primary view of obtaining maximum educational benefit from the

District's programs. The instruction period for each student is planned on academic semesters or an equivalent time period and will conform to the School calendar as approved by the Board of Regents.

Communication between School and District Program Staff

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

School and the District have appointed the following principal contacts for all communications in connection with this Exhibit:

Contact for the District

Mary-Ann Brown RN MSN
Assistant Division Director
Community and Clinical Health Services
PO Box 11130
Reno, NV 89520
775-328-2478
Email address: mabrown@washoecounty.us

Contact for School of Social Work

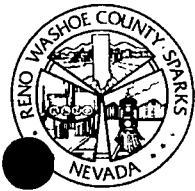
Jill Manit, MSW
Field Education Program Coordinator
School of Social Work
1664 North Virginia Street
University of Nevada, Reno / 090
Reno, NV 89557-0090
775-682-8717
Email address: jmanit@unr.edu

ATTACHMENT B

WAHSOE COUNTY HEALTH DISTRICT
VACCINE AND TB SCREENING REQUIREMENTS* FOR
STUDENTS/INTERNS/RESIDENTS

	9th Street and Off-site Clinical Areas	9th Street Non-Clinical Areas	Off-site Non-Clinical Areas
MMR	Required (1 dose or immunity to Measles, Mumps and Rubella if born before 1957, 2 doses if born during or after 1957)	Required (1 dose or immunity to Measles, Mumps and Rubella if born before 1957, 2 doses if born during or after 1957)	Recommended (2 doses if born during or after 1956)
Tdap	Required if 2 or more years since last Td booster	2007 – Recommend for next Tetanus booster	2007 – Recommend for next Tetanus booster
Varicella	Required (vaccine or history of chicken pox)	Recommended	Recommended
Influenza	Required during October – March	Recommended	Recommended
Approved TB Screening	Required (for example Quantiferon within 30 days prior to rotation or 2-step TST with second TST placed and read within 30 days prior to rotation)	Required (for example Quantiferon within 30 days prior to rotation or 2-step TST with second TST placed and read within 30 days prior to rotation)	N/A
Hepatitis B	If possible human blood exposure during rotation	If possible human blood exposure during rotation	If possible human blood exposure during rotation

* Requirements are based on student activities and location.



9/22/11

Washoe County Health District

**Public Health**
Prevent Promote Protect**STAFF REPORT****BOARD MEETING DATE: September 22, 2011**

DATE: September 13, 2011
TO: District Board of Health
FROM: Lori Cooke, Fiscal Compliance Officer, Washoe County Health District *LC*
775-325-8068, lcooke@washoecounty.us

THROUGH: Eileen Coulombe, Administrative Health Services Officer

SUBJECT: Proposed Ratification of Interlocal Contract with the State of Nevada, Department of Motor Vehicles, for the DMV Excess Reserve Grant Program (IO TBD), for the period of approval through June 30, 2013 in the total amount of \$230,000; approval of budget amendments totaling an increase of \$230,000 in both revenue and expenses; and authorize the Chairman of the Board to sign.

SUMMARY

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

The Health District, Air Quality Management Division, has received an Interlocal Contract from the State Of Nevada, Department of Motor Vehicles for the period of approval through June 30, 2012 in the amount of \$230,000 in support of the DMV Excess Reserve Program to fund various air quality improvement activities. As the DMV awarded an amount less than applied for, the actual activities and expenses are somewhat flexible. Total expenditures are not to exceed \$230,000 and will likely consist of: monitoring equipment & related support equipment (\$45,000); travel/training (\$10,000); public outreach activities (including, but not limited to smoking vehicle, idling education, educational & outreach supplies, etc.) (\$20,000); and Greenhouse Gas Reduction activities via professional services and student intern activities (\$10,000); other professional services/contractual to perform air quality studies & develop plans to air quality issues and air pollution emissions (145,000). A copy of the Interlocal Contract is attached.

Goal supported by this item: Ratification of this Interlocal Contract supports the Health District Air Quality Program's mission to implement clean air solutions that protect the quality of life for the citizens of Reno, Sparks, and Washoe County through community

AGENDA ITEM # 7.C.2.

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279

District Board of Health

September 22, 2011

2 of 2

partnerships along with programs and services such as Public Information and Community Outreach by using all forms of media and educational avenues.

PREVIOUS ACTION

The Washoe County District Board of Health approved the FY11 DMV Excess Reserve Grant Program Interlocal Contract and associated budget amendments, IO 10888, from the State of Nevada, Department of Motor Vehicles, in the amount of \$140,000 on August 26, 2010.

BACKGROUND

The Health District received from the State of Nevada, Department of Motor Vehicles, an Interlocal Contract for the period of approval through June 30, 2013, in the amount of \$230,000 for the DMV Excess Reserve Program.

FISCAL IMPACT

The FY12 DMV Excess Reserve Program Budget (IO TBD) was adopted with \$-0- in grant funding. Should the Board approve these budget amendments, the total adopted FY12 budget will be **increased by \$230,000** by adjustments to the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IN-TBD-432100	State Grants	\$230,000.00
2002-IN-TBD-701130	Pooled Positions	10,000.00
-710100	Professional Services	165,000.00
-711210	Travel	10,000.00
-711504	Non-Capital Equipment	10,000.00
-781004	Equipment Capital	35,000.00
	Total Expenditures	\$230,000.00

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Interlocal Contract with the State of Nevada, Department of Motor Vehicles, for the DMV Excess Reserve Grant Program (IO TBD), for the period of approval through June 30, 2013 in the total amount of \$230,000; approval of budget amendments totaling an increase of \$230,000 in both revenue and expenses; and authorize the Chairman of the Board to sign.

POSSIBLE MOTION

Move to ratify the Interlocal Contract with the State of Nevada, Department of Motor Vehicles, for the DMV Excess Reserve Grant Program (IO TBD), for the period of approval through June 30, 2013 in the total amount of \$230,000; approval of budget amendments totaling an increase of \$230,000 in both revenue and expenses; and authorize the Chairman of the Board to sign.

INTRASTATE INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES

A Contract Between the State of Nevada
Acting By and Through Its

Department of Motor Vehicles
555 Wright Way
Carson City, Nevada 89711
(775) 684-4565
(775) 684-4563 (fax)

and

Washoe County Health District
Air Quality Management Division
P O Box 11130
Reno, Nevada 89520-0027
(775) 784-7200
(775) 784-7225 (fax)

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, the Nevada Board of Examiners and Nevada Interim Finance Committee.
2. **DEFINITIONS.** "State" means the State of Nevada any state agency identified herein, its officers, employees and immune contractors as defined in NRS 41.0307.
3. **CONTRACT TERM.** This Contract shall be effective upon approval until June 30, 2013, unless sooner terminated by either party as set forth in this Contract.
4. **TERMINATION.** This Contract may be terminated by either party prior to the date set forth in paragraph (3), provided that a termination shall not be effective until thirty 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 notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.
6. **INCORPORATED DOCUMENTS.** The parties agree that the services to be performed shall be specifically described; this Contract incorporates the following attachments in descending order of constructive precedence.
ATTACHMENT A: SCOPE OF WORK
ATTACHMENT B: RESERVE FUNDING REQUEST FISCAL YEAR 2011
7. **CONSIDERATION.** The Washoe County District Health Department, Air Quality Management Division agrees to perform the work set forth in paragraph 6 at a cost not to exceed two hundred thirty thousand and no/100 (\$230,000.00) for fiscal years 2012 and 2013.
8. **ASSENT.** The parties agree that the terms and conditions listed on 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.

9. **INSPECTION & AUDIT.**
- a. **Books and Records.** Each party agrees to keep and maintain under generally accepted accounting principles full, true and complete records, agreements, books, and documents as are necessary to fully disclose to the other party, the State or United States Government, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with any applicable 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 other party, 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 by each party for a minimum of 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.
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. To the extent applicable, actual contract damages for any breach shall be limited by NRS 353.260 and NRS 354.626.
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, act of public enemy, 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 construed 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 unenforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.

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 or this Contract, 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. 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 paragraph (6).
22. GOVERNING LAW; JURISDICTION. This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the law of the State of Nevada. The parties consent to the jurisdiction of the Nevada district courts for enforcement of this Contract.
23. ENTIRE AGREEMENT AND MODIFICATION. This Contract and its integrated attachment(s) constitute the entire agreement of the parties and 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. 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 State of Nevada Office of the Attorney General.

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

Nevada Department of Motor Vehicles

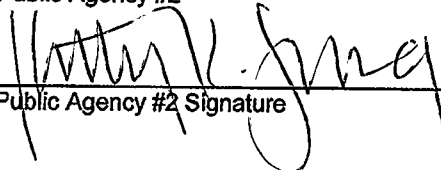
Public Agency #1

Date Chief, Administrative Services Division
Title

Public Agency #1 Signature

Washoe County ~~Health Department~~ ^{DISTRICT} Air Quality Management Division

Public Agency #2



Public Agency #2 Signature

9/22/11 Vice
Date Title
Chair

APPROVED BY BOARD OF EXAMINERS

Signature – Nevada State Board of Examiners

On _____
Date

Approved as to form by:

Deputy Attorney General for Attorney General
State of Nevada

On _____
Date

ATTACHMENT "A"

SCOPE OF WORK

FISCAL YEARS 2012 & 2013 RESERVE GRANT

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION

"ATTACHMENT A"

SCOPE OF WORK

The STATE OF NEVADA by and through the Department of Motor Vehicles, Compliance Enforcement Division, hereinafter referred to as "STATE" and the "WASHOE COUNTY DISTRICT HEALTH DEPARTMENT, AIR QUALITY MANAGEMENT DIVISION" hereinafter referred to as "APPLICANT", hereby defines the Scope of Work as follows:

PREAMBLE

WHEREAS, Nevada Revised Statutes 445B.830 authorizes the STATE to award grants to local governmental agencies in a non-attainment or maintenance areas for air pollutant for which air quality criteria have been issued pursuant to 42 U.S.C. § 7408, for programs related to the improvement of the quality of air; and

WHEREAS, the Advisory Committee on Control of Emissions from Motor Vehicles has reviewed and made a recommendation for approval of the APPLICANT'S grant request; and

WHEREAS, the Deputy Director, Motor Vehicles, Department of Motor Vehicles, and the Administrator of the Division of Environmental Protection, Nevada Department of Conservation and Natural Resources have approved the APPLICANT'S reserve funding grant request; and

NOW, THEREFORE, in consideration of the aforesaid premises, the parties set forth the following:

1. The activities to be performed by APPLICANT are as specified in Section 6 of the contract.
2. The APPLICANT will complete the activities set forth in Attachment B to the contract for an amount not to exceed two hundred thirty thousand and no/100 (\$230,000.00). The STATE will grant the APPLICANT the above amount upon ratification of the contract. Further, the APPLICANT shall submit reports for each fiscal year quarter in the format specified by the STATE to the Deputy Director of Motor Vehicles of the Department of Motor Vehicles within 45 days after the end of such quarter. If the reports are not submitted as required, the agreement shall be terminated and the APPLICANT must refund the unused or non-obligated balance of the grant within 10 days. The reports shall be submitted in the following format:

A. Progress Report

1. List of actual milestones or objectives completed during the reporting period;
2. Narrative summary of noteworthy accomplishments and problems during the reporting period;
3. Attachments, which may include:

- a. graphic or tabular displays;
- b. media reports concerning project;
- c. papers prepared for professional meetings or published articles.

B. Financial Reports

1. Itemized list of grant expenditures by budget category;
2. Original invoices or other acceptable documentation of expenditures;
3. If the funds set forth in paragraph 2 remain unexpended at the end of the Contract Term, the parties may extend the term of the Contract by amendment to the contract term or all unexpended funds shall be returned to the STATE.
4. The APPLICANT must comply with all provisions of Chapter 445B of the Nevada Administrative Code and Chapter 445B of the Nevada Revised Statutes regarding emissions from engines.
5. Any brochures, printed material, photographs, audio or visual productions prepared by the APPLICANT in the performance of its obligations under this agreement shall include the clean air logo as used by the State's emission control program, and the following credit line: "This material was produced by a grant funded by the Emission Control Program of the Nevada Department of Motor Vehicles." The APPLICANT shall supply one copy of all items to the STATE.
6. Written notices required under this agreement shall be sent to:

The Department of Motor Vehicles
Mr. Troy Dillard, Deputy Director
555 Wright Way
Carson City Nevada 89711-0900

ATTACHMENT "B"

RESERVE FUND GRANT REQUEST
FISCAL YEARS 2012 & 2013

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION



MEMORANDUM

From
Troy Dillard
Deputy Director
Directors Office
Phone (775) 684-4490
Fax (775) 684-4692
tdillard@dmv.nv.gov

June 15, 2011

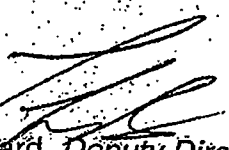
To: Deborah Cook, Chief
Administrative Services Division

Subject: Washoe County Grant Application for Fiscal Year 2012

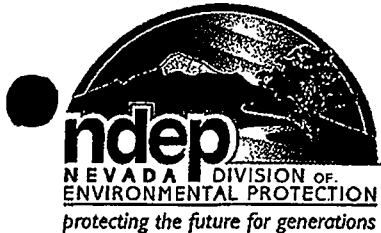
Please arrange for your staff to prepare a Work Program package for the upcoming Interim Finance Committee meeting. The Work Program package is in regards to the Washoe County Grant request for \$230,000. This funding will be provided through reserve funds from the Pollution Control Account, Budget #4722.

The Advisory Committee on the Control of Emissions from Motor Vehicles approved this request from Washoe County at their April 5, 2011 meeting. Ms. Colleen Cripps, Administrator for the Nevada Division of Environmental Protection has also provided her written support for the Clark County grant request.

Thank you for your assistance.


Troy Dillard, Deputy Director
Department of Motor Vehicles

TD/ds
ECP0340M
DMV332



STATE OF NEVADA
Department of Conservation & Natural Resources
DIVISION OF ENVIRONMENTAL PROTECTION

Brian Sandoval, Governor
Leo M. Drozdoff, P.E., Director
Colleen Cripps, Ph.D., Administrator

April 18, 2011

Mr. Troy Dillard, Deputy Director
Nevada Department of Motor Vehicles
555 Wright Way
Carson City NV 89711-0900

Dear Mr. Dillard:

I have reviewed the funding requests made by the Washoe County District Health Department, Air Quality Management Division and the Clark County Department of Air Quality and Environmental Management for excess reserve funds from the Air Pollution Control Account. The total amount of funding requested for FY2012 by Washoe County is \$386,368, and FY2012 funding requested by Clark County is \$1,545,470. The funding will be used for programs related to the improvement of the quality of the air. I concur with the recommendation of the Advisory Committee on the Control of Emissions from Motor Vehicles made on April 5, 2011 for approval of these requests. These approvals are made in accordance with NRS 445B.830.

Please notify myself, or Mr. Greg Remer of my staff, when these grants will be heard before the Interim Finance Committee. If you have any questions, please contact Mr. Remer at 687-9359.

Sincerely,

Colleen Cripps, Ph.D.
Administrator

cc: Greg Remer, NDEP





DAQEM

DEPARTMENT OF AIR QUALITY & ENVIRONMENTAL MANAGEMENT
500 S Grand Central Parkway 1st Floor · Box 555210 · Las Vegas, NV 89155-5210
(702) 455-5942 · Fax (702) 383-9994
Lewis Wallenmeyer Director · Tina Gingras Assistant Director

April 13, 2011

Troy Dillard, Deputy Director
Department of Motor Vehicles
555 Wright Way
Carson City, NV 89711

COPY

Re: Pollution Control Account Grant Funds

Dear Deputy Director Dillard:

The Advisory Committee on the Control of Emissions from Motor Vehicles met on April 5, 2011. At this meeting, the committee reviewed grant applications for excess funds in the Pollution Control Account that were submitted by the Clark County Department of Air Quality and Environmental Management and the Washoe County District Health Department, Air Quality Management Division. The applications were submitted per Nevada Administrative Code (NAC) 445B.861, and in response to the Department of Motor Vehicles letter, dated March 3, 2011, Re: Emissions Control Reserve Funding (copy enclosed).

The committee took action in accordance with NAC 445B.863 to review the applications, and all committee members present voted to recommend that the applications be approved as submitted.

As chairman of the committee, and as prescribed by NAC 445B.865.1, I am hereby transmitting to you the committee's approval recommendation of the grant applications for your consideration and action per NAC 445B.865.3-.5.

The grant request from the Clark County Department of Air Quality and Environmental Management is for the amount of \$1,545,470. The grant request from the Washoe County District Health Department, Air Quality Management Division is for the amount of \$386,368. Copies of the grant applications for both Clark and Washoe Counties accompany this letter.

Please feel free to contact me at (702) 455-1660 if there are any questions regarding the grant applications.

Respectfully,

Dennis Ransel, Chairman
Advisory Committee on the Control of Emissions from Motor Vehicles

BOARD OF COUNTY COMMISSIONERS
Susan Brager, Chair · Steve Sisolak, Vice-Chairman
Larry Brown · Tom Collins · Chris Giunchigliani
Mary Beth Scow · Lawrence Weekly
Don Burnette, County Manager



Washoe County Health District



Public Health
Prevent. Promote. Protect.

March 28, 2011

Mr. Troy Dillard
Deputy Director
State of Nevada, Department of Motor Vehicles
555 Wright Way
Carson City, NV 89711

Dear Mr. Dillard:

Attached is an application from the Washoe County Health District - Air Quality Management Division for Grant Funds from the Pollution Control Fund. - Excess Reserve for a total of \$386,368.00. This funding will provide needed support for a variety of air quality projects as outlined in the application. The District is confident the application and projects meet all criteria as defined in NRS Chapter 445B.830. If you have any questions regarding this matter, please feel free to call Kevin Dick, Director of the Air Quality Management Division, at (775) 784-7200.

Sincerely,

Mary-Ann Brown, RN, MSN
Interim District Health Officer

cc: Kevin Dick, WCHD-AQMD
Lori Cooke, WCHD-AHS

**APPLICATION FOR GRANT FROM POLLUTION CONTROL FUND
EXCESS RESERVE FUNDS - FISCAL YEARS 2012 & 2013**

(a) Submitted by:

Washoe County Health District
Air Quality Management Division
1001 East Ninth Street
Reno, Nevada 89512

(b) Agency coordinator:

Mary-Ann Brown, RN, MSN, Interim Health Officer
Kevin Dick, Division Director, AQMD
kdick@washoecounty.us
(775) 784-7200

(c) Requested from:

Department of Motor Vehicles – Pollution Control Fund –
“Excess Reserve” as defined by NRS Chapter 445B.830,
subsection 4, paragraph (b).

(d) Requested for:

Fiscal years 2012 & 2013 (July 1, 2011 through June 30,
2013)

(e) Objectives of Work:

- Purchase ambient air quality monitoring equipment.
- Provide resources for air quality travel/training.
- Implement air pollutant mitigation measures.
- Fund public information and outreach activities; including air quality information, smoking vehicles, idling reduction, and air quality events.
- Conduct studies and develop plans to address air quality issues and air pollution emissions.

(f-g) Description, Statement of Work, and Budget:

Task 1

Purchase ambient air quality monitoring instrumentation and related support equipment/software. The District is continually updating its ambient air quality monitoring network and is requesting funds to purchase replacement ambient monitoring instrumentation, and to proceed with installation of additional automated monitoring equipment including replacement of high-volume particulate samplers with beta-attenuation monitors that can provide hourly readings. Funding for AirVision software is also included in the budget to support additional automation of data compilation from the monitoring station network. In addition, funds would be utilized as necessary to maintain station/shelter facilities or supplement the monitoring network. Expenditures for this task would also include small parts, supplies and needed accessories for the operation of the monitoring equipment.

2011 APR - 1 P 2 08
RECEIVED
CC-DADM

EC
3.28.12

DMV Excessive Reserve - Pollution Control Fund FY12 &13
Proposed Budget

Budget by Project

1. Monitoring Equipment	Equipment < \$10,000	\$ 10,000
	Equipment > \$10,000	\$ 68,000
	Equipment > \$10,000 (Software)	\$ 21,000
2. AQ Staff Training and Travel	Training & Travel	\$ 10,000
3. Air Pollution Mitigation Efforts	Professional Services/Contractual	\$ 90,000
	Operating Supplies/Educational Supplies/Other Expenses	\$ 60,000
4. Public Outreach	Professional Services/Contractual	\$ 45,000
Smoking Vehicle	Operating Supplies/Educational Supplies/Other Expenses	\$ 7,368
Reduce Idling	(incl. printing, service promotional items, incentives, etc)	
AQI Index		
Bike to Work Week		
Focused Outreach		
Special Events		
5. Studies and Plans	Professional Services/Contractual	\$ 65,000
	Pooled Position/Contractual	\$ 10,000
TOTAL		\$386,368

Budget by Fund Category

1.	Professional Services/Contractual	\$200,000
2.	Equipment > \$10,000	\$ 68,000
3.	Equipment > \$10,000 (Software)	\$ 21,000
4.	Equipment < \$10,000	\$ 10,000
5.	Operating Supplies/Educational Supplies/Other Expenses	\$ 67,368
6.	Pooled Position/Contractual	\$ 10,000
7.	Training & Travel	\$ 10,000
TOTAL		\$386,368

Brian Sandoval
Governor



Bruce H Breslow
Director

555 Wright Way
Carson City, Nevada 89711-0900
Telephone (775) 684-4368
www.dmvnv.com

March 3, 2011

Kevin Dick, Director
Air Quality Management Division
Washoe County District Health Division
P O Box 11130
Reno, NV 89520-0027

Dear Mr. Dick:

Re: Emission Control Reserve Funding

In accordance with Nevada Administrative Code 445B.861, an application for a grant must be submitted to the following individuals prior to April 1st, proceeding the fiscal year for which the grant is requested:

- Deputy Director of the Department of Motor Vehicles;
- Administrator of the Division of Environmental Protection; and
- Chairman of the Advisory Committee on the Control of Emissions from Motor Vehicles

The Chairman of the Committee shall schedule a meeting of the Committee not later than April 15th, proceeding the fiscal year for which the grant is requested.

The total amount of reserve funding available for grant requests is \$1,931,838.

Please keep in mind that the figures are only a projection and DMV will not make distributions exceeding the authority of NRS 445B.830. If SB158 is approved, may impact reserves as smog checks would only be required every 2 years. Additionally, any other Legislative action during this session may impact reserve availability.

Please do not hesitate to contact me at (775) 684-4841 if there are any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Debbie Shope", is written over a horizontal line.

Debbie Shope, Acting DMV Services Manager
Department of Motor Vehicles

ECP0335

Cc: Troy Dillard, Deputy Director, Department of Motor Vehicles
Burel Schulz, Chief, Compliance Enforcement Division
Deborah Cook, Chief, Administrative Services Division
Dennis Ransel, Chairman Advisory Committee ✓

**AMENDED GRANT SCOPE FOR POLLUTION CONTROL FUND TO REFLECT
REDUCTION OF FINAL FUNDING VERSUS APPLICATION
EXCESS RESERVE FUNDS - FISCAL YEARS 2012 & 2013**

- (a)Submitted by: Washoe County Health District
Air Quality Management Division
1001 East Ninth Street
Reno, Nevada 89502
- (b)Agency coordinator: Joseph Iser, MD, DrPH, MSc, District Health Officer
Kevin Dick, Division Director, AQMD
kdick@washoecounty.us
(775) 784-7200
- (c)Requested from: Department of Motor Vehicles – Pollution Control Fund –
“excess reserve” as defined by NRS Chapter 445B.830,
subsection 4, paragraph (b).
- (d)Requested for: Fiscal years 2012 & 2013 (July 1, 2011 through June 30,
2013)

(e)Objectives of Work:

- Purchase ambient air quality monitoring equipment.
- Provide resources for air quality travel/training.
- Implement air pollutant mitigation measures.
- Fund public information and outreach activities; including air quality information, smoking vehicles, idling reduction, and air quality events.
- Conduct studies and develop plans to address air quality issues and air pollution emissions.

(f-g)Description, Statement of Work, and Budget:

Task 1

Purchase ambient air quality monitoring instrumentation and related support equipment/software. The District is continually updating its ambient air quality monitoring network and is requesting funds to purchase replacement ambient monitoring instrumentation, and to proceed with installation of additional automated monitoring equipment including replacement of high-volume particulate samplers with beta-attenuation monitors that can provide hourly readings. AirVision software modules or maintenance support may also be purchased as necessary to support automation of data compilation from the monitoring station network. In addition, funds will be utilized as necessary to maintain station/shelter facilities or supplement the monitoring network. Expenditures for this task will also include small parts, supplies and needed accessories for the operation of the monitoring equipment.

Task 2

The air quality management field is very technical and continually evolving. It is critical to our success that staff maintains its expertise in ambient monitoring and control strategies for pollutant emissions. The District is requesting assistance with training/travel funds for Air Quality Division staff.

Task 3

Air Pollution Mitigation Efforts. With the downward revision of the National Ambient Air Quality Standard for Ozone expected by July 28, 2011 the Truckee Meadows will need to continue to address emissions of ozone precursors for which transportation is a significant source. AQMD proposes several projects to utilize the Pollution Control Account Grant Funds to mitigate emissions of Ozone precursors and other emissions from motor vehicles. These include:

- Develop rebate programs for the replacement of gasoline powered residential landscape equipment with electrical landscape equipment.
- Develop ongoing collaborative efforts with area fleet managers to reduce ozone precursor emissions through increases in efficiency and fuel economy, deployment of hybrid, electric and alternative fueled vehicles, diesel retrofits, idle reduction and utilization of telematics to improve fleet performance. This initiative will be accomplished through a subgrant to the University of Nevada, Reno Business Environmental Program (BEP) to continue past work performed with the Rocky Mountain Fleet Managers Association and BEP's Pollution Prevention Resource Exchange Center fleet fuel efficiency resource compilation.
- Providing reimbursements to support local government efforts to conduct street sweeping in response to road sanding conducted during winter storm events.

Task 4

Public Information and Outreach. The District provides a wide expanse of air quality public outreach services and products. We are requesting funds to continue these activities for fiscal years 2012-13. Examples of activities include: maintaining the website widget for hourly air quality updates, as well as updating brochures, pamphlets, radio and television advertizing. This material is often used at events the Air Quality Division attends and/or sponsors for the promotion of clean air. Funding from this task will also support AQMD outreach efforts focused on specific organizations or events, such as schools, and Bike to Work Week.

Task 5

The AQMD faces uncertainty with downward revisions to National Ambient Air Quality Standards for Ozone and PM-2.5. Funding through this grant will be used to support studies and planning activities necessary to develop/update inventories, maintenance plans, and/or implementation plans. This will support professional services and an intern to assist AQMD staff.

DMV Excessive Reserve – Pollution Control Fund FY12 &13

Amended Budget by Project

1. Monitoring Equipment	Equip. >10,000	35,000
	Equip. <10,000, and Software	10,000
2. AQ Staff Training and Travel	Travel	10,000
3. Air Pollution Mitigation Efforts	Prof. Services/Op./Ed. Supplies, Other	95,000
4. Public Outreach	Prof Services, Op./Ed. Supplies/ Other	20,000
Special Events		
Smoking Vehicle		
Reduce Idling		
AQI Index		
Bike to Work Week		
Focused Outreach		
6. Studies and Plans	Prof Services	50,000
	Student Services	10,000
TOTAL		230,000

Budget by Fund Category

1. Professional Services	165,000
2. Equipment >10,000	35,000
3. Equipment <10,000 and Software	10,000
4. Student Services	10,000
5. Travel	10,000
TOTAL	230,000

9/22/11



Washoe County Health District



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: 9/22/11

DATE: August 31, 2011

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District *PB*
775-328-2418, pbuxton@washoecounty.us

THROUGH: Eileen Coulombe, Administrative Health Services Officer, Washoe *EC*
County Health District, 775-328-2417, ecoulombe@washoecounty.us

SUBJECT: Approval of Notice of Subgrant Award from the Nevada State Health Division in the amount of \$497,304 (with \$49,730 or 10% Health District match) for the period August 10, 2011 to August 9, 2012 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness (PHP) Program; and if approved authorize the Chairman to execute.

SUMMARY

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

The Washoe County Health District received a Notice of Subgrant Award from the Nevada State Health Division for the period August 10, 2011 through August 9, 2012 in the total amount of \$497,304 in support of the Public Health Preparedness CDC Grant Program. A copy of the Notice of Subgrant Award is attached.

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

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

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

PREVIOUS ACTION

The District Board of Health approved the Notice of Subgrant Award from the Nevada State Health Division for the period August 10, 2010 through August 9, 2011 in the total amount of \$744,415 (with \$74,441 or 10% Health District match) at their November 18, 2010 board meeting.

AGENDA ITEM # 7.C.3.

BACKGROUND

The Nevada State Health Division has awarded the Public Health Preparedness Program \$497,304 (with \$49,730 or 10% Health District match) for the period August 10, 2011 through August 9, 2012. The indirect cost rate will be used to meet the match requirement.

Funds will be used to support personnel, travel, other professional services, and operating expenditures including funding incentives (to include but not limited to: nutrition and hydration and serving utensils for PHP trainings/stakeholder meetings; preparedness kits to be used as raffles for meetings and events).

CDC has identified four benchmarks for this award to be used as a basis for withholding of fiscal year 2012 funding for Public Health Emergency Preparedness (PHEP) awardees. As mandated by the Pandemic and All-Hazards Preparedness Act (PAHPA), awardees that fail to "substantially meet" the benchmarks are subject to withholding of funds penalties to be applied the following fiscal year. Awardees that demonstrate achievement of these requirements are not subject to withholding of funds.

The four benchmarks are:

1. Demonstrated capability to rapidly assemble public health staff with lead incident management roles.
2. Demonstrated adherence to all PHEP application and reporting deadlines. Failure to submit required PHEP program data and reports by the stated deadlines will constitute a failure for benchmark 2.
3. Demonstrated capability to receive, stage, store, distribute, and dispense materials during a public health emergency.
4. Submit H1N1 After-Action Report Improvement Plan Status Report.

FISCAL IMPACT

A budget amendment is not necessary at this time.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve the Notice of Subgrant Award from the Nevada State Health Division in the amount of \$497,304 (with \$49,730 or 10% Health District match) for the period August 10, 2011 to August 9, 2012 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness (PHP) Program; and if approved authorize the Chairman to execute.

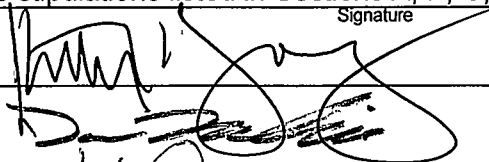

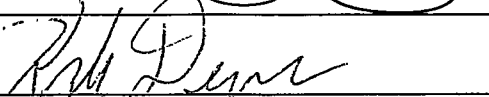
POSSIBLE MOTION

Move to approve the Notice of Subgrant Award from the Nevada State Health Division in the amount of \$497,304 (with \$49,730 or 10% Health District match) for the period August 10, 2011 to August 9, 2012 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness (PHP) Program; and if approved authorize the Chairman to execute.

HEALTH DIVISION

(hereinafter referred to as the DIVISION)

NOTICE OF SUBGRANT AWARD

Program Name: Public Health Preparedness BIOT01 Health Planning & Emergency Response Nevada State Health Division		Subgrantee Name: Washoe County Health District (WCHD)	
Address: 4150 Technology Way, Suite #200 9306912 Carson City, NV 89706-2009		Address: 1001 East Ninth Street Reno, NV 89520	
Subgrant Period: August 10, 2011 through August 9, 2012		Subgrantees: EIN#: 88-6000138 Vendor#: T40283400Q Dun & Bradstreet #: 073786998	
Reason for Award: 2011 Centers for Disease Control (CDC) - Public Health Preparedness and Response for Bioterrorism – Funds are intended to demonstrate achievement in the following Capabilities: #1 - Community Preparedness, #3 - Emergency Operations Coordination, #4 - Emergency Public Information and Warning and #13 – Public Health Surveillance and Epidemiological Investigation, according to the CDC Grant Guidance			
County(ies) to be served: () Statewide (X) Specific county or counties: Washoe County			
Approved Budget Categories:			
1. Personnel	\$	463,962	
2. Contractual/Consultant	\$	1,000	
3. Travel	\$	12,250	
4. Supplies	\$	4,524	
5. Equipment	\$	0	
6. Other	\$	15,568	
7. Indirect	\$	0	
Total Cost		\$	497,304
Disbursement of funds will be as follows: Payment will be made upon receipt and acceptance of a reimbursement form / invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$ 497,304 during the subgrant period.			
Source of Funds:		% of Funds:	CFDA#:
1. Centers for Disease Control and Prevention		100%	93.069
			Federal Grant #: 2U90TP916964-11
Terms and Conditions In accepting these grant funds, it is understood that:			
1. Expenditures must comply with appropriate state and/or federal regulations. 2. This award is subject to the availability of appropriate funds. 3. Recipient of these funds agrees to stipulations listed in Sections A, B, C, D and E of this subgrant award.			
Authorized Sub-grantee Official Washoe County Health District	 Signature		Date 9/22/11
Daniel P. Mackie, MPH, Health Program Manager, PHP	 Signature		Date 10 AUG 11
Kyle Devine, MSW Health Program Manager II, PHP	 Signature		Date 8/15/11
Richard Whitley, MS Administrator, Health Division			

HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

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

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

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

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

10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. any federal, state, county or local agency, legislature, commission, council, or board;
 - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.

11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
 - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. ascertain whether policies, plans and procedures are being followed;
 - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. determine reliability of financial aspects of the conduct of the project.

12. Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27th, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Subgrantee's fiscal year. To ensure this requirement is met Section D of this subgrant must be filled out and signed.

13. The Department of Health and Human Services, Committee on Privacy and Confidentiality, has revised and standardized the language used in the Business Associate and Confidentiality Addendums used for all department contracts and subgrants. In order to streamline the process and incorporate these revised documents an additional section has been added to both the subgrants and contracts. **Please note that Section E is required to be filled out and signed.**

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION B**

Description of services, scope of work, deliverables and reimbursement

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

- See Attached Scope of Work
- Submit written Progress Reports to the Health Division electronically on or before:
 - March 30, 2012 Mid Year Progress Report (For the period of 8/10/11-2/28/12)
 - October 1, 2012 End of Year Progress Report (For the period of 3/1/12-8/9/12)
- Additional information may be requested by the Health Division, as needed, due to evolving state and federal reporting requirements.
- Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number 2U90TP916964-11 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 Nevada State Health Division or Centers for Disease Control and Prevention (CDC)."
- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number 2U90TP916964-11 from the Centers for Disease Control and Prevention.

(Continued on next page)

Subgrantee agrees to adhere to the following budget:

1. Personnel	\$	463,962		
			\$106,574	Epidemiology & PHP Director 70%
			\$ 48,453	Administrative Secretary 84%
			\$ 66,575	Public Information Officer 100%
			\$ 31,127	Health Educator 50%
			\$ 13,555	PH Emergency Response Coordinator 100%
			\$ 72,082	PHP Manager 84%
			\$ 162	Intermittent Hourly Position - Epidemiologist 100%
			\$ 129	Intermittent Hourly Position – Public Health Investigator I 100%
			\$125,304	Fringe
2. Contractual/Consultant	\$	1,000		
			\$ 1,000	Translations Services
3. Travel	\$	12,250		
			\$ 4,250	In State Travel
			\$ 8,000	Out of State Travel
				In compliance with the Federal GSA Rates
4. Supplies	\$	4,524		
			\$ 1,524	Office Supplies
			\$ 2,400	Computer Printer Supplies
			\$ 600	Operating Supplies for signage and event / exercise preparation
5. Equipment	\$	0		
6. Other	\$	15,568		
			\$ 4,200	Telephone Service
			\$ 300	Postage
			\$ 360	Copy Machine
			\$ 1,008	Printing
			\$ 816	Books, Publications, Subscriptions
			\$ 600	Membership dues
			\$ 1,500	Educational Supplies
			\$ 1,008	Equipment Repair & Maintenance
			\$ 420	Minor Furniture & Equipment
			\$ 191	Computer software for PHP staff
			\$ 1,000	Rental Space / Meeting Room
			\$ 3,960	Equipment Services – Vehicle Asset Mgmt Fee
			\$ 85	Equipment Services – Operating and Maintenance
			\$ 120	Equipment Services – Fuel Charge
7. Indirect	\$	0		
Total Cost	\$	<u>497,304</u>		

- Health Division policy is to allow no more than 10% flexibility (no more than a cumulative amount of \$49,730), within approved Scope of Work, unless otherwise authorized. Upon reaching the 10% funding adjustment threshold, additional adjustments between categories cannot be made without prior written approval from the Health Division. Changes to the Scope of Work cannot be made without prior approval from the Health Division and the federal funding agency. ****Redirect requests can only be submitted up to 60 days before the close of the subgrant period.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.

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

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

- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred, summarizing the total amount and type of expenditures made during the reporting period.
- Requests for Reimbursements will be submitted monthly.
- Submit monthly Requests for Reimbursement no later than 15 days following the end of the month; submit a Request for Reimbursement for activities completed through the month of June no later than July 15, 2012.
- Additional expenditure detail will be provided upon request from the Division.
- The maximum amount of funding available through this subgrant is \$497,304.

Additionally, the subgrantee agrees to provide:

- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 45 days of completion.
- Provide a complete financial accounting of all expenditures to the Health Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

The Nevada State Health Division agrees:

- Review and approve activities through programmatic and fiscal reports and conduct site visits at the Subgrantee's physical site as necessary.
- Provide reimbursements, not to exceed a total of \$497,304 for the entire subgrant period.
- Provide technical assistance, upon request from the Subgrantee.
- Reserve the right to hold reimbursement under this subgrant until any delinquent forms and reports are submitted and accepted by the Health Division.

Both parties agree:

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

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

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall be 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 Health Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION C
Financial Reporting Requirements**

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

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

An explanation of the form is provided below.

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

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

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

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

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

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

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

Justification Form

- ☞ Insert your total monthly expenditure amount from your attached reimbursement request in column a.
- ☞ Provide the percentage of the capabilities these funds are to be applied against in column b.
- ☞ If utilizing an electronic copy, this will auto-populate the dollar amount in column c.
- ☞ Return document along with the monthly reimbursement request.

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION D**

**NEVADA STATE HEALTH DIVISION
AUDIT INFORMATION REQUEST**

1. Non-Federal entities that expend \$500,000.00 or more in total Federal Awards are required to have a single or program-specific audit conducted for that year, in accordance with *OMB Circular A-133*. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of your fiscal year.

2. Did your organization expend \$500,000.00 or more in all Federal Awards during your most recent fiscal year?

YES X NO

3. When does your fiscal year end?

6/30/2011

4. How often is your organization audited?

Annually

5. When was your last audit performed?

10/14/2010, FY 11 in progress.

6. What time period did it cover?

7/1/09 - 6/30/10

7. Which accounting firm conducted the audit?

Kafoury, Armstrong & Co.

SIGNATURE

TITLE

DATE

SECTION E

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

NEVADA STATE HEALTH DIVISION

CONFIDENTIALITY ADDENDUM

BETWEEN
Nevada State Health Division

Public Health Preparedness (PHP)
Hereinafter referred to as "Division"
And

Washoe County Health District (WCHD)
Hereinafter referred to as "Contractor"

This CONFIDENTIALITY ADDENDUM (the Addendum) is hereby entered into between Division and Contractor.

WHEREAS, Contractor may have access, view or be provided information, in conjunction with goods or services provided by Contractor to Division that is confidential and must be treated and protected as such.

NOW, THEREFORE, Division and Contractor agree as follows:

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. **Agreement** shall refer to this document and that particular inter-local or other agreement to which this addendum is made a part.
2. **Confidential Information** shall mean any individually identifiable information, health information or other information in any form or media.
3. **Contractor** shall mean the name of the organization described above.
4. **Required by Law** shall mean a mandate contained in law that compels a use or disclosure of information.

II. TERM

The term of this Addendum shall commence as of the effective date of the primary inter-local or other agreement and shall expire when all information provided by Division or created by Contractor from that confidential information is destroyed or returned, if feasible, to Division pursuant to Clause VI (4).

III. LIMITS ON USE AND DISCLOSURE ESTABLISHED BY TERMS OF CONTRACT OR LAW
Contractor hereby agrees it shall not use or disclose the confidential information provided, viewed or made available by Division for any purpose other than as permitted by Agreement or required by law.

IV. PERMITTED USES AND DISCLOSURES OF INFORMATION BY CONTRACTOR

Contractor shall be permitted to use and/or disclose information accessed, viewed or provided from Division for the purpose(s) required in fulfilling its responsibilities under the primary inter-local or other agreement.

V. USE OR DISCLOSURE OF INFORMATION

Contractor may use information as stipulated in the primary inter-local or other agreement if necessary for the proper management and administration of Contractor; to carry out legal responsibilities of Contractor; and to provide data aggregation services relating to the health care operations of Division. Contractor may disclose information if:

1. The disclosure is required by law; or
2. The disclosure is allowed by the inter-local or other agreement to which this Addendum is made a part; or
3. The Contractor has obtained written approval from the Division.

VI. OBLIGATIONS OF CONTRACTOR

1. **Agents and Subcontractors.** Contractor shall ensure by subcontract that any agents or subcontractors to whom it provides or makes available information, will be bound by the same restrictions and conditions on the access, view or use of confidential information that apply to Contractor and are contained in Agreement.
2. **Appropriate Safeguards.** Contractor will use appropriate safeguards to prevent use or disclosure of confidential information other than as provided for by Agreement.
3. **Reporting Improper Use or Disclosure.** Contractor will immediately report in writing to Division any use or disclosure of confidential information not provided for by Agreement of which it becomes aware.
4. **Return or Destruction of Confidential Information.** Upon termination of Agreement, Contractor will return or destroy all confidential information created or received by Contractor on behalf of Division. If returning or destroying confidential information at termination of Agreement is not feasible, Contractor will extend the protections of Agreement to that confidential information as long as the return or destruction is infeasible. All confidential information of which the Contractor maintains will not be used or disclosed.

IN WITNESS WHEREOF, Contractor and the Division have agreed to the terms of the above written Addendum as of the effective date of the inter-local or other agreement to which this Addendum is made a part.

CONTRACTOR/ORGANIZATION

DIVISION

Signature

Signature

Print Name

Richard Whitley

Print Name

Title

Administrator

Title

**Nevada State Health Division : Public Health Preparedness
Centers for Disease Control and Prevention (CDC)
Budget Request and Justification Form
Washoe County Health District (WCHD)
August 10, 2011 through August 9, 2012**

Contact Name: Jeff Whitesides
Phone Number: 775-328-6130
E-Mail Address: jwhitesides@washoecounty.us
Applicant/Agency Name: WCHD
Total Agency Request: \$497,304.00

**** Insert your total monthly expenditure amount below from your attached reimbursement request in column a. Provide the percentage of the capabilities these funds are to be applied against in column b. If utilizing an electronic copy this will auto-populate the dollar amount in column c. Return this document along with your monthly reimbursement request. This will provide a tracking to expedite the mid- and end-of-year progress reporting.**

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

Budget Summary

	(a)	(b)	(c)
Monthly Expenditure:		Current % Utilized	Current \$ Utilized

CDC Capabilities:

Community Preparedness			\$ -
Community Recovery			\$ -
Emergency Operations Coordination			\$ -
Emergency Public Information and Warning			\$ -
Fatality Management			\$ -
Information Sharing			\$ -
Mass Care			\$ -
Medical Countermeasure Dispensing			\$ -
Medical Material Management and Distribution			\$ -
Medical Surge			\$ -
Non-pharmaceutical Interventions			\$ -
Public Health Laboratory Testing			\$ -
Public Health Surveillance & Epi Investigation			\$ -
Responder Safety and Health			\$ -
Volunteer Management			\$ -
			\$ -

WASHOE COUNTY HEALTH DISTRICT
PUBLIC HEALTH PREPAREDNESS STAFF CERTIFICATION ATTESTING TO TIME (Level of Effort) SPENT ON PHP DUTIES
 For the Period August 10, 2010 through August 9, 2011
 Subgrant # CDC10-09; Federal Grant # 2U90TP916964-11

I certify that the % of time (level of effort) I have stated is true and correct				
Employee Name	Title	% time (level of effort) spent on PHP duties	Employee Signature	Date Certified
Dr. Randal Todd	Epidemiology & PHP Director	70%		
Jeannie Harris	Administrative Secretary	84%		
Phil Ulibarri	Public Information Officer	100%		
Nicole Alberti	Health Educator	50%		
	PH Emergency Response Coordinator	100%		
Jeff Whitesides	PHP Manager	84%		
Pam Young	Intermittent Hourly Position - Epidemiologist	100%		
	Intermittent Hourly Position - Public Health Investigator I	100%		

All duties performed by these employees support the objectives/deliverables of the federal award.

Eileen Coulombe Administrative Health Services Officer, Washoe County Health District
 Filing Recipient Name Title Signature Date

Kafoury, Armstrong & Co., CPA's performed an annual Single Audit of several federal grant programs, which are administered by the Nevada State Health Division for the fiscal year ended June 30, 2008. Included in the audit was the Centers for Disease Control and Prevention, Investigations and Technical Assistance, CFDA 93.283. Finding 8-03: Adequate procedures were not in place at the Nevada State Health Division to ensure costs charged to the Federal Programs (specifically salaries and benefits) were supported by the required documentation and certifications.

As a result of this finding, the Health Division, Public Health Preparedness Program, is requiring all sub-grantees to submit semi-annual time and effort certifications for all employees funded (in whole or in part) by CDC (CFDA # 93.069) or ASPR (CFDA# 93.889) preparedness funds

- Pursuant to the CDC BP01 Grant Guidance:
- 1) PHEP awardees are required to adhere to all applicable federal laws and regulations, including OMB Circular A-87 and semiannual certification of employees who work solely on a single federal award. Per OMB Circular A-87, compensation charges for employees who work solely on a single federal award must be supported by periodic certifications that the employees worked solely on that program during the certification period.
 - 2) These certification forms must be prepared at least semiannually and signed by the employee or a supervisory official having firsthand knowledge of the work performed by the employee. Awardees must be able to document that the scope of duties and activities of these employees are in alignment and congruent with the intent of the PHEP cooperative agreement to build public health response capacity and to rebuild public health infrastructure in state and local public health agencies. These certification forms must be retained in accordance with 45 Code of Federal Regulation, Part 92.42.

Nevada State Health Division
Public Health Preparedness
Match Certification

CDC08-11

Date: 8/31/11

External Funding Source: Centers for Disease Control (CDC)- Public Health Emergency Preparedness (PHEP)

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

Funding Recipient: Washoe County Health District (WCHD)

Project Title: 2011 CDC Public Health Preparedness and Response for Bioterrorism (PHEP)

Project Grant #: 2U90TP916964-11

Duration: From: August 10, 2011 To: August 9, 2012

Total cost sharing/matching cost contribution: \$49,730 / Percentage: 10%

Source of cost sharing/matching cost contribution:

Name: Washoe County Cost Allocation Plan

Account # (if applicable): _____

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

Eileen Coulombe
Administrative Health Services Officer
Washoe County Health District

Name and Title (Funding Recipient) Signature Date

Washoe County Health District (WCHD)
 CDC Public Health Emergency Preparedness (BP1)
 SUBGRANT #CDC08-11 (HD#12061)

SECTION B
Scope of Work (SOW)
August 10 2011 through August 9, 2012

BP1 Benchmarks

The CDC has identified four benchmarks for Budget Period 1 to be used as a basis for withholding of fiscal year 2012 funding for PHEP awardees. As mandated by PAHPA, awardees that fail to “substantially meet” the benchmarks are subject to withholding of funds penalties to be applied the following fiscal year. Awardees that demonstrate achievement of these requirements are not subject to withholding of funds (Page 28 of the BP1 grant guidance).

Benchmark 1: Demonstrated capability to rapidly assemble public health staff with lead incident management roles. To meet this benchmark, awardees must demonstrate the capability for pre-identified staff covering activated public health agency incident management lead roles (or equivalent lead roles) to report for duty within 60 minutes or less (note: can be done during business hours or after business hours). Staff assembly must be unannounced. Awardees are required at a minimum to report data from their health departments on their quickest staff assembly demonstration that occurs during the first six months of Budget Period 1. The demonstration must occur during one of the following: Drill; Functional Exercise; Full-Scale Exercise (FSE); or, Real Incident (preferable if possible). (pg. 28 and 29 of the BP1 grant guidance)

Objective:	Activities to achieve Objective (detailed information)	Date Due	Documentation
<p>By Wednesday, February 8th, 2012, the WCHD will conduct at least one unannounced alert and assembly of pre-identified Division Operations Center (DOC) staff.</p>	<ul style="list-style-type: none"> • Maintain an updated copy of the DOC alert roster with <u>at least two people pre-assigned to each DOC position</u> (e.g. a primary and secondary person identified as the DOC Director, etc.). • Ensure that the WCHD’s alert system maintains up-to-date contact information for each pre-assigned person (e.g. home phone #, work phone #, Cell #, etc.). • Pre-populate an ICS Form 211 sign-in/out sheet with the DOC position title and pre-identified person’s name for at least the following <u>nine</u> DOC positions (or their equivalent): <ul style="list-style-type: none"> - DOC Director - Safety Officer (SO) - Liaison Officer (LO) - Public Information Officer 	<p>DOC Staff Assembly NLT February 8th, 2012</p> <p>AAR/IP submitted</p>	<ul style="list-style-type: none"> • HSEEP-compliant AAR/IP must be submitted within 60 days of alert/ assembly • AAR/IP must include appendices with the following: <ul style="list-style-type: none"> ○ Record of alert’s start time

	<ul style="list-style-type: none"> - Finance Section Chief (FSC) - Ops. Section Chief (OSC) - Comms/IT Unit Leader 	<p>(PIO)</p> <ul style="list-style-type: none"> - Logistics Section Chief (LSC) - Planning Section Chief (PSC) 	<p>NLT 60 days after Staff Assembly</p>	<ul style="list-style-type: none"> o ICS Form 211 Sign-In/ Sign-Out sheet that lists attendees by name, their pre-assigned DOC position title, and what time they signed in and out o ICS Org. Chart for the DOC
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Benchmark 2: Demonstrated adherence to all PHEP application and reporting deadlines. Failure to submit required PHEP program data and reports by the stated deadlines will constitute a failure for benchmark 2. (see page 29 and 30 of the BP1 grant guidance)

Objective:	Activities to achieve Objective (detailed information)	Date Due	Documentation
<p>BP2 Grant Application: The WCHD PHEP Program Manager will send the NSHD PHEP Program Manager the BP2 grant application on or before deadline.</p>	<ul style="list-style-type: none"> • The NSHD PHEP Manager will provide a grant application template to all sub-grantees within two weeks of receiving the BP2 grant guidance. • The WCHD PHEP Program Manager will complete the template. 	TBD	<ul style="list-style-type: none"> • Completed BP2 Grant Application template
<p>Mid-Year Report (MYR): The WCHD PHEP Program Manager will send the NSHD PHEP Program Manager the mid-year report (MYR) for BP1 on or before deadline.</p>	<ul style="list-style-type: none"> • <u>Note:</u> The NSHD PHEP Program must submit a PHEP funding application within 60 days following the initial publication of the FOA. • The NSHD PHEP Program Manager will provide a MYR template to all sub-grantees by 17h00 (PST) on Wednesday, February 8th, 2012. • The WCHD PHEP Manager will complete the template. • <u>Note:</u> The NSHD PHEP Program must submit the state's mid-year progress report to the CDC 30 days after the first six months of the budget period: <ul style="list-style-type: none"> o That translates to close-of-business on March 9th, 2012. 	17h00 on Friday, February 24 th , 2012	<ul style="list-style-type: none"> • Completed MYR template • All supporting documentation must also be submitted with the MYR
<p>End-of-Year Report (EOY): The WCHD PHEP Program Manager will send the NSHD</p>	<ul style="list-style-type: none"> • The NSHD PHEP Program Manager will provide an EOY progress report template to all sub-grantees by 17h00 (PST) on Monday, August 27th, 2012. 	17h00 on Monday,	<ul style="list-style-type: none"> • Completed EOY template • All supporting documentation

<p>PHEP Program Manager the end-of-year report (EOY) for BP1 on or before deadline.</p>	<ul style="list-style-type: none"> The WCHD PHEP Manager will complete the template. <u>Note:</u> The NSHD PHEP Program must submit the state's end-of-year progress report to the CDC 45 days after the end of the budget period: <ul style="list-style-type: none"> That translates to close-of-business on September 24th, 2012. 	<p>August 27th, 2012</p>	<p><i>must also be submitted with the EOY</i></p>
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Benchmark 3: Demonstrated capability to receive, stage, store, distribute, and dispense materials during a public health emergency. As part of their response to public health emergencies, public health departments must be able to provide countermeasures to 100% of their identified population within 48 hours after the decision to do so. The medical countermeasure distribution and dispensing (MCMDD) composite score will serve as a collective indicator of preparedness within Nevada. To demonstrate current capacity and advancements in emergency response capabilities during BP1, public health departments must comply with the following requirements and submit all required documentation by July 15, 2010. (see page 30 to 33 of the BP1 grant guidance)

<p>Objective:</p> <p>Conduct a minimum of three different drills (not the same drill performed three times) during BP1.</p>	<p>Activities to achieve Objective (detailed information)</p> <ul style="list-style-type: none"> The three required drills may be chosen from any of the eight available drills as indicated on the DSNS Extranet website: <ul style="list-style-type: none"> http://www.bt.cdc.gov/stockpile/extranet Drill data must be submitted through the DSNS Web-based Data Collection System no later than July 15th, 2012. 	<p>Date Due</p> <p>NLT July 15th, 2012.</p>	<p>Documentation</p> <ul style="list-style-type: none"> HSEEP-compliant AAR/IP
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Benchmark 4: Submit H1N1 After-Action Report Improvement Plan Status Report. Submission of the H1N1 After Action Report (AAR) Improvement Plan (IP) Status Report for 2011 is intended to provide summary status updates of the key improvement plan items from awardees' H1N1 AAR and Improvement Plan following the 2009-2010 H1N1 influenza pandemic response. Submission of these reports fulfills the pandemic influenza plan submission requirement. Nevada is required to submit H1N1 AAR Improvement Plan Status Reports by November 30, 2011. (see page 36 and 37 of the BP1 grant guidance)

<p>Objective:</p> <p>Review all H1N1 related IPs and provide an update on all the corrective actions identified for completion prior to the November 30, 2011 deadline.</p>	<p>Activities to achieve Objective (detailed information)</p> <ul style="list-style-type: none"> Review the IPs from all the H1N1 related AAR/IPs. Provide a written report that clearly identifies which AAR/IP a corrective action derives from, and then list all the IP corrective actions that have a completion date prior to November 30, 2011. Report on the status of these corrective actions. 	<p>Date Due</p> <p>NLT November 9th, 2011.</p>	<p>Documentation</p> <ul style="list-style-type: none"> Written status report of H1N1 IP corrective actions
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PHP Capability #1: Community Preparedness

Definition: Community preparedness is the ability of communities to prepare for, withstand, and recover — in both the short and long terms — from public health incidents. By engaging and coordinating with emergency management, healthcare organizations (private and community-based), mental/behavioral health providers, community and faith-based partners, state, local, and territorial, public health's role in community preparedness is to do the following:

- Support the development of public health, medical, and mental/behavioral health systems that support recovery
- Participate in awareness training with community and faith-based partners on how to prevent, respond to, and recover from public health incidents
- Promote awareness of and access to medical and mental/behavioral health resources that help protect the community's health and address the functional needs (i.e., communication, medical care, independence, supervision, transportation) of at-risk individuals
- Engage public and private organizations in preparedness activities that represent the functional needs of at-risk individuals as well as the cultural and socio-economic, demographic components of the community
- Identify those populations that may be at higher risk for adverse health outcomes
 - Receive and/or integrate the health needs of populations who have been displaced due to incidents that have occurred in their own or distant communities (e.g., improvised nuclear device or hurricane).

Goal: To increase the ability of our community to prepare for, withstand and recover from short and long term public health incidents.

Note: All page numbers referenced within this section correspond with the CDC's "Public Health Preparedness Capabilities: National Standards for State and Local Planning" document which can be found at http://www.cdc.gov/php/capabilities/Capabilities_March_2011.pdf

Outcome Objective: By August 8, 2012 at least 80% of PHP Capability #1's functions will be achieved and demonstrated. (100 pts)

Allocated Funding: \$124,326

Function (F):

F1: How will your agency determine risks to the health of the jurisdiction?

WCHD will continue to assess risks to the health of the jurisdiction through activities such as:

- Reviewing and updating WCHD's Hazard Risk Assessment
- Reviewing and updating public health emergency plans to ensure

Task (T)

T1: What is your agency's plan to meet **T1?** Utilize jurisdictional risk assessment to identify, with emergency management and community and faith-based partners, the public health, medical, and mental/behavioral health services for which the jurisdiction needs to have access to mitigate identified disaster health risks.

- Review and update existing Washoe County Health District Hazard Risk Assessment to ensure that appropriate stakeholder input is considered and jurisdictional needs for public health, medical, and mental/behavioral health services are identified
- Identify public health services, medical, and mental/behavioral health services that may be needed during a Public Health incident

(see page 16) (25%)

T2: What is your agency's plan to meet **T2?** Utilize jurisdictional risk assessment to identify, with emergency management and community and faith-based partners, the public health, medical, and mental/behavioral health services within the jurisdiction that currently support the

the community's needs are met before, during and after a health emergency

(see pg. 16)
(25 pts.)

mitigation of identified disaster health risks.

- Review and update existing Washoe County Health District Hazard Risk Assessment
- Identify public health services, medical, and mental/behavioral health services that might be needed during a Public Health incident
(see page 16) (25%)

Performance Measure:

Although the CDC does not provide any performance measures for this function, what performance measure (aka: metric) will your agency use for this function?

- Updated Washoe County Health District Hazard Risk Assessment

Priority Resource Element (P= Planning; S= Skills & Trng.CoE= Equip.& Tech)

P1: What is your agency's plan to meet P1? (see page 17) (25%)

- Planning – continue to review and update WCHD Emergency Plans to address the needs of at-risk populations

P2: What is your agency's plan to meet P2? (see page 17) (25%)

- Planning – review and update the Washoe County Health District Hazard Risk Assessment

Agency POC

Who will be your agency's lead point of contact (POC) on this?

Name: Jeff Whitesides

Contact Info: 775-328-6130 jwhitesides@washoecounty.us

Start and End Date

When will your agency's POC start their work on this function?

Date: August 9, 2011

When will your agency's POC complete their work on this function?

Date: August 8, 2012

Demonstration Plan:

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved?

Routine public health activities, Planned event(s), Real incident(s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

- Routine public health activities

Function (F):	Task (T)
<p>F2: How will your agency build community partnerships to support health preparedness?</p> <p>WCHD will continue to build community partnerships to support health preparedness to through activities such as:</p> <ul style="list-style-type: none"> - Reviewing and updating WCHD's Hazard Risk Assessment - Conducting informant interviews with representatives from each of the 11 community sectors identified by CDC - Collaborating with other public health entities - Collaborating with medical and mental/behavioral health services - Promoting volunteer opportunities with the Medical Reserve corps - Starting a community advisory workgroup <p>(see page 18) (25 pts.)</p>	<p>T1: What is your agency's plan to meet Task I12 identify community sector groups to be engaged for partnership based upon the jurisdictional risk assessment.</p> <ul style="list-style-type: none"> • Review and update existing Washoe County Health District Hazard Risk Assessment to ensure that appropriate stakeholder input is considered • Conduct informant interviews with representatives from each of the 11 community sectors as identified by CDC to further determine effective ways to engage partners (see page 18) (14.3%) <p>T2: What is your agency's plan to meet Task I2? Create and implement strategies for ongoing engagement with community partners who may be able to provide services to mitigate identified public health threats or incidents (concept of "strategic advisory council" or joint collaborative).</p> <ul style="list-style-type: none"> • Implement strategies identified from informant interviews to facilitate ongoing engagement • Organize a community advisory workgroup representing Washoe County residents with health vulnerabilities, and agencies that work closely with these populations (see page 19) (14.3%) <p>T3: What is your agency's plan to meet Task I32 Utilize community and faith-based partnerships as well as collaborations with any agencies primarily responsible for providing direct health-related services to help assure the community's ability to deliver public health, medical, and mental/behavioral health services in both short and long term settings during and after an incident.</p> <ul style="list-style-type: none"> • Continue collaboration with the regional Inter-Hospital Coordinating Council • Continue collaboration with other public health divisions and groups • Staff will identify and make contact with mental/behavioral health services offering both short/long term services in Washoe County • Offer technical assistance to enable all above agencies to better deliver their services in both short and long term settings after an incident (see page 19) (14.3%) <p>T4: What is your agency's plan to meet Task I4? Utilize a continuous quality improvement process to incorporate feedback from community and faith-based partners into jurisdictional emergency operations plans.</p> <ul style="list-style-type: none"> • Through informant interviews and the newly-organized community advisory workgroup, staff will actively seek continuous input to be incorporated into public health emergency plans, ensuring quality improvement

(see page 19) (14.3%)

T5: What is your agency's plan to meet Task T5? Identify community leaders that can act as trusted spokespersons to deliver public health messages.

- Utilize the District Health Officer, Public Information Officer, District Board of Health members, Division Directors, and the Washoe County Manager to serve as trusted spokespersons to deliver public health messages

(see page 19) (14.3%)

Performance Measure:

Although the CDC does not provide any performance measures for this function, what performance measure (aka: metric) will your agency use for this function?

- Community Public Health Preparedness Profile and Outreach Plan
- Public Information and Communications Plan

Priority Resource Element (P= Planning; S= Skills & Trng.; E= Equip.& Tech)

P1: What is your agency's plan to meet P1?

- Planning – review and update PIC to include identified community leaders for Public Health to act as trusted spokespersons
- Skills & Training – promote public speaking trainings through County resources

(see page 19) (14.3%)

P2: What is your agency's plan to meet P2?

- Planning – review and update public health emergency plans to include a protocol to promote medical personnel to register and participate with the Medical Reserve Corps

(see page 19) (14.3%)

Agency POC

Who will be your agency's lead point of contact (POC) on this?

Name: Jeff Whitesides

Contact Info: 775-328-6130 jwhitesides@washoecounty.us

	<p>Start and End Date</p> <p>When will your agency's POC <u>start</u> their work on this function? Date: August 9, 2011</p> <p>When will your agency's POC <u>complete</u> their work on this function? Date: August 8, 2012</p>	
<p>Demonstration Plan:</p> <p>Which of the following will your agency use to demonstrate completion of this function and <u>describe how</u> that is to be achieved? Routine public health activities, Planned event(s), Real incident(s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)</p> <ul style="list-style-type: none"> • Routine public health activities • Seminar and/or workshop 		
<p>Function (F):</p> <p>F3: How will your agency engage with community organizations to foster public health, and mental/behavioral health social networks? WCHD will continue to take the necessary steps to engage community organizations to foster public health, medical, and mental/behavioral health social networks through activities such as:</p> <ul style="list-style-type: none"> - Community preparedness outreach - Promoting constituency participation with the Medical Reserves corps - Reviewing and updating public health emergency plans - Inviting input from public health, medical, and mental/behavioral 	<p>Task (T)</p> <p>T1: What is your agency's plan to meet Task I1? Ensure that community constituency groups understand how to connect to public health to participate in public health and community partner preparedness efforts.</p> <ul style="list-style-type: none"> • Program staff and Medical Reserve Corps volunteers to provide outreach to constituents at group and community events • Promote constituency participation in the Medical Reserves Corps through various outlets and public outreach efforts (see page 20) (33.3%) <p>T2: What is your agency's plan to meet Task I2? Ensure that public health, medical, and mental/behavioral health service agencies that provide essential health services to the community are connected to jurisdictional public health preparedness plans and efforts.</p> <ul style="list-style-type: none"> • Assess public health emergency plans for inclusion of essential health services and update plans as needed to address these services • Invite public health, medical, and mental/behavioral health services to review and provide input on all plans (see page 20) (33.3%) <p>T3: What is your agency's plan to meet Task I3? Create jurisdictional networks (e.g., local businesses, community and faith-based organizations, ethnic radio/media, and, if used by the jurisdiction, social networking sites) for public health, medical, and mental/behavioral health information dissemination before, during, and after the incident. (For additional or supporting detail, see <i>Capability 4: Emergency Public Information and Warning</i>.)</p> <ul style="list-style-type: none"> • Review and revise the Public Information and Communications Plan to include current contacts of networks, including media contacts 	

health services on public health emergency plans

- Exploring social media opportunities as another method of communication

(see page 20)

(25 pts.)

- Request County approval to develop at least one social media option for the community to receive public health, medical, and mental/behavioral health information before and after an incident.

(see page 20) (33.3%)

Performance Measure:

Although the CDC does not provide any performance measures for this function, what performance measure (aka: metric) will your agency use for this function?

- Excel sheet tracking reach at community events, and reach and frequency of media campaigns.
- Public Information and Communications Plan
- Establishment and web link to one social media option

Priority Resource Element (P= Planning; S= Skills & Trng.; E= Equip.& Tech)

Although the CDC does not provide any priority resource elements for this function, what resource element(s) will your agency need or have access to for this function?

- Planning – review and revise as needed all WCHD emergency plans
- Skills & Training – community outreach to inform public about volunteer opportunities and preparedness

Agency POC

Who will be your agency's lead point of contact (POC) on this?

Name: Jeff Whitesides

Contact Info: 775-328-6130 jwhitesides@washocounty.us

Start and End Date

When will your agency's POC start their work on this function?

Date: August 9, 2011

When will your agency's POC complete their work on this function?

Date: August 8, 2012

Demonstration Plan:

Which of the following will your agency use to demonstrate completion of this function and describe how that is to be achieved?

Routine public health activities, Planned event(s), Real incident(s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

- Routine public health activities

Function (F):	Task (T)
<p>F4: How will your agency coordinate training or guidance to ensure community engagement in preparedness efforts?</p> <p>WCHD will continue to coordinate and/or promote trainings and guidance that ensures community engagement in preparedness efforts as well as securing opportunities for Medical Reserve Corps volunteers to participate with other local emergency responders in community safety efforts year-round.</p> <p>(see page 20) (25 pts.)</p>	<p>T1: What is your agency's plan to meet Task T1? Integrate information on resilience, specifically the need for community-derived approaches to support the provision of public health, medical, and mental/behavioral health services during and after an incident, into existing training and educational programs related to crisis and disaster preparedness and response.</p> <ul style="list-style-type: none"> • Coordinate, promote, or incorporate into existing training the idea of resiliency a minimum of twice annually. To include topics such as: <ul style="list-style-type: none"> • Family Reunification Center • Care for Children • Coping skills <p>(see page 20) (20.0%)</p> <p>T2: What is your agency's plan to meet Task T2? Promote training to community partners that may have a supporting role to public health, medical, and mental/ behavioral health sectors (e.g., education, child care, juvenile justice, child welfare, and congregate childcare settings).</p> <ul style="list-style-type: none"> • Coordinate or promote one-training related to community engagement in preparedness, based on the updated jurisdictional risk assessment and informant interviews <p>(see page 20) (20.0%)</p> <p>T3: What is your agency's plan to meet Task I3? Provide guidance to community partners, particularly groups representing the functional needs of at-risk populations, to assist them in educating their own constituency groups regarding plans for addressing preparedness for and recovery from the jurisdiction's identified risks and for access to health services that may apply to the incident.</p> <ul style="list-style-type: none"> • Offer technical assistance and materials to priority groups, as identified from informant interviews and/or newly-organized community advisory workgroup <p>(see page 21) (20.0%)</p> <p>Performance Measure:</p> <p>Although the CDC does not provide any performance measures for this function, what performance measure (aka: metric) will your agency use for this function?</p> <ul style="list-style-type: none"> • Training attendance sheets <p>Priority Resource Element (P= Planning; S= Skills & Trng.; E= Equip. & Tech)</p> <p>P1: What is your agency's plan to meet P1?</p> <ul style="list-style-type: none"> • Skills & Training – as identified above

(see page 21) (20.0%)

P2: What is your agency's plan to meet P2?

- Planning – review and update written public health emergency plans to include processes and procedures to build and sustain opportunities for Medical Reserve Corps volunteers to participate with local emergency responders and community safety efforts year-round

(see page 21) (20.0%)

Agency POC	Who will be your agency's lead point of contact (POC) on this? Name: Jeff Whitesides Contact Info: 775-328-6130 jwhitesides@washoecounty.us
Start and End Date	When will your agency's POC start their work on this function? Date: August 9, 2011 When will your agency's POC complete their work on this function? Date: August 8, 2012
Demonstration Plan:	
Which of the following will your agency use to demonstrate completion of this function, and describe how that is to be achieved? Routine public health activities, Planned event(s), Real incident(s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)	
<ul style="list-style-type: none">• Seminars and/or workshops• Routine public health activities	

Washoe County Health District (WCHD)
 CDC Public Health Emergency Preparedness (BP1)
 SUBGRANT #CDC08-11 (HD#12061)

SECTION B
Scope of Work (SOW)
August 10 2011 through August 9, 2012

PHP Capability #3: Emergency Operations Coordination

Definition: Emergency operations coordination is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System.

Goal: To improve incident command personnel competency and emergency operations center infrastructure.

Note: All page numbers referenced within this section correspond with the CDC's "Public Health Preparedness Capabilities: National Standards for State and Local Planning" document which can be found at http://www.cdc.gov/php/capabilities/Capabilities_March_2011.pdf

Outcome Objective: By August 8, 2012 at least 80% of PHP Capability #3's functions will be achieved and demonstrated.

Allocated Funding: \$124,326

Function (F):	Task (T)
<p>F1: How will your agency conduct preliminary assessment to determine need for public activation? WCHD will conduct a preliminary assessment of pertinent emergency plans to ensure we have a clear plan to determine the need for a public activation. In addition, WCHD will utilize the Tasks and Priority Resource Elements identified to the right of this column to address each Emergency</p>	<p>T1: What is your agency's plan to meet T1? At the time of an incident and as applicable during an incident, work with jurisdictional officials (e.g., other agency representatives; elected or appointed leadership officials; epidemiology, laboratory, surveillance, medical, and chemical, biological, and radiological subject matter experts; and emergency operations leadership) to analyze data, assess emergency conditions and determine the activation levels based on the complexity of the event or incident. Activation levels should be consistent with jurisdictional standards and practices (e.g., jurisdictional Emergency Operations Plans and applicable annexes).</p> <ul style="list-style-type: none"> During an incident, WCHD will follow the requirements of the Washoe County Emergency Operations Plan and the WCHD Department Emergency Management Plan PHP staff will review the County Emergency Operations Plan to identify the requirements and activation levels to ensure we are familiar with the jurisdictional emergency operations plan and can function within the requirements

Operations Coordination Function.

(see pg. 27)
(20 pts.)

(see page 27) (33.3%)

T2: What is your agency's plan to meet **T2?** At the time of an incident and as applicable during an incident, determine whether public health has the lead role, a supporting role, or no role. These roles are defined as follows:

- Lead role: public health has primary responsibility to establish event or incident objectives and response strategies and to task other supporting agencies (e.g., outbreaks of meningitis, measles, seasonal influenza)
- Supporting role: public health may be tasked by lead agency (e.g., oil spills, earthquakes, wild fires, hurricanes)
- No role: there is no public health implication

At the time of an incident:

- Convene the Health District Crisis Action Team and consult with the Washoe County Emergency Manager to determine role

(see page 27) (33.3%)

T3: What is your agency's plan to meet **T3?** Define incident command and emergency management structure for the public health event or incident according to one of the Federal Emergency Management Agency (FEMA) types 42 FEMA incident type may have an impact on training and accreditation requirements and may help determine what level of resources are needed and how to request more resources using standardized language for emergency response.

- WCHD is currently following FEMA guidance for staff ICS training
- WCHD will review the FEMA incident types and revise our public health emergency management staffing list to ensure we are able to respond based on current training and accreditation levels

(see page 27) (33.3%)

Performance Measure:

Although the CDC does not provide any performance measures for this function, what performance measure (aka: metric) will your agency use for this function?

- Proportion of WCHD staff with completed ICS training requirements as documented in the Learning Management System (training database)
- List of identified staff to fill emergency management roles through multiple operational periods

Priority Resource Element (P= Planning; S= Skills & Trng; E= Equip. & Tech)

- Planning
- Training

	<p>Who will be your agency's lead point of contact (POC) on this? Name: <u>Jeff Whitesides</u> Contact Info: <u>328-6130</u></p> <p>When will your agency's POC start their work on this function? Date: <u>8/10/11</u></p> <p>When will your agency's POC complete their work on this function? Date: <u>8/9/12</u></p>
	<p>Agency POC</p> <p>Start and End Date</p> <p>Demonstration Plan:</p> <p><u>Which of the following will your agency use to demonstrate completion of this function, and describe how that is to be achieved?</u> Routine public health activities, Planned event(s), Real incident(s), Exercise(s) (Seminar, Workshop, TX, Games, Drills, Functional Exercise, FSE)</p> <ul style="list-style-type: none"> • Real incidents • Routine public health activities
<p>Function (F):</p> <p>F2: How will your agency activate public health emergency operations? WCHD will continue to identify properly trained staff to fill incident command and emergency management positions. Staff notification drills will be conducted quarterly to ensure our ability to notify and essential staff for assembly. In addition, WCHD will utilize the Tasks and Priority Resource Elements identified to the right of this column to address each Emergency Operations Coordination Function. (see page 28)</p>	<p>Task (T)</p> <p>T1: What is your agency's plan to meet Task T1? Prior to an event or incident, identify incident command and emergency management functions for which public health is responsible.</p> <ul style="list-style-type: none"> • Command staff having appropriate level of incident command system training and their emergency management function have been identified • This list will be updated quarterly <p>(see page 28) (12.5%)</p> <p>T2: What is your agency's plan to meet Task T2? Prior to an event or incident, identify a pool of staff who have the skills necessary to fulfill required incident command and emergency management roles deemed necessary for a response. The pool should include public health subject matter experts, Incident Commander, Section Chiefs, Command Staff, and support positions (e.g., Informational Technology Specialist).</p> <ul style="list-style-type: none"> • Command staff having appropriate level of incident command system training and their emergency management functions have been identified • This list will be revised quarterly • A matrix will be created to identify necessary emergency management positions according to

(20 pts.)

type of public health emergency

(see page 28) (12.5%)

T3: What is your agency's plan to meet **Task T3**? Prior to an event or incident, identify staff to serve in the required incident command and emergency management roles for multiple operational periods to ensure continuous staffing during activation.

- Command staff having appropriate level of incident command system training and their emergency management functions have been identified
- Identify and document appropriate staff to cover multiple operational periods

(see page 29) (12.5%)

T4: What is your agency's plan to meet **Task T4**? Prior to an event or incident, identify primary and alternate physical locations or a virtual structure⁴⁷ (owned by public health or have access to through a memorandum of understanding or other written agreements) that will serve as the public health emergency operations center.

- Primary and alternate locations have been identified

(see page 29) (12.5%)

T5: What is your agency's plan to meet **Task T5**? At the time of an event or incident, notify designated incident command staff of public health response.

Notification will be made by:

- Communicator NXT
- Phone
- Email

(see page 29) (12.5%)

T6: What is your agency's plan to meet **Task T6**? In preparation for or at the time of an event or incident, assemble designated staff at the appropriate emergency operations center(s) (i.e., public health emergency operations center or jurisdictional emergency operations center).

Notification will be made by:

- Communicator NXT
- Phone
- Email

(see page 29) (12.5%)

Performance Measure:

CDC Performance Measure (PM): Time for pre-identified staff covering activated public health agency incident mgmt. lead roles to report for duty. 60 minutes or less

Start Time: _____
 Stop Time: _____
 (see page 29)

Please note that this PM also corresponds to Benchmark #1. (12.5%)

Priority Resource Element (P= Planning; S= Skills & Trng; E= Equip.& Tech)

- P1:** What is your agency's plan to meet P1?
- Emergency notification and assembly drills.
- (see page 29) (12.5%)

Agency POC

Who will be your agency's lead point of contact (POC) on this?
 Name: Jeff Whitesides
 Contact Info: 328-6130

Start and End Date

When will your agency's POC start their work on this function?
 Date: 8/10/11
 When will your agency's POC complete their work on this function?
 Date: 8/9/12

Demonstration Plan:

Which of the following will your agency use to demonstrate completion of this function, and describe how that is to be achieved?
 Routine public health activities, Planned event(s), Real incident(s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)
 • Drills

Function (F):

F3: How will your agency develop incident response strategy?

Task (T)

T1: What is your agency's plan to meet Task T1? Produce or contribute to an Incident Commander or Unified Command approved Incident Action Plan prior to the start of the second operational period.

<p>WCHD will utilize proper ICS protocol and forms during an exercise or real event. In addition, WCHD will utilize the Tasks and Priority Resource Elements identified to the right of this column to address each Emergency Operations Coordination Function.</p>	<ul style="list-style-type: none"> • During the operational planning period, staff will contribute to or produce an IAP (form 201) • Brief Command Staff and next operational period staff on approved IAP • Upload approved IAP into WebEOC for continued access <p>(see page 31) (25%)</p>
<p>(see page 31) (20 pts.)</p>	<p>T2: What is your agency's plan to meet Task T2? Disseminate the Incident Action Plan to public health response staff. (For additional or supporting detail, see Capability 6: Information Sharing)</p> <ul style="list-style-type: none"> • An IAP will be provided to Public Health Staff working the incident through briefings • Upload approved IAP into WebEOC to allow access to Public Health Staff currently not working operational period <p>(see page 31) (25%)</p>
	<p>T3: What is your agency's plan to meet Task T3? Revise and brief staff on the Incident Action Plan at least at the start of each new operational period. Incident Action Plans must include the following:</p> <ul style="list-style-type: none"> • What was accomplished in the previous operational period • What is to happen in the next operational period • Staff will be briefed on the approved IAP at the beginning of each new operational period. • Upload approved IAP into WebEOC for continued access of current and previous operational period IAPs <p>(see page 31) (25%)</p>
	<p>Performance Measure:</p> <p><u>CDC Performance Measure:</u> Production of the approved Incident Action Plan (IAP) before the start of the second operational period.</p> <ul style="list-style-type: none"> • An approved IAP will be produced prior to the start of the each operational period during an incident • An IAP will be provided to public health staff during an incident, through briefings and WebEOC • IAPs will be kept on file in WebEOC

Priority Resource Element (P= Planning; S= Skills & Trng.; E= Equip.& Tech)

P1: What is your agency's plan to meet P1?

WCHD will utilize the FEMA template for producing Incident Action Plans (form 201). This template should prompt the user to develop the following:

- Incident goals
- Operational period objectives (major areas that must be addressed in the specified operational period to achieve the goals or control objectives)
- Response strategies (priorities and the general approach to accomplish the objectives)
- Response tactics (methods developed by Operations to achieve the objectives)
- Organization list with Incident Command System chart showing primary roles and relationships.
- Assignment list with specific tasks

(see page 31) (25%)

Agency POC

Who will be your agency's lead point of contact (POC) on this?

Name: Jeff Whitesides

Contact Info: 328-6130

When will your agency's POC start their work on this function?

Date: 8/10/11

When will your agency's POC complete their work on this function?

Date: 8/9/12

Demonstration Plan:

Which of the following will your agency use to demonstrate completion of this function, and describe how that is to be achieved?

Routine public health activities, Planned event(s), Real incident(s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

- Routine Public Health Activities, Real Events, and/or FSE

Task (T)

T1: What is your agency's plan to meet Task T1? Coordinate public health and medical emergency management operations for the public health response (e.g., phone calls, meetings, and conference calls).

Function (F):

F4: How will your agency manage and sustain the public health response?

WCHD will utilize the redundant communication, available technology and informational resources to communicate during an exercise or real event. In addition, WCHD will utilize the Tasks and Priority Resource Elements identified to the right of this column to address each Emergency Operations Coordination Function.

(see page 32)
(20 pts.)

- WCHD will utilize the available technology to effectively communicate during a public health response (see page 32) (20%)

T2: What is your agency's plan to meet Task I2? Track and account for all public health resources during the public health response.

- WebEOC Resource Manager will be utilized for tracking resources
- Conduct an enhanced tabletop exercise Resource Manager during the grant year. (see page 32) (20%)

T3: What is your agency's plan to meet Task I3? Maintain situational awareness using information gathered from medical, public health, and other health stakeholders (e.g., fusion centers). (For additional or supporting detail, see Capability 6: Information Sharing)

Situational awareness will be maintained through multiple sources to include:

- CDC
- Washoe County Fusion Center
- WebEOC/Fusion
- HavBED
- HAN
- And other informational resources. (see page 32) (20%)

T4: What is your agency's plan to meet Task I4? Conduct shift change briefings between outgoing and incoming public health staff to communicate priorities, status of tasks, and safety guidance

- At the beginning of each operational period, briefings will be conducted for DOC personnel
- Approved IAP will be uploaded into WebEOC for continued access (see page 34) (20%)

Performance Measure:

Although the CDC does not provide any performance measures for this function, what performance measure (aka: metric) will your agency use for this function?

Denominator: Number of public health incidents managed by WCHD

Numerator: Number of public health incidents managed by WCHD that are documented in WebEOC

Priority Resource Element (P= Planning; S= Skills & Trng.; E= Equip.& Tech)

P1: What is your agency's plan to meet P1?

The WCHD Continuity of Operations Plan will include processes and protocols to ensure the continued performance of pre-identified essential functions during a public health incident and during an incident that renders the primary location where the functions are performed inoperable. This plan will be an annex to the WCHD Department Emergency Management Plan and will include these elements:

- Definitions and identification of essential services needed to sustain agency mission and operations
- Plans to sustain essential services regardless of the nature of the incident (e.g., all-hazards planning)
- Scalable workforce reduction
- Limited access to facilities (e.g., social distancing and staffing or security concerns)
- Broad-based implementation of social distancing policies if indicated
- Positions, skills, and personnel needed to continue essential services and functions (Human Capital Management)
- Identification of agency vital records (e.g., legal documents, payroll, and staff assignments) that support essential functions and/or that must be preserved in an incident
- Alternate work sites
- Devolution of uninterruptible services for scaled-down operations
- Reconstitution of uninterruptible services

(see page 32) (20%)

Agency POC

Start and End Date

Demonstration Plan:

Which of the following will your agency use to demonstrate completion of this function, and describe how that is to be achieved?

Routine public health activities, Planned event(s), Real incident(s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional

Who will be your agency's lead point of contact (POC) on this?

Name: Jeff Whitesides

Contact Info: 328-6130

When will your agency's POC start their work on this function?

Date: 8/10/11

When will your agency's POC complete their work on this function?

Date: 8/9/12

	<p>Exercise, FSE)</p> <ul style="list-style-type: none"> Exercises Real events
	<p>Task (T)</p> <p>T1: What is your agency's plan to meet Task T1? Return resources to a condition of "normal state of operation" as appropriate. This may include archiving records and restoring systems, supplies, and staffing to a pre-incident ready state.</p> <ul style="list-style-type: none"> Follow WCHD COOP to return to a condition of "normal state of operation" (see page 34) (14.3%)
<p>Function (F):</p>	<p>T2: What is your agency's plan to meet Task T2? Conduct final incident closeout of public health operations including the turnover of documentation, an incident debriefing, and a "final closeout" with the responsible agency or jurisdiction executive/officials.</p> <ul style="list-style-type: none"> Conduct a "hot wash" at the end of each exercise or real event (see page 34) (14.3%)
<p>F5: How will your agency mobilize and evaluate public health emergency operations?</p> <p>WCHD will follow ICS protocol during exercises and real events and will utilize HSSEP guidance to ensure accurate documentation for AAR/IPs. In addition, WCHD will utilize the Tasks and Priority Resource Elements identified to the right of this column to address each Emergency Operations Coordination Function.</p> <p>(see page 33) (20 pts.)</p>	<p>T3: What is your agency's plan to meet Task T3? Produce After Action Report for public health operations to identify improvement areas and promising practices.</p> <ul style="list-style-type: none"> Prepare an HSEEP-compliant AAR/IP within 60 days of each exercise or real event (see page 34) (14.3%) <p>T4: What is your agency's plan to meet Task T4? Implement Improvement Plan items (e.g., project work plans and evidence of improvement actions) that have been assigned to public health.</p> <ul style="list-style-type: none"> Implement changes to address improvement items identified in each AAR/IP. (see page 34) (14.3%) <p>T5: What is your agency's plan to meet Task T5? Track the implementation progress of Improvement Plan items assigned to public health through a corrective action system.</p> <ul style="list-style-type: none"> Develop a mechanism to track improvement items (see page 34) (14.3%)
	<p>Performance Measure:</p> <p><u>CDC Performance Measure:</u> Time to complete a draft AAR/IP: Start Time: _____</p>

<p>Stop Time: _____</p> <p>(see page 34) (14.3%)</p>	
<p>Priority Resource Element (P= Planning; S= Skills & Trng.; E= Equip.& Tech)</p> <p>What is your agency's plan to meet P1?</p> <p>WCHD will review and revise written plans that include demobilization procedures for public health operations. The following will be considered for inclusion:</p> <ul style="list-style-type: none"> • General information about the demobilization process • Responsibilities/agreements for reconditioning of equipment/resources • Responsibilities for implementation of the Demobilization Plan • General release priorities (i.e., resource type such as staff or equipment to be released) and detailed steps and processes for releasing those resources • Directories (e.g., maps and telephone listings) <p>(see page 34) (14.3%)</p>	
<p>Agency POC</p>	
<p>Start and End Date</p>	
<p>Demonstration Plan:</p> <p>Which of the following will your agency use to demonstrate completion of this function, and describe how that is to be achieved?</p> <p>Routine public health activities, Planned event(s), Real Incident(s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)</p> <ul style="list-style-type: none"> • Real incidents 	<p>Who will be your agency's lead point of contact (POC) on this?</p> <p>Name: <u>Jeff Whitesides</u></p> <p>Contact Info: <u>328-6130</u></p> <p>When will your agency's POC <u>start</u> their work on this function?</p> <p>Date: <u>8/10/11</u></p> <p>When will your agency's POC <u>complete</u> their work on this function?</p> <p>Date: <u>8/9/12</u></p>

	<ul style="list-style-type: none">• Exercises• Drills

<ul style="list-style-type: none"> • WCHD EPHP also maintains Media Contact List for instant e-mail access to media outlets. 	<ul style="list-style-type: none"> • Planning - Ensure that Information Line, Hot Line or Call Center protocols are included in PIC Plan and Crisis and Emergency Risk Communications Plan • Planning - Ensure all plans refer callers to CDC-INFO when appropriate • Equipment – Mobile and Internet access for social media usage
<p>Function (F):</p> <p>F5: How will your agency issue public information, alerts, warnings, and notifications?</p> <ul style="list-style-type: none"> • The WCHD EPHP has four portable AM Radio stations which can be programmed with incident information in real time. • The WCHD EPHP staff is trained on how to use 800mhz radios. • Two WCHD EPHP staff are HAM Radio licensed. • The WCHD EPHP partners with MRC, CERT and ARES volunteers. 	<p>Agency POC</p> <p>Who will be your agency's lead point of contact (POC) on this?</p> <p>Name: Jeff Whitesides Contact Info: (775) 328- 6130</p> <p>Start and End Date</p> <p>When will your agency's POC start their work on this function? Date: August 10, 2011</p> <p>When will your agency's POC complete their work on this function? Date: August 9, 2012</p> <p>Demonstration Plan:</p> <p>Which of the following will your agency use to demonstrate completion of this function, and describe how that is to be achieved?</p> <ul style="list-style-type: none"> o Routine public health activities, Planned event(s), Real incident(s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE) • Routine Washoe County Health District activities <p>Task (T)</p> <p>T1: What is your agency's plan to meet Task T1? Prior to the incident, comply with established jurisdictional legal guidelines to avoid communication of information that is protected for national security or law enforcement reasons or that may infringe on individual and entity rights.</p> <ul style="list-style-type: none"> • Review and update PIC plan as necessary to ensure establishment of jurisdictional legal guidelines to avoid communication of information that is protected for national security or law enforcement reasons or that may infringe on individual and entity rights <p>T2: What is your agency's plan to meet Task T2? Disseminate information to the public using pre-established message maps in languages and formats that take into account jurisdiction demographics, at-risk populations, economic disadvantages, limited language proficiency, and cultural or geographical isolation. (see page 42) (25%)</p> <ul style="list-style-type: none"> • Utilize PIC Plan and Crisis and Emergency Risk Communications Plan as needed • Utilize Health District translation service to prepare information for non-English speaking audiences

- Work with Health Educator, local Crisis Communicators and Regional Public Information Officers, Senior Center and Tribal partners to ensure PIC and Crisis and Emergency Risk Communications Plan contain information and protocol on how to reach rural/ isolated populations

T3: What is your agency's plan to meet Task I3? Transmit health-related messaging information to responder organizations through secure messaging platforms.

- Utilize 800mhz systems for communications to partner responder organizations
- Utilize e-mail system for direct messaging with partner responder organizations
- Utilize private cell phone and after hour phone numbers for urgent calls to partner responder organizations and Crisis Communicators
- Utilize HAM Radio system through ARES volunteers as a backup system for communications

Performance Measure:

CDC Performance Measure: Time to issue a risk communication message for dissemination to the Public:

Start Time: _____

Stop Time: _____

Priority Resource Element (P= Planning; S= Skills & Trng.; E= Equip.& Tech)

Although the CDC does not provide any priority resource elements for this function, what resource elements will your agency need or have access to for this function?

- Planning – PIC Plan and Crisis and Emergency Risk Communications Plan
- Skills and Training – PIO skills, Media Training, Web/IT training, Radio Training
- Equipment – Computers, Radios, Printers, Internet access, Media Staging Area

Agency POC

Who will be your agency's lead point of contact (POC) on this?

Name: Jeff Whitesides

Contact Info: (775) 328-6130

Start and End Date

When will your agency's POC start their work on this function?

Date: August 10, 2011

When will your agency's POC complete their work on this function?

Date: August 9, 2012

Demonstration Plan:

Which of the following will your agency use to demonstrate completion of this function, and describe how that is to be achieved?

Routine public health activities, Planned event(s), Real incident(s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

- Routine Washoe County Health District activities

Washoe County Health District (WCHD)
 CDC Public Health Emergency Preparedness (BP1)
 SUBGRANT #CDC08-11 (HD#12061)

SECTION B
Scope of Work (SOW)
August 10 2011 through August 9, 2012

PHP Capability #4: Emergency Public Information and Warning

Definition: Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders.

Goal: Public information personnel will develop, coordinate and disseminate information, alerts, warnings and notifications to the public and incident management responders.

Note: All page numbers referenced within this section correspond with the CDC's "Public Health Preparedness Capabilities: National Standards for State and Local Planning" document which can be found at http://www.cdc.gov/phpr/capabilities/Capabilities_March_2011.pdf

Outcome Objective: By August 8, 2012 at least 80% of PHP Capability #4's functions will be achieved and demonstrated. (100 pts)

Allocated Funding: \$124,326

Function (F):

F1: How will your agency activate the emergency public information system?
 (see pg. 36)
 (20 pts.)

- The Washoe County Health District (WCHD) Epidemiology and Public Health Preparedness Program (EPHP) has a PIC Plan and Crisis and Emergency Risk and Communications Plan to be used

Task (T)

T1: What is your agency's plan to meet T1? Prior to an incident, identify Public Information Officer, support staff (depending on jurisdictional vulnerabilities and subject matter expertise), and potential spokesperson(s) to convey information to the public

- Utilize Health District PIC Plan and Crisis and Emergency Risk Communications Plan
- Maintain current relationships with County Emergency Management partners
- Document identified partners in PIC and Crisis and Emergency Risk Communications Plan as needed

T2: What is your agency's plan to meet T2? Prior to an incident, identify a primary and alternate physical and/or virtual structure that will be used to support alerting and public information operations.

during times of crisis that may or may not be used in accordance with a move to ICS.

- PHP also maintains a Crisis Communicators list with over 70 community partners, including PIOs, to assist in dissemination of crisis information
- Call down drills are required in grant deliverables

- Primary and secondary locations have been identified

T3: What is your agency's plan to meet I3? Prior to the incident, ensure identified personnel are trained in the functions they may be asked to fulfill

- WCHD PIO to complete Train the Trainer course at Center for Disaster Preparedness
- WCHD will continue to require staff training in ICS/IS 100, 200, 300, 400, 700, 800

T4: What is your agency's plan to meet I4? At the time of an incident, notify Public Information Officer, support staff, spokesperson(s), and subject matter experts, if applicable to the incident, of the need to either be on-call or to report for duty as necessary within a time frame appropriate to the incident

- Conduct call down drills per performance measures document

T5: What is your agency's plan to meet I5? At the time of an incident, assemble public information staff at the physical or virtual location, debrief on incident, and assign response duties.

- WCHD PIO will report to DOC or secondary location upon notification of an incident or exercise

T6: What is your agency's plan to meet I6? Assist local public health systems in implementing emergency communication abilities

- Through Health District Emergency Response Coordinator provide public health systems partners access to Health District sponsored redundant communication trainings
- Through Health District Emergency Medical Services Coordinator conduct monthly 800 MHz med channel communication drills with regional hospitals
- Continue partnership with Amateur Radio Emergency Services (ARES) to assure availability of redundant communication capabilities, including digital and voice communications

Performance Measure:

Although the CDC does not provide any performance measures for this function, what performance measure (aka: metric) will your agency use for this function?

Priority Resource Element (P= Planning; S= Skills & Trng.; E= Equip.& Tech)

P1: What is your agency's plan to meet **P1**? Written plans should include description of the roles and responsibilities for the Public Information Officer, support staff (depending on incident and subject matter expertise), and potential spokesperson(s) to convey information to the public.

- Planning - Continually monitor and update current PIC Plan and Crisis and Emergency Risk Communications Plan as needed

P2: What is your agency's plan to meet **P2**? Written plans should include message templates that address jurisdictional vulnerabilities, should be maintained on a jurisdictionally defined regular basis, and include the following elements: Stakeholder identification, Potential stakeholder questions and concerns, Common sets of underlying concerns, Key messages in response to the generated list of underlying stakeholder questions and concerns

- Planning - Continually monitor and update current PIC Plan and Crisis and Emergency Risk Communications Plan as needed

Agency POC

Who will be your agency's lead point of contact (POC) on this?

Name: Jeff Whitesides

Contact Info: (775) 328- 6130

Start and End Date

When will your agency's POC start their work on this function?

Date: August 10, 2011

When will your agency's POC complete their work on this function?

Date: August 9, 2012

Demonstration Plan:

Which of the following will your agency use to demonstrate completion of this function, and describe how that is to be achieved?
Routine public health activities, Planned event(s), Real incident(s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)

- Routine Washoe County Health District activities – Health District required ICS Trainings at various levels of all staff (ICS100, 200, 300, 400, 700, 800)
- Planned event(s) – call down drills
- Real incident(s)
- Seminars, Workshop, ICS Train the Trainer Workshop participation, CDC CERC Seminar

<p>Function (F):</p> <p>F2: How will your agency determine the need for a joint public information system? (20 pts.)</p> <ul style="list-style-type: none"> • EPHP Public Information Officer (PIO) could be assigned as ICS PIO or would be part of the JIC. • PIO will complete CDP/ICS Trainer and CDC CERC training during grant period 	<p>Task (T)</p> <p>T1: What is your agency's plan to meet Task I1? As applicable to the incident, establish a Virtual Joint Information Center, if establishment of a full-fledged Joint Information Center is not optimal.</p> <ul style="list-style-type: none"> • Review and revise as necessary the existing WCHD PIC plan to ensure procedures for the establishment of a virtual JIC are incorporated <p>T2: What is your agency's plan to meet Task I2? Identify a health department representative to participate in the jurisdiction's emergency operations center to ensure public health messaging capacity is represented if a Joint Information Center (JIC) or Virtual Joint Information Center is not applicable to the incident.</p> <ul style="list-style-type: none"> • Assign Health District Public Information Officer as ICS PIO at EOC or DOC <p>T3: What is your agency's plan to meet Task I3? Assign tasks to support staff (with staff redundancy to support extended operational periods) to support message coordination and public information through three principal functions: Research, Media Operations, and Administration, as applicable to the incident.</p> <ul style="list-style-type: none"> • Utilize WCHD secondary staffing assignment matrix to determine all staff qualified to serve as a PIO at the DOC during extended operational periods <p>Performance Measure:</p> <p>Although the CDC does <u>not</u> provide any performance measures for this function, what performance measure (aka: metric) will your agency use for this function?</p> <p>Priority Resource Element (P= Planning; S= Skills & Trng.; E= Equip.& Tech)</p> <p>P1: What is your agency's plan to meet E1? Minimum components of a Virtual Joint Information Center: Equipment to exchange information electronically within the jurisdiction and CDC, in real-time, if possible Shared site or mechanism or system to store electronic files of joint information center products, e-mail group lists, incident information, and scheduling Minimum components of a Virtual Joint Information Center for territory jurisdictions entail the following: Electronic access to both the CDC public website and the World Health Organization shared information site</p> <ul style="list-style-type: none"> • Equipment - WCHD will continue to maintain adequate IT infrastructure to support electronic access to the internet, NSHD, CDC and WHO from both a physical as well as virtual JIC
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	<ul style="list-style-type: none"> Skills & Training - WCHD will continue to participate in the National Public Health Radio Network
Function (F):	<p>Who will be your agency's lead point of contact (POC) on this? Name: Jeff Whitesides Contact Info: (775) 328-6130</p> <p>When will your agency's POC <u>start</u> their work on this function? Date: August 10, 2011 When will your agency's POC <u>complete</u> their work on this function? Date: August 9, 2012</p> <p>Demonstration Plan:</p> <p><u>Which</u> of the following will your agency use to demonstrate completion of this function, and describe how that is to be achieved? Routine public health activities, Planned event(s), Real incident(s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)</p> <ul style="list-style-type: none"> Routine Washoe County Health District activities
Task (T)	<p>T1: What is your agency's plan to meet Task T1? Develop, recommend, and execute approved public information plans and strategies on behalf of the Incident Command or Unified Command structure.</p> <ul style="list-style-type: none"> WCHD will continue to utilize existing PIC Plan and Crisis and Emergency Risk Communications Plan as needed WCHD will continue to update local and statewide Media Contact List <p>T2: What is your agency's plan to meet Task T2? Based on jurisdictional structure, provide a single release point of information for health and healthcare issues through a pre-identified spokesperson in coordination with the JIC.</p> <ul style="list-style-type: none"> WCHD will continue to utilize existing PIC Plan and Crisis and Emergency Risk Communications Plan as needed WCHD will review and update as necessary the PIC to ensure a single release point of information at the Health District has been identified <p>T3: What is your agency's plan to meet Task T3? Facilitate rumor control for media outlets for the jurisdiction such as television, internet, radio, and newspapers</p> <ul style="list-style-type: none"> WCHD will continue to utilize existing PIC Plan and Crisis and Emergency Risk Communications
Function (F):	<p>F3: How will your agency establish and participate in information system operations? (20 pts)</p> <ul style="list-style-type: none"> WCHD EPHP has a PIC Plan and Crisis and Emergency Risk Communications Plan to be used during times of crisis that may or may not be used in accordance with a move to ICS. EPHP also maintains a Crisis Communicators list with over 70 community partners, including PIOs, to assist in dissemination of crisis information EPHP PIO could be assigned as ICS

<p>PIO or would be part of the JIC if needed.</p> <ul style="list-style-type: none"> WCHD EPHP also maintains Media Contact List for instant e-mail access to media outlets 	<p>Plan as needed</p> <ul style="list-style-type: none"> Continue to use Health District required Media Contact procedure to track contacts and public inquiries, listing contact, date, time, query, media type and outcome Continue to monitor media coverage and correct misinformation before next news cycle <p>Performance Measure:</p> <p>Although the CDC does <u>not</u> provide any performance measures for this function, what performance measure (aka: metric) will your agency use for this function?</p> <p>Priority Resource Element (P= Planning; S= Skills & Trng.; E= Equip.& Tech)</p> <p>Although the CDC does <u>not</u> provide any priority resource elements for this function, what resource elements will your agency need or have access to for this function?</p> <ul style="list-style-type: none"> Planning - Published PIC Plan and Crisis and Emergency Risk Communications Plan Equipment – Computer/e-mail access to issue media / press information Equipment - Computer/ Internet access/ Televisions/Radio to monitor media
<p>Agency POC</p>	<p>Who will be your agency's lead point of contact (POC) on this?</p> <p>Name: Jeff Whitesides Contact Info: (775) 328- 6130</p>
<p>Start and End Date</p>	<p>When will your agency's POC <u>start</u> their work on this function?</p> <p>Date: August 10, 2011</p> <p>When will your agency's POC <u>complete</u> their work on this function?</p> <p>Date: August 9, 2012</p>
<p>Demonstration Plan:</p>	

	<p>Which of the following will your agency use to demonstrate completion of this function, and describe how that is to be achieved?</p> <ul style="list-style-type: none"> o Routine public health activities, Planned event(s), Real incident(s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE) • Routine Washoe County Health District activities
<p>Function (F):</p> <p>F4: How will your agency establish avenues for public interaction and information exchange? (see page 41) (20 pts.)</p> <ul style="list-style-type: none"> • WCHD EPHP has a PIC Plan and Crisis and Emergency Risk Communications Plan to be used during times of crisis that may or may not be used in accordance with a move to ICS. • The WCHD maintains a website: www.washoecounty/health with IT support for updates as needed. • Washoe County maintains a Twitter and Facebook account and makes these available to the Health District as needed. • WCHD has experience using Hot Line information systems as demonstrated during H1N1 (2009-10). • WCHD EPHP also maintains a Crisis Communicators list with over 70 community partners, including PIO's, to assist in dissemination of crisis information. 	<p>Task (T)</p> <p>T1: What is your agency's plan to meet Task I1? Establish mechanisms (e.g., call center, poison control center, and non-emergency line such as 211 or 311) for public and media inquiries that can be scalable to meet the needs of the incident.</p> <ul style="list-style-type: none"> • Utilize PIC Plan and Crisis and Emergency Risk Communications Plan as needed • Update Health District 211 information as needed • Maintain and update local and statewide Media Contact List and Crisis Communicators List as needed • Establish internal Hot Line or Call Center if needed utilizing staff, MRC or CERT volunteers as needed <p>T2: What is your agency's plan to meet Task I2? If health department websites exist, post incident-related information on health department website as a means of informing and connecting with the public.</p> <ul style="list-style-type: none"> • Continue working with County IT to post current incident-related information updates on Health District PHP website www.washoecounty.us/health as events dictate <p>T3: What is your agency's plan to meet Task I3? Utilize social media (e.g., Twitter and Facebook) when and if possible for public health messaging.</p> <ul style="list-style-type: none"> • Conduct social media training for PHP staff • Assign Health Educator and PIO to social media public health messaging duties, utilizing existing Washoe County social media accounts. <p>Performance Measure:</p> <p>Although the CDC does not provide any performance measures for this function, what performance measure (aka: metric) will your agency use for this function?</p> <p>Priority Resource Element (P= Planning; S= Skills & Trng.; E= Equip.& Tech)</p> <p>Although the CDC does not provide any priority resource elements for this function, what resource elements will your agency need or have access to for this function?</p>

Washoe County Health District (WCHD)
 CDC Public Health Emergency Preparedness (BP1)
 SUBGRANT #CDC08-11 (HD#12061)

SECTION B
Scope of Work (SOW)
August 10 2011 through August 9, 2012

PHP Capability #13: Public Health Surveillance and Epidemiological Investigation

Definition: Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes, as well as to expand these systems and processes in response to incidents of public health significance.

Goal: Conduct public health surveillance and detection.

Note: All page numbers referenced within this section correspond with the CDC's "Public Health Preparedness Capabilities: National Standards for State and Local Planning" document which can be found at http://www.cdc.gov/php/capabilities/Capabilities_March_2011.pdf

Outcome Objective: By August 8, 2012 at least 80% of PHP Capability #13's functions will be achieved and demonstrated. (100 pts.)

Allocated Funding: \$124,326

Function (F):

F1: How will your agency conduct public health surveillance, detection?

WCHD will continue to conduct public health surveillance and detection according to agency protocols, NRS/NAC requirements, best practices as outlined in MIMWR, and through pursuit of the tasks outlined to the right.

(see pg. 119)
(25 pts)

Task (T)

T1: What is your agency's plan to meet T1? Engage and retain stakeholders, which are defined by the jurisdiction, who can provide health data to support routine surveillance, including daily activities outside of an incident, and to support response to an identified public health threat or incident.

WCHD will:

- Utilize the EpiNews and Physician Letters to continue to provide feedback and education to the established base of healthcare providers (including laboratories) who make up the core of the existing passive surveillance system.
- Continue to work with the Nevada State Health Division to obtain and utilize hospital discharge and other data sources.
- Continue to work with the Office of Vital Records to obtain and utilize birth and mortality data.

(see page 119) (8.3%)

T2: What is your agency's plan to meet I2? Conduct routine and incident-specific morbidity and mortality surveillance as indicated by the situation (e.g., complications of chronic disease, injury, or pregnancy) using inputs such as reportable disease surveillance, vital statistics, syndromic surveillance, hospital discharge abstracts, population-based surveys, disease registries, and active case-finding.

WCHD will:

- Continue to maintain WCHD 24/7 reporting line. Reporting sources can be requested to report novel and/or emerging public health threats through the EpiNews, blast fax, or HAN
- Continue to utilize the NEDSS base system to report cases on the Nationally Notifiable Infectious Disease list to CDC within the timeframes identified on the list
- Continue to use mortality data as part of influenza surveillance
- Continue to conduct syndromic surveillance through the following systems:
 - Health Monitoring Systems (HMS) – Chief complaint data from Emergency Departments
 - FirstWatch – Reason for ambulance transport
 - National Retail Data Monitor (NRDM) – OTC pharmaceutical purchasing data
 - School Absenteeism Monitoring (SAM) – School attendance data from the Washoe County School District (WCSD)

(see page 119) (8.3%)

T3: What is your agency's plan to meet I3? Provide statistical data and reports to public health and other applicable jurisdictional leadership in order to identify potential populations at-risk for adverse health outcomes during a natural or man-made threat or incident.

WCHD will:

- Continue to maintain weekly communicable disease incidence data and distribute to key leadership
- Continue to publish and distribute the EpiNews
- Continue to produce an annual summary of communicable disease activity within Washoe County

(see page 119) (8.3%)

T4: What is your agency's plan to meet I4? Maintain surveillance systems that can identify health problems, threats, and environmental hazards and receive and respond to (or investigate) reports 24/7.

WCHD will:

- Continue to maintain WCHD 24/7 reporting line. Reporting sources can be requested to report

novel and/or emerging public health threats through the EpiNews, blast fax, or HAN
(see page 119) (8.3%)

Performance Measure:

CDC Performance Measure: Proportion of reports of selected reportable diseases received by a public health agency within the jurisdictions-required time frame:

Numerator: Number of reports of selected reportable disease received by WCHD within required time-frame

Denominator: Number of reports of selected reportable disease received by WCHD

WCHD will conduct a timeliness analysis of selected reportable diseases for reporting years 2009 and 2010. These will be compared to previous analyses conducted for 2005 – 2008

Selected diseases:

- Priority 1 - Immediate Action
 - Neisseria meningitides
 - Plague
 - Botulism
 - Scrombroid – Fish Poisoning
- Priority 2 – Same day action
 - Aseptic meningitis
 - Bacterial meningitis, other
 - Brucellosis
 - Haemophilus influenza, invasive
 - Hepatitis A, acute
 - Hepatitis B, acute
 - Hepatitis C, acute
 - Malaria

- Pertusis
- Q Fever
- Rabies
- Tularemia
- Vibrio parahaemolyticus
- Priority 3 – Action within one business day
 - Amebiasis
 - Anisakiasis
 - Campylobacteriosis
 - Cryptosporidiosis
 - Encaphalitis, NOS
 - Legionellosis
 - Listeriosis
 - Giardiasis
 - Group A Streptococcus, invasive
 - Group B Streptococcus, invasive
 - Hemolytic uremic syndrome, post diarrheal
 - Lyme disease
 - Mumps
 - Relapsing Fever
 - Salmonellosis
 - Shiga Toxin-Producing Escherichia coli (STEC)
 - Streptococcal toxic-shock syndrome
 - Tetanus
 - Tuberculosis

<ul style="list-style-type: none"> ○ Typhoid Fever ○ West Nile Fever ○ Yersiniosis • Priority 4 – Action within one week <ul style="list-style-type: none"> ○ Coccidioidomycosis ○ Dengue Fever ○ Hansen’s Disease ○ Strep pneumoniae, invasive <p>Rationale: Diseases of major import for biological terrorism or naturally occurring outbreaks (e.g., smallpox, anthrax) are rarely diagnosed. The above diseases in Priority area 1 were selected as surrogates because it is felt they would illicit a similar response on the part of reporting healthcare providers. Although these surrogate diseases are diagnosed they are of low incidence and cannot be accurately assessed unless they are aggregated over at least two years.</p> <p>(see page 119) (8.3%)</p>	
<p>Priority Resource Element (P= Planning; S= Skills & Trng.; E= Equip.& Tech)</p> <p>P1: What is your agency’s plan to meet <u>P1</u>? Written plans should document the legal and procedural framework that supports mandated and voluntary information exchange with a wide variety of community partners, including those serving communities of color and tribes.</p> <p>WCHD will:</p> <ul style="list-style-type: none"> • Review existing communication guidelines for information exchange as outlined in Appendix 12.5 of the Outbreak Management SOP to ensure that above issues are appropriately addressed <p>(see page 119) (8.3%)</p>	
<p>P2: What is your agency’s plan to meet <u>P2</u>? Written plans should include processes and protocols for accessing health information that follow jurisdictional and federal laws and that protect personal health information via instituting security and confidentiality policies.</p> <p>WCHD will:</p> <ul style="list-style-type: none"> • Review existing Outbreak Management SOP to ensure that above issues are appropriately addressed <p>(see page 119) (8.3%)</p>	
<p>P3: What is your agency’s plan to meet <u>P3</u>? Written plans should include processes and protocols to gather and analyze data from the</p>	

following:290

- Reportable condition surveillance (i.e., conditions for which jurisdictional law mandates name-based case reporting to public health agencies). Jurisdictions should plan to receive Electronic Laboratory Reporting for reportable conditions from healthcare providers using national Meaningful Use standards. 291 (For additional or supporting detail, see *Capability 6: Information Sharing*)
 - Syndromic surveillance systems. Jurisdictions are encouraged to establish or participate in such systems to monitor trends of illness or injury, and to provide situational awareness of healthcare utilization292
 - Participation in the CDC BioSense data-sharing program is encouraged (For additional or supporting detail, see *Capability 6: Information Sharing*)
 - Surveillance of major causes of mortality, including the use of vital statistics as a data source (For additional or supporting detail, see *Capability 5: Fatality Management*)
 - Surveillance of major causes of morbidity
 - Suggested Resource: Natural Disaster Morbidity Surveillance Individual Form:293
<http://www.bt.cdc.gov/disasters/surveillance/pdf/NaturalDisasterMorbiditySurveillanceIndividualForm.pdf>
 - Written plans should be able to adapt to include novel and/or emerging public health threats.
- Gathering and analyzing data from the following sources should also be taken into consideration:
- Environmental conditions
 - Hospital discharge abstracts
 - Information from mental/behavioral health agencies
 - Population-based surveys
 - Disease registries
 - Immunization registries/immunization information systems
- Active case finding (e.g., by healthcare logs and record reviews)

WCHD will:

- Review and revise as necessary the existing WCHD Communicable Disease Manual and the Outbreak Management SOP to ensure that the elements outlined above are addressed (see page 120) (8.3%)

P4: What is your agency's plan to meet P4? Written plans should include procedures to ensure 24/7 health department access (e.g., designated phone line or contact person in place to receive reports) to collect, review, and respond to reports of potential health threats.

WCHD will:

- Review and revise as necessary existing WCHD Communicable Disease Manual, the Outbreak Management SOP, and/or the Department Emergency Management Plan to ensure that the current procedures for 24/7 access for disease reporting is appropriately documented (see page 120) (8.3%)

P5: What is your agency's plan to meet **P5**? Written plans should include processes and protocols to notify CDC of cases on the Nationally Notifiable Infectious Disease List within the time frame identified on the list, including immediate notification when indicated. Electronic exchange of personal health information should meet applicable patient privacy-related laws and standards, including state or territorial laws. These include the Health Insurance Portability and Accountability Act, the Health Information Technology for Economic and Clinical Health Act, and standards from the National Institute of Standards and Technology and the Office of the National Coordinator for Health Information Technology of the U.S. Department of Health and Human Services. Plans should include procedures to move to electronic case notification using CDC's Public Health Information Network Case Notification Message Mapping Guides.

WCHD will:

- Continue to utilize the NEDSS Base System to assure that Nationally Notifiable Infectious Diseases are communicated to CDC within appropriate time frames
- Review and revise as necessary the WCHD Communicable Disease Manual to assure that current practice for reporting to CDC is appropriately documented

(see page 120) (8.3%)

S1: What is your agency's plan to meet **S1**? Public health staff conducting data collection, analysis, and reporting in support of surveillance and epidemiologic investigations should achieve, at a minimum, the Tier 1 Competencies and Skills for Applied Epidemiologists in Governmental Public Health Agencies.

WCHD will:

- Assess Public Health Investigator staff for Tier 1 competencies
- Assess Epidemiologist staff for Tier 1 and Tier 2 competencies
- Assess Sr. Epidemiologist staff for Tier 1, Tier 2, and Tier 3a competencies
- Develop and implement a training plan based on gaps identified in competency assessments

(see page 121) (8.3%)

E1: What is your agency's plan to meet **E1**? Have or have access to health information infrastructure and surveillance systems that are able to accept, process, analyze, and share data for surveillance and epidemiological investigation activities.

WCHD will:

- Continue to utilize the NEDSS Base System for surveillance and epidemiological investigation
- Continue to work with the Nevada State Health Division toward the eventual acceptance of electronic laboratory reports into the NEDSS Base System
- Continue to utilize other analytical software as needed and in compliance with Washoe County IT standards for data security and confidentiality

(see page 121) (8.3%)

	<p>Who will be your agency's lead point of contact (POC) on this? Name: Randall Todd, DrPH Director, Epidemiology & Public Health Preparedness Contact Info: 775-328-2443 rtodd@washoecounty.us</p> <p>When will your agency's POC <u>start</u> their work on this function? Date: August 10, 2011</p> <p>When will your agency's POC <u>complete</u> their work on this function? Date: August 9, 2012</p> <p>Start and End Date</p> <p>Demonstration Plan:</p> <p><u>Which of the following will your agency use to demonstrate completion of this function, and <u>describe how</u> that is to be achieved?</u></p> <ul style="list-style-type: none">o Routine public health activities, Planned event(s), Real incident(s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)• Routine public health activities• Documentation of plan review / revision• Seminar or Workshop <p>Task (T)</p> <p>T1: What is your agency's plan to meet Task II? Conduct investigations of disease, injury or exposure in response to natural or man-made threats or incidents and ensure coordination of investigation with jurisdictional partner agencies. Partners include law enforcement, environmental health practitioners, public health nurses, maternal and child health, and other regulatory agencies if illegal activity is suspected.</p> <p>WCHD will:</p> <ul style="list-style-type: none">• Continue to conduct investigations in accordance with the existing Communicable Disease Manual and the Outbreak Management SOP• Continue to involve environmental health personnel as part of the outbreak management team• Continue to involve public health nurses as part of the outbreak management team during
<p>Function (F):</p> <p><u>F2: How will your agency conduct public health and epidemiological investigations?</u></p> <p>WCHD will continue to conduct public health and epidemiological investigations according to agency protocols, NRS/NAC requirements, best practices as outlined in MIMWR, and through pursuit of the tasks outlined to</p>	

the right.

(see page 121)

(25 pts.)

outbreaks of vaccine-preventable disease and/or when assistance is requested from public health nurses for TB or STD/HIV investigations

(see page 124) (11.1%)

T2: What is your agency's plan to meet Task **T2**? Provide epidemiological and environmental public health consultation, technical assistance, and information to local health departments regarding disease, injury, or exposure and methods of surveillance, investigation, and response

WCHD will:

- Continue to provide epidemiological and environmental public health consultation, technical assistance, and information to sister agencies and/or the Nevada State Health Division upon request

(see page 124) (11.1%)

T3: What is your agency's plan to meet Task **T3**? Report investigation results to jurisdictional and federal partners, as appropriate.

WCHD will:

- Continue to report investigation results to jurisdictional and federal partners in accordance with the requirements of NRS/NAC 441A.
- Continue to utilize the NEDSS Base System to report results to the Nevada State Health Division and the CDC

(see page 124) (11.1%)

Performance Measure:

PM1: Percentage of infectious disease outbreak investigations that generate reports.

Numerator: Number of infectious disease outbreak investigation reports generated in Washoe County.

Denominator: Number of infectious disease outbreaks investigated in Washoe County.

(see page 122) (11.1%)

PM2: Percentage of infectious disease outbreak investigation reports that contain all minimal elements.

Numerator: Number of infectious disease outbreak investigation reports generated in Washoe County that contain all minimal elements.

Denominator: Total number of infectious disease outbreak investigation reports generated in Washoe

County.

(see page 122) (11.1%)

PM3: Percentage of acute environmental investigations that generate reports.

Numerator: Number of acute environmental exposure investigation reports generated in Washoe County.

Denominator: Number of acute environmental exposures investigated in Washoe County.

(see page 122) (11.1%)

PM4: Percentage of acute environmental exposure reports that contain all minimal elements.

Numerator: Number of acute environmental exposure reports generated in Washoe County that contain all minimal elements.

Denominator: Number of acute environmental exposure reports generated in Washoe County.

(see page 122) (11.1%)

Priority Resource Element (P= Planning; S= Skills & Trng.; E= Equip. & Tech)

P1: What is your agency's plan to meet **P1**? Written plans should include investigation report templates that contain the following minimal elements:

- Context / Background – Information that helps to characterize the incident, including:
 - Population effected (e.g., estimated number of persons exposed and number of persons ill)
 - Location (e.g., setting or venue)
 - Geographical area(s) involved
 - Suspected or known etiology
- Initiation of investigation – Information regarding receipt of notification and initiation of the investigation including:
 - Date and time initial notification was received by the agency
 - Date and time investigation was initiated by the agency
- Investigation Methods – Epidemiological or other investigative methods employed, including:
 - Any initial investigative activity (e.g., verified laboratory results)
 - Data collection and analysis methods (e.g., case-finding, cohort/case-control studies, environmental investigation)
 - Tools that were relevant to the investigation (e.g., epidemic curves, attack rate tables, and questionnaires)
 - Case definitions (as applicable)
 - Exposure assessments and classification

<ul style="list-style-type: none"> o Review of reports developed by first responders, lab testing of environmental media, reviews of environmental testing records, industrial hygiene assessments, questionnaires. • Investigation Findings / Results – all pertinent investigation results, including: <ul style="list-style-type: none"> o Epidemiological results o Laboratory results (as applicable) o Clinical results (as applicable) o Other analytic findings (as applicable) • Discussion and/or Conclusions – analysis and interpretation of the investigation results and/or any conclusions drawn as a result of performing the investigation. In certain instances, a Conclusions section without a Discussion section may be sufficient. • Recommendations for Controlling Disease and/or Preventing/Mitigating Exposure – specific control measures or other interventions recommended for controlling the spread of disease or preventing future outbreaks and/or for preventing/mitigating the effects of an acute environmental exposure. • Key investigators and/or report authors – names and titles are critical to ensure that lines of communication with partners, clinicians, and other stakeholders can be established. <p>WCHD will:</p> <ul style="list-style-type: none"> • Review and update as necessary the Outbreak Management SOP to ensure that all elements outlined above are addressed <p>(see page 122) (11.1%)</p>	<p>Who will be your agency's lead point of contact (POC) on this?</p> <p>Name: Randall Todd, DrPH Director, Epidemiology and Public Health Preparedness Contact Info: 775-328-2443 rtodd@washoecounty.us</p> <p>When will your agency's POC start their work on this function? Date: August 10, 2011</p> <p>When will your agency's POC complete their work on this function? Date: August 9, 2012</p> <p>Demonstration Plan:</p> <p>Which of the following will your agency use to demonstrate completion of this function, and describe how that is to be achieved?</p> <ul style="list-style-type: none"> o Routine public health activities, Planned event(s), Real incident(s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE)
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	<ul style="list-style-type: none"> • Routine public health activities • Documentation of plan review / revision
<p>Function (F):</p> <p>F3: How will your agency recommend, monitor, and analyze mitigation actions?</p> <p>WCHD will continue to recommend, monitor, and analyze mitigation actions according to agency protocols, NRS/NAC requirements, best practices as outlined in MMWR, and through pursuit of the tasks outlined to the right.</p> <p>(see page 124) (25 pts)</p>	<p>Task (T)</p> <p>T1: What is your agency's plan to meet Task I1? Determine public health mitigation, including clinical and epidemiological management and actions to be recommended for the mitigation of the threat or incident based upon data collected in the investigation and on applicable science-based standards outlined by <i>Morbidity and Mortality Weekly Report</i>, control of Communicable Diseases Manual, Red Book of Infectious Diseases or, as available, a state or CDC incident annex.</p> <p>WCHD will:</p> <ul style="list-style-type: none"> • Continue to utilize the existing WCHD Communicable Disease Manual and/or the Outbreak Management SOP and any relevant standards outlined by the MMWR and/or the Control of Communicable Diseases Manual to recommend, monitor and analyze mitigation actions (see page 124) (16.7%) <p>T2: What is your agency's plan to meet Task I2? Provide information to public health officials to support them in decision making related to mitigation actions.</p> <p>WCHD will:</p> <ul style="list-style-type: none"> • Continue to utilize the statewide epidemiology meetings as a forum to provide relevant information to sister public health agencies in support of decision making related to mitigation actions (see page 124) (16.7%) <p>T3: What is your agency's plan to meet Task I3? Monitor and analyze mitigation actions throughout the duration of the public health threat or incident.</p> <p>WCHD will:</p> <ul style="list-style-type: none"> • Continue to utilize the NIMS structure to monitor and analyze mitigation actions throughout the duration of a public health threat or incident • Continue to utilize WebEOC as a mechanism to facilitate and document NIMS-compliant actions during a public health threat or incident (see page 124) (16.7%) <p>T4: What is your agency's plan to meet Task I4? Recommend additional mitigation activities, based upon mitigation monitoring and</p>

analysis, throughout the duration of the incident, as appropriate.

WCHD will:

- Continue to utilize the services of the Infectious Disease Consultant, State Epidemiologist, Career Epidemiology Field Officer (CEFO), and/or other relevant experts to identify and recommend additional mitigation activities based on the observed effectiveness of any initial mitigation activities

(see page 125) (16.7%)

Performance Measure:

CDC Performance Measure: Proportion of reports of selected reportable diseases for which initial public health control measure(s) were initiated within the appropriate time frame:

Numerator: Number of reports of [REDACTED] in Washoe County for which public health control measure(s) were initiated within an appropriate time frame.

Denominator: Number of reports of selected reportable diseases received by Washoe County Health District.

NOTE: Please clarify the selected reportable diseases and the appropriate time frame. Does WCHD select this as it was not provided in the guidance?

(16.7%)

Priority Resource Element (P= Planning; S= Skills & Trng.; E= Equip. & Tech)

P1: What is your agency's plan to meet P1? Written plans should include protocols for recommending and initiating, if indicated, containment and mitigation actions in response to public health incidents. Protocols include case and contact definitions, clinical management of potential or actual cases, the provision of medical countermeasures, and the process for exercising legal authority for disease, injury, or exposure control. Protocols should include consultation with the state or territorial epidemiologist when warranted.

WCHD will:

- Review and/or revise the existing Communicable Disease Manual and the Outbreak Management SOP to ensure that the elements outlined above are included

(see page 125) (16.7%)

S1: What is your agency's plan to meet S1? Public health staff participating in epidemiological investigations should receive awareness-level training with the Homeland Security Exercise and Evaluation After Action Report process.

WCHD will:

	<ul style="list-style-type: none"> Conduct HSEEP awareness training with special focus on the After Action Report process for epidemiological and environmental health staff (see page 125) (16.7%)
<p>Agency POC</p>	<p>Who will be your agency's lead point of contact (POC) on this? Name: Randall Todd, DrPH Director, Epidemiology and Public Health Preparedness Contact Info: 775-328-2443 rtodd@washoecounty.us</p>
<p>Start and End Date</p>	<p>When will your agency's POC <u>start</u> their work on this function? Date: August 10, 2011 When will your agency's POC <u>complete</u> their work on this function? Date: August 9, 2012</p>
<p>Demonstration Plan:</p> <p>Which of the following will your agency use to demonstrate completion of this function, and <u>describe</u> how that is to be achieved?</p> <ul style="list-style-type: none"> Routine public health activities, Planned event(s), Real incident(s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE) Routine public health activities Documentation of plan review / revision Seminar or Workshop 	
<p>Function (F):</p> <p><u>F4: How will your agency improve public health surveillance and epidemiological investigation systems?</u> WCHD will endeavor to improve public health surveillance and epidemiological systems through a more rigorous approach to documentation and use of AAR/IP as outlined to the right. (see page 125)</p>	<p>Task (T)</p> <p>T1: What is your agency's plan to meet Task T1? Identify issues and outcomes during and after the incident. WCHD will:</p> <ul style="list-style-type: none"> Utilize the AAR-IP function within WebEOC to identify issues and outcomes during and after an incident Utilize information obtained through incident debriefing sessions with staff and/or other stakeholders (see page 126) (20%)

(25 pts.)

T2: What is your agency's plan to meet Task **I2**? Conduct post-incident/post-exercise agency evaluation meeting(s) including all active participants (e.g., law enforcement, volunteer agencies, clinical partners or environmental regulatory agency) to identify internal protocols and deficiencies that require corrective actions in areas such as programs, personnel, training, equipment, and organizational structure.

WCHD will:

- Identify and use a standard format for the conduct of post-incident debriefing sessions
- Conduct post-incident debriefing sessions with staff and/or other stakeholders
(see page 126) (20%)

T3: What is your agency's plan to meet Task **I3**? Develop an After Action Report/Improvement Plan.

WCHD will:

- Develop a written HSEEP-compliant AAR/IP based on data collected within WebEOC during the incident and from post-incident debriefing sessions
(see page 126) (20%)

T4: What is your agency's plan to meet Task **I4**? Communicate recommended After Action Report Improvement Plan corrective actions to public health leadership.

WCHD will:

- Provide a copy of the AAR/IP to the District Health Officer, affected Division Directors, and/or outside stakeholders as appropriate
(see page 126) (20%)

Performance Measure:

Although the CDC does not provide any performance measures for this function, what performance measure (aka: metric) will your agency use for this function?

Proportion public health outbreaks or incidents for which a written AAR/IP is developed and disseminated.

Numerator: Number of outbreaks or incidents in Washoe County with a written AAR/IP

Denominator: Number of outbreaks or incidents in Washoe County

Priority Resource Element (P= Planning; S= Skills & Trng.; E= Equip.& Tech)

P1: What is your agency's plan to meet **P1**? Written plans should include procedures to communicate the improvement plan to key stakeholders (including groups representing at-risk populations) and to implement corrective actions identified in the improvement plan.

WCHD will:

- Review and revise as needed the Outbreak Management SOP to ensure that procedures to conduct and communicate improvement plans to key stakeholders are included
(see page 126) (20%)

Agency POC	Who will be your agency's lead point of contact (POC) on this? Name: Randall Todd, DirPH Director, Epidemiology and Public Health Preparedness Contact Info: 775-328-2443
Start and End Date	When will your agency's POC start their work on this function? Date: August 10, 2011 When will your agency's POC complete their work on this function? Date: August 9, 2012
Demonstration Plan:	
<p>Which of the following will your agency use to demonstrate completion of this function, and <u>describe</u> how that is to be achieved?</p> <ul style="list-style-type: none">◦ Routine public health activities, Planned event(s), Real incident(s), Exercise(s) (Seminar, Workshop, TTX, Games, Drills, Functional Exercise, FSE) <ul style="list-style-type: none">• Routine public health activities• Documentation of plan review / revision	



9/22/11

Washoe County Health District

**Public Health**
Prevent Promote Protect**STAFF REPORT****BOARD MEETING DATE: September 22, 2011**

DATE: September 13, 2011
TO: District Board of Health
FROM: Lori Cooke, Fiscal Compliance Officer, Washoe County Health District
775-325-8068, lcooke@washoecounty.us

Handwritten initials "LC" in black ink.

THROUGH: Eileen Coulombe, Administrative Health Services Officer

SUBJECT: Approve budget amendments totaling an increase of \$52,432 in both revenue and expense Air Quality Management, EPA Air Pollution Control Program, IO 10019.

SUMMARY

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

The Air Quality Management Division has an Assistance Agreement with an Amendment from the EPA, which provides for grant funding for the on-going Air Pollution Control Program, IO 10019. Total funding for the period 10/1/10 – 9/30/11 totals \$699,331. A copy of Assistance Amendment #1 is attached.

Goal supported by this item: Approval of the requested budget amendments supports the District Health Department Air Quality Program Mission to implement clean air solutions that protect the quality of life for the citizens of Reno, Sparks and Washoe County.

PREVIOUS ACTION

The Washoe County District Board of Health retroactively approved the District Health Officer's acceptance of Assistance Amendment #1 for the period 10/1/10 through 9/30/11, in support of the U.S. EPA Air Pollution Control Program, IO 10019 on August 25, 2011.

BACKGROUND

Based on final funding levels and available time available for the grant spend out, a budget amendment is necessary to bring the financial system in alignment with the final award and to ensure sufficient capital authority.

AGENDA ITEM # 7.C.4.

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279

FISCAL IMPACT

The FY12 IO 10019 budget was adopted with \$646,899 in grant funding. Total funding for the period 10/1/10 – 9/30/11 is \$699,331. A budget amendment in the amount of \$52,432 is necessary.

Should the Board approve these budget amendments, the total adopted FY12 budget will be **increased by \$52,432** by adjustments to the following accounts:

<u>Account Number</u>		<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IN-10023	-431100	Federal Revenue	\$52,432.00
2002-IN-10023	-781004	Equipment Capital	\$52,432.00
		Total Expenditures	\$52,432.00

RECOMMENDATION

Staff recommends that the District Board of Health approve budget amendments totaling an increase of \$52,432 in both revenue and expense Air Quality Management, EPA Air Pollution Control Program, IO 10019.

POSSIBLE MOTION

Move to approve budget amendments totaling an increase of \$52,432 in both revenue and expense Air Quality Management, EPA Air Pollution Control Program, IO 10019.

	U.S. ENVIRONMENTAL PROTECTION AGENCY Assistance Amendment	ASSISTANCE ID NO.			DATE OF AWARD 08/02/2011
		PRG	DOC ID	AMEND#	
		A - 00905411 - 1			MAILING DATE 08/09/2011
		TYPE OF ACTION Augmentation Increase			
RECIPIENT TYPE: County		Send Payment Request to: Las Vegas Finance Center, Fax (702) 798-2423			
RECIPIENT: Washoe Crly Dist Hlth Dept P.O. Box 11130 Reno, NV 89520 EIN: 88-6000138		PAYEE: Washoe Crly Dist Hlth Dept P.O. Box 11130 Reno, NV 89520			
PROJECT MANAGER Lori Cooke P.O. Box 11130 Reno, NV 89520 E-Mail: looke@washoecounty.us Phone: 775-325-8068		EPA PROJECT OFFICER Roy Ford 75 Hawthorne Street, AIR-8 San Francisco, CA 94105 E-Mail: Ford.Roy@epa.gov Phone: 415-972-3997		EPA GRANT SPECIALIST Renee Chan Grants Management Office, MTS-7 E-Mail: Chan.Renee@epa.gov Phone: 415-972-3675	
PROJECT TITLE AND EXPLANATION OF CHANGES FY-2011 Air Pollution Control Program This assistance amendment provides additional federal funding in the amount of \$258,225, from \$441,106, to the revised total approved assistance amount of \$699,331. All Terms and Conditions of the initial assistance agreement, awarded December 17, 2010, remain in full force and effect. The purpose of this program is to provide continuing support for activities which include strategic planning and evaluation, compliance, assistance, developing state implementation plans, monitoring air and emissions, rulemaking, operating permits and all other program related activities. This program will protect and improve the air quality in Washoe County and reduce the risks to human health and the environment.					
BUDGET PERIOD 10/01/2010 - 09/30/2011		PROJECT PERIOD 10/01/2010 - 09/30/2011		TOTAL BUDGET PERIOD COST \$2,150,910.00	TOTAL PROJECT PERIOD COST \$2,150,910.00
NOTICE OF AWARD Based on your application dated 07/28/2010, including all modifications and amendments, the United States acting by and through the US Environmental Protection Agency (EPA), hereby awards \$258,225. EPA agrees to cost-share 33.00% of all approved budget period costs incurred, up to and not exceeding total federal funding of \$699,331. Such award may be terminated by EPA without further cause if the recipient fails to provide timely affirmation of the award by signing under the Affirmation of Award section and returning all pages of this agreement to the Grants Management Office listed below within 21 days after receipt, or any extension of time, as may be granted by EPA. This agreement is subject to applicable EPA statutory provisions. The applicable regulatory provisions are 40 CFR Chapter 1, Subchapter B, and all terms and conditions of this agreement and any attachments.					
ISSUING OFFICE (GRANTS MANAGEMENT OFFICE)			AWARD APPROVAL OFFICE		
ORGANIZATION / ADDRESS U.S. EPA, Region 9 Grants Management Office, MTS-7 75 Hawthorne Street San Francisco, CA 94105			ORGANIZATION / ADDRESS U.S. EPA, Region 9 Air Division, AIR-1 75 Hawthorne Street San Francisco, CA 94105		
THE UNITED STATES OF AMERICA BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY					
SIGNATURE OF AWARD OFFICIAL Digital signature applied by EPA Award Official		TYPED NAME AND TITLE Carolyn Truong, Grants Management Officer		DATE 08/02/2011	
AFFIRMATION OF AWARD BY AND ON BEHALF OF THE DESIGNATED RECIPIENT ORGANIZATION					
SIGNATURE 		TYPED NAME AND TITLE Joseph P. Iser, MD, DrPH, MSc, District Health Officer		DATE 08/05/11	

EPA Funding Information

②
8-15-11

FUNDS	FORMER AWARD	THIS ACTION	AMENDED TOTAL
EPA Amount This Action	\$ 441,106	\$ 258,225	\$ 699,331
EPA In-Kind Amount	\$ 0	\$	\$ 0
Unexpended Prior Year Balance	\$ 0	\$	\$ 0
Other Federal Funds	\$ 0	\$	\$ 0
Recipient Contribution	\$ 1,457,983	\$ -6,404	\$ 1,451,579
State Contribution	\$ 0	\$	\$ 0
Local Contribution	\$ 0	\$	\$ 0
Other Contribution	\$ 0	\$	\$ 0
Allowable Project Cost	\$ 1,899,089	\$ 251,821	\$ 2,150,910

Assistance Program (CFDA)	Statutory Authority	Regulatory Authority
66.001 - Air Pollution Control Program Support	Clean Air Act: Sec. 105	40 CFR PTS 31 & 35 SUBPT A

Fiscal									
Site Name	Req No	FY	Approp. Code	Budget Organization	PRC	Object Class	Site/Project	Cost Organization	Obligation / Deobligation
	1109M1S059	11	E1	09M4	101A04E	4112			258,225
									258,225

Budget Summary Page

Table A - Object Class Category (Non-construction)	Total Approved Allowable Budget Period Cost
1. Personnel	\$1,265,660
2. Fringe Benefits	\$469,835
3. Travel	\$55,283
4. Equipment	\$90,000
5. Supplies	\$8,500
6. Contractual	\$1,120
7. Construction	\$0
8. Other	\$77,948
9. Total Direct Charges	\$1,968,346
10. Indirect Costs: % Base Indirect Cost Rate Proposal (ICRP)	\$182,564
11. Total (Share: Recipient <u>67.00</u> % Federal <u>33.00</u> %.)	\$2,150,910
12. Total Approved Assistance Amount	\$699,331
13. Program Income	\$0
14. Total EPA Amount Awarded This Action	\$258,225
15. Total EPA Amount Awarded To Date	\$699,331

Table B - Program Element Classification (Non-construction)	Total Approved Allowable Budget Period Cost
1. The total approved budget includes	\$
2. \$-0- in estimated non-federal,	\$
3. non-recurrent costs.	\$
4.	\$
5.	\$
6. Cost-Share requirement: 40% and MOE	\$
7.	\$
8.	\$
9.	\$
10.	\$
11. Total (Share: Recip % Fed %)	\$
12. Total Approved Assistance Amount	\$

9/22/11



Washoe County Health District



Public Health
Prevent. Promote. Protect.

STAFF REPORT
BOARD MEETING DATE: 9/22/11

DATE: September 13, 2011

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District, *PB*
775-328-2418, pbuxton@washoecounty.us

THROUGH: Eileen Coulombe, Administrative Health Services Officer, Washoe *EC*
County Health District, 775-328-2417, ecoulombe@washoecounty.us

SUBJECT: Approval of amendments totaling an increase of \$5,000 in revenue and \$3,000 in expense to the Medical Reserve Corps (MRC) – National Association of County and City Health Officials (NACCHO) Grant Program (internal order # 10969) FY 12 Budget; Approval of amendments totaling an increase of \$2,000 in expense to the MRC – NACCHO Grant Program (internal order #10655) FY 12 Budget.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget. The Washoe County Health District accepted an award in the total amount of \$5,000 from the National Association of County and City Health Officials (NACCHO) in support of the Public Health Preparedness Program. A copy of the Award is attached.

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

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

PREVIOUS ACTION

There has been no action taken this fiscal year.

BACKGROUND

The Washoe County MRC's mission is to improve the health and safety of our community through the recruitment, screening, training and organization of volunteers with medical and other skills.

AGENDA ITEM # 7.C.5.

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279

www.washoecounty.us/health
WASHOE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER
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Training includes seminars and workshops offered free of charge to the MRC volunteers who have already taken the required Incident Command System (ICS) and National Incident Management System (NIMS) classes.

This award provided funding to support a 4-part CBRNE (Chemical, Biological, Radiological/Nuclear, Explosives) course that would enable volunteers to safely provide support to the community and response agencies during and following CBRNE events.

FISCAL IMPACT

This award was not anticipated in the FY12 budget. A budget amendment in the total amount of \$5,000 is necessary to bring the Award into alignment with the program budget. This budget amendment takes into account FY11 expenditure posting errors in IO-10655 and corrects the FY12 budget authority in this internal order.

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

Should the Board approve these budget amendments, the total adopted FY12 budget will be **increased by \$5,000** by adjustments to the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-10969-431100	Federal Revenue	\$5,000
2002-IO-10969-710100	Professional Services	3,000
2002-IO-10655-710300	Operating Supplies	542
2002-IO-10655-710500	Other Expense	1,371
2002-IO-10655-710703	Biologicals	87
	Total Expenditures	\$5,000

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve amendments totaling an increase of \$5,000 in revenue and \$3,000 in expense to the Medical Reserve Corps (MRC) – National Association of County and City Health Officials (NACCHO) Grant Program (internal order # 10969) FY 12 Budget; Approval of amendments totaling an increase of \$2,000 in expenses to the MRC – NACCHO Grant Program (internal order #10655) FY 12 Budget.

POSSIBLE MOTION

Move to approve amendments totaling an increase of \$5,000 in revenue and \$3,000 in expense to the Medical Reserve Corps (MRC) – National Association of County and City Health Officials (NACCHO) Grant Program (internal order # 10969) FY 12 Budget; Approval of amendments totaling an increase of \$2,000 in expenses to the MRC – NACCHO Grant Program (internal order #10655) FY 12 Budget.

**POOR
QUALITY
DOCUMENT**

**POOR
QUALITY
DOCUMENT**

National Association of County and City Health Officials

AGREEMENT

National Association of County and City Health Officials
1100 17th Street, NW, 7th Floor, Washington, DC 20036-4636
(202)783-5550 FAX (202)783-1583

CONTRACT # MRC 11 443

This Agreement is entered into, effective as of the date of the later signature indicated below (the "Effective Date"), by and between the **National Association of County and City Health Officials** ("NACCHO"), with its principal place of business at 1100 17th St., N.W., 7th Floor, Washington, DC 20036, and **Washoe County Health District** ("Organization"), with its principal place of business at 1001 E. 9th St., , Reno, NV, 89512.

WHEREAS, NACCHO has received a grant from the Department of Health and Human Services (Grant Number: IMRCSG101005-01, CFDA Number: 93.008) (the "Grant") to build the capacity of local Medical Reserve Corps ("MRC") units;

WHEREAS, pursuant to the terms of the Grant, NACCHO has agreed, among other things, to provide support to MRC units and to encourage these units to provide certain information to the Office of the Surgeon General's Office of the Civilian Volunteer Medical Reserve Corps ("OSG/OCVMRC");

WHEREAS, Organization either houses or is itself an MRC unit that is registered in good standing with the OSG/OCVMRC;

WHEREAS, pursuant to the terms of the Grant, NACCHO desires to provide funding to Organization in exchange for Organization agreeing, among other things, to undertake the activities indicated in their capacity building application or oversee such activities and to provide certain information to the OSG/OCVMRC.

NOW, THEREFORE, NACCHO and Organization, intending to be legally bound, in consideration of the promises and mutual covenants and obligations contained herein, hereby agree as follows:

1. **ORGANIZATION'S OBLIGATIONS:** In consideration for the payment described in Section 3, below, Organization agrees, during the Term of this Agreement, to be an MRC Unit in Good Standing by meeting the following criteria below. ~~If Organization houses an MRC Unit, Organization will insure that the unit is an MRC Unit in Good Standing by meeting the following criteria below.~~
 - a. Have 501c(3) or comparable status or be housed in an organization capable of and willing to receive federal funds on its behalf;
 - b. Monitors and provide updates to the MRC Unit's profile on the MRC web site no less often than once every three months;
 - c. Provides the OSG/OCVMRC with regular updates of programs and plans;

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- d. Actively works towards National Incident Management System ("NIMS") compliance;
 - e. Agrees to participate in MRC Unit Technical Assistance assessments;
 - f. Utilizes capacity building award funds for approved purposes, and as indicated in their capacity building award application;
 - g. Maintains Registered status with the OSG/OCVMRC; and
 - h. Agrees to participate in an evaluation review by NACCHO
2. TERM OF AGREEMENT: The term of the Agreement shall be begin on January 5, 2011 and shall continue until July 31, 2011 (the "Term").
 3. PAYMENT FOR SERVICES: In consideration for the agreements by Organization set forth in Section 1, above, NACCHO shall pay Organization Five Thousand Dollars (\$5,000). Payment will be made before the expiration of the Term of the Agreement.
 4. REVISIONS AND AMENDMENTS: Any revisions or amendments to this Agreement must be made in writing and signed by both parties.
 5. ASSIGNMENT: Organization may not assign this Agreement nor delegate any duties herein without the expressed written approval of NACCHO.
 6. INTERFERING CONDITIONS: Organization shall promptly and fully notify NACCHO of any condition that interferes with, or threatens to interfere with, the successful carrying out of Organization's duties and responsibilities under this Agreement, or the accomplishment of the purposes thereof. Such notice shall not relieve Organization of said duties and responsibilities under this Agreement.
 7. RESOLUTION OF DISPUTES: The parties shall use their best, good faith efforts to cooperatively resolve disputes and problems that arise in connection with this Agreement. Both parties will make a good faith effort to continue without delay to carry out their respective responsibilities under the Agreement while attempting to resolve the dispute under this section. If a dispute arises between the parties that cannot be resolved by direct ~~negotiation, the dispute shall be submitted to a dispute board for a nonbinding~~ determination. Members of the dispute board shall be the Director or Chief Executive Officer of the consultant, the Executive Director of NACCHO, and the Senior Staff of NACCHO responsible for this Agreement. The costs of the dispute board shall be paid by the consultant and NACCHO in relation to the actual costs incurred by each of the parties. The dispute board shall timely review the facts, Agreement terms and applicable law and rules, and make its determination.

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(202)783-5550 FAX (202)783-1583

8. ENTIRE AGREEMENT: This Agreement contains all agreements, representations, and understandings of the parties and supersedes and replaces any and all previous understandings, commitments, or agreements, oral or written.
9. PARTIAL INVALIDITY: If any part, term, or provision of this Agreement shall be held void, illegal, unenforceable, or in conflict with any law, that part, term or provision shall be restated to effectuate the parties' intentions, and the validity of the remaining portions or provisions shall not be affected.
10. GOVERNING LAW: This Agreement shall be governed by and construed in accordance with the laws of the State of Nevada (without regard to its conflict of law rules).
11. COMPLIANCE WITH FEDERAL LAWS AND REGULATIONS: Organization's use of funds under this Agreement is subject to the directives of and full compliance with 45 C.F.R. Part 74 (Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Non-Profit Organizations, and Commercial Organizations) and OMB Circular A-110 (Uniform Administrative Requirements for Grants and Agreements With Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations). It is the Organization's responsibility to understand and comply with all requirements set forth therein.
12. DEBARRED OR SUSPENDED ORGANIZATIONS: Pursuant to OMB Circular A-110, Organization certifies to the best of its knowledge that its is not presently and will execute no subcontract with parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Nonprocurement Programs in accordance with E.O.s 12549 and 12689, "Debarment and Suspension."
13. AUDITING: Organization agrees to permit independent auditors to have access to its books, records and financial statements for the purpose of monitoring compliance with this contract.
14. NOTICE: All notices under this Agreement shall be in writing and shall be sent via ~~facsimile and first-class mail, postage prepaid, to the addresses below. Either party may~~ update its address by providing written notice to the other party pursuant to the terms of this provision.

TO NACCHO:
National Association of County and City Health Officials
Attn: Contracts Specialist
1100 17th Street, N.W., 7th Floor

National Association of County and City Health Officials

AGREEMENT

National Association of County and City Health Officials
1100 17th Street, NW, 7th Floor, Washington, DC 20036-4636
(202)783-5550 FAX (202)783-1583

Washington, DC 20036
Tel. (202) 507-4272
Fax (202) 783-1583

TO ORGANIZATION:
Washoe County Health District
Mary A. Anderson, MD, MPH
District Health Officer
1001 E. 9th St.
Reno, NV 89512
Tel. 775-328-2416

15. AUTHORITY TO BIND PARTY: Each party hereby represents and warrants that the person signing this Agreement on its behalf as the authority to bind such party.

NACCHO:

ORGANIZATION:

Authorized Signature:

Authorized Signature:

By: [Signature of Pauline Roberts]

By: [Signature of Mary Ann Brown]

Name: Pauline Roberts
Title: Director of Grants and Contracts

Name: Mary Ann Brown, RN, MSN
Title: Interim District Health Officer

Organization: National Association of County

Organization: Washoe County Health District

Address: 1100 17th Street, NW
7th Floor

Address: 1001 E. 9th St.

Washington, DC 20036

Reno, NV 89512

Phone: 202-783-2490
Fax: 202-783-1583
EIN: 52-1426663

Phone:
Fax:
EIN: 88-6000138

Date: 4/25/11

Date: 2/22/11

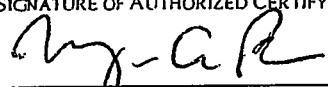
National Association of County and City Health Officials

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(202)783-5550 FAX (202)783-1583

CERTIFICATION OF NON-DEBARMENT OR SUSPENSION

By my signature I attest that Washoe County Health District has not been debarred or suspended pursuant to OMB Circular A-110 and will not subcontract with parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Nonprocurement Programs in accordance with E.O.s 12549 and 12689 "Debarment and Suspension."

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE Interim District Health Officer
ORGANIZATION Washoe County Health District	DATE SIGNED 2/22/11



Regional Emergency Medical Services Authority

REMSA

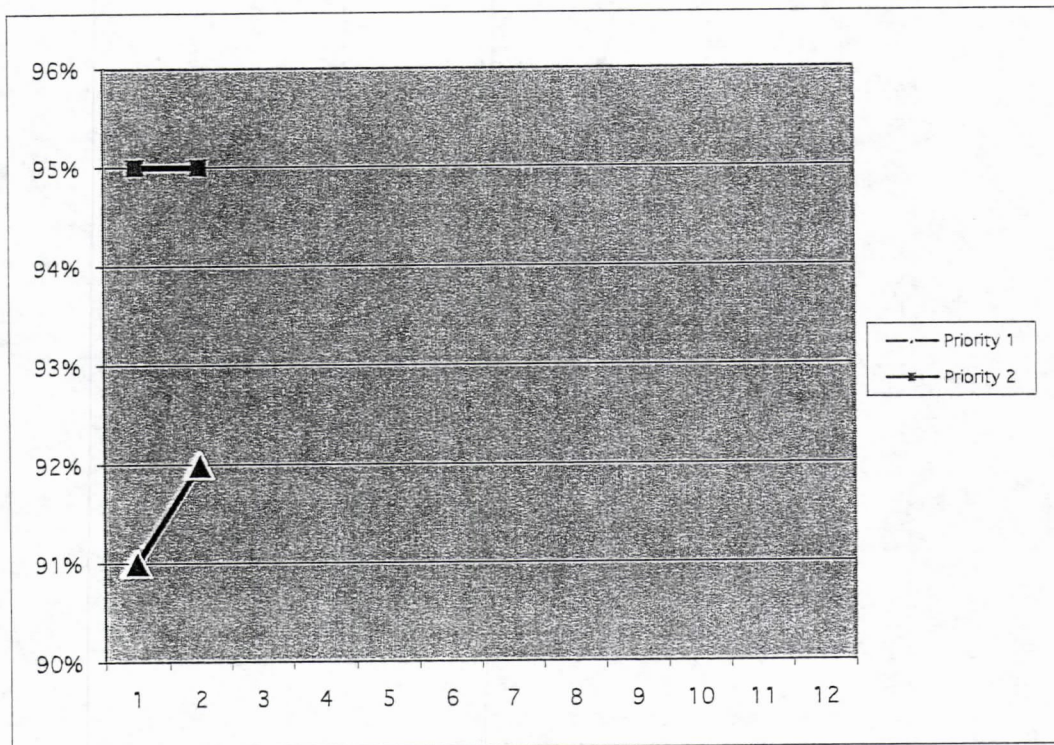
OPERATIONS REPORTS

FOR

AUGUST 2011

Fiscal 2012

Month	Avg. Response Time	Avg. Travel Time	Priority 1	Priority 2
Jul-11	6 mins. 14 secs.	4 mins. 58 secs.	91%	95%
Aug.	6 mins. 8 secs.	4 mins. 58 secs.	92%	95%
Sept.				
Oct.				
Nov.				
Dec.				
Jan. 12				
Feb.				
Mar.				
Apr.				
May				
Jun-12				



Care Flight

Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-11	14	\$107,958	\$7,711	\$7,711
Aug.	18	\$124,011	\$6,889	\$7,249
Sept.			\$0	\$7,249
Oct.			\$0	\$7,249
Nov.			\$0	\$7,249
Dec.			\$0	\$7,249
Jan. 2012			\$0	\$7,249
Feb.			\$0	\$7,249
Mar.			\$0	\$7,249
Apr.			\$0	\$7,249
May			\$0	\$7,249
June			\$0	\$7,249
Totals	32	\$231,969	\$7,249	\$7,249

Adjusted Allowed Average Bill - \$7,098.00

REMSA Ground

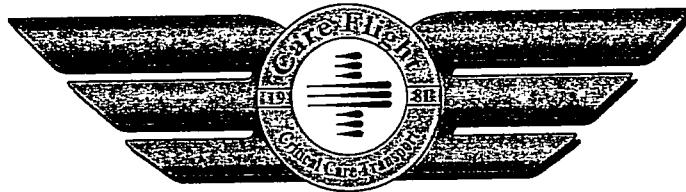
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-11	3142	\$3,105,565	\$988	\$988
Aug.	3235	\$3,191,785	\$987	\$988
Sept.			\$0	\$988
Oct.			\$0	\$988
Nov.			\$0	\$988
Dec.			\$0	\$988
Jan. 2012			\$0	\$988
Feb.			\$0	\$988
Mar.			\$0	\$988
Apr.			\$0	\$988
May			\$0	\$988
June			\$0	\$988
Totals	6377	\$6,297,350	\$988	\$988

Allowed ground avg bill - \$1,002.00



Regional Emergency Medical Services Authority

CARE FLIGHT
OPERATIONS REPORT
FOR
AUGUST 2011



CARE FLIGHT OPERATIONS REPORT
 AUGUST 2011
 WASHOE COUNTY

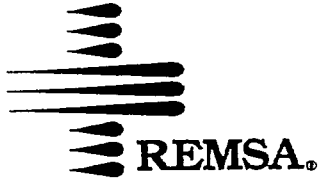
- ❖ In Town Transfer:
 0 ITTs were completed
- ❖ Outreach, Education, & Marketing:
 > 1 Community Education & Public Event

8/24/11	Washoe Tribe Police Youth Awareness Day	❖ Flight Staff
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❖ Statistics

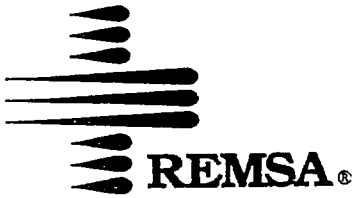
Washoe County Flights

	# patients
Total Flights:	18
Total Patients	18
Expired on Scene	1
Refused Transport (AMA)	0
Scene Flights	14
Hospital Transports	4
Trauma	8
Medical	7
High Risk OB	0
Pediatrics	0
Newborn	0
Full Arrest	3
Total	18



Regional Emergency Medical Services Authority

REMSA
GROUND OPERATIONS REPORT
FOR
AUGUST 2011



GROUND AMBULANCE OPERATIONS REPORT

August 2011

1. OVERALL STATISTICS:

Total Number Of System Responses	5708
Total Number Of Responses In Which No Transport Resulted	2483
Total Number Of System Transports	3225

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	2%
Medical	51%
OB	0%
Psychiatric/Behavioral	2%
Transfers	15%
Trauma	26%
Trauma - MVA	8%
Trauma - Non MVA	18%
Unknown/Other	4%
Total Number of System Responses	100%

3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director reviewed:

- 100% Full Arrest Ground Charts
- 100% Pediatric ALS and BLS Ground Charts
- 100% All Ground Intubations

Review of the following patient care records (PCR) for accurate and complete documentation and appropriate use of protocol:

- 100% of cardiopulmonary arrests
- 100% of pediatric patients both ALS and BLS transport and non-transport patients
- 100% of advanced airways (outside cardiac arrests)
 - ETCO2 use in cardiac arrests and advanced airway
- 100% of Phase 6 Paramedic and EMT PCRs
- 100% Pain/Sedation Management
- Total of 2840 PCRs

All follow-up deemed necessary resulting from Communication CQI was completed by Chris Barton, EMD, Communications Education and CQI Coordinator

4. EDUCATION AND TRAINING REPORT:

A. Public Education

Advanced Cardiac Life Support

Date	Course Location	Students
7/30/11	John Mohler & Company	15
8/6/11	EMS CES 911	1
8/10/11	REMSA Education	9
8/15/11	EMS CES 911	5
8/22/11	Riggs Ambulance Service	11
8/23/11	EMS CES 911	1
8/24/11	REMSA Education	8

Advanced Cardiac Life Support Recert

Date	Course Location	Students
8/4/11	EMS CES 911	1
8/16/11	REMSA Education	16
8/22/11	Riggs Ambulance Service	1
8/25/11	REMSA Education	12
8/25/11	EMS CES 911	1
8/27/11	John Mohler & Company	16
8/30/11	EMS CES 911	6

Advanced Cardiac Life Support Skills

Date	Course Location	Students
8/3/11	REMSA Education	1

8/10/11	REMSA Education	1
8/17/11	REMSA Education	1

Advanced Cardiac Life Support Prep Course

Date	Course Location	Students
8/2/11	REMSA Education	5

Bloodborne Pathogen

Date	Course Location	Students
8/16/11	REMSA Education	7
8/17/11	REMSA Education	9
8/24/11	REMSA Education	9

Health Care Provider

Date	Course Location	Students
4/22/11	Sierra Nevada Job Corps	12
7/26/11	Jennifer Kraushaar/McNally	9
7/27/11	West Hills Hospital	1
7/29/11	Silver Legacy Casino	3
8/1/11	West Hills Hospital	3
8/3/11	REMSA Education	6
8/4/11	REMSA Education	9
8/4/11	Peter Larson	1
8/5/11	Sierra Nevada Job Corps	6
8/6/11	EMS CES 911	3
8/6/11	Riggs Ambulance Service	14
8/6/11	Storey County Fire	6

8/9/11	REMSA Education	12
8/10/11	EMS CES 911	2
8/11/11	EMS CES 911	2
8/12/11	Nye County EMS	5
8/13/11	REMSA Education	8
8/15/11	REMSA Education	17
8/17/11	REMSA Education	14
8/17/11	West Hills Hospital	5
8/18/11	EMS CES 911	6
8/18/11	Maxwell Fire	1
8/18/11	Nevada Department of Corrections	3
8/19/11	EMS CES 911	6
8/20/11	EMS CES 911	2
8/22/11	EMS CES 911	3
8/22/11	Ralph Renteria	2
8/22/11	AACT	17
8/25/11	REMSA Education	11
8/26/11	Great Basin College	10
8/26/11	Sierra Nevada Job Corps	4
8/27/11	EMS CES 911	9
8/28/11	EMS CES 911	2
8/30/11	REMSA Education	6
8/31/11	EMS CES 911	2

Health Care Provider, Employee

Date	Course Location	Students
8/16/11	REMSA Education	1

8/17/11	REMSA Education	5
8/25/11	REMSA Education	1
8/26/11	REMSA Education	1

Health Care Provider, Recert

Date	Course Location	Students
11/23/10	Nevada Department of Corrections	1
5/1/11	Sierra Nevada Job Corps	1
7/13/11	Nevada Department of Corrections	3
7/13/11	Nampa Fire Department	1
7/23/11	Robert Painter	13
7/23/11	Nevada Department of Corrections	3
7/28/11	Robert Painter	1
8/1/11	REMSA Education	9
8/1/11	Reno Tahoe Airport Fire Department	4
8/2/11	CPR 1st Aid Training Site	2
8/3/11	REMSA Education	15
8/3/11	Willow Springs	9
8/3/11	REMSA Education	18
8/10/11	REMSA Education	9
8/10/11	Willow Springs	5
8/10/11	Lakes Crossing	1
8/11/11	REMSA Education	7
8/11/11	Rosewood Rehab	5
8/11/11	Career College of Northern Nevada	1
8/16/11	REMSA Education	8
8/18/11	REMSA Education	10

8/19/11	Regent Care Center	2
8/22/11	Chuck Schultz	1
8/22/11	Storey County Fire	4
8/23/11	REMSA Education	9
8/24/11	REMSA Education	10
8/24/11	Rave Family Center	3
8/25/11	Regent Care Center	3
8/26/11	REMSA Education	10
8/27/11	REMSA Education	8
8/28/11	Jason Harris	2
8/30/11	REMSA Education	8
8/30/11	Jason Harris	1
8/31/11	Jason Harris	2
8/31/11	Riggs Ambulance Service	1

Health Care Provider Skills

Date	Course Location	Students
8/1/11	REMSA Education	2
8/2/11	REMSA Education	1
8/3/11	REMSA Education	1
8/4/11	REMSA Education	1
8/4/11	Tahoe Forest Hospital	1
8/8/11	REMSA Education	1
8/10/11	REMSA Education	1
8/11/11	Tahoe Forest Hospital	1
8/12/11	REMSA Education	1
8/15/11	REMSA Education	1

8/16/11	Peggy Drussel	1
8/16/11	REMSA Education	8
8/17/11	Tahoe Forest Hospital	1
8/19/11	REMSA Education	1
8/20/11	EMS CES 911	1
8/22/11	REMSA Education	1
8/23/11	Orvis School of Nursing	1
8/24/11	REMSA Education	3
8/24/11	Tahoe Forest Hospital	1
8/26/11	REMSA Education	1
8/27/11	Riggs Ambulance Service	3
8/31/11	Riggs Ambulance Service	2
8/31/11	REMSA Education	1

Heart Saver AED

Date	Course Location	Students
7/18/11	Nevada Department of Corrections	4
7/27/11	Nampa Fire Department	15
8/2/11	Tahoe Forest Hospital	2
8/3/11	EMS CES 911	1
8/7/11	Nampa Fire Department	3
8/8/11	Dustin Hopfe	8
8/10/11	REMSA Education	5
8/17/11	Josh Duffy	1
8/18/11	REMSA Education	1
8/18/11	Alex MacIennan	6
8/19/11	REMSA Education	7

8/23/11	Sierra Nevada Job Corps	5
8/24/11	REMSA Education	7
8/24/11	Sierra Nevada Job Corps	4
8/25/11	REMSA Education	9
8/27/11	REMSA Education	9
8/29/11	Sierra Nevada Job Corps	4

Heart Saver First Aid

Date	Course Location	Students
4/22/11	Sierra Nevada Job Corps	12
5/24/11	Saint Mary's PAS	2
6/2/11	Charles Sparke	1
6/27/11	Sierra Nevada Job Corps	6
7/29/11	Silver Legacy Casino	3
7/30/11	EMS CES 911	1
7/31/11	Mark Bosco	6
8/2/11	Ralph Renteria	5
8/4/11	Mark Bosco	3
8/4/11	Sierra Nevada Job Corps	8
8/5/11	Sierra Nevada Job Corps	6
8/6/11	Ralph Renteria	6
8/8/11	Sierra Nevada Job Corps	2
8/8/11	Hamilton Company	5
8/9/11	Community Living Options	6
8/9/11	Nevada Department of Corrections	28
8/11/11	REMSA Education	4
8/12/11	Join Inc	2

8/15/11	Hamilton Company	4
8/15/11	Nevada Department of Corrections	1
8/16/11	REMSA Education	26
8/16/11	Brian Markowski	12
8/17/11	REMSA Education	6
8/17/11	Ralph Renteria	5
8/17/11	Mark Bosco	4
8/18/11	REMSA Education	20
8/20/11	REMSA Education	5
8/20/11	Jasmine Wevers	9
8/22/11	Eagle Valley Childrens Home	3
8/22/11	Hamilton Company	3
8/23/11	Sierra Nevada Job Corps	1
8/23/11	Hamilton Company	6
8/24/11	Carolyn Drayton	5
8/26/11	Join Inc	2

Heart Saver Pediatric First Aid

Date	Course Location	Students
8/7/11	Summit Medical Education	1
8/13/11	REMSA Education	9
8/24/11	Jennifer Kraushaar/McNally	1

International Trauma Life Support

Date	Course Location	Students
8/15/11	REMSA Education	3

Neonatal Resuscitation Program

Date	Course Location	Students
8/10/11	REMSA Education	5
8/12/11	REMSA Education	6

Pediatric Advanced Life Support

Date	Course Location	Students
7/26/11	TMCC	9

Pediatric Advanced Life Support Recert

Date	Course Location	Students
8/5/11	Nampa Fire Department	1
8/8/11	EMS CES 911	1
8/11/11	EMS CES 911	1
8/17/11	REMSA Education	17
8/20/11	EMS CES 911	1
8/22/11	Trent Waechter	7
8/26/11	EMS CES 911	1
8/31/11	EMS CES 911	1

Ongoing Courses

Date	Course Description / Location	Students
1/4/11	Paramedic Program	9
7/5/11	Paramedic Program	12
7/5/11	EMT Basic	24

Total Students This Report	1007
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5. COMMUNITY RELATIONS:

Community Outreach:

Point of Impact

Date	Description	Attending
8/6/11	Child Safety Seat Checkpoint, UNR Early Head Start, Reno, 8 cars and 9 seats inspected.	7 volunteers, 4 staff
8/24/11	Child Safety Seat Information Session for CASA Volunteers	24 volunteers

Northern Nevada Fitting Station Project

Date	Description	Attending
8/10/11	Prepared Childbirth Class, St. Mary's	28 parents
8/16/11	Prepared Childbirth Class, Renown	14 parents
8/24/11	Fitting Station partners meeting regarding location.	5 partners

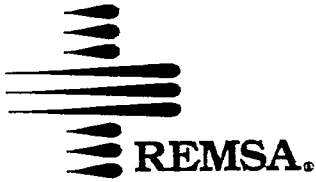
Safe Kids Washoe County

Date	Description	Attending
8/2/11	Safe Kids Washoe County bimonthly Board of Directors meeting, REMSA.	7 volunteers, 1 staff
8/2/11	Community Drug Round-Up Coalition meeting, Join Together Northern Nevada.	1 staff
8/3/11	Safe Kids USA Advisory Council monthly teleconference.	1 staff
8/4/11	Safe KIDS USA Walk This Way teleconference call.	1 staff
8/4/11	Interviews for Safe Kids Washoe County part-time Cribs for Kids Coordinator.	4 volunteers, 1 staff
8/8/11 - 8/12/11	Safe Kids Ready to Walk N' Roll Summer Camp, pilot project with the City of Reno Parks and Recreation Department, Evelyn Mount Community Center.	12 students, 4 staff
8/9/11	Safe Kids Coalition monthly meeting, Sparks.	14 volunteers

8/15/11 - 8/19/11	Safe Kids Ready to Walk N' Roll Summer Camp, pilot project with the City of Reno Parks and Recreation Department, Evelyn Mount Community Center.	9 students, 4 staff
8/16/11	Safe Sleep Baby project with Washoe County Social Services, committee meeting.	8 staff
8/21/11	Amerigroup Health and Safety Fair, Spanish Springs Library	1 staff, 200 attendees
8/22/11	City of Sparks Proclamation for the 2011 Washoe County Obesity Forum, Sparks City Hall.	2 staff
8/23/11	Safe Sleep Baby project with Washoe County Social Services, committee meeting.	5 staff
8/24/11	Truckee Meadows Bicycle Alliance committee meeting, RTC.	9 volunteers
8/25/11	Sun Valley General Improvement District meeting, Sun Valley. Follow up report on Summer Camps.	1 staff
8/30/11	Safe Sleep Baby project with Washoe County Social Services, committee meeting.	5 staff
8/31/11	Intial meeting with Vice Principal of Miguel Sepulveda Elementary School regarding School Safety Committee.	2 staff

Public Relations

Date	Description	Attending
8/31/11	Interview with Lenita Powers of the Reno Gazette Journal about low-cost bicycle helmets.	1 staff



Regional Emergency Medical Services Authority

GROUND AMBULANCE AND CARE FLIGHT
INQUIRIES
FOR
AUGUST 2011

INQUIRIES

August 2011

There were no inquiries in the month of August.



Regional Emergency Medical Services Authority

GROUND AMBULANCE
CUSTOMER SERVICE
FOR
AUGUST 2011

GROUND AMBULANCE CUSTOMER COMMENTS AUGUST 2011

Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
1	3/18/11	I was very stressed and they helped me by telling me everything needed.	I was very satisfied.
	3/26/11	Very gentle, explanations good. All were nice.	I was plesed with the treatment of me & my daughter.
3		good to little 4 year old accompanying patient	good
4		You came to my aid as fast as you can and helped me get to the hospital to get help.	you can tell me things to to calm me down if i'm nervous or panicked
5	5/9/11	The 2 gentlemen were very helpful in keeping me calm in a stressful situation.	Remsa did a great job of taking care of me
6		polite-arrived promptly- attentive	Just keep doing a very good job at what you do. Thank you.
7	5/22/11	They were prompt and very patient with me.	Your service ws prompt, courtieus, and resourceful.
8	5/21/11	Cared for the patient, did not drop or roll off when transporting to and from facilities, made sure was secured!	dont know
9	5/28/11	everything	Keep doing to make patient at ease and comfortable.
10	5/27/11	Very polite, helpful, asked how I was doing, gentle and careful.	
11	5/30/11	All three of the staff were exceptional! One staff member came back to check on status!	Get funding for uninsured patients.
12	6/4/11	Perfect.	Nothing.
13	6/5/11	Your paramedics were really wonderful. Took care of not only my mother but looked out for me as well.	Very satisfied.
14	6/5/11		I have 7 bills and am a Veteran. I go through VA and dont have any other insurance. I cant figure out what I owe or who I owe to. How to reduce this bill. My daughter is trying to help but doesn't know who to talk to.
15	6/5/11	Your personnell came in assest the situation did their job effecitly, respectfully.	Please call my daughter. Info listed above.
16	6/10/11	Very helpful getting him into his apartment and wheelchair.	
17	6/12/11	EXCELLENT!!	
18	6/12/11	Saved my husbands life.	
19	6/15/11	Took care of patient.	
20	6/16/11	Got here in almost 3 minutes after the call.	The 6 men were very well trained and got my wife to St Mary's ER as quick as possible.
21	6/17/11	Everything right.	Nothing.
22	6/17/11	Everything!! Couldn't ask for anything more! Excellent!!	Just do what you are doing.
23	6/18/11	Very careful.	Very good, came right away and kept talking.
24	6/18/11	Prompt, respectful and complete.	Thank you to the men!!
25	6/18/11	All procedures.	That was my first time to be cared by REMSA ambulance. Thanks for such a good free service.
26	6/20/11	Very courteous, kind, considerate.	The service was excellent, I was extremely impressed.
27	6/19/11	You were kind, patient and informative with everyone involved.	Very good.
28	6/20/11	Very polite and caring.	Dad has passed away, but REMSA has transported him many times and always with kindness toward him.
29	6/20/11	Kept me relaxed and calm.	There were so many people and vehicles responding. I felt like a queen. Thank you so much.
30	6/20/11	Yes	
31	6/20/11	Everything.	
32	6/20/11	Getting my wife on the board and bed and getting down the small incline to the ambulance.	They were comforting, patient and very knowledgeable in handling the patient.
33	6/21/11	The crew on this run was very good. They made the trip a good experience.	Nothing I can think of.
34	6/22/11	Staff is very professional & well trained.	Keep up the good work.
35	6/22/11	Everything.	All companies and organizations should train their staff in customer service around REMSA.
36	6/22/11	Everything.	Nothing I can think of.
37	6/23/11	Response time great & professionalism.	Everyone was very kind and respectful.
38	6/22/11	Made me feel better about my transport to Reno.	I think you did everything great.

Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
39	6/23/11	Circulated throughout event and treated patrons as needed, mostly heat & alcohol.	
40	6/23/11		Crew was helpful and friendly.
41	6/23/11	Polite and communication.	
42	6/24/11	Everything.	Nothing I can think of. Great, considerate.
43	6/24/11	Excellent at starting my IV.	Nothing.
44	6/24/11	Polite and let patient know what was going on.	Good service.
45	6/25/11	Very kind.	Excellent people to deal with.
46	6/26/11	The personnel were extremely polite and let me know exactly what they were doing.	They were very thoughtful and considerate. They arrived fast.
47	6/27/11	Everything was done well.	
48	6/26/11	Was well informed and treated with respect. Told me everything they were doing.	The personnel couldn't have been more polite & dedicated.
49	6/26/11	Arrived quickly.	Service was excellent, considerate and helpful.
50	6/26/11	Everything!	Nothing! The ambulance was waiting for me at the Reno Airport when my "Sierra Life Flight" airplane landed at Reno from Mammoth.
51	6/26/11	Nothing to comment except "thank you for your service".	
52	6/26/11	Fast, efficient, caring.	Keep up amazing work.
53	6/26/11	Everything.	
54	6/27/11	Everything.	Nothing. Thank you.
55	6/27/11	Everything	Keep up the great service. Professional and caring, thanks.
56	6/28/11	Outstanding! Everything.	My father was terminally ill and the 2 personnel (EMTs) we had were wonderful. They were very caring and respectful.
57	6/27/11	Everything.	
58	6/28/11	All was very nice.	Just be there.
59	6/28/11	They were great!! Could be working in hospital!	Just keep up the good work and service, it's the best anyone could ask. The dispatcher rates an A+, one of the best.
60	6/28/11	Took very good care of me, made sure I was as comfortable as possible.	Nothing, everything was perfect.
61	6/28/11	Arrived on time, sensitive to pt. condition & family needs.	Thank you.
62	6/29/11	Both your personnel & everyone on the scene were so nice to my mom & sister.	Hiring more people like these guys. Please find out who the staff was that day they were awesome. They took such good care of our mom.
63	6/28/11	Everything.	I have called twice in 2 years and was very pleased with the care and compassion.
64	6/29/11	We thought the gentleman who rode in the ambulance with our son was excellent. He was very kind and calm on the telephone.	
65	6/29/11	Everything.	Nothing. These guys did their job very well. I was impressed. They did better job than some of the others I've had.
66	6/29/11	Most everything.	Don't know.
67	6/29/11	Everything was done very professionally and this made it alot nicer when I was in pain.	I think nothing. I was very much satisfied with everyone's professionally good attitude. It was a lot of pleasant service; which made me a lot calmer and felt a lot more better and eased my pain. I'm very pleased with the staff being so professional. Thank you.
68	6/29/11	It is hard for me to comment on the service. I was in a coma didn't come to until Thursday.	
69	6/29/11	Everyone; great, love uniforms!	Keep the good service!
70	6/29/11	Everything as I see it.	
71	6/29/11	The EMT's extremely professional and took the extra time to get more past medical information before transporting. They worked with me to make the transition easy.	
72	6/29/11	Well you sent a nice looking Paramedic (probably taken though). Let him know I'm interested, I'm the one with the short black hair.	I think I pretty much took care of that.
73	6/30/11	Very professional and did what was best for me!	Nothing to my knowledge. Excellent care & service! Thanks!
74	6/30/11	My care was excellent!	
75	6/30/11	Very kind and patient.	
76	7/2/11	everybody acted professionally	care and service are excellent
77	7/1/11	Very kind & patient.	
78	7/1/11	Well satisfied.	
79	7/1/11	Every step in the assistance, kindness, care was very good.	Continue the good service. Are very good. Thank you.
80	7/1/11	Response time was fast. They seemed ready to do what was needed.	Give a 5% discount to Seniors.

Date of Service		What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
81	7/1/11	Responded quickly and calmed my wife down perfectly. The paramedic on call (Kolt) was exceptional!		
82	7/1/11	Everyone was very knowledgeable and took care of her care in a swift manner!	You all were great, can't think of anything.	In general, your service was great.
83	7/1/11	The staff was very patient, kind and compassionate. They were very efficient.	Have warm blankets.	Don't hesitate too long in door ways.
84	7/1/11	Everything. The EMT's that arrived weren't educated on the disease she has, so they asked a lot of questions.		The fact that they asked these questions, gave me a little confidence in their abilities.
85	7/2/11	I pressed my Life Alert necklace for help. After that I have no memory of the next 4 days. According to the neighbors & relatives, they were most pleased with the service. Sorry I can't be more help.		
86	7/2/11	Gave the info quickly and understandable.		The crew was fast and caring.
87	7/2/11			Keep up the good work.
88	7/3/11	You cleaned up a huge bio-hazard mess.	Keep doing what you are doing.	Thanks for not making my mother embarrassed or humiliated for her accident.
89	7/2/11	Very kind and helpful!		
90	7/2/11	Customer service, very polite and respectful.		
91	7/2/11			The family of the person who needed your transportation services does gratefully acknowledge your quality professional help and would recommend you anytime. would be nice if someone could stay with you til a doctor see you
92	7/4/11	got me to the hospital	nice jobs	
93	7/3/11	Quick response and assessment of patient situation. Loading into ambulance and trip to hospital excellent. Personnel were efficient and courteous.	No comments needed here.	I am very satisfied with your service. Glad to be a member!
94	7/4/11	everything		
95	7/3/11	Came in and created a calm surround to patient and spouse.	Nothing, I am aware of. They are good!	The crew arrived and immediately took over to do their job.
96	7/3/11		Cannot answer your questions, as my husband was the patient and I was not in the ambulance with him and he has since passed away.	
97	7/3/11	Both men & women that came to my house were just wonderful. I couldn't have been treated better.		The two people I saw deserve a raise!!!
98	7/4/11	Got here fast.		
99	7/5/11	Everything!		You guys are awesome!
100	7/5/11	Probably everything.		Patient is still hospitalized.
101	7/6/11	Treated pain.	Nothing.	Great.
102	7/7/11	We were satisfied with your services & grateful that you were there.		My mom was amazed that the crew could get a vein when they started the IV.
103	7/7/11	Arrived in less than 2 minutes, professional. Stayed till stable. Answered all questions.		Very impressed with everything. No prior experience until this year. Thank you, thank you, thank you.
104	7/7/11	Quick response, polite personnel.		
105	7/9/11	Reassured a frightened patient! I appreciated the gentle care.		
106	7/9/11	Everything.		
107	7/8/11	I was unconscious when placed in the ambulance and when the medics arrived so have to rely on what my husband said and he does not remember.	The medic that put an IV in my R. arm injured my R shoulder by pulling my arm up too high. Medic on L. arm did not know how to put an IV in. Both medics in back with me were VERY hurtful to my body - seemed either inexperienced or just plain SADISTIC.	If I had a choice, I definitely WOULD NOT use your company again. Please be sure your attendants are properly trained!
108	7/9/11	Excellent.		
109	7/10/11	everything, they made me feel safe that they were there for me. they did their job very professionally and made me feel comfortable.		
110	7/9/11	Attend to patient.	Limit # of personnel on site (2 max) others outside of immediate area.	

Date of Service		What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
111	7/9/11	I wasn't there when REMSA took my Aunt to St. Mary's.		My Aunt was transported in the sheet from her bed, along with a new heating pad that was under her. The sheet and heating pad are still missing!
112	7/10/11	Everything.	Keep helping old person's with no money.	
113	7/9/11	Communication! Swiftess!		I had to call REMSA for a heart attack person and the staff was horrid because he spoke yiddish while in pain. One staff member asked if he had mental issue, I'm thankful I had the crew I had, compassion and kindness.
114	7/11/11	Explained to me what to expect & helped to keep me as calm as possible.	Keep up the great work!	
115	7/11/11	Comfortable & safe feeling, talked to me, helpful & reassuring.		
116	7/11/11	Fast response, they were very nice.		
117	7/11/11	The crew was prompt, polite and did a great job and we couldn't have been more pleased.		
118	7/11/11	We had to use the service before and the guys remembered her from February - that was awesome! He was great.		Excellent service and medical training.
119	7/11/11	Having used your service for my husband several time over the years, I have always appreciated the courtioussness of your staff.		
120	7/11/11	Took care of my husband.	Nothing.	
121	7/11/11	You brouht me immediately to the emerency room for medical treatment.	You saved my life.	You have done a good service and thanks so much.
122	7/12/11	Yes.	They did a good job.	
123	7/12/11	the crew was really kind and gentle to our mom- stroke pt.	just keep up the good work!	you guys work so hard and are so wonderful. thank you for all your help
124	7/12/11	ot him on oxygen quickly. Made sure he was partly coherent.	Nothing would be better than what they did.	Very professional.
125	7/12/11	everything was done very well		excellent service
126	7/12/11	Your job.	Continue the good work.	Good.
127	7/12/11	All was very professional.		Great job!
128	7/12/11	Everything- very comforting to have this wonderful service	nothing	
129	7/12/11	everything		
130	7/12/11	You took me to the hospital.	You gave good service.	They gave excellent care. They care about the patients.
131	7/12/11	everything	nothing	staff is great and i know- i'm a retired RN
132	7/13/11		everything was great	same as above
133	7/13/11	I could not move my neck and they transferred me to the gurney stabilizing my head very competant.	Nothing. I have never had service from you that everyone of your employees weren't great.	Everyone at REMSA is great.
134	7/13/11	You got him there alive. Thanks bunches.		
135	7/13/11	Everything	Do not change anything	service was excellent- Thanks
136	7/13/11	Everything was done very professional i have no complaints		
137	7/13/11	Good crew, great service.		
138	7/14/11	Everything.		Service was very prompt.
139	7/14/11	Made me fee safe & well cared for.		
140	7/14/11	Complete professional.	Continue the good work.	Pleasure having these professionals take care of our family.
141	7/14/11	professional, immediate response.	Always be there for us.	Thank you.
142	7/14/11	Getting the stretcher out the back door instead of front door, because of flowers blocking sidewalk.		
143	7/14/11	Everything it was my first time ever being with REMSA. I was way upset but they were great.		
144	7/13/11	Everything. Thank them.		Do you have a program to make payments less expensive?

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
145	7/13/11	Always staff is courteous and professional; make me feel like my life is important.	Get correct billing info: Primary insurance is MEDICARE. Please bill Medicare - Claim #535-685442A.	
146	7/14/11	Communicated with my spouse.		
147	7/15/11	Everything - very caring.	Stay the same.	
148	7/15/11	Got me to the hospital quickly.		
149	7/15/11	everything	can't think of anything	
150	7/15/11	The crew was AMAZING - very kind & funny during a long drive.		
151	7/15/11	You explained each step to my wife. That way she knew what was coming.		
152	7/15/11	Probably saved my life.	You were great.	I passed out at the casino. Next thing was REMSA staff obtaining info from me. They determined I had acute blood loss.
153	7/15/11			everyone was very nice
154	7/15/11	Treated my 1 yr old with alot of care!	Nothing, great service.	
155	7/16/11	the care I received was both very professional and i felt very confident with them and their treatment	The dispatchers need to learn to communicate the information better and be much more professional	Thank You!
156				
157	7/16/11	i was feeling very ill and was very grateful for the kind and gentle people caring for me		
158	7/16/11			Remsa crew was good and thoughtful and very professional- we appreciate their service. why are all the firefighters necessary? They get in the way and clutter up my space.
159	7/15/11	Most everyone was friendly, caring and helpful.		
160	7/26/11	Very concerned foe the patient & family member, explaining everything they were doing.	Nothing.	Everything that was none was excellent & timely. Thanks.
161	7/16/11	Ambulance crew was wonderful.		
162	7/16/11	arrived at scene in good time, got to hospital in good time		
163	7/16/11	I couldn't have been treated any better as your staff was professional and very compassionate	I'm completely satisfied and feel the staff will continue as stated	
164		communicating with daughter	nothing	flight nurse and attendants were very respectful I really appreciate the young men who came to help me, thanks.
165	7/16/11	The professionals were very nice and good.		
166	7/16/11	Very attentive to me.	Have no complaints.	
167	7/16/11	Quick response and cool headed.		
168	7/17/11	the paramedics were very nice		
169	7/17/11	got me quickly and a doctor was waiting	very quick response	staff very kind and helpful- Thank you!
170	7/17/11	You were all very nice and cared about my well being and you all ready do what your soppose to. All of you asked me if I was ok and asked me questions to see if I was ok.		
171	7/17/11	Took care of the patient.		All attendants were great.
172	7/17/11	Speddy response.		
173	7/18/11	Got me to the hospital immediately, as I had a stroke.	Everything was done well.	I was given prompt care, which I needed.

Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
174	7/18/11	You responded quickly & were very nice & professional! They told me everything they were going to do with me in advance so there were no surprises. Your service was perfect!	
175	7/18/11	They arrived very quickly, were polite & respectful & very efficient.	Nothing! Everything was excellent.
176	7/15/11	YES	Keep up the good work
177	7/18/11	You took excellent care of me.	
178	7/18/11	As always, everything.	You can't improve perfection!!!
179	7/18/11	Responsive to needs of patient.	Your staff is always top notch!!
180	7/18/11	All of it.	Nothing.
181	7/18/11	very caring	Good.
182	7/18/11	They were very considerate, calming and patient. Carefully treated us & got to us in good time.	We wish to thank you very much for your help.
183	7/17/11	Helped my needs.	Nothing, I can say everybody was helpful.
184	7/19/11	As a doctor, their professionalism was outstanding.	You guys did great for me, I appreciated it.
185	7/19/11	took my pulse and kept me from dying	Nothing, I can say everybody was helpful.
186	7/19/11	Prompt correct therapy & treatment.	stay as good as you are
187	7/18/11	The Paramedics in the back and on scene were very friendly. They were very calm which helped me stay calm.	good- no complaints
188	7/19/11	Did everything well. the team was sympathetic, courteous and was very professional towards the family and patient. REMSA is the best. Thank you very much	They did a great job! Great response time. Nothing to complain about.
189	7/19/11	They <i>listened</i> when i said "don't touch my arm" and told me their plan for getting me up off the street otherwise i would have been hurt worse. they also were calm, positive exuding competence. so grateful am i. :) thanks	You guys were great! Keep up the good work!
190	7/19/11	Everything.	can you get Renowns ER room to treat clients as well?
191	7/19/11	Everything in every way.	Pay the EMT's more \$.
192	7/19/11	helped me to stay calm and tried to console	Everyone made me feel very comfortable, all were professional in every way. Thank you very much.
193	7/19/11	arrived much sooner than i expected and everyone was calming and friendly	I can't see reason for improvement.
194	7/19/11	The crew was really nice; they let me be with my family before I was transported from one hospital to the other.	be careful with personal items of the patient
195	7/19/11	attentive, polite, seemed to care	good to have caring concerned personnel
196	7/20/11	Everything went well.	cant think of anything
197	7/20/11	Before we left the house, I was informed of husband's status. It was good to be kept in the loop. Great service & response time.	I was very nervous but the crew helped me relax somewhat. The three on them were very very nice. Thank you.
198	7/20/11	give comfort and make patient feel safe	better care than the hospital emergency aids
199	7/19/11	It was amazing how efficiently and painlessly the EMT inserted an IV line even as the ambulance was moving.	None. Your service is excellent.
200	7/20/11	prompt and courteous	Very good service.
201	7/19/11	Helped me stop the bleeding.	
202	7/20/11	They did everything that had to be done, I'm former army vet in the medical care.	I have always found the staff to be calm, patient, reassuring and knowledgeable.
203	7/21/11	the people were just great	
204	7/21/11		Nothing, very nice personnel.

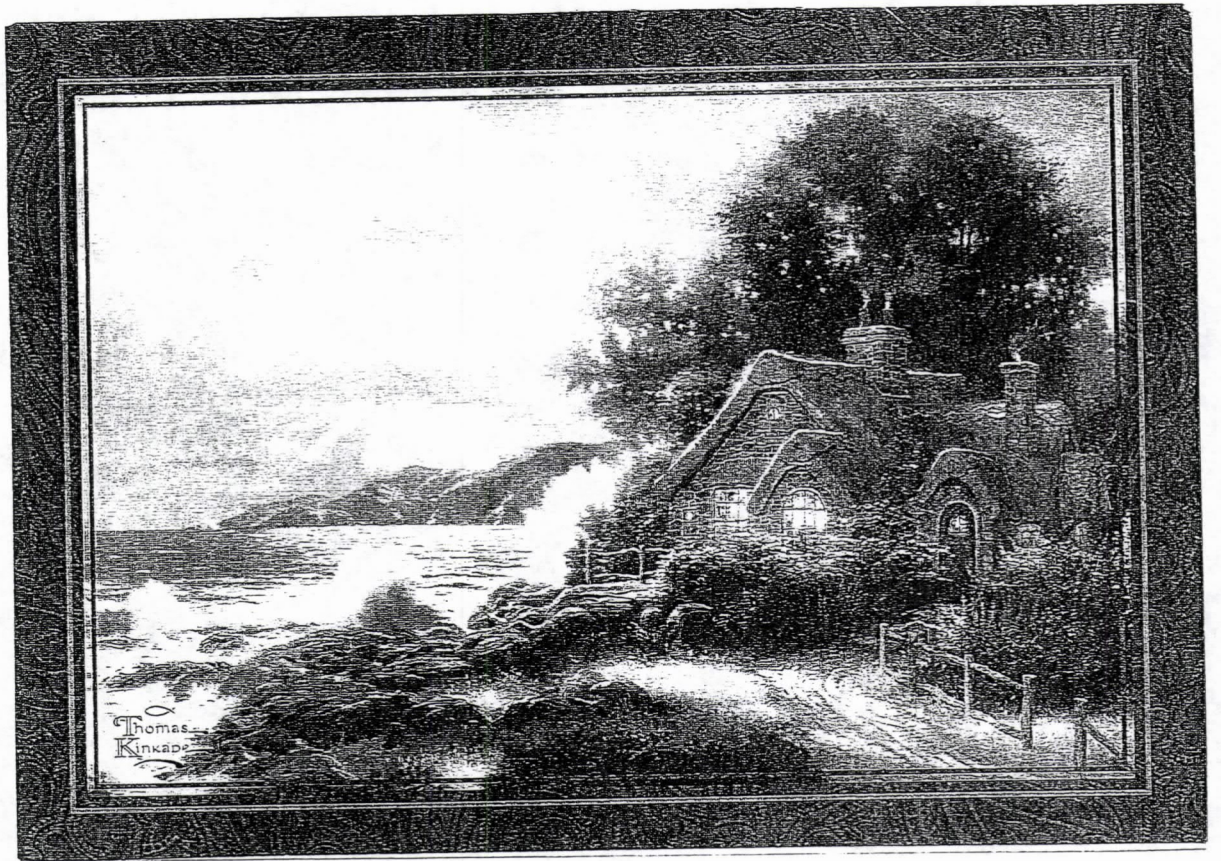
Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
205	7/21/11	they were great!! EMT's were very professional and helpful. this was the first time had an ambulance ride in a civilian situation	
205	7/21/11	They were quick & concerned.	Did well enough. All ok.
207		everything	cant think of anything i am filling this out for my mother i use you quite often. All of the people working at REMSA are very very good.
208	7/21/11		
209	7/22/11	Excellent, Excellent-Excellent service! When you arrive I am confident! Thank you! managed to get IV into dehydrated 103 yr old lady- staff efficient, but calm.	was perfect
210	7/21/11	The response was almost immediate since we live close to station 4 in Sparks.	Make sure we get a REMSA appl in October.
211	7/22/11	everything	great
212	7/22/11	everything	nothing
213	7/21/11	Arrived at home quickly and determined emergency room at Renown main was advised.	Arrived at hospital expectitiously.
214	7/22/11	everything	nothing service was prompt and very helpful-personnel very polite
215	7/23/11	Very helpful. Doing area service.	
216		Very kind to my mother.	
217	7/24/11	Responded quickly, very kind & concerned.	
218	7/24/11	Ya done good!	
219	7/24/11	Everything!	I can think of nothing. Your staff members were kind, thoughtful & efficient.
220	7/24/11	You bet!! Saved my husband. Thank God for REMSA.	
221	7/24/11	The paramedic personnel were prompt, professional, polite, and courteous. Despite the emerency, they were a pleasure to meet.	To date, nothing. Your services have been superior, thus far. No additional comments, but one question: When will I be receiving a bill for your services?
222	7/24/11	Each person involved was very helpful and explained exactly what was going to happen each step of the way.	
223	7/25/11	Listened to my talk about symptoms.	You did good. No complaints - guys were professional.
224	7/24/11	Made a very stressful experiance into a much calmer one.	
225	7/25/11	You treated my mother, age 98, with great care and respect. It was greatly appreciated. You were great.	Many thanks for your care!
226	7/25/11	Got us to the hospital. A big thank you to the driver and 2 EMT's who helped us after my car accident.	
227	7/25/11	Listen, respond, make me comfortable.	
228	7/25/11	All done very well. Thank you so much.	
229	7/25/11	Staffing excellant.	Mom come in from Lifecare Center to Renown. It took 4 hours for her to get to Renown! We waited in worry for her all that tiem standing in hospital, that was a ridiculous amount of time to wait, upset us all.
230			
231	7/24/11	Very quick to respond, friendly.	
232	7/25/11	everything	nothing none
233	7/24/11	Very nice people.	I can't understand a bill for \$1314.00 when I was forced to go and then released. Would I have been chared had I rode in the police car instead? I was not under arrest so how can they force me to do something that costs this much money? Your people are nice.

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
234	7/26/11	Excellent on site evaluation & explanations.		We stopped @ an accident for 30 min but the reason was explained very well.
235	7/27/11	Saw me promptly.		
236	7/27/11	The 2 guys that came from remsa were very helpful & calm.		They kept pt calm & teated her amazing, I felt so much better knowing she was taken care of.
237	7/27/11	Normal routine.	Don't take apart wheel chair arms and not put it back together again. I could never get back to normal again now. There was no reason they had to take it apart to begin with. PLEASE DON'T CALL.	Please send info on joining REMSA, whats it ost, looks like we might need you again.
238	7/27/11	Everything except billing to secondary insurance (Tri Care Prime Life)	Send billing to both insurance policys.	Care to my wife was outstanding. Thank you.
239	7/27/11	They very understanding about my condition and health.	Just keep good help.	
240	7/28/11	Comfort me, care for me & make me safe.	Can't think of a thing.	Thank you beyond measure.
241	7/28/11	Smooth ride from 6th St to Renown.		
242	7/28/11	The personnel identified the problem and shared that it might be related to extremely low blood pressure.	Nothing.	
243	7/28/11	I was impressed. All was performed very well.		
244	7/28/11	Everything met our expectations, very professional and courteous and helpful.		
245	7/28/11	Everyone was just so nice & helpful. A big "thank you" to all!!		
246	7/28/11	Took very good care of me.	I wish to thank you!!!	
247	7/28/11	Everything went well. My first ride.		I was given transport from Northern Nevada to St. Mary's for more concise testing.
248	7/27/11		Crew did not communicate where she was or give a correct estimate of time.	Would have liked a realistic ETA of when she would arrive.
249				
250	7/28/11	The crew had tight quarters to work and did it to the very best of their ability.	Just keep up the good work and be there when we need you.	
251	7/28/11	Personnel was most helpful. Answered all my questions and were polite to me.		
252		both drivers were awesome and reassuring		
253	7/29/11	Thank you for transporting my wife Ruth from Bonaventure to the hospital. Although I was not there, and so cannot comment specifically on your service, I believe it was satisfactory. Any claim for your service should be sent to our insurance - Medicare and Blue Cross/Blue Shield. Bonaventure has Ruth's insurance information.		
254	7/29/11	Professional asked if we were riding with her. Allowed us to follow. Polite and explained things to pt and us.		
255	7/29/11	Crew was great! Listened to pts needs and gave excellent care.		Dispatcher was great with my 11 yo daughter.
256	7/29/11	The guys were really nice and explained every thing they did for me.	Just keep the men that was so helpful to me.	If all your help is as good as the men I had you couldn't ask for better.
257	7/29/11	All personal was very polite and friendly. Made my family's stress more calm. Did not rush family to make decisions.	Continue doing what your doing. Excellent job.	
258	7/28/11		Have a friendlier team. They were very stand-offish.	
259	7/30/11	Calm patient, fast response.	You're great, thank you!	
260	7/30/11	Everything was done well.		We appreciate your prompt response!

Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
261	7/30/11 Saving my husband's life after having massive heart attack.	Just keep up the good work.	All REMSA personnel did an awesome job.
262	7/30/11 Everything.	Nothing, everyone was great.	
263	7/31/11 Very caring, maintained attitude of calmness, but quick to ascertain needs and administer service. A one care!		Thank you for the excellent & caring response.
264	7/31/11 Everything.	You did great.	
265	7/31/11 the 3 ladies on the crew were very professional and caring		excellent staff.
266	7/31/11 Keep up the great work (service).		
267	7/31/11 Very compassionate to my mom - she felt very comfortable with your staff.	Nothing.	
268	7/31/11 Very patient & kind staff.		
269	8/1/11 Everything!	Stay in business!	
270	8/1/11 Great care & service.		You can not improve on perfect.
271	8/1/11 Very conscientious; promptly here after 911 call, patience with me, very nice and kind.	Everything was great.	Keep up the good work!
272	8/1/11 Kept me informed about what they were doing.		
273	8/1/11 Everything. Thank you.		
274	8/1/11 Scraped me off the pavement.		Professional in competence, attitude, information.
275	8/1/11 all was done good		
276	8/1/11 Transport crew were very pleasant and nice to talk to.		
277	8/2/11 Got me to the hospital shortly after talking to them and insisting that I go to the hospital.	3 inexperienced females. I felt the EMTs did not know how to pick me up, I had to tell them how then they were just going to leave me at home and I had insisted they take me to the hospital as I was severely swollen and unable to support my own weight. The girls pulled my arms & hands that were swollen and tried to stand me up, I screamed in pain they did not take condition seriously.	They were rude to my neighbors and did not tell my friend what hospital they were taking me to. First the EMT's refused to let my friend into my apartment telling her very rudely they were busy and she could wait outside. Then the EMTs couldn't figure out, how to get the gurney into the apartment. Then the EMTs tried to pull my hands and arms while I was trying to tell them I was not able to get up because my hands and feet were swollen 3 times the size. I could not support my own weight or I would have gotten up already by my ownself. I had to tell them how to do the basket seat lift. They barely sat me on the edge of the bed. They said ok you are fine so you really need to go to the hospital and waste our time you can just stay on your bed you will be fine. Now by this time I'm really mad and I tell them I "need" to go to the hospital I'm swollen 3 times my normal size and if they leave me I will not be able to get out of my bed and I will "pee" my bed because originally I fell trying to get up to go to the bathroom and fell because my feet were swollen and would not support my weight. After arguing for 10 minutes, they finally agreed to take me to the hospital. They had a hard time putting me on the gurney because they didn't know how to lift me up. They were trying to stand me up when I couldn't put weight on my swollen feet. I spent 2 1/2 days in Renown hospital until the swelling was under control. They seemed more concerned with their social life with other male EMTs at the hospital discussing a party then tending to my needs. They took me of their gurney and tried to stand me up again to put me in a wheel chair instead of transferring me to a hospital gurney. I was thankful to be left in the care of "experienced" hospital staff!! Away from inexperienced EMTs!!
278	8/2/11 well trained and very professional	continue the good work	
279	8/2/11 The 2 men were fantastic to me & did explain to me what may have happened.	Everything you did was perfect.	Your service was excellent. I felt very safe & secure with those 2 young men.
280	8/2/11 Everything possible.	Nothing just keep doing all that you can.	
281	8/2/11 Everything from handling my husband to helping me in the distress.	Can't think of anything.	I was so thankful for the handling of the situation.
282	8/2/11 You were kind and friendly to my granddaughter.	I've always had good service!	Excellent service.

Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
283	8/3/11 Responded promptly.	Have training & capability to catheterize the patient.	Didn't check me for injuries after me fall before she tried to pick me up (which she couldnt). And, she used lack of sterile catheterization technique. When she arrived, she asked my wife if all she wanted was for them to pick me up. Clearly, I needed more help. I couldn't move my trunk.
284	everything! made me feel safe and in capable hands.	same as before	came quickly, were efficient, friendly and knowledgeable. Thank you
285	8/3/11 Response, info & care very good. Personal were great.		Just a thought, I have noticed in a busy intersection with horn, lights but not siren going full blast way before intersection approach, to allow drivers to better safety & getting out of the way would help. With cell phones, starbucks, CDs going soem respond slower then others, with all the distractions of the drivers. Just thinking of everybodys safty in a emergency. Thank you. Keep up the good work.
286	8/3/11 Answered call very quickly.	Cant think of anything.	I think they do things well & are trained the best they can.
287	8/3/11 explained details of injury and allowed me to ride to hospital with crew	so far so good	n/a
288	8/4/11 This is my second time in an ambulance. Thank you for "being there".	You are gracious & caring.	
289	8/4/11 Everything.	Nothing.	Very satisfied with your people.
290	8/5/11 No complaints.		
291	8/5/11 Everything.	Keep up the good work.	Service was great & staff were wonderful.
292	8/5/11 The staff was very helpful and friendly.		
293	Very polite and caring.	Keep up the good work.	Very good.
294	8/5/11 Made sure my Aunt was stable, responsive.		
295	8/5/11 Explained process and gave comfort to patient.		
296	8/6/11 We have never had a rude person. They are all wonderful.	Keep up the good work.	Your kindness & compassion are wonderful. Thank you.
297	8/6/11 Excellent service.	Walk on water.	
298	8/6/11 The staff were very helpful and did a great job.		
299	8/6/11 Very nice, very patient.		
300	8/7/11		Your staff are wonderful & very professional. Cant say enough good things about the service. Thank you!
301	8/7/11 Communicated well.		
302	8/7/11 Saved my life!		
303	8/7/11 Came promptly.		
304	8/8/11 Everything!	Just keep up the good work!	The crew was VERY helpful & reassuring. Great job!
305	8/8/11 Very good.	Nothing.	
306	8/8/11 Got me to the hospital safe; everything.	Nothing.	Staff was wonderful.
307	Everything.		
308	8/8/11 Everything was excellent.		
309	8/8/11 Courteous & personable.		
310	8/8/11 You made a 101 year old lady very comfortable & she felt safe, she liked the fellows who came and helped her.		
311	8/8/11 Direct & Calm. Info & treatment.	This was the best.	Excellent.

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
312	8/8/11	Very calm.		
313		You are perfect. You had to come so much and you were so kind.	Not one thing.	As I said you could not improve when you are perfect.
314	8/9/11	Kept me informed, very caring EMT's, made me feel comfortable and safe.	Everything was fine.	
315	8/9/11	I was in extreme pain because of my arterial vascular lamformation & EMT's saved my life.		
316	8/9/11	Personal attention, knowledge of the crews.		
317	8/9/11	Quick arrival.		
318	8/10/11	You came in a timely manor. You assessed my condition, got a list of my medications and took me to the hospital. Fun fun then treatment.		You did very well. Also supported my wife. This was the first time my wife even called 911. She was nervous about the situation but relieved when you got here.
319		Response was very quick. Crew was very polite and helpful.		The care was fast & wonderful. Thank you.
320	8/10/11	Helped with my nerves.	Nothing.	
321	8/11/11	All the personnel ws kind and tried their best to assure me that things would be ok.		
322	8/11/11	Everything.	Serve cocktails in transit.	The EMT inserted an IV while the ambulance was moving. The hospital used the same IV for 4 days. When they removed the IV, I had what looked like a mosquito bite. The phlelotomist who took blood out of my other arm in the hospital ONCE, left me with a bruise that is still healing 2 weeks later. EXCELLENT WORK! Thank you, REMSA.
323	8/11/11	Everything and REMSA was very quite, quickly and extremely kind.	Nothing. Thank you, your service is very well which I appreciate.	
324	8/11/11	Came quickly and listened to the nurse's report at ALF. Asked pertinent questions.		



THANK YOU SO MUCH. I
HAD FOUR PICK-UPS THIS
YEAR. THE CREWS SAVED MY
LIFE. VERY MUCH THANKS. THE
CREWS WERE GREAT GREAT GREAT

KEVIN R.

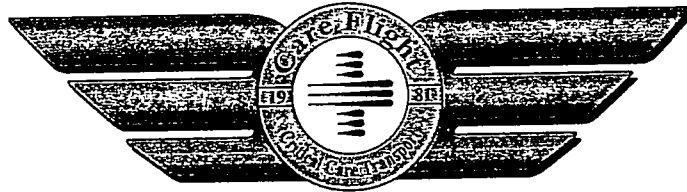
P.S.

I'M DOING GREAT



Regional Emergency Medical Services Authority

CARE FLIGHT
CUSTOMER SERVICE
FOR
AUGUST 2011



CARE FLIGHT CUSTOMER COMMENTS

Date of Service	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments	
1	5/28/11	You were quick, arrived right on time. It saved my husbands life.	You were wonderful, keep up the good work.	I am very grateful for your quick service.
2	6/25/11	I was unconscious during my Care Flight from Sierra County to Renown Hospital in Reno so I can't tell you anything.		
3	6/29/11	Everything, very helpful and considerate crew.	(passed away 7/12/11)	He actually enjoyed the flight. Thank you!
4	6/30/11			Everything was great, got taken in timely manner.
5	7/5/11	Treated like a human. Very impressed.	Wow, smaller bill.	chopper. Pilot and nurses were informative and caring.
6	7/8/11	Were prompt, got him there in one piece.		
7	7/9/11			Do not remember.
8	7/16/11	Communicated and listened to patient and family. Accepted paperwork from family on meds history and DNR.	nothing	
9	7/17/11	Got me to point A to point B.	Talk to patient more if he or she is awake.	I made a small comment to pilot and got no response. Flight attendant was comforting and explanatory about my care.
10	7/18/11	Quick response, fine communication on what to expect and where to go.		
11	7/24/11	Heart stabilized and taken to St. Mary's hospital.		
12	7/24/11	Care Flight transported me to Reno from Lake Tahoe to Renown Hosp. quickly enough to save me from serious damage to my heart.		I was not conscious during the flight. I cannot comment on any of the above.
13	7/25/11	Was put out like a light.	Don't know.	
14	7/26/11	Everything	Nothing.	
15	8/27/11	We have flight ins.		
16	7/30/11	The crew were kind and professional.	All I can say is they did a great job.	
17	7/31/11	The man and lady were outstanding.	It was great.	Explained my care the best I've ever had.
18		Everyting. I broke my hip when I fell plus I have a fractured back so I hurt really bad & they were very easy w/me.	Keep doing the same.	I like that they listened to me regarding my back. I am still in rehab and will be at least 3 or more weeks. I am in manor care off of Vista in Sparks.
19	7/31/11	Everthing. Even though I was ill, I very much enjoyed the help. Everyone was so curious and kind.	Not a thing.	Do you have a program to pay for insurance for emergency ambulance or flight?
20	8/2/11	You provided excellent care. your service was prompt and professional. You probably saved my sons life!		Professional, caring staff. I had complete confidence in your service!
21	8/6/11	Everything, everyone was professional and caring. The ride was smooth and I felt very safe.	You already did your best	The service was extremely fast to the hospital and the crew was wonderful.



Regional Emergency Medical Services Authority

REMSA
PUBLIC RELATIONS REPORT
FOR
AUGUST 2011

PUBLIC RELATIONS

August 2011

ACTIVITY	RESULTS
Wrote a press release regarding safety precautions in the sun/heat during special events.	N/A
Tour with RGJ reporter new to City beat for education.	Tour took place on Aug. 1



Washoe County Health District



Public Health
Prevent. Promote. Protect

September 13, 2011

To: Members District Board of Health

From: Eileen Coulombe

Subject: Public Health Fund Expenditure and Revenue Report for August 2011
Agenda Item No. - 10.

Recommendation

Staff recommends that the District Board of Health accept the attached report of revenues and expenditures for the Public Health Fund for August 2011 of fiscal year 12.

Background

The attached reports are for the accounting period 2/12 and the percentages should approximate 16% of the year. Our total revenues and expenditures for the current year (FY12) compared to last year (FY11) are as follows:

August 2011	FY12 – REV	FY11 – REV	FY12 – EXP	FY11 – EXP
Transfer				
AHS	7%	7%	14%	13%
AQM	15%	9%	14%	13%
CCHS	6%	7%	14%	14%
EHS	19%	20%	16%	19%
EPHP	15%	7%	20%	11%
TOTAL	12%	10%	15%	15%

The Environmental Oversight Account for August 2011 is \$108,243.35.

I will be happy to any questions of the Board during the meeting or you may contact me at 328-2417.

Administrative Health Services Officer

Enclosure

Accounts	2012 Plan	2012 Actuals	Balance	Act%	2011 Plan	2011 Actual	Balance	Act%
422503 Environmental Permits	46,900.00	7,318.00	39,582.00	16	43,000.00	7,945.00	35,055.00	18
422504 Pool Permits	63,000.00	3,584.00	59,416.00	6	63,000.00	2,980.00	60,020.00	5
422505 RV Permits	9,700.00	1,200.00	8,500.00	12	10,500.00	1,262.00	9,238.00	12
422507 Food Service Permits	342,000.00	51,454.00	290,546.00	15	342,000.00	59,828.00	282,172.00	17
422508 Wat Well Const Perm	27,000.00	1,360.00	25,640.00	5	34,500.00	6,171.00	28,329.00	18
422509 Water Company Permits	3,500.00	234.00	3,266.00	7	4,000.00	4,000.00	4,000.00	18
422510 Air Pollution Permits	370,485.00	45,589.00	324,896.00	12	391,000.00	49,290.25	341,709.75	13
422511 ISDS Permits	47,000.00	10,623.00	36,377.00	23	47,000.00	10,515.00	36,485.00	22
422513 Special Event Permits	74,000.00	25,345.00	48,655.00	34	70,500.00	26,454.00	44,046.00	38
422514 Initial Applic Fee	25,000.00	3,758.00	21,242.00	15	35,000.00	3,085.00	31,915.00	9
* Licenses and Permits	1,008,585.00	150,465.00	858,120.00	15	1,040,500.00	167,530.25	872,969.75	16
431100 Federal Grants	5,668,114.70	439,632.68	5,228,481.42	8	6,300,118.54	371,547.48	5,928,571.06	6
431105 Federal Grants - Indirect	31,837.00	5,373.65	26,463.35	17	32,599.00	5,363.92	27,235.08	16
432100 State Grants	228,327.00	3,269.41	225,057.59	1	470,737.42	9,744.68	460,992.74	2
432310 Tire Fee NRS 444A.090	452,000.00	153,722.94	298,277.06	34	370,535.00	150,511.95	220,023.05	41
432311 Pol Ctrl 455B.830	297,006.07	79,550.00	217,456.07	27	290,140.86	150,511.95	290,140.86	7
* Intergovernmental	6,677,284.17	681,548.68	5,995,735.49	10	7,464,130.82	537,168.03	6,926,962.79	7
460500 Other Immunizations	89,000.00	16,089.00	72,911.00	18	85,000.00	20,777.00	64,223.00	24
460501 Medicaid Clinical Services	40,300.00	8,359.24	31,940.76	21	32,000.00	7,662.80	24,337.20	24
460503 Childhood Immunizations	59,000.00	8,493.54	50,506.46	14	140,000.00	19,775.00	120,225.00	14
460508 Tuberculosis	6,250.00	767.39	5,482.61	12	7,000.00	1,353.19	5,646.81	19
460510 IT Overlay	96,800.00	15,706.00	81,094.00	16	111,000.00	18,986.00	92,004.00	17
460511 Birth and Death Certificates	280,000.00	71,551.00	208,449.00	26	210,000.00	37,867.00	172,133.00	18
460512 Duplication Service Fees	6.70	6.70	6.70	100	115.00	39.63	75.37	34
460513 Other Health Service Charges	2,700.00	11.00	2,711.00	0	2,700.00	1,539.00	1,161.00	57
460514 Food Service Certification	9,000.00	2,546.00	6,454.00	28	8,000.00	2,322.00	5,678.00	29
460515 Medicare Reimbursement	300.00	300.00	300.00	100	500.00	50.00	450.00	10
460516 Pgm Inc-3rd Pty Rec	4,750.00	7,951.91	3,201.91	167	6,500.00	333.00	6,167.00	5
460517 Influenza Immunization	7,000.00	59.00	6,941.00	1	12,000.00	32.00	11,968.00	0
460518 STD Fees	28,000.00	4,153.89	23,846.11	15	30,000.00	4,838.49	25,161.51	16
460520 Eng Serv Health	42,000.00	3,712.00	38,288.00	9	55,000.00	9,885.00	45,115.00	18
460521 Plan Review - Pools & Spas	2,500.00	1,131.00	1,369.00	45	2,500.00	1,887.00	613.00	75
460523 Plan Review - Food Services	17,000.00	1,354.00	15,646.00	8	17,000.00	4,163.65	12,836.35	24
460524 Family Planning	44,000.00	5,436.25	38,563.75	12	66,000.00	9,065.51	56,934.49	14
460525 Plan Review - Vector	24,000.00	3,251.00	20,749.00	14	24,000.00	6,513.00	17,487.00	27
460526 Plan Review-Air Quality	25,000.00	4,861.00	20,139.00	19	11,270.00	3,621.00	7,649.00	32
460527 NOE-AQM	76,000.00	19,243.00	56,757.00	25	40,000.00	14,122.00	25,878.00	35
460528 NESHAP-AQM	66,000.00	13,102.00	52,898.00	20	62,000.00	17,876.00	44,124.00	29
460529 Assessments-AQM	28,000.00	7,434.00	20,566.00	27	21,000.00	5,628.00	15,372.00	27
460530 Inspector Registr-AQ	3,115.00	2,670.00	445.00	86	1,900.00	3,492.00	1,592.00	184
460531 Dust Plan-Air Quality	165,000.00	33,672.00	131,328.00	20	165,000.00	23,744.00	141,256.00	14
460534 Child Care Inspection	8,000.00	1,449.00	6,551.00	18	8,300.00	2,070.00	6,230.00	25
460535 Pub Accomod Inspectn	16,000.00	2,838.00	13,162.00	18	17,000.00	2,374.00	14,626.00	14
460570 Education Revenue	13,400.00	1,490.00	11,910.00	11	13,400.00	2,836.00	10,564.00	21
* Charges for Services	1,153,115.00	237,315.92	915,799.08	21	1,149,185.00	222,862.27	926,322.73	19
484050 Donations Federal Pgm Income	41,450.00	8,897.56	32,552.44	21		5,486.95	5,486.95	
* Miscellaneous	41,450.00	8,897.56	32,552.44	21		5,486.95	5,486.95	
** Revenue	8,890,434.17	1,078,227.16	7,812,207.01	12	9,653,815.82	933,047.50	8,720,768.32	10

Accounts	2012 Plan	2012 Actuals	Balance	Act%	2011 Plan	2011 Actual	Balance	Act%
701110 Base Salaries	9,922,695.61	1,480,814.89	8,441,880.72	15	10,284,441.92	1,547,611.53	8,736,830.39	15
701120 Part Time	542,290.09	92,333.14	449,956.95	17	654,044.80	94,620.72	559,424.08	14
701130 Pooled Positions	322,215.50	63,387.75	258,827.75	20	413,252.66	72,509.94	340,742.72	18
701140 Holiday Work	1,200.00	159.66	1,040.34	13	1,200.00	750.12	449.88	63
701200 Incentive Longevity	163,080.00	586.16	162,493.84	0	162,000.00	150.00	161,850.00	0
701300 Overtime	57,406.25	11,776.37	45,629.88	21	43,664.26	12,733.10	30,931.16	29
701406 Standby Pay	30,000.00	5,065.18	24,934.82	17	30,000.00	4,623.93	25,376.07	15
701408 Call Back	3,000.00	268.72	2,731.28	9	3,000.00	762.82	2,237.18	25
701412 Salary Adjustment	57,507.78	75,198.96	57,507.78	133	48,368.57	20,315.33	48,368.57	42
701413 Vac Payoff/Sick Pay-Term		6,695.16	75,198.96	9		4,958.19	20,315.33	45
701417 Comp Time		6,695.16	6,695.16	100			4,958.19	100
701500 Merit Awards	92,818.62		92,818.62	0	120,175.23		120,175.23	0
* Salaries and Wages	11,006,576.61	1,736,285.99	9,270,290.62	16	11,423,059.84	1,759,035.68	9,664,024.16	15
705110 Group Insurance	1,527,674.82	231,048.08	1,296,626.74	15	1,598,298.03	239,090.49	1,359,207.54	15
705199 Lab Cost Sav-Benef		769.00	769.00	100				100
705210 Retirement	2,485,056.64	364,395.12	2,120,661.52	15	2,377,608.28	352,955.71	2,024,652.57	15
705215 Retirement Calculation	410,797.00	997.20	409,799.80	0	410,797.00		410,797.00	0
705230 Medicare April 1986	141,305.27	22,409.52	118,895.75	16	148,666.06	23,244.67	125,421.39	16
705320 Workmens Comp	63,088.76	12,891.62	50,197.14	20	54,530.00	9,088.34	45,441.66	17
705330 Unemply Comp	14,892.40		14,892.40	0	33,440.00	5,573.34	27,866.66	17
705360 Benefit Adjustment					8,471.00		8,471.00	
* Employee Benefits	4,642,814.89	630,972.54	4,011,842.35	14	4,631,810.37	629,952.55	4,001,857.82	14
710100 Professional Services	858,644.42	38,834.94	819,809.48	5	778,812.94	37,390.26	741,422.68	5
710105 Medical Services	8,914.00	747.50	8,166.50	8	7,248.00	982.50	6,265.50	14
710108 MD Consultants	60,900.00	7,187.50	53,712.50	12	60,900.00	3,925.00	56,975.00	6
710110 Contracted/Temp Services	87,780.00	4,042.74	83,737.26	5	115,801.22	11,582.69	104,218.53	10
710119 Subrecipient Payments	186,242.00	6,780.57	179,461.43	4	186,242.00	11,867.00	174,375.00	6
710200 Service Contract	68,633.00	22,817.17	45,815.83	33	66,915.00	5,013.48	61,901.52	7
710205 Repairs and Maintenance	19,940.00	727.69	19,212.31	4	16,864.00	2,278.24	14,585.76	14
710210 Software Maintenance	12,000.00		12,000.00	0	12,000.00		12,000.00	0
710300 Operating Supplies	143,790.00	11,584.31	132,205.69	8	178,347.14	17,103.15	161,243.99	10
710302 Small Tools & Allow	1,685.00		1,685.00	0	2,185.00	325.50	1,859.50	15
710308 Animal Supplies	2,000.00		2,000.00	0	2,000.00		2,000.00	0
710319 Chemical Supplies	331,950.00	119,668.70	212,281.30	36	321,741.00	321,290.65	450.35	100
710325 Signs and Markers		1,336.50	1,336.50	100				100
710334 Copy Machine Expense	29,254.89	3,430.07	25,824.82	12	32,011.00	4,086.37	27,924.63	13
710350 Office Supplies	44,277.01	2,872.74	41,404.27	6	49,948.43	7,136.44	42,811.99	14
710355 Books and Subscriptions	7,684.00	2,158.81	5,525.19	28	11,084.00	504.61	10,579.39	5
710360 Postage	20,915.00	3,497.43	17,417.57	17	19,538.00	2,903.48	16,634.52	15
710361 Express and Courier	780.00	46.35	733.65	6	815.00	91.66	723.34	11
710391 Fuel & Lube	100.00		100.00	0	100.00		100.00	0
710500 Other Expense	22,088.31	334.92	21,753.39	2	34,355.88	2,021.03	32,334.85	6
710502 Printing	16,547.00	1,049.88	15,497.12	6	31,886.72	1,512.58	30,374.14	5
710503 Licenses & Permits	8,540.00	285.00	8,255.00	3	6,875.00	1,800.00	5,075.00	26
710505 Rental Equipment	2,300.00	127.00	2,173.00	6	1,800.00		1,800.00	0
710506 Dept Insurance Deductible		150.00	150.00	100				100
710507 Network and Data Lines	5,960.00	1,610.82	4,349.18	27	5,460.00	959.76	4,500.24	18
710508 Telephone Land Lines	45,149.00	6,008.95	39,140.05	13	53,739.92	6,145.49	47,594.43	11
710509 Seminars and Meetings	32,940.00	7,315.00	25,625.00	22	38,233.00	8,942.18	29,290.82	23

Accounts	2012 Plan	2012 Actuals	Balance	Act%	2011 Plan	2011 Actual	Balance	Act%
710512 Auto Expense	23,518.00	1,841.14	21,676.86	8	16,457.00	1,375.55	15,081.45	8
710519 Cellular Phone	16,640.00	1,307.09	15,332.91	8	13,410.00	2,509.88	10,900.12	19
710529 Dues	6,886.00	1,510.00	5,376.00	22	6,961.00	2,379.00	4,582.00	34
710535 Credit Card Fees	10,495.00	1,924.36	8,570.64	18	10,545.00	1,662.88	8,882.12	16
710546 Advertising	28,374.52	13,921.09	14,453.43	49	27,534.70	3,334.86	24,199.84	12
710577 Uniforms & Special Clothing	3,150.00		3,150.00		3,450.00		3,450.00	
710585 Undesignated Budget	110,537.00		110,537.00		3,155.00-		3,155.00-	
710600 LT Lease-Office Space	113,439.00	27,675.55	85,763.45	24	120,932.89	30,756.66	90,176.23	25
710703 Biologicals	227,913.79	22,008.88	205,904.91	10	313,025.68	3,382.71-	316,408.39	1-
710714 Referral Services					11,300.00		11,300.00	
710721 Outpatient	97,399.00	1,196.16	96,202.84	1	122,249.97	2,669.99	119,579.98	2
710872 Food Purchases	3,726.00	145.79	3,580.21	4	3,001.00	562.36	2,438.64	19
711010 Utilities	2,880.00		2,880.00		1,100.00		1,100.00	
711100 ESD Asset Management	17,160.00	3,016.00	14,144.00	18	21,600.00	3,030.00	18,570.00	14
711113 Equip Srv Replace	44,139.00	7,349.86	36,789.14	17	41,946.18	6,792.08	35,154.10	16
711114 Equip Srv O & M	57,849.02	8,978.66	48,870.36	16	58,538.39	8,875.59	49,662.80	15
711115 Equip Srv Motor Pool		95.00	95.00-		2,325.00	557.50	1,767.50	24
711117 ESD Fuel Charge	48,768.76	10,949.84	37,818.92	22	41,646.75	8,981.13	32,665.62	22
711119 Prop & Liab Billings	77,036.32	12,839.38	64,196.94	17	72,200.00	12,033.32	60,166.68	17
711210 Travel	152,381.00	10,792.12	141,588.88	7	206,274.25	11,683.13	194,591.12	6
711300 Cash Over Short		3.00-	3.00					
711502 Build Imp nonCapital		127.00	127.00					
711504 Equipment.nonCapital	36,799.98	24,596.66	12,203.32	67	83,660.37	7,131.31	76,529.06	9
* Services and Supplies	3,098,106.02	392,886.17	2,705,219.85	13	3,209,906.43	548,814.60	2,661,091.83	17
781004 Equipment Capital	311,577.12	145,876.15	165,700.97	47	323,318.72		323,318.72	
* Capital Outlay	311,577.12	145,876.15	165,700.97	47	323,318.72		323,318.72	
** Expenses	19,059,074.64	2,906,020.85	16,153,053.79	15	19,588,095.36	2,937,802.83	16,650,292.53	15
621001 Transfer From General	8,056,500.00-		8,056,500.00-		8,192,500.00-		8,192,500.00-	
* Transfers In	8,056,500.00-		8,056,500.00-		8,192,500.00-		8,192,500.00-	
** Other Financing Src/Use	8,056,500.00-		8,056,500.00-		8,192,500.00-		8,192,500.00-	
*** Total	2,122,140.47	1,827,793.69	294,346.78	86	1,741,779.54	2,004,765.33	262,975.79-	115

Accounts	2012 Plan	2012 Actuals	Balance	Act%	2011 Plan	2011 Actual	Balance	Act%
431100 Federal Grants	1,191,109.00-	86,046.31-	1,105,062.69-	7	1,191,109.00-	84,381.75-	1,106,727.25-	7
* Intergovernmental	1,191,109.00-	86,046.31-	1,105,062.69-	7	1,191,109.00-	84,381.75-	1,106,727.25-	7
460512 Duplication Service Fees					115.00-	23.00-	92.00-	20
* Charges for Services					115.00-	23.00-	92.00-	20
** Revenue	1,191,109.00-	86,046.31-	1,105,062.69-	7	1,191,224.00-	84,404.75-	1,106,819.25-	7
701110 Base Salaries	1,727,914.05	278,941.22	1,448,972.83	16	1,806,128.35	278,620.40	1,527,507.95	15
701120 Part Time	24,218.74	3,754.74	20,464.00	16	24,427.89	3,872.28	20,555.61	16
701130 Pooled Positions	24,125.42	4,910.73	19,214.69	20	83,483.00	5,714.79	77,768.21	7
701200 Incentive Longevity	31,900.00		31,900.00		29,800.00		29,800.00	
701300 Overtime	2,100.00	197.36	1,902.64	9	1,000.00	1,131.82	131.82-	113
701412 Salary Adjustment	58,579.12		58,579.12		5,347.52-		5,347.52-	
* Salaries and Wages	1,868,837.33	287,804.05	1,581,033.28	15	1,939,491.72	289,339.29	1,650,152.43	15
705110 Group Insurance	279,048.97	44,790.23	234,258.74	16	288,679.65	45,674.12	243,005.53	16
705199 Lab Cost Sav-Benef		158.80-	158.80-					
705210 Retirement	416,078.93	64,505.24	351,573.69	16	394,720.53	59,846.24	334,874.29	15
705215 Retirement Calculation	410,797.00		410,797.00		410,797.00		410,797.00	
705230 Medicare April 1986	25,036.76	3,989.55	21,047.21	16	26,138.11	4,021.55	22,116.56	15
705320 Workmens Comp	12,363.45	2,060.58	10,302.87	17	10,332.00	1,721.98	8,610.02	17
705330 Unemply Comp	2,920.50		2,920.50		6,336.00	1,055.98	5,280.02	17
* Employee Benefits	1,146,245.61	115,186.80	1,031,058.81	10	1,137,003.29	112,319.87	1,024,683.42	10
710100 Professional Services	9,500.00	52.50	9,447.50	1	2,300.00	1,905.00	395.00	83
710105 Medical Services	350.00		350.00			144.00	144.00-	
710200 Service Contract	1,500.00	1.96	1,498.04	0	750.00	121.07	628.93	16
710205 Repairs and Maintenance	400.00		400.00		700.00		700.00	
710300 Operating Supplies	17,251.00	796.59	16,454.41	5	26,100.00	208.80	25,891.20	1
710334 Copy Machine Expense	5,680.00	1,161.06	4,518.94	20	11,594.00	1,148.68	10,445.32	10
710350 Office Supplies	11,900.00	260.69	11,639.31	2	16,200.00	970.52	15,229.48	6
710355 Books and Subscriptions	1,350.00	787.00	563.00	58	1,350.00	1,350.00	1,350.00	
710360 Postage	1,175.00	137.26	1,037.74	12	1,550.00	163.65	1,386.35	11
710361 Express and Courier	100.00		100.00		100.00		100.00	
710500 Other Expense	1,600.00	50.00	1,550.00	3	1,100.00	106.05	993.95	10
710502 Printing	2,080.00	254.28	1,825.72	12	9,050.00	155.40	8,894.60	2
710503 Licenses & Permits	2,490.00	135.00	2,355.00	5	2,300.00	740.00	1,560.00	32
710507 Network and Data Lines	630.00	79.98	550.02	13	480.00	79.98	400.02	17
710508 Telephone Land Lines	11,340.00	1,210.75	10,129.25	11	11,380.00	1,235.88	10,144.12	11
710509 Seminars and Meetings	7,400.00	2,521.00	4,879.00	34	5,300.00	1,427.18	3,872.82	27
710512 Auto Expense	3,900.00	460.24	3,439.76	12	3,900.00	223.20	3,676.80	6
710519 Cellular Phone	1,470.00	252.46	1,217.54	17	250.00	153.60	96.40	61
710529 Dues	2,850.00	945.00	1,905.00	33	2,850.00	195.00	2,655.00	7
710546 Advertising	150.00		150.00		150.00		150.00	
710600 LT Lease-Office Space	71,788.00	17,565.55	54,222.45	24	80,296.00	20,644.68	59,651.32	26
710872 Food Purchases	150.00		150.00		150.00		150.00	
711010 Utilities	1,000.00		1,000.00		100.00		100.00	
711100 ESD Asset Management	312.00	52.00	260.00	17	360.00	60.00	300.00	17
711114 Equip Srv O & M	767.04	117.60	649.44	15	702.30	87.00	615.30	12
711115 Equip Srv Motor Pool		50.00	50.00-		1,000.00	140.00	860.00	14

Washoe County Health District
 Administrative Health Services
 Pds 1-2, FY2012

Accounts	2012 Plan	2012 Actuals	Balance	Act%	2011 Plan	2011 Actual	Balance	Act%
711117 ESD Fuel Charge	557.28	131.04	426.24	24	509.46	84.77	424.69	17
711119 Prop & Liab Billings	15,154.15	2,525.68	12,628.47	17	13,680.00	2,279.98	11,400.02	17
711210 Travel	17,000.00	842.82	16,157.18	5	17,500.00	3,282.56	14,217.44	19
711300 Cash Over Short		3.00-	3.00					
711504 Equipment nonCapital	1,650.00		1,650.00		1,700.00	338.32	1,361.68	20
* Services and Supplies	191,494.47	30,387.46	161,107.01	16	213,401.76	35,895.32	177,506.44	17
** Expenses	3,206,577.41	433,378.31	2,773,199.10	14	3,289,896.77	437,554.48	2,852,342.29	13
*** Total	2,015,468.41	347,332.00	1,668,136.41	17	2,098,672.77	353,149.73	1,745,523.04	17

Washoe County Health District
 Air Quality Management
 Pds 1-2, FY2012

Accounts	2012 Plan	2012 Actuals	Balance	Act%	2011 Plan	2011 Actual	Balance	Act%
422510 Air Pollution Permits	370,485.00-	45,589.00-	324,896.00-	12	391,000.00-	49,290.25-	341,709.75-	13
* Licenses and Permits	370,485.00-	45,589.00-	324,896.00-	12	391,000.00-	49,290.25-	341,709.75-	13
431100 Federal Grants	686,099.00-	56,270.37-	629,828.63-	8	686,099.00-	48,762.24-	637,336.76-	7
431105 Federal Grants - Indirect		2,622.63-	2,622.63-			2,259.76-	2,259.76-	
432100 State Grants	297,006.07-	79,550.00-	217,456.07-	27	140,000.00-		140,000.00-	
432311 Pol CtrI 455B.830	983,105.07-	138,443.00-	844,662.07-	14	290,140.86-	51,022.00-	290,140.86-	5
* Intergovernmental					1,116,239.86-	348.00-	1,065,217.86-	
460513 Other Health Service Charges	25,000.00-	4,861.00-	20,139.00-	19	11,270.00-	3,621.00-	7,649.00-	32
460526 Plan Review-Air Quality	76,000.00-	19,243.00-	56,757.00-	25	40,000.00-	14,122.00-	25,878.00-	35
460527 NOE-AQM	66,000.00-	13,102.00-	52,898.00-	20	62,000.00-	17,876.00-	44,124.00-	29
460528 NESHAP-AQM	28,000.00-	7,434.00-	20,566.00-	27	21,000.00-	5,628.00-	15,372.00-	27
460529 Assessments-AQM	3,115.00-	2,670.00-	445.00-	86	1,900.00-	3,492.00-	1,592.00-	184
460530 Inspector Registr-AQ	165,000.00-	33,672.00-	131,328.00-	20	165,000.00-	23,744.00-	141,256.00-	14
460531 Dust Plan-Air Quality	363,115.00-	80,982.00-	282,133.00-	22	301,170.00-	68,831.00-	232,339.00-	23
* Charges for Services								
** Revenue	1,716,705.07-	265,014.00-	1,451,691.07-	15	1,808,409.86-	169,143.25-	1,639,266.61-	9
701110 Base Salaries	1,360,837.29	187,436.58	1,173,400.71	14	1,368,978.42	217,268.86	1,151,709.56	16
701130 Pooled Positions	18,000.00	1,660.10	16,339.90	9	18,000.00	5,175.32	12,824.68	29
701200 Incentive Longevity	22,400.00	251.54	22,148.46	1	23,000.00		23,000.00	
701300 Overtime	7,599.56	828.23	6,771.33	11	6,576.10	220.96	6,355.14	3
701413 Vac Payoff/Sick Pay-Term		38,584.09	38,584.09-					
701417 Comp Time		5,358.86	5,358.86-					
* Salaries and Wages	1,408,836.85	234,119.40	1,174,717.45	17	1,416,554.52	222,665.14	1,193,889.38	16
705110 Group Insurance	177,040.72	25,582.46	151,458.26	14	175,898.81	27,542.89	148,355.92	16
705199 Lab Cost Sav-Benef		133.80-	133.80-					
705210 Retirement	327,044.98	43,332.09	283,712.89	13	299,272.94	46,692.96	252,579.98	16
705230 Medicare April 1986	18,443.93	2,954.45	15,489.48	16	18,558.58	2,937.40	15,621.18	16
705320 Workmens Comp	7,543.80	1,257.30	6,286.50	17	5,740.00	956.66	4,783.34	17
705330 Unemply Comp	1,782.00		1,782.00		3,520.00	586.66	2,933.34	17
* Employee Benefits	531,855.43	72,992.50	458,862.93	14	502,990.33	78,716.57	424,273.76	16
710100 Professional Services	133,767.94	283.00	133,484.94	0	205,628.23	4,090.75	201,537.48	2
710105 Medical Services	1,316.00	323.50	992.50	25	40,000.00	628.00	628.00-	
710110 Contracted/Temp Services	500.00		500.00		350.00	42.64	307.36	12
710200 Service Contract	11,730.00	298.06	11,431.94	3	7,000.00	1,848.32	5,151.68	26
710205 Repairs and Maintenance	8,600.00	605.55	7,994.45	7	9,100.00	901.31	8,198.69	10
710300 Operating Supplies	4,400.00	480.99	3,919.01	11	4,400.00	890.96	3,509.04	20
710334 Copy Machine Expense	4,000.00	589.01	3,410.99	15	4,000.00	1,004.35	2,995.65	25
710350 Office Supplies	224.00	224.37	0.37-	100	224.00	213.82	10.18	95
710355 Books and Subscriptions	2,900.00	570.95	2,329.05	20	2,200.00	525.04	1,674.96	24
710360 Postage	175.00	29.34	145.66	17	200.00	21.29	178.71	11
710361 Express and Courier	100.00	135.92	35.92-	136	200.00		200.00	
710500 Other Expense	800.00	28.60	771.40	4	1,000.00	187.00	813.00	19
710502 Printing	135.00		135.00		90.00		90.00	
710503 Licenses & Permits	1,800.00	560.00	1,800.00-		1,800.00		1,800.00	
710505 Rental Equipment								
710507 Network and Data Lines								

Washoe County Health District
 Air Quality Management
 Pds 1-2, FY2012

Accounts	2012 Plan	2012 Actuals	Balance	Act%	2011 Plan	2011 Actual	Balance	Act%
710508 Telephone Land Lines	6,500.00	678.49	5,821.51	10	7,000.00	535.59	6,464.41	8
710509 Seminars and Meetings	5,000.00		5,000.00		5,000.00		5,000.00	
710512 Auto Expense	1,000.00	59.96	940.04	6	1,200.00	11.00	1,189.00	1
710519 Cellular Phone	4,700.00	372.33	4,327.67	8	3,800.00	749.36	3,050.64	20
710529 Dues	435.00		435.00		435.00		435.00	
710535 Credit Card Fees	1,500.00	398.06	1,101.94	27	1,500.00	216.69	1,283.31	14
710546 Advertising	1,000.00	306.36	693.64	31	1,000.00		1,000.00	
710577 Uniforms & Special Clothing	1,100.00		1,100.00		1,100.00		1,100.00	
710721 Outpatient					1,316.00		1,316.00	
711100 ESD Asset Management	2,808.00	468.00	2,340.00	17	2,880.00	570.00	2,310.00	20
711113 Equip Srv Replace	13,719.96	2,285.38	11,434.58	17	7,677.51	2,292.18	5,385.33	30
711114 Equip Srv O & M	12,963.22	1,594.96	11,368.26	12	13,966.50	1,735.77	12,230.73	12
711117 ESD Fuel Charge	10,520.54	2,194.84	8,325.70	21	11,125.62	1,931.26	9,194.36	17
711119 Prop & Liab Billings	9,246.60	1,541.10	7,705.50	17	7,600.00	1,266.66	6,333.34	17
711210 Travel	21,000.00		21,000.00		28,500.00		28,500.00	
711504 Equipment nonCapital	14,000.00		14,000.00		14,000.00		14,000.00	
* Services and Supplies	275,941.26	14,028.77	261,912.49	5	384,292.86	19,661.99	364,630.87	5
* Capital Outlay	118,000.00		118,000.00		92,697.72		92,697.72	
** Expenses	2,334,633.54	321,140.67	2,013,492.87	14	2,396,535.43	321,043.70	2,075,491.73	13
*** Total	617,928.47	56,126.67	561,801.80	9	588,125.57	151,900.45	436,225.12	26

Washoe County Health District
Community and Clinical Health Services
Pds 1-2, FY2012

Accounts	2012 Plan	2012 Actuals	Balance	Act%	2011 Plan	2011 Actual	Balance	Act%
431100 Federal Grants	2,135,941.00-	97,474.11-	2,038,466.89-	5	2,364,508.70-	116,932.11-	2,247,576.59-	5
431105 Federal Grants - Indirect		703.49-	703.49			2,225.16-	2,225.16	
432100 State Grants	153,327.00-	3,269.41-	150,057.59-	2	255,737.42-	9,744.68-	245,992.74-	4
* Intergovernmental	2,289,288.00-	101,447.01-	2,187,820.99-	4	2,620,246.12-	128,901.95-	2,491,344.17-	5
460500 Other Immunizations	89,000.00-	16,089.00-	72,911.00-	18	85,000.00-	20,777.00-	64,223.00-	24
460501 Medicaid Clinical Services	40,300.00-	8,359.24-	31,940.76-	21	32,000.00-	7,662.80-	24,337.20-	24
460503 Childhood Immunizations	59,000.00-	8,493.54-	50,506.46-	14	140,000.00-	19,775.00-	120,225.00-	14
460508 Tuberculosis	6,250.00-	767.39-	5,482.61-	12	7,000.00-	1,353.19-	5,646.81-	19
460515 Medicare Reimbursement	300.00-		300.00-		500.00-	50.00-	450.00-	10
460516 Pgm Inc-3rd Pty Rec	4,750.00-	7,951.91-	3,201.91	167	6,500.00-	333.00-	6,167.00-	5
460517 Influenza Immunization	7,000.00-	59.00-	6,941.00-	1	12,000.00-	32.00-	11,968.00-	0
460518 STD Fees	28,000.00-	4,153.89-	23,846.11-	15	30,000.00-	4,838.49-	25,161.51-	16
460524 Family Planning	44,000.00-	5,436.25-	38,563.75-	12	66,000.00-	9,065.51-	56,934.49-	14
460570 Education Revenue	11,000.00-	1,018.00-	9,982.00-	9	11,000.00-	2,296.00-	8,704.00-	21
* Charges for Services	289,600.00-	52,328.22-	237,271.78-	18	390,000.00-	66,182.99-	323,817.01-	17
484050 Donations Federal Pgm Income	41,450.00-	8,897.56-	32,552.44-	21		5,486.95-	5,486.95	
* Miscellaneous	41,450.00-	8,897.56-	32,552.44-	21		5,486.95-	5,486.95	
** Revenue	2,620,318.00-	162,672.79-	2,457,645.21-	6	3,010,246.12-	200,571.89-	2,809,674.23-	7
701110 Base Salaries	2,366,182.42	355,697.54	2,010,484.88	15	2,598,654.20	413,203.36	2,185,450.84	16
701120 Part Time	518,071.35	88,379.72	429,691.63	17	573,266.06	90,748.44	482,517.62	16
701130 Pooled Positions	146,343.08	24,901.97	121,441.11	17	168,345.03	24,924.23	143,420.80	15
701200 Incentive Longevity	44,797.00	46.16	44,750.84	0	52,628.00		52,628.00	
701300 Overtime	8,606.69	21.75-	8,628.44	0-	300.00	1,796.45	1,496.45-	599
701412 Salary Adjustment	9,642.61-		9,642.61-		175,244.98-		175,244.98-	
701413 Vac Payoff/Sick Pay-Term		4,986.32	4,986.32-					
701417 Comp Time		1,055.41	1,055.41-					
701500 Merit Awards								
* Salaries and Wages	3,074,357.93	475,045.37	2,599,312.56	15	53,002.53	530,672.48	53,002.53	16
705110 Group Insurance	440,838.73	62,392.63	378,446.10	14	3,270,950.84	70,190.98	2,740,278.36	15
705199 Lab Cost Sav-Benef		158.80-	158.80-		473,252.59		403,061.61	
705210 Retirement	688,387.47	103,125.10	585,262.37	15	695,312.38	108,598.02	586,714.36	16
705230 Medicare April 1986	38,716.84	6,014.76	32,702.08	16	42,923.94	6,899.07	36,024.87	16
705320 Workmens Comp	17,766.03	5,337.80	12,428.23	30	17,220.00	2,870.02	14,349.98	17
705330 Unemploy Comp	4,196.70	4,196.70	4,196.70		10,560.00	1,760.02	8,799.98	17
* Employee Benefits	1,189,905.77	176,711.49	1,013,194.28	15	1,239,268.91	190,318.11	1,048,950.80	15
710100 Professional Services	117,760.33	7,177.33	110,583.00	6	99,458.00	14,960.31	84,497.69	15
710105 Medical Services	600.00	14.00	586.00	2	600.00	63.00	537.00	11
710108 MD Consultants	48,900.00	5,187.50	43,712.50	11	48,900.00	3,925.00	44,975.00	8
710110 Contracted/Temp Services	2,555.00	1,262.38	1,292.62	49	3,355.00	11,867.00	3,355.00	6
710119 Subrecipient Payments	186,242.00	6,780.57	179,461.43	4	186,242.00	2,704.11	174,375.00	62
710200 Service Contract	4,138.00	2,321.90	1,816.10	56	4,395.00	118.00	1,690.89	2
710205 Repairs and Maintenance	5,710.00	417.89	5,292.11	7	6,786.00	118.00	6,668.00	2
710300 Operating Supplies	68,539.00	4,589.48	63,949.52	7	61,200.00	6,044.09	55,155.91	10
710334 Copy Machine Expense	13,775.00	1,605.77	12,169.23	12	12,310.00	1,608.55	10,701.45	13
710350 Office Supplies	11,877.01	417.24	11,459.77	4	9,720.01	1,405.89	8,314.12	14
710355 Books and Subscriptions	1,200.00	505.00	695.00	42	1,900.00	165.79	1,734.21	9

Washoe County Health District
 Community and Clinical Health Services
 Pds 1-2, FY2012

Accounts	2012 Plan	2012 Actuals	Balance	Act%	2011 Plan	2011 Actual	Balance	Act%
710360 Postage	4,740.00	1,169.43	3,570.57	25	4,840.00	696.93	4,143.07	14
710361 Express and Courier	320.00	11.34	308.66	4	290.00	50.76	239.24	18
710500 Other Expense	14,288.31	124.00	14,164.31	1	19,131.67	1,914.98	17,216.69	10
710502 Printing	6,277.00	142.30	6,134.70	2	6,060.00	465.74	5,594.26	8
710503 Licenses & Permits	3,325.00	150.00	3,175.00	5	2,150.00	890.00	1,260.00	41
710507 Network and Data Lines	2,280.00	490.96	1,789.04	22	2,280.00	399.90	1,880.10	18
710508 Telephone Land Lines	13,394.00	1,967.41	11,426.59	15	14,580.00	2,200.20	12,379.80	15
710509 Seminars and Meetings	6,600.00	1,300.00	5,300.00	20	7,550.00	2,955.00	4,595.00	39
710512 Auto Expense	13,043.00	1,159.34	11,883.66	9	11,057.00	1,108.10	9,948.90	10
710519 Cellular Phone	540.00	41.64	498.36	8	505.00	90.54	414.46	18
710529 Dues	1,350.00	50.00	1,300.00	4	1,100.00	1,000.00	100.00	91
710535 Credit Card Fees	3,730.00	447.36	3,282.64	12	4,245.00	566.50	3,678.50	13
710546 Advertising	25,804.52	13,009.99	12,794.53	50	24,264.70	3,000.00	21,264.70	12
710577 Uniforms & Special Clothing	350.00		350.00		650.00		650.00	
710703 Biologicals	224,246.00	21,966.88	202,279.12	10	308,879.00	3,382.71	312,261.71	1-
710714 Referral Services					11,300.00		11,300.00	
710721 Outpatient	95,264.00	1,179.68	94,084.32	1	117,933.97	2,657.63	115,276.34	2
710872 Food Purchases	3,026.00	114.90	2,911.10	4	2,851.00	562.36	2,288.64	20
711010 Utilities	1,700.00		1,700.00		1,000.00		1,000.00	
711100 ESD Asset Management					360.00	30.00	330.00	8
711113 Equip Srv Replace					1,047.46	28.65	1,018.81	3
711114 Equip Srv O & M					472.80		472.80	
711115 Equip Srv Motor Pool	21,776.21	45.00	45.00-		1,125.00	350.00	775.00	31
711119 Prop & Liab Billings	27,781.00	3,629.36	18,146.85	17	22,800.00	3,800.00	19,000.00	17
711210 Travel	4,408.00	5,248.68	22,532.32	19	36,672.53	3,604.31	33,068.22	10
711504 Equipment nonCapital	4,408.00		4,408.00		4,876.00	312.65	4,563.35	6
* Services and Supplies	935,539.38	82,527.33	853,012.05	9	1,042,887.14	66,163.28	976,723.86	6
** Expenses	5,199,803.08	734,284.19	4,465,518.89	14	5,553,106.89	787,153.87	4,765,953.02	14
*** Total	2,579,485.08	571,611.40	2,007,873.68	22	2,542,860.77	586,581.98	1,956,278.79	23

Washoe County Health District
 Environmental Health Services
 Pds 1-2, FY2012

Accounts	2012 Plan	2012 Actuals	Balance	Act%	2011 Plan	2011 Actual	Balance	Act%
422503 Environmental Permits	46,900.00-	7,318.00-	39,582.00-	16	43,000.00-	7,945.00-	35,055.00-	18
422504 Pool Permits	63,000.00-	3,584.00-	59,416.00-	6	63,000.00-	2,980.00-	60,020.00-	5
422505 RV Permits	9,700.00-	1,200.00-	8,500.00-	12	10,500.00-	1,262.00-	9,238.00-	12
422507 Food Service Permits	342,000.00-	51,454.00-	290,546.00-	15	342,000.00-	59,828.00-	282,172.00-	17
422508 Wat Well Const Perm	27,000.00-	1,360.00-	25,640.00-	5	34,500.00-	6,171.00-	28,329.00-	18
422509 Water Company Permits	3,500.00-	234.00-	3,266.00-	7	4,000.00-	4,000.00-	4,000.00-	100
422511 ISDS Permits	47,000.00-	10,623.00-	36,377.00-	23	47,000.00-	10,515.00-	36,485.00-	22
422513 Special Event Permits	74,000.00-	25,345.00-	48,655.00-	34	70,500.00-	26,454.00-	44,046.00-	38
422514 Initial Applic Fee	25,000.00-	3,758.00-	21,242.00-	15	35,000.00-	3,085.00-	31,915.00-	9
* Licenses and Permits	638,100.00-	104,876.00-	533,224.00-	16	649,500.00-	118,240.00-	531,260.00-	18
431100 Federal Grants	277,000.00-	17,726.69-	259,273.31-	6	311,029.78-	20,088.81-	290,940.97-	6
432100 State Grants	75,000.00-	75,000.00-	75,000.00-	100	75,000.00-	75,000.00-	75,000.00-	100
432310 Tire Fee NRS 444A.090	452,000.00-	153,722.94-	298,277.06-	34	370,535.00-	150,511.95-	220,023.05-	41
* Intergovernmental	804,000.00-	171,449.63-	632,550.37-	21	756,564.78-	170,600.76-	585,964.02-	23
460510 IT Overlay	96,800.00-	15,706.00-	81,094.00-	16	111,000.00-	18,996.00-	92,004.00-	17
460512 Duplication Service Fees	2,700.00-	11.00-	2,711.00-	0-	2,700.00-	1,191.00-	1,509.00-	44
460513 Other Health Service Charges	9,000.00-	2,546.00-	6,454.00-	28	8,000.00-	2,322.00-	5,678.00-	29
460514 Food Service Certification	42,000.00-	3,712.00-	38,288.00-	9	55,000.00-	9,885.00-	45,115.00-	18
460520 Eng Serv Health	2,500.00-	1,131.00-	1,369.00-	45	2,500.00-	1,887.00-	613.00-	75
460521 Plan Review - Pools & Spas	17,000.00-	1,354.00-	15,646.00-	8	17,000.00-	4,163.65-	12,836.35-	24
460523 Plan Review - Food Services	24,000.00-	3,251.00-	20,749.00-	14	24,000.00-	6,513.00-	17,487.00-	27
460525 Plan Review - Vector	8,000.00-	1,449.00-	6,551.00-	18	8,300.00-	2,070.00-	6,230.00-	25
460534 Child Care Inspection	16,000.00-	2,838.00-	13,162.00-	18	17,000.00-	2,374.00-	14,626.00-	14
460535 Pub Accomod Inspectn	2,400.00-	472.00-	1,928.00-	20	2,400.00-	540.00-	1,860.00-	23
460570 Education Revenue	220,400.00-	32,454.70-	187,945.30-	15	247,900.00-	49,958.28-	197,941.72-	20
* Charges for Services	1,662,500.00-	308,780.33-	1,353,719.67-	19	1,653,964.78-	338,799.04-	1,315,165.74-	20
** Revenue	3,207,815.80	481,382.61	2,726,433.19	15	3,313,782.63	473,771.71	2,840,010.92	14
701110 Base Salaries	103,247.00	31,813.39	71,433.61	31	113,422.64	36,760.63	76,662.01	32
701130 Pooled Positions	1,200.00	159.66	1,040.34	13	1,200.00	1,200.00	1,200.00	100
701140 Holiday Work	53,100.00	288.46	52,811.54	1	48,750.00	7,031.20	48,750.00	21
701200 Incentive Longevity	34,000.00	9,785.32	24,214.68	29	33,788.00	4,623.93	26,756.80	15
701300 Overtime	30,000.00	5,065.18	24,934.82	17	30,000.00	762.82	25,376.07	25
701406 Standby Pay	3,000.00	268.72	2,731.28	9	3,000.00	3,000.00	2,237.18	100
701408 Call Back		31,628.55	31,628.55-					
701413 Vac Payoff/Sick Pay-Term		280.89	280.89-					
701417 Comp Time		92,818.62-	92,818.62-		173,177.76-	173,177.76-	173,177.76-	100
701500 Merit Awards		280.89	280.89-					
* Salaries and Wages	3,339,544.18	560,672.78	2,778,871.40	17	3,370,765.51	522,950.29	2,847,815.22	16
705110 Group Insurance	469,930.86	72,680.03	397,250.83	15	496,011.19	72,413.36	423,597.83	15
705199 Lab Cost Sav-Benef		158.80-	158.80-					
705210 Retirement	771,005.18	112,354.90	658,650.28	15	724,004.28	102,523.52	621,480.76	14
705230 Medicare April 1986	42,241.28	6,958.36	35,282.92	16	43,660.48	6,671.25	36,989.23	15
705320 Workmens Comp	18,966.18	3,161.04	15,805.14	17	16,072.00	2,678.68	13,393.32	17
705330 Unemploy Comp	4,480.20	4,480.20	4,480.20	100	9,856.00	1,642.68	8,213.32	17
* Employee Benefits	1,306,623.70	194,995.53	1,111,628.17	15	1,289,603.95	185,929.49	1,103,674.46	14
710100 Professional Services	490,885.57	2,350.00	488,535.57	0	257,890.90	1,142.00	256,748.90	0

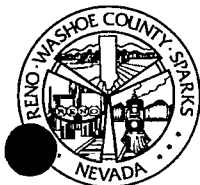
Washoe County Health District
 Environmental Health Services
 Pds 1-2, FY2012

Account	2012 Plan	2012 Actuals	Balance	Act%	2011 Plan	2011 Actual	Balance	Act%
710105 Medical Services	6,548.00	410.00	6,138.00	6	6,548.00	147.50	6,400.50	2
710110 Contracted/Temp Services	55,225.00	2,780.36	52,444.64	5	29,194.00	4,607.90	24,586.10	16
710200 Service Contract	60,300.00	15,552.31	44,747.69	26	59,800.00	517.61	59,282.39	1
710205 Repairs and Maintenance	1,100.00	11.74	1,088.26	1	1,000.00	311.92	688.08	31
710300 Operating Supplies	20,100.00	917.46	19,182.54	5	22,225.00	1,419.28	20,805.72	6
710302 Small Tools & Allow	1,685.00		1,685.00		2,185.00	325.50	1,859.50	15
710308 Animal Supplies	2,000.00		2,000.00		2,000.00		2,000.00	
710319 Chemical Supplies	331,950.00	119,668.70	212,281.30	36	321,741.00	321,290.65	450.35	100
710334 Copy Machine Expense	2,250.00	51.92	2,198.08	2	930.00	49.07	880.93	5
710350 Office Supplies	9,500.00	1,128.85	8,371.15	12	10,000.00	1,871.56	8,128.44	19
710355 Books and Subscriptions	2,400.00	195.95	2,204.05	8	5,400.00	125.00	5,275.00	2
710360 Postage	9,300.00	1,185.77	8,114.23	13	7,800.00	1,090.09	6,709.91	14
710361 Express and Courier	175.00	5.67	169.33	3	225.00	13.94	211.06	6
710391 Fuel & Lube	100.00		100.00		100.00		100.00	
710500 Other Expense	5,800.00	25.00	5,775.00	0	5,800.00		5,800.00	
710502 Printing	4,025.00	371.59	3,653.41	9	3,925.00	587.19	3,337.81	15
710503 Licenses & Permits	2,590.00		2,590.00		2,335.00	170.00	2,165.00	7
710506 Dept Insurance Deductible		150.00	150.00					
710507 Network and Data Lines	2,500.00	399.90	2,100.10	16	2,700.00	399.90	2,300.10	15
710508 Telephone Land Lines	9,375.00	1,461.67	7,913.33	16	10,800.00	1,490.65	9,309.35	14
710509 Seminars and Meetings	9,240.00	3,494.00	5,746.00	38	16,585.00	4,160.00	12,425.00	25
710512 Auto Expense	4,450.00	13.47	4,436.53	0	200.00		200.00	
710519 Cellular Phone	7,450.00	523.52	6,926.48	7	8,455.00	1,265.41	7,189.59	15
710529 Dues	1,661.00	185.00	1,476.00	11	1,726.00	639.00	1,087.00	37
710535 Credit Card Fees	3,985.00	716.41	3,248.59	18	4,000.00	677.10	3,322.90	17
710546 Advertising	1,050.00	345.24	704.76	33	1,050.00	84.86	965.14	8
710577 Uniforms & Special Clothing	1,700.00		1,700.00		1,700.00		1,700.00	
710585 Undesignated Budget	78,700.00		78,700.00					
710600 LT Lease-Office Space	41,651.00	10,110.00	31,541.00	24	40,636.89	10,111.98	30,524.91	25
711100 ESD Asset Management	11,232.00	2,080.00	9,152.00	19	18,000.00	2,100.00	15,900.00	12
711113 Equip Srv Replace	29,926.32	4,982.36	24,943.96	17	33,221.21	4,429.39	28,791.82	13
711114 Equip Srv O & M	40,610.32	7,110.30	33,500.02	18	43,396.79	7,052.82	36,343.97	16
711115 Equip Srv Motor Pool						25.00	25.00	
711117 ESD Fuel Charge	37,533.78	8,623.96	28,909.82	23	30,011.67	6,965.10	23,046.57	23
711119 Prop & Liab Billings	23,247.26	3,874.56	19,372.70	17	21,280.00	3,546.68	17,733.32	17
711210 Travel	44,650.00	4,647.85	40,002.15	10	54,677.48	4,796.26	49,881.22	9
711504 Equipment nonCapital	9,000.00	72.50	8,927.50	1	12,652.00		12,652.00	
* Services and Supplies	1,363,875.25	193,446.06	1,170,429.19	14	1,040,190.94	381,413.36	658,777.58	37
** Expenses	6,010,043.13	949,114.37	5,060,928.76	16	5,700,560.40	1,090,293.14	4,610,267.26	19
*** Total	4,347,543.13	640,334.04	3,707,209.09	15	4,046,595.62	751,494.10	3,295,101.52	19

Accounts	2012 Plan	2012 Actuals	Balance	Act%	2011 Plan	2011 Actual	Balance	Act%
431100 Federal Grants	1,377,965.10-	182,115.20-	1,195,849.90-	13	1,747,372.06-	101,382.57-	1,645,989.49-	6
431105 Federal Grants - Indirect	31,837.00-	2,047.53-	29,789.47-	6	32,599.00-	879.00-	31,720.00-	3
* Intergovernmental	1,409,802.10-	184,162.73-	1,225,639.37-	13	1,779,971.06-	102,261.57-	1,677,709.49-	6
460511 Birth and Death Certificates	280,000.00-	71,551.00-	208,449.00-	26	210,000.00-	37,867.00-	172,133.00-	18
* Charges for Services	280,000.00-	71,551.00-	208,449.00-	26	210,000.00-	37,867.00-	172,133.00-	18
** Revenue	1,689,802.10-	255,713.73-	1,434,088.37-	15	1,989,971.06-	140,128.57-	1,849,842.49-	7
701110 Base Salaries	1,259,946.05	177,356.94	1,082,589.11	14	1,196,898.32	164,747.20	1,032,151.12	14
701120 Part Time		198.68	198.68		56,350.85		56,350.85	
701130 Pooled Positions	30,500.00	101.56	30,398.44	0	30,001.99	65.03-	30,067.02	0-
701140 Holiday Work						750.12	750.12-	
701200 Incentive Longevity	10,883.00		10,883.00		7,822.00	150.00	7,672.00	2
701300 Overtime	5,100.00	987.21	4,112.79	19	2,000.16	2,552.67	552.51-	128
701412 Salary Adjustment	8,571.27		8,571.27		132,223.93		132,223.93	
701413 Vac Payoff/Sick Pay-Term						20,315.33	20,315.33-	
701417 Comp Time						4,958.19	4,958.19-	
* Salaries and Wages	1,315,000.32	178,644.39	1,136,355.93	14	1,425,297.25	193,408.48	1,231,888.77	14
705110 Group Insurance	160,815.54	25,602.73	135,212.81	16	164,455.79	23,269.14	141,186.65	14
705199 Lab Cost Sav-Benef		158.80-	158.80-					
705210 Retirement	282,540.08	41,077.79	241,462.29	15	264,298.15	35,294.97	229,003.18	13
705215 Retirement Calculation		997.20	997.20-					
705230 Medicare April 1986	16,866.46	2,492.40	14,374.06	15	17,384.95	2,715.40	14,669.55	16
705320 Workmens Comp	6,449.30	1,074.90	5,374.40	17	5,166.00	861.00	4,305.00	17
705330 Unemploy Comp	1,513.00		1,513.00		3,168.00	528.00	2,640.00	17
705360 Benefit Adjustment					8,471.00		8,471.00	
* Employee Benefits	468,184.38	71,086.22	397,098.16	15	462,943.89	62,668.51	400,275.38	14
710100 Professional Services	106,730.58	28,972.11	77,758.47	27	213,535.81	15,292.20	198,243.61	7
710105 Medical Services	100.00		100.00		100.00		100.00	
710108 MD Consultants	12,000.00	2,000.00	10,000.00	17	12,000.00		12,000.00	
710110 Contracted/Temp Services	30,000.00		30,000.00		43,252.22	6,974.79	36,277.43	16
710200 Service Contract	2,195.00	4,941.00	2,746.00-	225	1,620.00	1,628.05	8.05-	100
710205 Repairs and Maintenance	1,000.00		1,000.00		1,378.00		1,378.00	
710210 Software Maintenance	12,000.00	4,675.23	12,000.00		12,000.00	8,529.67	12,000.00	14
710300 Operating Supplies	29,300.00	1,336.50	24,624.77	16	59,722.14		51,192.47	
710325 Signs and Markers			1,336.50-					
710334 Copy Machine Expense	3,149.89	130.33	3,019.56	4	2,777.00	389.11	2,387.89	14
710350 Office Supplies	7,000.00	476.95	6,523.05	7	10,028.42	1,884.12	8,144.30	19
710355 Books and Subscriptions	2,510.00	446.49	2,063.51	18	2,210.00		2,210.00	
710360 Postage	2,800.00	434.02	2,365.98	16	3,148.00	427.77	2,720.23	14
710361 Express and Courier	10.00		10.00			5.67	5.67-	
710500 Other Expense	300.00		300.00		8,124.21		8,124.21	
710502 Printing	3,365.00	253.11	3,111.89	8	11,851.72	117.25	11,734.47	1
710505 Rental Equipment	500.00	127.00	373.00	25				
710507 Network and Data Lines	550.00	79.98	470.02	15		79.98	79.98-	
710508 Telephone Land Lines	4,540.00	690.63	3,849.37	15	9,979.92	683.17	9,296.75	7
710509 Seminars and Meetings	4,700.00		4,700.00		3,798.00	400.00	3,398.00	11
710512 Auto Expense	1,125.00	148.13	976.87	13	100.00	33.25	66.75	33

Washoe County Health District
 Epidemiology and Public Health Preparedness
 Pds 1-2, FY2012

Accounts	2012 Plan	2012 Actuals	Balance	Act%	2011 Plan	2011 Actual	Balance	Act%
710519 Cellular Phone	2,480.00	117.14	2,362.86	5	400.00	250.97	149.03	63
710529 Dues	590.00	330.00	260.00	56	850.00	545.00	305.00	64
710535 Credit Card Fees	1,300.00	362.53	937.47	28	800.00	202.59	597.41	25
710546 Advertising	370.00	259.50	110.50	70	1,070.00	250.00	820.00	23
710585 Undesignated Budget	31,837.00		31,837.00		3,155.00-		3,155.00-	
710703 Biologicals	3,667.79	42.00	3,625.79	1	4,146.68		4,146.68	
710721 Outpatient	2,135.00	16.48	2,118.52	1	3,000.00	12.36	2,987.64	0
710872 Food Purchases	550.00	30.89	519.11	6				
711010 Utilities	180.00		180.00					
711100 ESD Asset Management	2,808.00	416.00	2,392.00	15		270.00	270.00-	
711113 Equip Srv Replace	492.72	82.12	410.60	17		41.86	41.86-	
711114 Equip Srv O & M	3,508.44	155.80	3,352.64	4	200.00	42.50	157.50	21
711115 Equip Srv Motor Pool	157.16		157.16					
711117 ESD Fuel Charge	7,612.10	1,268.68	6,343.42	17	6,840.00	1,140.00	5,700.00	17
711119 Prop & Liab Billings	41,950.00	52.77	41,897.23	0	68,924.24		68,924.24	
711210 Travel		127.00	127.00-					
711502 Build Imp nonCapital	7,741.98	24,524.16	16,782.18-	317	50,432.37	6,480.34	43,952.03	13
711504 Equipment nonCapital	331,255.66	72,496.55	258,759.11	22	529,133.73	45,680.65	483,453.08	9
* Services and Supplies	193,577.12	145,876.15	47,700.97	75	230,621.00		230,621.00	
781004 Equipment Capital	193,577.12	145,876.15	47,700.97	75	230,621.00		230,621.00	
* Capital Outlay								
** Expenses	2,308,017.48	468,103.31	1,839,914.17	20	2,647,995.87	301,757.64	2,346,238.23	11
*** Total	618,215.38	212,389.58	405,825.80	34	658,024.81	161,629.07	496,395.74	25



Washoe County Health District

DBOH AGENDA ITEM NO. 9/22/11



Public Health
Prevent. Promote. Protect.

September 22, 2011

TO: District Board of Health

FROM: Candy Hunter, ^{CHK} Public Health Nursing Supervisor
Melissa Krall, Director of Community Outreach, Coordinator, Safe Kids
Washoe County

SUBJECT: Washoe County Social Services Sleep Safe Baby Campaign

In August 2011, in response to continuing reports of infant deaths from unsafe sleep incidents, Washoe County Social Services Department Head Kevin Schiller initiated a campaign to raise awareness and educate the community about infant safe sleep practices. He convened a committee with partners from Washoe County's Health District, Volunteer Program in Human Resources, the Manager's Office and Sheriff's Department; REMSA's Safe Kids Program, Cribs for Kids; and Kids to Senior Korner.

The program vision is to reduce infant mortality by decreasing the risk factors for Sudden Infant Death Syndrome (SIDS) and preventable deaths from suffocation. Data from Washoe County Child Death Reviews during the years 2005-2010 revealed 41 sleep-related preventable deaths in infants less than a year old, a trend which has continued in 2011. The overwhelming majority of babies who die from sudden unidentified infant death (SUID) or SIDS are discovered in an undesirable sleep position or sleep location.

Nevada Revised Statutes Chapter 432B formally created child death review teams in 1993, and the Washoe County team has been in place since 1994. The Health District and REMSA both send members who contribute their expertise as the team meets bimonthly to:

1. Review the records of selected cases of deaths of children under 18 years of age in this State;
2. Review the records of selected cases of deaths of children under 18 years of age who are residents of Nevada and who die in another state;
3. Assess and analyze such cases;
4. Make recommendations for improvements to laws, policies and practice;
5. Support the safety of children; and
6. Prevent future deaths of children.

Data on infant mortality comes from state participation in a national data bank. The Nevada Child Fatality Review Administrative Team and Executive Committee were created for the purposes of reviewing state data to recommend regulatory and policy changes. A "Review of Death of Children Account" in the State General Fund uses money to carry out the statutes' provisions and will contribute approximately \$10,000 to the Sleep Safe Baby Campaign. Washoe County Social Services will also contribute funds for the awareness campaign.

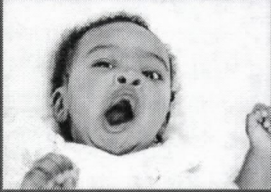
Sleep Safe Baby Campaign goals include the following:

- Education of parents, care givers and/or health care providers about risk reduction for SIDS and preventable deaths from suffocation.
- Dissemination of Safe Sleep information to increase awareness of safe sleep practices in Washoe County
- Extension of the Washoe County Safe Kids Cribs for Kids Program through volunteer training to conduct community education.
- Presentations to community groups about Safe Sleep.




In March 2011, the CCHS Board Report illustrated the Home Visitation Program's participation with REMSA's Safe Kids Washoe County "Cribs for Kids" program to promote safe sleep practices. The Health District WIC Program was a pilot site for the project and is also a current partner. This national model provides caregivers safe sleep training in conjunction with the provision of a crib for those in need. Program Director Melissa Krall, Coordinator of Safe Kids Washoe County, collaborated with health and human services agencies in Northern Nevada to conduct training for 25 providers, and obtained funds to purchase 100 cribs. The Sleep Safe Baby Campaign builds on the strengths of this successful program using volunteers to provide additional training in Washoe County.

Challenges will continue to exist in terms of co-sleeping issues related to breastfeeding, cultural practices, secondary caregiver practices and the normal fatigue experienced by new parents. Sleep Safe Baby will help parents identify alternatives to dangerous sleeping arrangements within the recommendations of the American Academy of Pediatrics Policy Statement on infants' sleep environment.


DBOH 9/22/11
Item No. 11.



**Washoe County
Sleep Safe Baby**


Back to Sleep Campaign



April 15, 1992
The American Academy of Pediatrics recommended that healthy infants:
*"when being put down for sleep,
be positioned on their back or side."*

December 1996
A revised statement by the AAP stated:
"Back is best."


October 2005
*"Every caregiver should use the back sleep position
during every sleep period."
"Bed sharing during sleep is not recommended."*



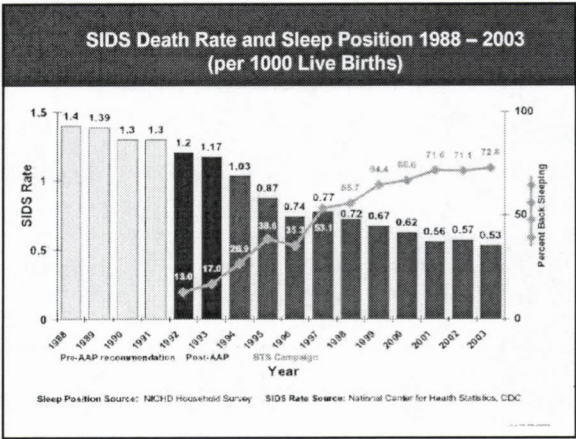
Sudden Infant Death Syndrome
ICD-9 Definition

*The sudden death of an infant under one
year of age which remains unexplained
after the performance of a complete
post-mortem investigation including:*

- autopsy
- examination of the scene of death
- review of the case history



DBOH Item # 11.



Babies at Risk for SIDS

- Mothers who smoke during pregnancy (3 times greater risk)
- Babies who breathe secondhand smoke (2.5 times greater risk)
- Babies who sleep on their tummies (5 times greater risk)
- Babies who sleep with parent(s) in adult bed (40 times greater risk)
- Sleeping on soft bedding (increased SIDS risk 5 times)

CRIBS FOR KIDS
2003 For the Parents

Where Should Infants Sleep?

Scheers, Rutherford, & Kemp

- Infants < 8 months, risk of death in cribs: .63 deaths/100,000 infants.
- Infants < 8 months, risk of death in adult beds: 25.5 deaths per 100,000 infants.

Risk for SIDS:
Greatest if sharing a sleep surface.
Intermediate if sleeping in another room.
Least if infant sleeps in same room without bed sharing

CRIBS FOR KIDS
2003 For the Parents

**AAP Policy Statement:
Safe Sleep Environment**

- The safest way for your baby to sleep is on its back, alone in a crib.
- The baby's crib should have a firm mattress, closely fitted to the sides of the crib, and a tight-fitting sheet.
- Don't over-dress or over-bundle your baby. One light cover, tucked at the bottom and sides of the crib, is enough.
- Have no pillows, bumpers, loose blankets or toys in crib.
- Never let your baby fall asleep in a bed or chair with someone who is smoking, tired, ill, or overweight.
- The baby's home should be smoke-free.
- Offer the baby a clean, dry pacifier at nighttime and naptime.
- Breastfeeding has important health benefits for babies; do it safely. When finished, return the baby to the crib.



SIDS is NOT Suffocation

Although SIDS is different from suffocation, all the measures we use for SIDS risk reduction also help to prevent accidental deaths such as positional asphyxia, overlay, and entrapment.

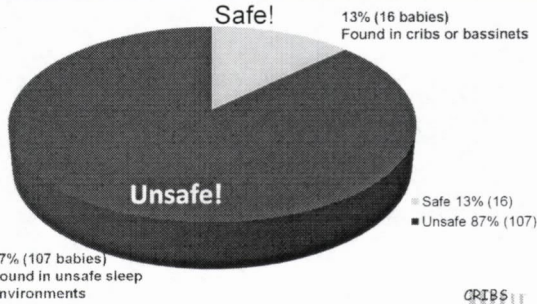
These are 100% PREVENTABLE deaths!



**Unsafe Sleep Environment:
Falls from Adult Beds onto Soft Materials**



SIDS Risk Factors with Regard to Sleep Position, Sleep Surface, and Bed Sharing
 Scotland Study of 123 SIDS Deaths from 1998-2000



Source: David Tappin, MD, MPH, University of Glasgow, Published in *Journal of Pediatrics*, July 2008



Components of the 'Cribs for Kids' program

- Evidenced based standardized materials
 - Safe-sleep brochures, posters, etc.
 - Training manuals
 - Standardized forms
 - Grant writing language
 - Current safe-sleep literature review
 - PowerPoint presentations
- National fundraising initiatives
- Crib distribution system
- Networking opportunities
- Ongoing support



Why Here, Why Now?

17 Deaths in Washoe County In 22 Months

- 1 day old - Co-sleeping
- 4 month old - Placed on stomach
- 7 month old - Adult bed/multiple pillows/left side
- 4 month old - Right side/ on pillows in bassinet/pillow obstruction
- 1 month old - Placed on stomach
- 24 days old - Co-sleeping
- 1 month old - Wrapped in sweat shirt/ "nest of blankets"/ sleeping parent
- 1 month old - Co-sleeping/ Under bed covers
- 4 month old - Side/Prone/ Face Down
- 1 month old - Blanket pad
- 12 days - Co-sleeping/overlay
- 6 month old - Co-sleeping with multiple family
- 3 month old - On stomach/ Bumper pad
- 4 month old - Face down
- 2 months - Face down on couch/ co-sleeping
- 1 month old - On side/head on pillow/ 5 blankets
- 1 month old - Swaddled on stomach/ on chair



Sleep-Related Deaths in Washoe County – 2005-2010

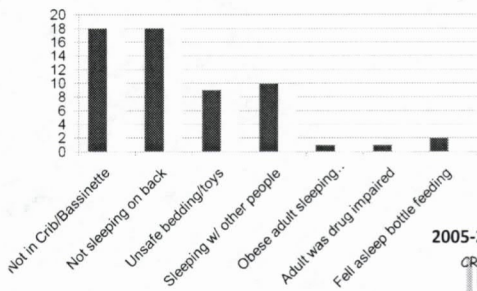
41 Deaths, < 1 year old

2005 – 6
 2006 – 6
 2007 – 5
 2008 – 8
 2009 – 10
 2010 – 6



Factors Involved

Washoe County, NV





9/22/11



WASHOE COUNTY HEALTH DISTRICT EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS DIVISION



Public Health
Prevent Promote Protect.

September 12, 2011

MEMORANDUM

To: Members, Washoe County District Board of Health

From: Randall L. Todd, DrPH
Epidemiology and Public Health Preparedness (EPHP) Director

Subject: Report to the District Board of Health, September 2011

Communicable Disease

- Communicable disease outbreaks typically fall into two broad categories based on how they are brought to public health attention. In the first category, individuals who become ill may be aware of friends, co-workers, or family members with similar symptoms and a common exposure or activity. They then report to the Health Department or file a complaint regarding the perceived common exposure, often a restaurant. In the second category of outbreaks individuals who become ill seek medical attention and diagnosis. If the diagnosis represents a reportable condition the illness is brought to public health attention. A larger than expected number of reports for a particular disease may indicate an outbreak. Some outbreaks identified in this fashion are obvious. Others may be more difficult to discern.

To better address this second category of outbreaks, the CD Program has begun using a tool to analyze reported cases of communicable disease for trends that would represent statistical aberrations. The tool known as the Early Aberration Reporting System (EARS), is available without cost from the Centers for Disease Control and Prevention (CDC). EARS activity in recent weeks is as follows:

- Week ending 8/13 - Week 32 – First human case of West Nile Virus for the season
- Week ending 8/20 - Week 33 – EARS signal increase for Cryptosporidiosis. One case against a baseline of zero.
- Week ending 8/27 - Week 34 – EARS signal increase for Cryptosporidiosis. One probable case but no commonality with previous case.
- Week ending 9/3 - Week 35 – No EARS signals.

Public Health Preparedness

Community Outreach

- On September 9 a Motion Picture entitled “Contagion” was released. This movie is an action thriller centered on the threat posed by a deadly disease and an international team of doctors contracted by the CDC to deal with the outbreak. In the past, movies of this nature have generated some fear and concern among members of the public.

The Public Health Preparedness staff saw this as an opportunity to provide educational material. On

DBOH AGENDA #13.A.

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-6190 FAX (775) 325-8130

www.washoecounty.us/health

WASHOE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

the afternoon of September 9 staff provided a supply of pandemic influenza guides and general preparedness information to the Century Summit Theater. These were also shared with the Century Riverside and Century Sparks for distribution to movie goers at the ticket office.

CDC- Public Health Preparedness

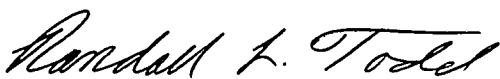
- On September 7 the Public Health Preparedness Program participated in a Technical Assistance Review (TAR) for the Strategic National Stockpile preparedness. This annual review assesses WCHD's readiness to receive and distribute the pharmaceutical cache to all Washoe County citizens within a 48 hour time period.

Exercises/Drills

- The Public Health Preparedness Program participated in a CHEMPACK Tabletop Exercise at the California/Nevada Border Counties Working Group. This tabletop exercise tested the ability for Nevada to request the CDC CHEMPACK, a chemical exposure treatment cache, from the State of California. In December, this requesting procedure and algorithm will be again tested, with California requesting a CHEMPACK from Nevada.

Conferences and Workshops

- Public Information Officer, Phil Ulibarri attended a train the trainer course at the Center for Domestic Preparedness in Anniston, Alabama. This will allow Mr. Ulibarri to conduct in-house training on ICS 300 and 400. These courses are required for all Health District staff that may fill command positions during an emergency response. The classes are typically taught from a fire or law enforcement perspective making it somewhat difficult for public health personnel to find relevance in the material. Having in-house staff capable of teaching will enhance the value of these required courses for all Health District staff.



Randall L. Todd, DrPH, Epidemiology and Public Health Preparedness Director

9/22/11



Washoe County Health District



Public Health
Prevent. Promote. Protect.

September 13, 2011

TO: District Board of Health Members

FROM: Mary-Ann Brown, R.N., M.S.N.
Division Director, Community and Clinical Health Services

SUBJECT: Community and Clinical Health (CCHS) Division Report for August 2011
District Board of Health Meeting

1. Report on the 2011 Washoe County Obesity Forum
2. 2011 Back to School Immunizations
3. 2011 Budget and Legislative Impacts on the Nevada Department of Health and Human Services
4. Washoe County Board of County Commissioners (BCC) Staff Report on Community Food Systems

1. Report on the 2011 Washoe County Obesity Forum

The Washoe County Obesity Forum was held September 8, 2011 at the University of Nevada, Reno (UNR) with Dr. Joseph P. Iser, MD, DrPH, MSc Washoe County District Health Officer providing welcoming remarks to the 173 registered participants. Attendees participated in either a clinical or community track providing information on both individual and population based approaches to addressing over weight and obesity.

Topics ranged from effective clinical practice interventions to physical design of communities to prevent overweight and obesity. Expert speakers included associate professors from the University Of Nevada School Of Medicine, biostatisticians, physicians, health educators, school district staff, community planners, the State of Nevada Health Officer (Dr. Tracy Green) and many allied professionals. The objectives of the conference were successfully met and participants' informal evaluations were very positive.

Presentations will be posted online at www.gethealthyWashoe.com for future reference. The event was covered by various media, including an interview on Spanish radio, and reporting by two local TV stations.

The Chronic Disease team of Kelli Seals, Health Educator; Erin Dixon, Program Coordinator; and Rebecca Gonzales, PHN are to be congratulated on planning and conducting an engaging and informative community conference.

2. 2011 Back to School Immunizations

Immunization of students entering 7th grade with Tdap was the main focus of the 2011 back to school immunization efforts. Initially the Washoe County School District's (WCSD) Infinite Campus student database reported over 2,400 7th graders non-compliant in mid-August. Sharon Clodfelter, WCHD Biostatistician was able to merge the WCSD immunization data with the state immunization registry, (WebIZ), to provide a more accurate number of students in need of Tdap. The revised number was approximately 1200.

In order to meet the immunization requirement for school attendance and minimize school exclusions intensive community outreach efforts began immediately. Multiple and varied media interviews were conducted, WCSD placed phone calls and sent mailings to parents and guardians of 7th graders. Additionally website postings and individual phone calls to families by Northern Nevada Immunization Coalition and WCSD staff were done to warn the community that students not in compliance would not be allowed to attend school. Additional Tdap clinics were held at WCHD with scheduled and walk-in appointments available. Many other providers and clinics including Saint Mary's Regional Medical Center held special clinics.

On Wednesday August 31st WCSD officials reported that only 67 7th graders were non-compliant. WCSD planned to work with the remaining families to assure these remaining children received immunizations prior to attending school.

3. 2011 Budget and Legislative Impacts on the Nevada Department of Health and Human Services

Michael Wilden, the Nevada State Director of the Department of Health and Human Services presented a summary of the 2011 budget and legislative impacts on the Department of Health and Human Services (DHHS) at a September 6th 2011 community meeting sponsored by several organizations including the Human Services Network Advocacy Committee. Attached to this report are two documents from Mr. Wilden's presentation:

- A. DHHS 2011 Legislative Summary.
- B. 2011 Legislative Session County Transfers

4. Washoe County Board of County Commissioners (BCC) Staff Report on Community Food Systems

On Tuesday, September 13th 2011 Chad Giesinger, AICP Senior Planner Washoe County Community Development Community Services Program presented to the Board of County Commissioners (BCC) a staff report on community food systems, access to affordable healthy food, and barriers to local food production and distribution in Washoe County. The purpose of the staff report and direction sought from the BCC is part of the WCHD CCHS ACHIEVE project. A copy of the staff report and PowerPoint presentation is attached to this report.



Mary-Ann Brown RN MSN
Division Director
Community and Clinical Health Services

Department of Health and Human Services
Budget and Legislative Summary
2011 Legislative Session

DIRECTOR'S OFFICE

- Formally transferred **Governor's Office of Consumer Health Assistance** (GovCHA) into DHHS. Reinstated 1 ombudsman position related to Workers Compensation activities.
- Continues 2.51 FTEs in GovCHA related to **Health Care Reform** and adds (IFC 8-31-11) 4 more FTE. GovCHA will have 6.51 FTE for HCR activities.
- Transfer of **2-1-1** system to GovCHA oversight.
- Combines GovCHA and **Office of Minority Health** into one budget account, but will have separate identities.
- **Indian Commission** transferred out of DHHS to Tourism and Cultural Affairs Department. DHHS will maintain tribal relationships.
- **Information Technology** (HIT/HIE) grant funded ongoing.
- Funding for **Family-to-Family** program (F2F) was eliminated.
- TANF funding that has been historically used to support Title XX grants was eliminated (\$754K per year.)
- **Differential Response** (DR) and **Family Resource Centers** (FRCs) continue to be funded. General Fund is switched to Tobacco Settlement by \$86,569 in FY12 and \$2,590,776 in FY 13 (note elimination of Tobacco cessation programs and funding.)
- **Problem Gambling** funding is cut in half. \$2 slot tax is reduced to \$1 temporarily. Other \$1 tax is sent to the General Fund. Treatment activities will be priority for funding.

- **Indigent Accident/Supplemental Payment** Fund will be swept to the General Fund again in FY 12 and FY 13 (note: previous sweeps in FY 09, FY 10 and FY 11.)
- **Tobacco Settlement Funding** (Healthy Nevada Fund) formerly used for tobacco cessation and the Public Health Trust Fund (eliminated) will be used to off-set General Funds in FY 13 for:
 - DR program
 - FRCs
 - Autism Treatment and Assistance Program
 - Traumatic Brain Injury Program
 - Family Preservation Program (MHDS)
- Tobacco cessation funding is eliminated for FY12 and 13, and the PHTF going forward (SB 421 revises % allocations)
- AB 242 requires DHHS grantee financial reporting and website posting.

AGING AND DISABILITY SERVICES

- **Senior Citizens Property Tax Assistance Program** was eliminated saving \$5.6 Million per year. 16,000+ seniors will not receive assistance.
- **Tobacco Settlement/Independent Living Programs** funding at \$4.3 Million in FY 12 and \$5.4 million in FY 13. Previous years funding are:
 - FY 11: \$3.8 Million
 - FY 10: \$5.6 Million
 - FY 09: \$5.7 Million
- SB 421 requires Aging Commission, Disabilities Commission and GMAC to recommend Tobacco Funding priorities.
- Income eligibility component to be added to the **Senior Ride Program**. Two staff added (10-1-11) to improve program management and develop/administer new eligibility criteria.

- **TBI** and **Autism** programs funded with Tobacco Settlement funding rather than General Funds in FY13.
- Fifteen new positions added to the **Elder Protective Services** program to accommodate Clark County transfer and improve staffing statewide.
- **Senior Medicare Patrol (SMP)** program transferring from the Attorney General's Office to Aging Services.
- **Ombudsman Volunteer Program** for long term care facilities being implemented.
- **ATAP** (autism) funded at 132 slots in FY 12 and 137 slots in FY 13. New positions added for program management. Tobacco funding used in FY 13 to support program instead of General Funds. (Note: passage of AB 316 and 345).
- **Personal Assistance Services (PAS)** program ended by St. Mary's in Reno. State staff (6 new positions) to assume program operations. RFQ to expand provider pool. Will be more closely watching co-pay requirements (\$120,000 per year budgeted).
- **Home and Community Based Waivers** flat funded except COPE.
 - WEARC (residential care) 472
 - CHIP 1,241
 - Assisted Living 54
 - COPE 96 (down from 128)

HEALTH CARE FINANCING AND POLICY

- Implementation of Private Hospital **Upper Payment Limit (UPL)** program expected to give \$10 Million in General Funds over the biennium. Nevada Clinical Services (non-profit) being created by hospitals to provide services previously paid for by the State. General Fund savings will fund UPL program for hospitals.
- **HIFA Waiver** (pregnant women and employees of small businesses) will end 11-30-11. Pregnant women will be covered post-partum via regular Medicaid.

- New technology (TIR) request approved to convert MMIS to adopt ICD-10 code set. Improves data exchange and modernizes coding system (approximately \$1 Million GF/\$10 Million Federal total over biennium.)
- Twelve new staff to implement Health Care Reform provisions and HITECH Act; including, fraud activities, expanded eligibility, and Fair Hearing requirements.
- Non-emergency transportation eliminated for Nevada Check-Up recipients. (\$642 K in savings of GF over the biennium.)
- Mandatory rate increases for free standing hospices, FQHCs, Indian Health Services and Managed Care – cost \$9.2 Million in GF over biennium.
- Continuation of rate cuts from previous special sessions saves \$14.9 Million in GF savings over biennium. Includes, PCA clinical assessment prior authorization, anesthesia, and behavioral health rates.
- FMAP decrease from 63.93% (ARRA period) to 55.05% in FY 12 and 57.66% in FY 13. Cost of \$149.1 Million in GF over biennium.
- Increased caseload projections result in the need for \$204 Million in additional GF.
- Additional fraud, waste and abuse efforts are projected to save \$7.8 million in GF. Recovery audit contractors (RAC) will be engaged via RFP.
- \$4.3 Million in additional payments are planned in FY 13 to specific primary care providers under Health Care Reform provisions.
- Preferred Drug List (PDL) will continue through biennium saving \$1.7 Million in GF. Drug rebate law changes will give an added \$1.6 Million.
- ABD Care Management is budgeted to save \$4.6 Million in GF in FY 13.
 - Implement Patient Centered Medical Homes 1-1-12 (pilots)
 - Comprehensive Care Management 7-1-12
- \$5 per day cut in rate to Skilled Nursing Facilities is budgeted to save \$2.5 Million in GF.

- 15% rate cut to ambulatory surgical centers, ambulance services and end stage renal disease services is budgeted to save \$2.1 Million in GF.
- 0.7% reduction in dental and DME will save \$244,000.
- Changes in the County Match Program will shift \$14.5 Million in costs to the counties and save equal GF. State eligibility/income threshold will change from 156% of the Federal Benefit Rate (FBR) to 142% in FY 12 and 132% in FY 13. Counties pick up institutional and waiver recipients above State threshold to 300%.

HEALTH

- Child care services (regulatory/licensing) is transferred from DCFS to Health.
- Nevada Early Intervention Services (NEIS) received \$962 K more in GF in FY 12 fee caseload increases and \$2.8 Million more in FY 13.
 - Services savings are expected from more clinical services in centers.
 - Staff are expected to be more productive – more services per staff member (23 vs 19 caseload ratio).
- Marijuana Health Registry fees to \$700,000 per year will be transferred to support alcohol and drug abuse programs at SAPTA.
- Consumer Health Protection budget requires counties to pay an assessment for the regulation/inspection of Food and Facilities. Estimated new burden to the counties is \$596,007 annually. Counties may opt-out of paying assessment and plan to provide services themselves.
- Biostatistics and Epidemiology budget requires rural counties to pay an assessment for TB and STD screening and treatment. Estimated impact on the rural counties is \$617,804 for TB and \$7,380 for STD. Counties can plan to opt-out and operate their own programs rather than pay assessments.

WELFARE AND SUPPORTIVE SERVICES

- \$1 Million per year of Child Support State Share of collections is budgeted to replace GF in the DWSS admin budget.

- **Health Care Reform "eligibility engine"** information technology project will begin. This is a multi-year project and will interface welfare systems with the new Silver State Health Insurance Exchange (SSHIX).
- **TANF Emergency Assistance** funding to Clark and Washoe Counties is eliminated (\$817K per year.)
- **TANF transfers** to other state agencies (MHDS & DCFS) are eliminated, saving \$7.1 Million in TANF per year.
- Funding for **social services contracts** (DV, Substance Abuse and MH) are reduced approximately 50% -- saves about \$700 K per year.
- **Silver State Works** (jobs program) was not funded.
- **TANF Kinship Care rate** was decreased approximately 25% from an average of \$894/month to \$671/month.
- **TANF Loan Program** funding was reduced 25%. DWSS staff have completed eligibility clean-up project.
- **Child Support Employment Assistance Program** staff (4)/program were eliminated.
- **Child Care funding** of \$5.8 Million per year in GF was cut from budget. Also, loss of \$8.4 Million/year going forward in ARRA funding. Welfare/child care contractors are working to down-size numbers that can be supported. Total budget going forward is \$38/39 Million yearly compared to \$50 Million spent in FY 11.
- **Energy Assistance Program** is reduced \$11.4 Million per year. 11,000+ fewer households will be served.

MENTAL HEALTH AND DEVELOPMENTAL SERVICES

- Executive Budget recommended eliminating GF for **Triage Centers** totaling \$1.25 Million/year. Funding was restored.
- MH **Senior Outreach Program** was eliminated.

- **Medication funding** was reduced by approximately \$1.7 Million per year (affects South and Rural).
- **Psychosocial Rehabilitation Services** were eliminated statewide, except for one position in North (Canteen).
- Executive Budget recommended cutting 12.51 positions doing **Outpatient Counseling**. Legislature restored 5 of the 12.51 positions.
- Executive Budget recommended cutting 272 **Supported Living Arrangement** placements. Legislature restored 60% of the recommended reduction, cutting about 109 placements.
- Executive Budget recommended charging the Counties for **Mental Health Court** costs. The Legislature rejected this plan.
- **Rawson-Neal Hospital in South** was reduced by 22 beds worth of funding/staffing. A total of 44 beds have now been closed (down from 234 to 190).
- **Southern PACT team** was eliminated. Two PACT teams were being operated – now only one exists.
- Executive Budget recommended eliminating the **Mobile Outreach Safety Team program in the North**. Funding was restored.
- **Lakes Crossing** is reduced from 70 to 66 beds.
- **SAPTA co-occurring disorder treatment services** was recommended to be cut by \$1.01 Million/year. Legislature restored 50% of funding or \$510,000/year (lost approximately 87 slots/year.)
- **SAPTA Prevention** (\$112,000/year) and **Treatment** (\$1.59 Million/year) were original cut and then restored by Governor and Legislature.
- **Autism** – TANF funding historically used to help support autism program in MHDS was eliminated. Initially, the Legislature voted to replace TANF funding with GF and transfer dollars to the ATAP program. Later the Legislature voted

not to replace the TANF funding and GF was removed from the ATAP budget. Bottom line is MHDS Autism Program is phasing-out (as kids age out) and new referrals are being wait-listed for ATAP.

- \$653 K is added to the Family Preservation Program (FPP) for caseload growth. SB 437 was passed to allow MHDS to establish waiting lists for program rather than reducing payments to existing recipients based on available funding.
- NRS 435.010 will be enforced requiring counties to pay for approximately \$4.8 Million/year in services currently provided by MHDS to children with mental retardation and related conditions. Counties may opt-out and provide services directly or contract with MHDS to provide a different package of services.

CHILD AND FAMILY SERVICES

- Executive Budget recommended eliminating MH Room and Board payments for children not in DCFS custody. Initially, the Legislature rejected this plan and restored the funding. After reconsideration, a budget was established at \$2.35 Million/year with a directive to “block grant” the funding to local juvenile justice agencies. Over spending of the new block grants for MH Room and Board will be County responsibility.
- Child Welfare agencies (Clark and Washoe) will receive block grants to fund “back-end” child welfare services.
 - Washoe \$14,250,000/year
 - Clark \$42,750,000/year
- Rural Child Protective Services costs of approximately \$2.4 Million/year will be “assessed” to the rural counties. If they choose not to pay the “assessments” they can plan to takeover CPS themselves.
- \$1.4 Million/year in Community Corrections Partnership Block Grant funding (GF) was eliminated – normally sent to local JJ organizations.
- Funding to local Youth Camps (China Springs, Aurora Pines and Spring Mountain) was recommended to be eliminated, but was restored at 90% level.

- **Elko Youth Training Center** bed capacity is reduced from 160 to 110. Three 20 bed units are closed and one 20 bed unit increased to 30 beds with extra staffing.
- **Caliente Youth Training Center** is budgeted for full capacity at 140 beds.
- **Summit View Correctional Center** (Las Vegas) is closed (96 beds) and DHHS is working to sell/lease the facility.
- 50% of **Youth Parole Services** costs (approximately \$2.7 Million/year) is to be "assessed" to the Counties to pay. If the counties do not want to pay the assessment, they can plan to take over the services.
- DCFS is no longer budgeted to pay counties detention costs for **parolees** – cost to Counties \$576,000/year.

COUNTY TRANSFERS
2011 Legislative Session

County Match Program (Institutional and Waivers)

- Current policy is that the State pays the non-federal share of the costs for ABD recipients in institutional care with income below 156% of the SSI benefit rate (approx. \$1,051/month). The counties pay the non-federal share of costs for cases with income above the 156% level up to 300% of the SSI rate (approx.. \$2,012/month).
- Community waivers costs have not been part of the County Match Program to date. The State pays the non-federal share of costs for all waivers cases with incomes from zero to the 300% SSI rate maximum.
- SB485 amends NRS422.272 and permits the Director of HHS to establish standards for the County Match Program annually.
- Effective July 1, 2011 County participation will increase. The State/County participation threshold will change from the 156% of SSI rate, downward to 142%. The counties will also be responsible for Community Waivers costs for cases with incomes in the same ranges. In other words, the counties will be responsible for the non-federal share of costs of institutional or Community Waivers cases with incomes above 142% of the SSI rate. The State will be responsible for costs of cases below 142% of the SSI rate.
- Effective July 1, 2012, County participation will increase again. The State/County participation threshold will change to 132% of the SSI Rate.
- Counties will be billed on a quarterly basis for their respective costs.
- The County Match program must be operated on a statewide basis. All counties must participate and sign interlocal agreements.
- Estimated additional financial burden to the counties is \$6,046,500 in FY12 and \$8,498,756 in FY13. See attached spreadsheet for estimated impact to individual counties.

Consumer Health Protection (Food & Facilities)

- SB471 amends several chapters of NRS relating to Public Health and requires the counties to pay an assessment to the Health Division for the cost of services. The requirement is effective July 1, 2011.
- Estimated financial burden to the counties is \$596,007 annually. See attached spreadsheet for estimated impact to individual counties. Assessments are based on number of permitted establishments, time and effort/staffing requirements, operating and overhead costs.
- Counties may “opt out” of paying the assessment to the State by submitting a proposal to the Governor. If the proposal is approved by the Governor and the Interim Finance Committee of the Legislature, the counties may carry out the services rather than pay the assessment. The effective date of a county opt out plan may not be sooner than six months after IFC approval.

Tuberculosis (TB) and Sexually Transmitted Diseases (STD)

- Health Division budgets were closed excluding state funding related to the screening and treatment of TB and STD. Additionally, SB471 transitioned the responsibility of providing services to the counties.
- Annual budgetary impact is \$617,804 for TB, and \$7,380 for STD. Estimated impact to each county can be seen on the attached spreadsheet.
- For counties with Health authorities (Carson City, Clark and Washoe) the impact will be not receiving “pass-through” funds from the State for services provided.
 - Carson = \$6,953 TB estimated impact
 - Clark = \$408,812 TB estimated impact
 - Washoe = \$98,251 TB estimated impact
- For counties without Health Authorities (remaining 14 counties), they will be required to pay an assessment to the Health Division for services provided.
- Counties may “opt out” of paying the assessment by submitting a proposal to the Governor to be exempted from paying the assessment and to take over providing the required services. The effective date of an opt out exemption may not be effective until six months after IFC approval.

Developmental Services for Children

- NRS 435.010 requires counties to make provision for the support, education and care of children with mental retardation and related conditions. The State Division of Mental Health and Developmental Services (MHDS) has historically provided services to children and not billed the counties for the services they are statutorily required to provide for.
- MHDS budgets were closed excluding state general funds for services provided to children with mental retardation and related conditions. County fee revenue (assessments) were included in the budgets, rather than state general funds. Counties are expected to pay for services under NRS 435.
- Estimated impact to the counties is \$4.9 million in FY 12 and \$4.8 million FY13. Individual County impact may be seen on the attached spreadsheet.
- Counties have three options to implement:
 - 1) Pay assessment to MHDS to continue to provide same level of services now provided and using same eligibility criteria. Requires contracted agreement going forward.
 - 2) Notify State (MHDS) that the county will begin providing for service directly at some future date. MHDS will then transition children/families being served to newly established program operated by the county.
 - 3) Negotiate with MHDS for State to deliver a new package of services, under different eligibility criteria MHDS would assess/bill county for services provided.

Youth Parole Services/Detention Costs

- SB476 requires each county to pay an assessment to the Division of Child and Family Services (DCFS) for the activities of the Youth Parole Bureau.
- Estimated impact to the Counties is \$2.7 million per year. Individual county impacts are included in the attached spreadsheet.
- Assessments are based on public school enrollment (grades 7 -12) in each county, as a percentage of total enrollments for the State. Assessments are to be paid quarterly in advance.
- Counties may “opt out” of paying assessments to DCFS by submitting a plan to the Governor to take over Youth Parole Services at the County level. Assessment exemptions require the Governor’s and IFC approval.
- SB476 also eliminates the requirement of the Youth Parole Bureau to pay detention costs for certain youth. Estimated fiscal impact of the counties is \$576,090 per year. Individual county impacts are shown on the attached spreadsheet.

Community Juvenile Justice Grants

- DCFS budgets were closed eliminating state general funds previously used to grant funding to local juvenile justice agencies for community based programming.
- Fiscal impact to the local juvenile justice agencies is \$1.4 million per year. Impact by county is shown on the attached spreadsheet.
- Local agencies can choose to fund community programs with local funds if they desire.

Mental Health Room and Board Payments for Youth

- DCFS budgets were closed with a significant reduction in the amount of funding to pay for room and board costs for mental health placements. This reduction impacts local youth probation agencies.
- DCFS’s request for the room and board budget to support local probation agency placements was approximately \$3.5 million/year (base and caseload growth). The Governor supported funding approximately \$3 million/year (base budget only). In closing the budgets, the Legislature reduced funding by an additional \$700,000/year. Funding available to support local probation agency placements will be approximately \$2.35 million/year.
- DCFS will block grant placement funding to the local agencies. The grants will be fixed amounts. No additional funding may be requested by local agencies. DCFS is proposing funding for FY12 will be distributed based on two factors:
 - 1) \$5,000 base funding to rural counties (not Clark or Washoe).
 - 2) Remaining funds allocated by grades 7 – 12 public school enrollment.

Rural Child Protective Services (CPS)

- Historically CPS has been provided by the State in all counties except Clark and Washoe. Clark and Washoe Counties have funded CPS with local dollars (and federal funds where possible). State funding supported CPS in the other counties.
- SB480 requires each County (other than Clark and Washoe) to pay an assessment to DCFS for the cost of operating CPS in the County. The assessments may not exceed legislative authorized spending for CPS by DCFS.
- Counties may opt out of paying assessment by submitting plan to Governor for approval. IFC approval is also required.
- Assessments are to be based on projected numbers of children that will receive services and the cost of providing services. Assessments are due and payable quarterly to DCFS.
- Total fiscal impact to the 15 rural counties is approximately \$2.4 million each year. Individual county impacts are shown on the attached spreadsheet.

Temporary Assistance to Needy Families (TANF) Emergency Assistance (EA)

- Since passage of national welfare reform legislation in 1996 and the creation of the TANF Block grant, the Welfare Division has provided TANF/EA funding to the Clark and Washoe County CPS programs. Maximum funding was established at \$3,027,300 for Clark County and \$1,756,344 for Washoe County. Payments have varied over the years based on economic conditions and TANF Block grant reserves.
- FY10 payments to the Counties were:
 - Clark \$378,412
 - Washoe \$439,086
- Welfare Division budgets were closed eliminating TANF/EA payments for FY12 and FY13, based on limited TANF reserves.
- Counties will be notified not to expect future payments.

Child Support/Employment Assistance

- Welfare Division Budgets were closed eliminating four Employment Assistance workers (3 in Clark County, DA; 1 in Reno Program Area Office).
- Clark and Washoe District Attorney's Offices will be formally notified of the elimination of this service. Non-custodial parents owing child support and needing employment assistance will need to be referred to the Department of Employment Training and Rehabilitation for Services.



WASHOE COUNTY

"Dedicated To Excellence in Public Service"

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CM/ACM _____
Finance N/A
DA XXX
Risk Mgt. N/A
HR N/A
Clerk N/A
Director _____

STAFF REPORT

BOARD MEETING DATE: September 13, 2011

DATE: August 24, 2011
TO: Board of County Commissioners
FROM: Chad Giesinger, AICP, Senior Planner, Community Development
775-328-3626, cgiesinger@washoecounty.us
THROUGH: Dave Childs, ICMA-CM, Acting Director of Community Development
SUBJECT: To receive a presentation from staff and provide direction on recent Health District and Community Development Department collaborations to amend the Regional Plan, and further direct staff to identify potential code barriers to local food production and distribution and return to the Board with a report on potential code amendments to address identified barriers.

SUMMARY

At the request of Commissioner Kitty Jung, and also to update the Washoe County Commission on recent staff initiatives and experiences with the subject, staff will provide a presentation to the board regarding community food systems, access to affordable healthy food, and barriers to local food production and distribution in Washoe County. Staff is also seeking direction from the board regarding certain food policy initiatives that are either underway or which could be undertaken by staff.

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

Strategic Outcome support by this item: Healthy and secure communities.

PREVIOUS ACTION

- DCA09-002: In February, 2010 the Washoe County Board of County Commissioners (BCC) adopted an amendment to the Development Code (Washoe County Code Chapter 110) that made a number of changes relating to local food production and distribution. The amendments included the addition of an *aquaculture* use in the *animal production* use classification definition, the creation of a *mobile animal slaughtering* use, expanding the zones where *agricultural sales* are permitted, and allowing *produce sales* on a temporary basis in all regulatory zones.

AGENDA ITEM # _____

BACKGROUND

How our society produces, distributes, consumes, and regulates one of our most basic commodities, food, has been gaining increasing and widespread interest in recent years. In response to what has come to be perceived as an industrialized agricultural system, wherein fossil fuel intensive distribution systems, large scale farming operations, and monoculture dominate, many citizens are expressing an increasing interest in improving their “community food system”.¹

Many interrelated factors have aligned to contribute to this interest, ranging from sustainability and health concerns to “buy local” and other economic development initiatives. The current industrialized nature of the food system is perceived by many as both environmentally and economically unsustainable. Health professionals regard a lack of access to food that is both healthy and affordable as a contributing factor to the national obesity epidemic. In fact, a new term has even been coined, “food deserts,” to define specific geographic areas where it is difficult to access affordable healthy food due to a lack of grocers and high concentrations of fast food outlets and/or convenience stores. The national recession has focused communities on how they can improve their local economies by growing small businesses, and out of work citizens are looking for entrepreneurial ways to earn income.

Integrated land use planning and improving the community food system can play an important role in addressing all of these concerns. Unfortunately, the land use planning and zoning systems implemented over the last 50 years may actually have contributed to the industrialization and segregation of the current food system. It has contributed to the creation of “food deserts” through strict separation of uses, and has often created barriers to the small scale production of local food. For much of our history, agricultural uses were imbedded within the local community and many food commodities were produced locally, mostly out of necessity. But when technological advances, population growth, and certain federal farm policies and subsidies made large scale farming possible and extremely efficient, small scale farms and community food production began to decline.

Euclidian zoning regimes then emerged to institutionalize this shift and intentionally separated agricultural uses, out of compatibility, public health, and property value concerns, from residential and commercial areas. Food production within this land use system was viewed primarily as a remote (i.e. rural) activity, operated on very large scales, and not compatible with other land uses.

Shifting back to a more community based food system will require reversing some elements of this land use planning approach. At present, the strict separation of land uses

¹ A sustainable community food system is a collaborative network that integrates sustainable food production, processing, distribution, consumption and waste management in order to enhance the environmental, economic and social health of a particular place. Farmers, consumers, and communities partner to create a more locally based, self-reliant food economy. One of the most important aspects of sustainable community food system projects is that they increase resident and government participation to achieve such goals as increasing access to locally produced food, increasing the number of small scale locally owned farms, creating more direct links between farmers and consumers, improved access for all community members to an adequate, affordable, and nutritious diet, increasing food and agriculture-related businesses that create jobs and recirculate financial capital within the community, and educating citizens (especially children) about healthy dietary behaviors and how food is produced and prepared. (source: University of California (Davis) Sustainable Agriculture Research and Education Program)

is becoming less prevalent in land use planning with mixed use development gaining favor; however, many barriers remain when it comes to mixing in agricultural uses. These barriers will need to be addressed if there is a desire to increase local community based food production and to enable cottage enterprises.

Such a shift would also require, however, collaboration from a wide range of disciplines and interests due to the inherent complexity of food systems and the array of federal, state, and local food policies. One such key area of collaboration that has emerged in recent years is between the health and planning professions. Planners and health professionals have been working together to respond to the growing obesity epidemic, improve access to affordable healthy food, address shortcomings in the physical design of communities, and remove land use and other regulatory barriers to local food production and distribution.

In fact, an example of this collaboration is now occurring within Washoe County. Through a grant application submitted by the Washoe County Health District to the Centers for Disease Control, Washoe County was selected as one of only 40 communities nationwide to be awarded an ACHIEVE designation and accompanying grant. ACHIEVE, which stands for Action Communities for Health, Innovation, and EnVironmental changE, is “a nationwide effort to build healthier communities by promoting policy, systems, and environmental change at the local level.” This grant enabled, among other things, the Health District to form a CHART (Community Health Action and Response Team) and create a Community Action Plan. The CHART is a leadership team of influential community members who help to identify the policy, systems, and environmental changes needed to affect change and then work together to implement that change through a Community Action Plan.

In forming the membership of the CHART, the Health Department reached out to various agencies to gather an interdisciplinary group of members and expertise. The Community Development Department was one of these agencies and I was assigned by the Director to represent the department.² The final CHART membership included a wide range of expertise, including County Commissioner Kitty Jung and Assistant County Manager David Childs (see attachment A). The CHART met regularly for over a year and identified several key goals and areas for policy improvements.

One area identified by the CHART for policy improvements involved land use planning throughout the region. Much discussion occurred regarding the physical design of communities, land use codes, and master plan policies. Ultimately it was agreed that any effort to modify land use planning policies should begin at the regional level to help set the policy direction for future improvements with implementation at the local level by each local government jurisdiction. Community Development staff is currently working with Health District staff on possible amendments to the Regional Plan that could include such policy direction and accomplish this goal.

Staff has met with the Truckee Meadows Regional Planning Agency to discuss potential amendments and will meet with representatives from the Cities of Reno and Sparks once

² As a side note, there were also training opportunities funded by the ACHIEVE grant available to the CHART members and I was fortunate enough to take advantage of one of those opportunities. I attended a national conference on city, county, and state food policy in Portland Oregon from May 19-21, 2011 organized by the Community Food Security Coalition and learned a great deal.

draft language has been finalized. At present, potential topic areas for the amendments include strategies for mitigating food deserts, avoiding concentration of fast food restaurants in certain areas (e.g. near schools), encouraging local food production, and improving access to affordable healthy food. Regional regulations require the BCC to sponsor any potential Regional Plan amendments, therefore **staff is requesting as part of this agenda item that the Board provide guidance on this collaborative effort and direct staff to continue working on the potential amendments to the Regional Plan regarding food policy.**

While Community Development staff is working at the regional level to address food policy, work is also occurring at the local level within the department to address potential regulatory barriers to local food production and distribution. Some of this work has already been completed as noted in the previous action portion of this staff report, but it is clear to staff that more work could be done. To this end, Commissioner Jung has requested that the department conduct a comprehensive review of the Development Code to determine if there are barriers that could be removed to encourage local food production and distribution. Staff also recommends that this review include the County's business license regulations. **As part of this agenda item, staff is requesting direction from the Board on whether to proceed with this assessment and return to the Board with a report on potential Development Code and/or business license code amendments.**

The Community Development Department has been getting many more inquiries over the last few years from residential property owners wanting to engage in food production and other entrepreneurial activities related to food. Requests to raise livestock and poultry have always been common in the unincorporated area but seem to be on the rise lately. Uses not generally contemplated by the Development Code have also been requested recently, such as aquaculture and stand alone greenhouse operations. Many residents are trying to take advantage of the local food movement by using their property for crop production and animal production to supply local restaurants and other interested parties. Requests for large greenhouses, hydroponic operations, backyard crop production, animal production (especially chickens), and produce sales have become more common.

Some of these uses have been difficult to classify based on existing code provisions and some are prohibited depending on their location. Other potential barriers include the cost of obtaining a special use permit for the proposed use when it is allowed conditionally by the code. The "community garden" concept has also been getting increased attention, but at present the closest use classification definition in the Code is *crop production*. That use does not accurately describe a "community garden" and, further, the use is currently prohibited in certain residential and public facility (e.g., parks) regulatory zones. Such zoned parcels are the most likely candidates for a community garden.

In summary, staff is requesting direction from the Board on the following issues:

1. Whether or not staff should continue pursuing amendments to the Regional Plan in collaboration with the Health District as part of the ACHIEVE initiative; and,
2. Whether or not staff should conduct a comprehensive review of the Development Code and business license codes to identify potential barriers to local food production and distribution and return to the BCC with a report on potential code amendments to address these barriers.

FISCAL IMPACT

Should the Board direct staff to proceed with the aforementioned initiatives, additional staff time and resources will be required to complete these efforts. Amending the Regional Plan could take 6-months or longer and will require coordination and consultation with the cities of Reno and Sparks, the Truckee Meadows Regional Planning Agency, and the Health District, among others. A comprehensive review of the Development Code and business license codes to identify potential barriers and amendments could take several months.

If the Board subsequently directs staff to proceed with amending the Development Code and/or business license codes to remove said barriers, that process could take one year or longer based on past experience with such amendments (e.g. the time required for public outreach efforts, agency review, industry review, revisions based on comments, and planning commission and county commission review and adoption). Staff could provide a more detailed analysis of the potential staff time and resources required to complete such an initiative as part of the report to the Board on potential barriers and amendments, if so directed.

RECOMMENDATION

Staff recommends the Washoe County Commission acknowledge receipt of the staff presentation and provide direction to staff on recent Health District and Community Development Department collaborations to amend the Regional Plan, and further direct staff to identify potential code barriers to local food production and distribution and return to the Board with a report on potential code amendments to address identified barriers.

POSSIBLE MOTION

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

"I move to acknowledge receipt of the staff presentation and direct to staff to continue collaborating with the Health District to amend the Regional Plan, and further direct staff to identify potential code barriers to local food production and distribution and return to the Board with a report on potential code amendments to address identified barriers."

Attachment(s): Attachment A, ACHIEVE fact sheet and CHART membership

cc: Dave Childs, ICMA-CM, Acting Director of Community Development



Washoe County ACHIEVE Community
Washoe County, NV

CHART Fact Sheet

What is ACHIEVE? ACHIEVE (or Action Communities for Health, Innovation, and EnVironmental changeE) is a nationwide effort to build healthier communities by promoting policy, systems, and environmental change at the local level. Specifically, ACHIEVE aims to:

- Reduce tobacco use and exposure
- Promote physical activity and healthy eating
- Improve access to quality preventive health services; and
- Eliminate health disparities

ACHIEVE is a collaboration between five national organizations and the Centers for Disease Control and Prevention (CDC). Washoe County was one of only 40 communities selected for this designation out of 200 applicants nationwide.

What will ACHIEVE do in Washoe County? ACHIEVE efforts in Washoe County will begin by assessing the community's readiness for policy, systems, and environmental change. Then, we will design a Community Action Plan (or **CAP**) outlining the policy changes that need to be made to prevent chronic disease and improve the health of our community.

Ideally, policy improvements will be proposed in all five major sectors:

- Community-At-Large (e.g., food access, walkability, smoking restrictions, etc.)
- Schools (e.g., elementary, middle and high schools; colleges/universities, etc.)
- Worksites (e.g., government offices, retail establishments, private industry, etc.)
- Healthcare (e.g., hospitals, private medical offices, community clinics, etc.)
- Community Institutions/Organizations (e.g., childcare providers, faith-based organizations, senior centers, boys and girls clubs, etc.)

What is the CHART? Each ACHIEVE community is assembling a leadership team of influential community members who will help identify the policy, systems, and environmental changes that need to be made and then work together to implement change. ACHIEVE calls this group the **CHART** (or Community Health Action and Response Team). As a member of Washoe County's CHART, you would commit to:

- Attend monthly CHART meetings
- Participate in the assessment of Washoe County's readiness for policy, systems, and environmental change
- Help identify the policy, systems, and environmental changes that need to be made in each of the five ACHIEVE sectors
- Provide feedback on the Community Action Plan (CAP)
- Help facilitate implementation of the policy changes outlined in the CAP
- Assist in identifying resources and other collaborative opportunities to advance efforts and maintain momentum
- Bring your expertise to the table to work collaboratively with a group of influential community members and agencies
- Become (or assign) a member of our local Chronic Disease Coalition
- Be a "change agent" for a healthier Washoe County



Washoe County ACHIEVE Community
Washoe County, NV

CHART Members

Mary-Ann Brown, RN, MSN

Division Director
Community and Clinical Health Services
Washoe County Health District

David Childs

Assistant County Manager
Washoe County

Erin Dixon, MS

Coordinator
Washoe County Chronic Disease Coalition

Chad Giesinger

Senior Planner
Washoe County Community Development

Dr. Amy J. Khan, MD, MPH

Member, District Board of Health
Member, Washoe County Medical Society

Commissioner Kitty K. Jung

Washoe County, District 3
Commission Appointee, District Board of Health

Douglas Kurkul

Executive Director
Reno Sparks Chamber of Commerce

Clara Lawson, PE, PTOE

Licensed Engineer, Washoe County Public Works
Fiscal Agent, Washoe County Safe Routes to
Schools

Katherine Loudon

Administrator
Safe and Drug Free Schools
Substance Abuse, Violence & SHARE
Washoe County School District

Patricia Miller

Vice President of Programming, Promotion,
Education
KNPB Channel 5 Public Broadcasting

Eric Ohlson

Coalition Coordinator
Join Together Northern Nevada

Ginger B. Paulsen

Programs Manager
Nevada Health Care Coalition

Bonnie Saviers

Marketing Coordinator
Washoe County Library System

Kerry Seymour, MS, RD

Area Nutrition Specialist
University of Nevada Cooperative Extension

Grady Tarbutton

Director
Washoe County Senior Services

Mike Wurm

Chief Professional Officer
Boys & Girls Club of Truckee Meadow

Coaches, Consultants, and Interns

Community Coach

Dr. Nora Constantino, PhD

Associate Professor
School of Community Health Sciences
University of Nevada, Reno

Local Health Department Coach

Jennifer M. Hadayia, MPA

Manager, Chronic Disease Prevention Program
Washoe County Health District

Consultant

Enid Jennings, MPH, CHES


CHANGE Tool Manager
Jennings Consulting

Interns

Theresa Bohannon, MPH Candidate

School of Community Health Sciences
University of Nevada, Reno

Washoe County Commission Meeting of September 13, 2011 – Food Policy



Washoe County Commission Meeting
September 13, 2011

Community food systems, access to affordable healthy food, and barriers to local food production and distribution in Washoe County

Washoe County Commission Meeting of September 13, 2011 – Food Policy

SUMMARY

- ❖ Commissioner Jung has requested Community Development to review development ordinances
 - Identify potential barriers
 - Recent land use requests
- ❖ Department collaboration with District Health
 - ACHIEVE grant
 - Potential Regional Plan amendments

Washoe County Commission Meeting of September 13, 2011 – Food Policy

PREVIOUS ACTION

- ❖ Development Code Amendment case# DCA09-002 approved in February 2010
- ❖ Included changes relating to local food production and distribution
 - Addition of an *aquaculture* use in the *animal production* use classification definition;
 - The creation of a *mobile animal slaughtering* use;
 - Expanded the regulatory zones where *agricultural sales* are permitted; and,
 - Allowed *produce sales* on a temporary basis in all regulatory zones.

Washoe County Commission Meeting of September 13, 2011 – Food Policy

BACKGROUND

- ❖ Growing interest within the community to increase local food production and improve access to healthy food (public and health)
 - Sustainability (environmental and economic)
 - Economic development
 - Obesity prevention (and other chronic diseases)
 - Food security (e.g. "food deserts")
 - "Buy local" initiatives and fostering more direct links between local farmers and consumers
 - School lunch programs and educational outreach

Washoe County Commission Meeting of September 13, 2011 – Food Policy


BACKGROUND

- ❖ Recognition that a multi-disciplinary approach will be necessary to address food policy and health issues (e.g. obesity prevention)
- ❖ Increased collaboration between planning and health professions (APA, CDC, USDA)
- ❖ Planning policies and zoning practices implemented over the last 50-years have unintentionally been part of the problem
 - Euclidian zoning – strict separation of uses
 - Auto oriented development and product distribution
 - Development codes and business license ordinances

Washoe County Commission Meeting of September 13, 2011 – Food Policy

Food Access Solutions to Create Healthy Counties

According to the National Association of Counties (NACo), "county officials are uniquely positioned to develop local policies that directly impact residents opportunities for physical activity and healthy eating."



CONCLUSION

❖ Staff is requesting direction from the commission on the following issues:

1. Whether or not staff should continue pursuing amendments to the Regional Plan in collaboration with the Health District as part of the ACHIEVE initiative; and,
2. Whether or not staff should conduct a comprehensive review of the Development Code and business license codes to identify potential barriers to local food production and distribution and return to the BCC with a report on potential code amendments to address these barriers.

POSSIBLE MOTION

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

"I move to acknowledge receipt of the staff presentation and direct staff to continue collaborating with the Health District to amend the Regional Plan, and further direct staff to identify potential code barriers to local food production and distribution and return to the Board with a report on potential code amendments to address identified barriers."



9/22/11



Washoe County Health District



Public Health
Prevent. Promote Protect

ENVIRONMENTAL HEALTH SERVICES DIVISION

DATE: September 8, 2011
TO: District Board of Health Members
FROM: Robert O. Sack, Division Director, Environmental Health Services (EHS)
SUBJECT: Environmental Health Services Division Report

Special Events

Staff should be recognized for their efforts in providing inspection and environmental protection services at the Rib Cook Off and the Gerlach/Empire part of Burning Man. Staff committed 150 plus hours of overtime to these two events alone. In addition, smaller events were covered by other staff over the weekend. September is the busiest month of the year for special events due to the Rib Cook Off, Burning Man, Air Races, Balloon Races and Street Vibrations. This workload puts a real strain on existing resources.

Vector-Borne Diseases Prevention Program – Bed Bugs

Bed Bug infestations have been increasing throughout the United States for almost a decade. Once thought to be a pest of low income properties, Bed Bugs can now be found in exclusive 5-Star resorts. Investigations conducted by entomologists have shown that at any given time almost 50% of the properties along the Las Vegas "strip" can be found to be harboring infestations of Bed Bugs. The Epidemiology and Public Health Preparedness Division prepared an excellent edition of the *EpiNews* (Dec. 2007) featuring Bed Bugs excerpts of which are included below:

"Infestations are arising in almost every habitable location ranging from homes, hospitals, nursing homes, and college dorms. Outbreaks in multi-family dwellings including weekly motels and apartment complexes are common and are particularly problematic.

Before World War II, the common bed bug, *Cimex lectularius*, was well established in the United States. The use of the insecticide DDT in the 1940s and 50s made bed bugs a rare occurrence until the 1990s when the current resurgence became apparent. The reason for this involves a variety of complex factors including increased mobility and travel, and increased resistance by the bugs to insecticides that are currently labeled by the EPA for use in living quarters.

Bed bugs are great hitchhikers and will travel from place to place on clothing, used furniture, luggage and other items. They are a cryptic species that are often difficult to identify until a heavy infestation is present. The adult bugs are about ¼ inch in diameter, reddish-brown in color, and as flat as a credit card. They mature by molting through 5 nymphal stages. The smallest nymphs are the size of a speck of dust and are best seen with a magnifying lens. The bugs are active mainly at night when they seek out a host for a blood meal. They stay well-hidden during the day usually close to where people sleep.

DBOH AGENDA ITEM # 13.C.

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Bed bug bites are painless and feeding lasts only a few minutes. Repeated exposures to bed bug bites during a period of several weeks or more causes people to become sensitized to the saliva of these bugs. Additional bites may then result in mild to intense allergic responses. Once sensitized, most individuals show reactions resulting in dermatitis, localized inflammation, and formation of large wheals. Others may have a delayed reaction up to 9 days post-bite. Some individuals will not react at all. Rarely, individuals become hypersensitive and may develop asthma, urticaria, arthralgia, and anaphylaxis.

Bed bugs are attracted by body heat and will feed on other animals in addition to humans. Their feeding behavior involves multiple probing to successfully find a capillary. In the absence of an allergic response, the individual simply may appear to have a rash from the probing feeding behavior compounded by many bugs.

While 28 different pathogens that have been cultured from bed bugs, no studies to date indicate that they are capable of vectoring disease. Studies with hepatitis B showed that the virus can remain viable up to 6 weeks after feeding on an infected individual. Yet the infected bug is not capable of transmitting the virus when it feeds on a new host.

Humans who are frequently bitten by bed bugs may develop a sensitivity "syndrome" that can include nervousness, almost constant agitation ("jumpiness"), and sleeplessness. Psychological problems from living with bed bugs can be substantial, particularly if an individual has pre-existing mental health issues.

Diagnosis of the skin reactions elicited by bed bug bites can be confounding as they resemble other commonly encountered dermatological presentations. Variability in bite reactions often appear to be similar to those arising from scabies, food allergies, chicken pox, and eczema. Patients have also been reported to present with rashes that appear very similar to those sometimes seen during an adverse reaction to prescription medications.

Because they are the result of the feeding of an obligate hematophagic arthropod, the skin lesion produced by the bite of a bed bug resembles those caused by many other kinds of blood feeding insects, such as mosquitoes, fleas and body lice. One way to differentiate bed bug bites is that they will often show up as "line feeding" due to the way the bugs line up along folds in bedding while feeding. The number, timing, and location of the bites which are typically located all over the arms and shoulders are other important considerations. However, identification of the bugs themselves is the best way to ensure that they are the problem rather than some other type of insect."

References

1. CDC Hwang SW, Svoboda TJ, De Jong IJ, Kabasele KJ, Gogosis E. Bed bug infestations in an urban environment. *Emerg Infect Dis.* 2005 Apr
2. Field Guide to Venomous and Medically Important Vertebrates Affecting Military Operations: Identification, Biology, Symptoms, and Treatment. Version 2.0, 31 July, 2006 USAF Institute for Operational Health
3. Armed Forces Pest Management Board. Tech. Guide #44 Bed bugs – Importance, Biology, and Control Strategies

Guidelines for the control and prevention of Bed Bug infestations can be found in a brochure prepared by Vector-Borne Diseases Prevention Program staff. This brochure is available on-line via the department's web site. In addition, program staff provides training programs as well as identification and control recommendation services.

Vector-Borne Diseases Prevention Program

Staff remains very active in mosquito control.

A handwritten signature in cursive script that reads "Robert Sack". The signature is written in black ink and is positioned above a horizontal line.

Robert O. Sack, Division Director
Environmental Health Services Division

9/22/11

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION



Public Health
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Date: September 13, 2011
To: District Board of Health
From: Kevin Dick, Director, Air Quality Management
Re: Monthly Report for Air Quality Management
Agenda Item: 13.D.

The enclosed Air Quality Management Division Report is for the month of August, 2011 and includes the following sections:

Air Quality
Monitoring Activity
Planning Activity
Permitting Activity
Compliance/Inspection Activity
Enforcement Activity

DBOH AGENDA ITEM # 13.D.

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EPA's Ozone Rule Withdrawn

In January 2010 EPA Administrator Lisa Jackson said that National Ambient Air Quality Standard (NAAQS) for ozone was not strict enough, given that the emission levels permitted by the 2008 regulations were significantly higher than those recommended by the agency's scientific advisory committee. The agency proposed regulations that would have tightened rules for ground-level ozone set by the Bush administration in 2008, and were expected to be released as final this summer.

However, on September 2, President Barack Obama issued a statement saying that he has requested that EPA Administrator Lisa Jackson withdraw the reconsideration of the 2008 ozone NAAQS. He based his decision on the "importance of reducing regulatory burdens and regulatory uncertainty." He noted that EPA began in 2006 a review of the science that would result in the reconsideration of the ozone standard in 2013 and that he "did not support asking state and local governments to begin implementing a new standard that will soon be reconsidered." In his statement, he said his administration "will continue to vigorously oppose efforts to weaken EPA's authority under the Clean Air Act or dismantle the progress we have made."

The EPA's nearly two-year-long reconsideration of the ozone standard determined that the 2008 standard, set at 75 ppb, failed to protect public health, and failed to follow the scientific community's recommendations. Charles D. Connor, President and CEO of the American Lung Association said, "The American Lung Association now intends to revive its participation in litigation with the Administration, which was suspended following numerous assurances that the Administration was going to complete this reconsideration and obey the law. We had gone to court because the Bush Administration failed to follow the law and set a protective health standard."

Kevin Dick, Director

AIR QUALITY COMPARISON FOR AUGUST

Air Quality Index Range	# OF DAYS AUGUST 2011	# OF DAYS AUGUST 2010
GOOD 0 to 50	20	18
MODERATE 51 to 100	11	12
UNHEALTHY FOR SENSITIVE GROUPS 101 to 150	0	1
UNHEALTHY 151 to 200	0	0
VERY UNHEALTHY 201 to 300	0	0
TOTAL	31	31

Air Quality

HIGHEST AQI NUMBER BY POLLUTANT

POLLUTANT	AUGUST 2011	YTD for 2011	AUGUST 2010	Highest for 2010
CARBON MONOXIDE (CO)	10	39	12	31
OZONE 8 hour (O3)	74	74	104	104
PARTICULATES (PM _{2.5})	36	102	49	112
PARTICULATES (PM ₁₀)	19	69	46	83

For the month of August, the highest Air Quality Index (AQI) value reported for the month of August was seventy-four (74) for 8-hour Ozone which occurred on August 20th. There were no exceedances of Carbon Monoxide or Particulate Matter standards. There were twenty (20) days the air quality was in the good range and eleven (11) days the air quality was in the moderate range.

Planning & Monitoring Activity

On August 12, 2011, EPA issued a decision to retain the existing National Ambient Air Quality Standards (NAAQS) for carbon monoxide (CO). After careful review of the available health science, EPA concludes that the current standards provide the required level of public health protection, including protection for people with heart disease, who are especially susceptible to health problems associated with exposures to CO in ambient air.

Yann Ling-Barnes, P.E., Environmental Engineer II

Permitting Activity

TYPE OF PERMIT	2011		2010	
	AUGUST	YTD	AUGUST	ANNUAL TOTAL
Renewal of Existing Air Permits	100	947	108	1296
New Authorities to Construct	7	64	2	40
Dust Control Permits	14 (187 acres)	76 (731 acres)	15 (99 acres)	127 (2814 acres)
Wood Stove Certificates	34	172	17	254
WS Dealers Affidavit of Sale	8 (6 replacements)	71 (43 replacements)	5 (3 replacements)	82 (46 replacements)
WS Notice of Exemptions	886 (6 stoves removed)	4023 (35 stoves removed)	466 (3 stoves removed)	5767 (41 stoves removed)
Asbestos Assessments and Asbestos Removal Notifications (NESHAP)	116	652	84	1027

Compliance &
Inspection Activity

Staff reviewed thirty-one (31) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Staff conducted fifty-two (52) stationary source renewal inspections in August. Staff also conducted inspections on asbestos removal and construction/dust projects.

Permitting & Enforcement Activity

Due to the "success" of negotiated settlement meetings for issued Notice of Violations, there has not been an Air Pollution Control Hearing Board meeting since September 2009. However, a Hearing Board meeting has been scheduled for October 4th and will finally give the new members a chance to meet each other to hear the case. New members that have never attended a Hearing Board include Mr. Richard Harris (Attorney, Harris & Thompson), Cathleen Fitzgerald (Principal, The Planning Center), Michael Ford (retired Health Officer from Merced County), and Andrew Sato (Asbestos Consultant). Other long time members include Mr. David Rinaldi (Rinaldi Environmental Consulting), Mr. Jon Greene (retired woodstove dealer), and Mr. Joe Serpa (Engineering Consultant). The Hearing Board members, appointed by the District Board of Health, have a great deal of experience in a wide variety of professional fields that will result in ongoing fair and equitable decisions for District Board approval consideration.

"Permits Plus" is being fully utilized by District staff on a daily basis. Examples of data input include asbestos inspections/completions, asbestos acknowledgment forms (for building permit issuance), complaint investigation reports/results, and most recently stationary source inspection results. Staff intends to put the dust permit information on Permits Plus in the near future so all activities are in a common data base for reporting purposes.

Noel Bonderson, Air Quality Supervisor

Enforcement Activity

COMPLAINTS	2011*		2010		Annual Total
	AUGUST	YTD	AUGUST	YTD	
Asbestos	2	13	1	15	22
Burning	0	1	0	6	6
Construction Dust	9	43	6	44	52
Dust Control Permit	2	14	0	0	0
Diesel Idling	0	2	1	4	5
Odor	3	11	1	9	22
Spray Painting	1	4	1	8	10
Permit to Operate	1	39	0	8	14
Woodstove	0	2	0	0	0
TOTAL	18	129	10	94	131
NOV'S	AUGUST	YTD	AUGUST	YTD	Annual Total
Warnings	1	31	0	4	7
Citations	1	6	0	9	12
TOTAL	2	37	0	13	19

* Discrepancies in totals between Monthly Reports can occur because of data entry delays.

Notices of Violation (NOVs):

There were two (2) Notice of Violations (NOV's) issued in August 2011. There was one (1) NOV Warning for violation of permit conditions. There was one (1) NOV Citation for violation of permit condition – failure to control construction track-out and debris.

9/22/11



Washoe County Health District



Public Health
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September 12, 2011

TO: Members District Board of Health

FROM: Eileen Coulombe

SUBJECT: Report for September 2011 Administrative Health Services Division

Technology Services Activities:

Steve Fisher, Department Computer Application Specialist (DCAS), attended the annual Accela User Conference. Below is his trip report.

Background

Accela, Inc. (Accela) is the vendor for Permits Plus, the application that the Health District and Washoe County uses for permitting and inspections. Permits Plus went live in April 2000. Accela holds an annual user conference containing sessions showing features of current releases of their software, future feature plans, and sessions with government agencies showing what they are doing with their software.

Information

The only Permits Plus related activity at this year's conference was for administrative and technical training similar to last year's offerings. Last year's conference contained some Permits Plus sessions, but even then the main focus was on the migration to Accela Automation, their current product (currently in use by the City of Reno).

This year's conference focused on Accela Automation and the add-on products for Accela Automation. Accela Automation is essentially the current incarnation of Permits Plus but runs on a web browser instead of through an installed application on multiple computers.

Washoe County has kept its eye on Accela Automation for a few years, but until recently, did not have all of the functionality contained in Permits Plus that we need. That has now changed.

While Accela Automation may be ready, the current economic environment is holding us back. A quote of 1.4 million dollars was given to Technology Services to migrate our data and business processes to Accela Automation. While a migration to Accela Automation has been placed on next year's Capital Improvement Project list, the question remains if enough funding will be available for the migration. Technology Services is looking at the potential of having internal programmers migrate the business processes into Accela Automation, thus reducing the migration cost while also expanding the number of resources available for supporting the system beyond the current two people.

Not only would this migration move us away from a system that Accela may stop supporting in the near future, but would also move us towards a system that would give us the potential for increased efficiencies and citizen convenience.

DBOH AGENDA ITEM # 13.E.

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The biggest impact of migrating to Accela Automation would be the ability to purchase an add-on known as Accela Citizen Access, allowing us to bring many of our services online.

With Accela Citizen Access, constituents would be able to do the following online, 24 hours a day, 7 days a week:

- ▲ Apply for and renew a permit
- ▲ Make payments
- ▲ Schedule, reschedule, or cancel inspections
- ▲ Check the status of applications and inspections
- ▲ Accept comments, complaints, and service requests
- ▲ Look up information on permits, including inspection results
- ▲ Attach relevant documents to applications

As banks and companies offer their services online, constituents expect government to do the same. Having constituents access these services online through their web browser instead of in person, by phone, or by email also makes us more efficient and reduces our costs.

A 2004 Gartner study on the average estimated cost of customer service gives the following average costs per customer, per transaction:

- ▲ Phone - \$4.50
- ▲ Email - \$2.50
- ▲ Web self-service - \$0.65

No estimated cost is given for in-person service, which is probably greater than the costs listed above.

Comparison of Costs for 1 Transaction for Every EHS Annual Permit

# of Phone Calls	# of Web transactions	Total Cost*	Savings
4,300	0	\$19,350	\$0
3,870	430 (10%)	\$17,694.50	\$1,655.50
3,225	1,075 (25%)	\$15,211.25	\$4,138.75
2,881	1,419 (33%)	\$13,886.86	\$5,463.14

* - Cost based on the 2004 Gartner study

Conclusion

Moving to Accela Automation is an important step to ensure that not only are we on a product that will continue to be supported, but will be updated with requested features from government agencies as their needs change. In addition, this will enable us to take advantage of products to get our services online, increase citizen convenience, and improve our efficiencies.

I will be happy to any questions of the Board during the meeting or you may contact me at 328-2417. Thank you.


Administrative Health Services Officer



Washoe County Health District

DBOH AGENDA ITEM NO. **13.F.**
9/22/11



Public Health
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September 14, 2011

TO: District Board of Health Members

FROM: Joseph P. Iser, MD, DrPH, MSc
District Health Officer

SUBJECT: September District Health Officer Report

2012-2013 Legislative Sessions

- The WCHD Leadership Team has begun discussions to bring forward to the DBOH proposals. The three District Health Officers will do the same. We plan to have a preliminary list for the DBOH retreat.

Budget

- The county has begun prioritizing the recommendations of the Management Partners Fundamental Services Review report. As discussed last month, the BCC approved combining 5 existing county departments into a Municipal Services Agency.
- The Health District's 10% reduction budget (\$805,650, including the elimination of the 5 vacant positions) was reviewed by the Washoe County Finance Department and the senior management budget strategy team and will be recommended to the BCC for their approval on 9/27/11.

Human Resources

- Evaluations continue to be brought up to date. Please see attachment.
- The deadline for incentives for early retirement passed on September 1. None of the Division Directors identified positions that the District could afford to lose; all those who had inquired or applied were notified that their requests were denied.

Communication

- DHO has met with three of the five BCC. Meetings continue with members of the health community and county Departments.
- REMSA has a Board retreat on Thursday, September 15.
- DHO will continue to meet routinely or as needed with the County Manager, Washoe County Emergency Manager, Sheriff and Undersheriff, REMSA, and other groups and individuals as appropriate.

DBOH AGENDA ITEM # 13.F.

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- The District continues working a health status report, planned to be completed by the end of December.
- Steve Fisher, Department Computer Application Specialist, is working with Technology Services Staff to develop an implementation plan with a timeline for putting all restaurant inspections online for access by the community.

Washoe County & Community Activities

- DHO attended and presented at the Obesity Forum, along with other staff and researchers.
- DHO attended a Reno City Council meeting on September 14.
- DHO attended the Board of Directors retreat for REMSA.
- WCHD is working with the CM to develop a campus-wide tobacco policy that would work to eliminate smoking (and other tobacco products) on all county campuses. The proposed policy is currently under review by Ms. Admirand, then will be presented to the DBOH for endorsement for the DHO to work with BCC to implement.

Media Contacts and Outreach

Health District Media Contacts -August 19 September 12

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
9/8/2011	FOX 11 News	Shannon Moore	Obesity Forum at UNR (K.Seals)
9/8/2011	NEWS 4 Reno	Mackenzie Warren Celeste Zamora & Ceasar	Obesity Forum at UNR (K.Seals) Obesity and Chronic Disease Prevention (K. Seals)
8/31/2011	Tricolor 102.1AM Radio		Resale of Bedding and Bed Bugs (B. Sack)
8/29/2011	KOLO TV 8	Terri Russell	Illegal Dumping in Golden Valley (D. McNinch/J. Rucker)
8/26/2011	KTVN TV 2	Ed Pierce	
8/25/2011	KOLO TV 8	Paul Nelson	Rabid Bats (S. Monsen/J. Jeppson)
8/25/2011	KOLO TV 8	Paul Nelson	West Nile Virus (R. Todd)
8/25/2011	KTVN TV 2	Kendra Kostelevi	Rabid Bats (S. Monsen/J. Jeppson)
8/25/2011	KTVN TV 2	Kendra Kostelevi	West Nile Virus (R. Todd)
8/24/2011	KOZZ/KUUB/KDOT/LOTUS	Chuck Short	Duties of Health Officer & EHS Food Inspections (J. Iser/J. Brasel)
8/22/2011	KOLO TV 8	Denise Wong	Back-to-School Shots
8/22/2011	KTVN TV 2	Arrienne Bennett	Back-to-School Shots
8/22/2011	FOX 11 News	Shannon Moore	Back-to-School Shots
8/22/2011	KOH Radio 780AM	Paul Turner	Back-to-School Shots

Press Releases/Media Advisories

9/7/2011	PIO Ulibarri	Obesity Forum at UNR (Advisory only)
9/7/2011	PIO Ulibarri	Night Clinic Open Press Release
9/2/2011	PIO Ulibarri	Obesity Forum at UNR
8/25/2011	PIO Ulibarri	First Case of West Nile Virus

State-Wide (and Beyond) Organizational Efforts

- We continue in close contact with SNHD and CCHD to routinely meet or call on a more-than-monthly basis to discuss and plan issues of common concern. We met with NSHD on September 13 to discuss the future of the State Health Laboratory.
- DHO met with the Directors/Health Officers of Placer and Nevada Counties; Carson City was invited but could not make the first meeting. We specifically discussed hazardous materials issues at/around the State border along with other. We will continue these meetings on mutual aid.
- DHO organized and attended one meeting with the Nevada County emergency preparedness coordinator and the Director of EHS. This meeting was designed to begin discussions of how joint responses for toxic spills (and other events) could be coordinated along our borders. Future meetings will include Washoe County emergency preparedness coordinator and the equivalent positions in Placer County.

District Board of Health Information and Resources

- On Thursday, September 8 the 3rd Annual Washoe County Obesity Forum was held at the Joe Crowley Student Union at the University of Nevada, Reno. Approximately 100 people attended and divided themselves along a community or clinical track. Dr. Furman and Mr. Smith also attended.




Joseph P. Iser, MD, DrPH, MSc
District Health Officer
Washoe County Health District

**Board of County Commissioners
Fiscal Year 12
10% Reduction Plan**

Joseph P. Iser, MD, DrPH, MSc
District Health Officer


JIser@washoecounty.us
775.328.2416



Washoe County Health District

**Fiscal Year 12
10% Reduction Plan**


\$8,192,500	General Fund (GF) Transfer
(\$136,000)	Initial 1.7% GF Reduction
\$8,056,500	General Fund Transfer
<u>(\$805,650)</u>	10% Reduction Plan
\$7,250,850	Proposed FY 12 GF Transfer



Washoe County Health District

Abolish 5.0 FTEs


➤ 1.0 Administrative Assistant II	\$77,360
➤ 1.0 PH Program Manager	\$103,560
➤ 1.0 Senior Env. Health Spec	\$89,452
➤ 1.0 Env. Health Specialist	\$84,944
➤ 1.0 Senior Epidemiologist	<u>\$94,508</u>
 5.0 FTEs Total	 \$449,824



Washoe County Health District

10% Reduction Plan


Abolish 5.0 FTEs	\$449,824
AQM Vacancy Pool	\$90,000
EHS Vacancy Pool	\$130,311
EHS Standby	\$30,000
EHS Vector Control	\$50,000
AHS Contingency	<u>\$55,515</u>
 Total	 \$805,650



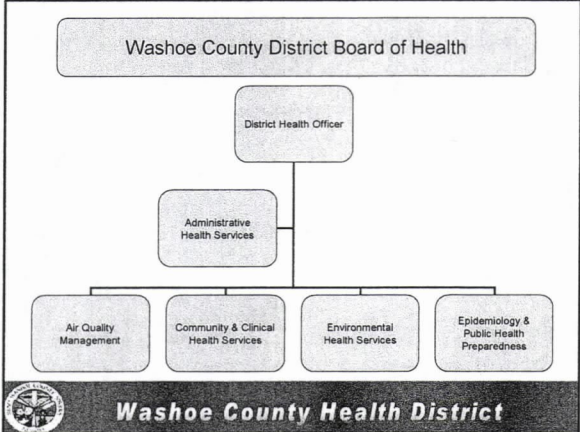
Washoe County Health District

Separation Incentives Criteria

- Only those employees whose positions will be eliminated (or positions which produce equivalent savings) will receive the separation benefits, and
- Only employees from associations which have agreed to meet their targets will be eligible to participate.



Washoe County Health District



Board of County Commissioners
Fiscal Year 12
10% Reduction Plan

Joseph P. Iser, MD, DrPH, MSc
District Health Officer

JIser@washoecounty.us
775.328.2416



Washoe County Health District

Fiscal Year 12
10% Reduction Plan

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Washoe County Health District

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Washoe County Health District

10% Reduction Plan

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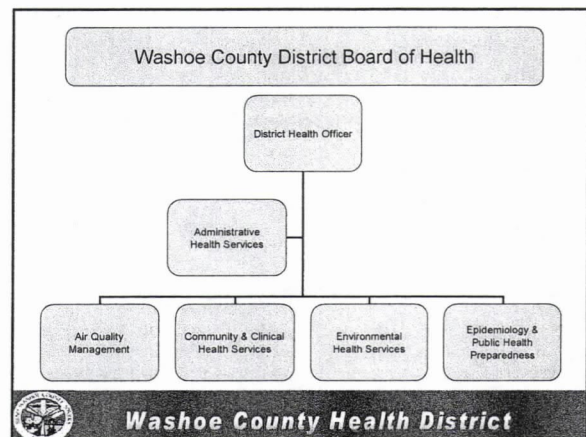
Washoe County Health District

Separation Incentives Criteria

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Washoe County Health District



Washoe County Health District

In This Issue:

- Communicable Disease Reporting in Washoe County: Timeliness of Reporting by Local Health Care Providers
- Reporting Requirements Update
- Confidential Case Report Form

Communicable Disease Reporting in Washoe County: Timeliness of Reporting by Local Health Care Providers

BACKGROUND

Nevada Administrative Code (NAC 441A.225) requires healthcare providers to report a list of more than 60 communicable diseases and conditions to the local health authority (where the office of the health care provider is located). The following communicable diseases/conditions must be reported **within 24 hours** after identifying the case or suspected case, using the after-hours reporting system (775-328-2447) if the report is made at a time other than during the regular business hours of the health authority.

Table 1. Communicable diseases/conditions reportable within 24 hours

Disease	Confirmed	Suspected
Foodborne botulism	X	X
Extraordinary occurrence of illness	X	X
Meningococcal disease	X	
Plague	X	X
Rabies	X	X
Part of a foodborne disease outbreak	X	X

For all other reportable communicable diseases/conditions not included in Table 1, the report must be made **within 24 hours, during the regular business hours** of the health authority on the first working day following identification of the case.

EVALUATION FINDINGS

Washoe County Health District (WCHD) has been using the National Electronic Disease Surveillance System (NEDSS) Base System (NBS) as the surveillance and reporting system to the Centers for Disease Control and Prevention (CDC) for the majority of reportable communicable diseases (CD) since 2005. Evaluation of timeliness of reporting, investigation, and notification of CDs to the CDC were performed for 2005-2006 and 2007-2008. The third evaluation for 2009-2010 was recently completed. The major findings

regarding the timeliness of communicable disease reporting by local healthcare providers and/or laboratories are summarized in Table 2.

Table 2. Timeliness (in days) between the Date of Diagnosis and Date of Reporting to WCHD, Washoe County, 2005-2010

Priority* of CDs	Time Period	No. of Cases**	Median (in Days)
I	05-06	12	2.5
	07-08	8	1.5
	09-10	8	1.5
II	05-06	125	1
	07-08	87	2
	09-10	72	1
III	05-06	268	0
	07-08	292	1
	09-10	402	2

* Priority of diseases is classified based on WCHD's internal investigation protocol. Priority I diseases are those requiring an immediate action, for example, foodborne botulism, infant botulism, invasive meningococcal disease. Priority II diseases are those requiring same day actions, for example, acute viral hepatitis, pertussis, etc. Priority III diseases are those requiring actions within one business day, for example, salmonellosis, campylobacteriosis, etc. Priority IV diseases are those requiring actions within one week. The number of cases for this category was very small and therefore not reported in this article.

** Number of cases with both diagnosis date and report date. Cases with only one date were not included in the final report.

CONCLUSION

Evaluation results for the most recent two year period (2009-10) found the timeliness of reporting for the following diseases did not meet the requirements of NAC 441A and should be improved: infant botulism, invasive meningococcal disease, amebiasis, campylobacteriosis, cryptosporidiosis, encephalitis, giardiasis, group A *streptococcus*, group B *streptococcus*, invasive pneumococcal diseases, legionellosis, listeriosis, lyme disease, malaria, mumps, salmonellosis, shigellosis, shiga toxin-producing *E. coli* (STEC), toxic-shock syndrome, typhoid fever, west nile virus, tetanus, and yersiniosis.



Health District

Fax reports to: (775) 328-3764

Physicians, laboratories, and other health care providers are required to report suspected and confirmed diagnoses of the following diseases and conditions to the Washoe County Health District, pursuant to Nevada Administrative Code Chapter 441A.

REPORT IMMEDIATELY

Report the following diseases **within 24 hours, anytime, day or night, including weekends and holidays**, by calling **(775) 328-2447**:

- ✓ Extraordinary occurrence of any illness (e.g. Smallpox, SARS)*†
- ✓ Botulism*†
- ✓ Foodborne illness outbreak*†
- ✓ Meningococcal disease*
- ✓ Plague*†
- ✓ Rabies (human or animal)* †



Required Information:

- ◆ Disease or suspected disease
- ◆ Patient's full name
- ◆ Address
- ◆ Telephone number
- ◆ Date of birth (if known)
- ◆ Sex, Race (if known)
- ◆ Occupation (if known)
- ◆ Employer (if known)
- ◆ Date of disease onset
- ◆ Date of diagnosis
- ◆ Health Care Provider's name & contact information
- ◆ Any other information requested by the health authority, if available.

REPORT WITHIN ONE WORKING DAY

Fax completed reports with accompanying labs & demographic information to **328-3764**.

Acquired immunodeficiency syndrome (AIDS)	Listeriosis
Amebiasis	Lyme disease
Animal bite from a rabies susceptible species*	Lymphogranuloma venereum
Anthrax	Malaria
Brucellosis	Measles (rubeola)†
Campylobacteriosis	Meningitis (specify type)
CD4 lymphocyte counts <500/μL▲	Mumps
Chancroid	Pertussis
<i>Chlamydia trachomatis</i> infection of the genital tract	Poliomyelitis
Cholera	Psittacosis
Coccidioidomycosis	Q Fever
Cryptosporidiosis	Relapsing fever
Diphtheria†	Respiratory syncytial virus infection (RSV)
Ehrlichiosis¶	Rocky Mountain Spotted Fever
Encephalitis	Rotavirus
Enterohemorrhagic <i>Escherichia coli</i> (shiga toxin-producing <i>E. coli</i>, including <i>E. coli</i> O157:H7)¶	Rubella (including congenital)†
Giardiasis	Salmonellosis
Gonococcal infection	Severe reaction to immunization
Granuloma inguinale	Shigellosis
Haemophilus influenzae (invasive disease)¶	<i>Staphylococcus aureus</i>, vancomycin-intermediate¶
Hansen's Disease (leprosy)	<i>Staphylococcus aureus</i>, vancomycin-resistant¶
Hantavirus	<i>Streptococcus pneumoniae</i> (drug-resistant or invasive)¶
Hemolytic-uremic syndrome (HUS)	Syphilis (including congenital)
Hepatitis A	Tetanus
Hepatitis B	Toxic shock syndrome
Hepatitis C	Trichinosis
Hepatitis Delta	Tuberculosis†
Hepatitis, unspecified	Tularemia
Human immunodeficiency virus infection (HIV)	Typhoid fever
Influenza	West Nile Virus Infection
Legionellosis	Yellow fever¶
Leptospirosis	Yersiniosis

*Must report immediately †Must report when suspect ▲Laboratories only must report ¶ Revised in 2011

Contacts for Disease Specific Questions:

AIDS, HIV, CD4<500	328-2504	Bill Mullen, RN	Disease Intervention Specialist
AIDS, HIV, CD4<500	328-6107	Cory Sobrio, RN	Disease Intervention Specialist
Sexually Transmitted Diseases	328-2475	Kathy Hong, RN	Disease Intervention Specialist
Sexually Transmitted Diseases	328-2474	Linda Gabor, RN	Disease Intervention Specialist
TB	785-4787	Diane Freedman, RN	TB Control Program Coordinator
TB	785-4789	Judy Medved-Gonzalez, RN	TB Control Program Clinic Nurse
All other reportable diseases and conditions	328-2447	On-call Staff Member (Public Health Investigator or Epidemiologist)	

Date: _____

To: Washoe County District Health Department Communicable Disease Program
Confidential Fax (775) **328-3764**

From: _____ of _____ Phone: _____
Name of Person Faxing Name of Healthcare Provider/Facility Fax: _____

Re: Reportable Communicable Disease _____ Number of Pages Faxed

***** Please fax copies of client's face sheet & pertinent lab results if available. *****

*** Additional information may be requested as needed to complete the investigation (per NAC 441A.230). ***

CONFIDENTIAL CASE REPORT—REPORTABLE COMMUNICABLE DISEASE					
Patient's Last Name:		First:	Initial:	DOB: _____/_____/_____	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race (✓ one): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown	Ethnicity (✓ one): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Address:		Phone #:
			City:	State:	Zip:
		Country of Birth: <input type="checkbox"/> US <input type="checkbox"/> Other: _____	Occupation:	Employer:	
Disease:				Onset Date:	
Comments: Lab Results, Tests, Symptoms, Treatment:				Date of Diagnosis:	
Is client pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If pregnant: EDC: _____/_____/_____ Delivery Hospital: <input type="checkbox"/> WMC <input type="checkbox"/> SMRMC <input type="checkbox"/> Other: _____				

LIST OF REPORTABLE DISEASES AND CONDITIONS

- | | | | |
|--|---|-----------------------------------|---|
| AIDS | Extraordinary occurrence of illness (e.g. Smallpox, SARS)*† | Lyme Disease | Rubella (including congenital)† |
| Amebiasis | Foodborne illness outbreak*† | Lymphogranuloma venereum | Salmonellosis |
| Animal bite from a rabies susceptible species* | Giardiasis | Malaria | Severe Reaction to Immunization |
| Anthrax | Gonorrhea | Measles (rubeola)† | Shigellosis |
| Botulism*† | Granuloma inguinale | Meningitis (specify type) | Staph aureus, vancomycin-intermediate or resistant† |
| Brucellosis | Haemophilus influenzae (invasive disease) | Meningococcal disease* | Strep pneumo (drug-resistant or invasive)† |
| Campylobacteriosis | Hansen's Disease (leprosy) | Mumps | Syphilis (including congenital) |
| CD4 lymphocyte counts <500/μL▲ | Hantavirus | Pertussis | Tetanus |
| Chancroid | Hemolytic uremic syndrome (HUS) | Plague*† | Toxic Shock Syndrome |
| Chlamydia | Hepatitis A, B, C, delta, unspecified | Poliomyelitis | Trichinosis |
| Cholera | HIV infection | Psittacosis | Tuberculosis† |
| Coccidioidomycosis | Influenza | Q Fever | Tularemia |
| Cryptosporidiosis | Legionellosis | Rabies (human or animal)*† | Typhoid Fever |
| Diphtheria*† | Leptospirosis | Relapsing Fever | West Nile Virus |
| Ehrlichiosis† | Listeriosis | Respiratory Syncytial Virus (RSV) | Yellow Fever† |
| Encephalitis | | Rocky Mountain Spotted Fever | Yersiniosis |
| Enterohemorrhagic <i>E. coli</i> (STEC) including 0157:H7† | | Rotavirus | |

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