

Washoe County



Matt Smith, Chair
Kitty Jung, Vice Chair
Denis Humphreys, OD
Sharon Zadra
George Hess, MD
David Silverman
Julia Ratti

Kevin Dick
District Health Officer

Leslie Admirand
Deputy District Attorney

Health District

WASHOE COUNTY HEALTH DISTRICT

1001 East Ninth Street, Reno, Nevada 89512

P.O. Box 11130, Reno, Nevada 89520

Telephone 775.328.2400 • Fax 775.328.3752

www.washoecounty.us/health

MEETING NOTICE AND AGENDA

Washoe County District Board of Health

Date and Time of Meeting: Thursday, February 27, 2014, 1:00 p.m.

Place of Meeting: Washoe County Health District
1001 East Ninth Street, Building B
South Auditorium
Reno, Nevada 89512

All items numbered or lettered below are hereby designated **for possible action** as if the words "for possible action" were written next to each item (NRS 241.020). An item listed with asterisk (*) next to it is an item for which no action will be taken.

Time/ Item	Agenda Item	Presenter
1:00 p.m. *1.	Call to Order Pledge of Allegiance - Led by Invitation	Mr. Matt Smith
*2.	Roll Call	Ms. Dawn Spinola
*3.	Public Comment - Limited to three (3) minutes per person. No action may be taken.	Mr. Matt Smith
4.	Approval/Deletions to Agenda - February 27, 2014 Meeting	Mr. Matt Smith
5.	Approval/Amendments/Additions/Deletions to Minutes - A. November 21, 2013 Regular Meeting AMENDMENT B. January 16, 2014 Special Meeting C. January 23, 2014 Regular Meeting	Mr. Matt Smith
*6.	Recognitions - A. Introduction of New Employee(s) - 1. Elena Varganova - Statistician - EPHP (1/27/14) 2. Latricia Lord - Environmental Specialist Trainee II - EHS (2/24/14) B. Promotions - 1. Charlene Albee - Division Director - AQM (2/3/14)	Mr. Matt Smith Mr. Kevin Dick Ms. Christina Conti

Time/ Item	Agenda Item	Presenter
	<p>National Retail Food Regulatory Grant Program (VNRFRPS), IO 11088.</p> <ol style="list-style-type: none"> 4. Approve Notice of Subgrant Award for the period August 1, 2013 through July 31, 2014 in the total amount of \$136,833 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity (ELC) Affordable Care Act Federal Carry Forward Grant Program, IO TBA; Approve amendments totaling a net increase of \$13,396 in both revenue and expenses to the adopted FY 14 ELC – Carry Forward Grant budget, IO TBA; and if approved, and if approved authorize the Chairman to execute. 5. Approval of Subgrant Amendment #3 from the Division of Public and Behavioral Health in the amount of \$760,946 for the budget period July 1, 2013 through June 30, 2014 (BP2) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; and if approved authorize the Chairman to execute. 6. Approval of Subgrant Amendment #3 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period January 1, 2012 through December 31, 2014, in the amount of \$317,061 (reduced from \$389,206), in support of the HIV Prevention Grant Program, IO 10013; and if approved authorize the Chairman to execute. 7. Approval of Subgrant Amendment #3 from the Division of Public and Behavioral Health in the amount of \$438,693.00 for the budget period July 1, 2013 through June 30, 2014 (BP2) in support of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program; and if approved authorize the Chairman to execute. 8. Approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period January 1, 2014 through December 31, 2014 in the amount of \$111,685 for the Immunization Program Grant (IOs 10028 & 10029); and if approved authorize the Chairman to execute. 	Ms. Patsy Buxton
9.	<p>Air Pollution Control Hearing Board Cases appealed to the District Board of Health - None.</p>	Ms. Charlene Albee
10.	<p>Regional Emergency Medical Services Authority -</p> <p>A. Review and Acceptance of the REMSA Operations Reports for January, 2014</p> <p>*B. Update of REMSA’s Community Activities Since January, 2014</p>	Mr. Jim Gubbels
11.	<p>Approval of the Health Fund Revenue and Expenditure Report for January, 2014</p>	Ms. Eileen Stickney
12.	<p>Fiscal Year 2015 Budget Update with possible direction to staff.</p>	Ms. Eileen Stickney

Time/ Item	Agenda Item	Presenter
13.	Authorization to approve a 1% Cost of Living Adjustment in base wage, effective July 1, 2013; a 1% PERS contribution in lieu of a wage increase effective July 15, 2013; and a 1% Cost of Living Adjustment effective January 1, 2014, for the District Health Officer Position.	Ms. Laurie Griffey
14.	Presentation, discussion, and possible direction to staff on the Fundamental Review of the Washoe County Health District conducted by the Public Health Foundation.	Mr. Kevin Dick Fundamental Review Team
*15.	Staff Reports and Program Updates A. Director, Epidemiology and Public Health Preparedness – Communicable Disease – Influenza & Pertussis, Public Health Preparedness & Continuity of Operations, Training, Community Collaboration and Grants Management. B. Director, Community and Clinical Health Services - Divisional Update and Program Reports. C. Director, Environmental Health Services - Food Program, Vector-Borne Disease Program, General Environmental and EHS Inspection Totals. D. Director, Air Quality Management - Air Quality Management Division, Air Quality Monitoring Activity, Planning & Monitoring Activity, Permitting Activity, Compliance/Inspection Activity, Permitting & Enforcement Activity, Enforcement Activity. E. Administrative Health Services Officer – No report this month. F. District Health Officer - REMSA/EMS, Fundamental Review, Permit Software Project, Quality Improvement Initiative, Healthy Community Conversation, Staffing, Other Events & Activities and Health District Media Contacts.	Dr. Randall Todd Mr. Steve Kutz Mr. Robert Sack Ms. Charlene Albee Ms. Eileen Stickney Mr. Kevin Dick
*16.	Board Comment - Limited to Announcements or Issues for Future Agendas	Mr. Matt Smith
17.	Emergency Items	Mr. Kevin Dick
*18.	Public Comment - Limited to three (3) minutes per person. No action may be taken.	Mr. Matt Smith
19.	Adjournment	Mr. Matt Smith

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

Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of another later meeting; moved to or from the Consent section, or they may be voted on in a block. Items with a specific time

designation will not be heard prior to the stated time, but may be heard later. Items listed in the Consent section of the agenda are voted on as a block and will not be read or considered separately unless withdrawn from the Consent.

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

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

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

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

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

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

Sparks City Hall, 431 Prater Way, Sparks, NV

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

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

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

Washoe County



Health District

AMENDED
Washoe County District Board of Health
Regular Meeting Minutes
November 21, 2013

PRESENT: Chair Matt Smith, David Silverman, Dr. George Hess, Dr. Denis Humphreys, and Council Member Ratti

ABSENT: Vice Chair Jung and Council Member Sharon Zadra

STAFF:

Leslie Admirand, Deputy District Attorney
 Kevin Dick, Interim District Health Officer
 Eileen Stickney, Administrative Health Services Officer, AHS
 Daniel Inouye, Acting Division Director, AQM
 Steve Kutz, Division Director, CCHS
 Robert Sack, Division Director, EHS
 Randall Todd, Dr. PH, Division Director, EPHP
 Steve Fisher, Department Computer Application Specialist, AHS
 Dustin Mayo, Recording Secretary

Patsy Buxton, Fiscal Compliance Officer, AHS
 Erin Dixon, Fiscal Compliance Officer, AHS
 Laurie Griffey, Administrative Assistant I, AHS
 Dennis Cerfoglio, Sr. Air Quality Specialist, AQM
 Julie Hunter, Sr. Air Quality Specialist, AQM

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
1:05 pm *1, 2	Meeting Called to Order, Pledge of Allegiance and Roll Call	Chair Smith called the meeting to order. Roll call was taken and a quorum noted. The Pledge of Allegiance was led by Dr. George Hess	
*3.	Public Comment	None.	
4.	Approval / Deletions – Agenda – November 21, 2013	Chair Smith called for any deletions to the Agenda of the November 21, 2013 DBOH Meeting. Mr. Smith noted that due to Vice Chair Jung's absence, Item No. 13 be moved forward to next month. Mr. Smith noted that Item No. 14 be moved forward to next month as he was not comfortable with everything that has been received as of yet.	Dr. Hess moved, seconded by Council Member Ratti , that the November 21, 2013 Agenda be approved as amended. <u>MOTION CARRIED</u>
5.	Approval / Additions / Deletions to the Minutes of the October 24, 2013	Chair Smith called for any additions or corrections to the Minutes of the October 24, 2013 Regular Meeting.	Council Member Ratti moved, seconded by Dr.

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
	Regular Meeting		<p>Hess, that the Minutes of the November 21, October 24, 2013 Regular Meeting be approved as presented.</p> <p><u>MOTION CARRIED</u></p>
*6.	Recognitions	<p>Mr. Dick and Chair Smith made the following recognitions:</p> <ul style="list-style-type: none"> A. Introduction of New Employee(s) – Chris Anderson – Engineer B. Years of Service – <ul style="list-style-type: none"> 1. Jacqueline Chaidez – WIC – 10 Years 2. Janet Smith – AHS – 20 years 3. Eileen Stickney – AHS – 20 Years C. Retirements – None D. Recognitions <ul style="list-style-type: none"> 1. Maria Soledad Sepulveda – Excellence in Customer Service Certificate Programs 2. Certificate of Senatorial Recognition presented to Christina Conti in recognition of graduation from the Chamber Leadership Program 3. Recognition of the Air Quality Management Division by GREENevada for support of the 2013 Student and Teacher Leadership Retreat 4. Presentation of plaque of appreciation to George Furman, MD in recognition of his years of service on the District Board of Health, from 2001 to 2013 <p>Rebecca Anderson stated that GREENevada is a coalition of 9 different local agencies and non-profit organizations that provide education resources on sustainable education. On behalf of GREENevada; Rebecca wanted to recognize the appreciation of the Air Quality Management department.</p>	
7.	Proclamations	None.	
8.	Consent Agenda	<p>A. <u>Air Quality Management Cases:</u></p> <ul style="list-style-type: none"> 1. Recommendation to Uphold Unappealed Citations to the Air Pollution Control Hearing Board: <ul style="list-style-type: none"> a. Peavine Construction Company – Case 1134, NOV 5385 181 Hillcrest Drive, Reno, NV 89509 	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
	three (3) minutes per person). No action may be taken.		
20.	Adjournment	There being no further business to come before the Board the meeting was adjourned.	<p>Matt Smith moved, seconded by Dr. Hess, that the meeting be adjourned.</p> <p><u>MOTION CARRIED</u> The meeting was adjourned at 2:15 p.m.</p>



KEVIN DICK,
INTERIM DISTRICT HEALTH OFFICER



DAWN SPINOLA FOR DUSTIN MAYO
RECORDING SECRETARY (1/28/14)

Washoe County



Health District

**Washoe County District Board of Health
Minutes of Special Meeting
January 16, 2014**

PRESENT: Chair Matt Smith, Vice Chair Kitty Jung, David Silverman, Dr. George Hess, Denis Humphreys and Councilperson Julia Ratti (3:35 pm)

ABSENT: Councilperson Sharon Zadra

STAFF:
 Kevin Dick, Interim District Health Officer
 Leslie Admirand, Deputy District Attorney
 Eileen Stickney, Administrative Health Services Officer, AHS
 Charlene Albee, Acting Division Director, AQM
 Steve Kutz, Division Director, CCHS
 Robert Sack, Division Director, EHS
 Randall Todd, Dr. PH, Division Director, EPHP
 Steve Fisher, Department Computer Application Specialist, AHS
 Dawn Spinola, Administrative Secretary/Recording Secretary, AHS

Veronica Frenkel, Organizational Development Manager
 Washoe County Manager's Office

 Emily Brown, MPH, CPH
 Accreditation Coordinator
 Nevada Division of Public and Behavioral Health

TIME/ITEM	AGENDA ITEM	DISCUSSION	ACTION
1:00 PM *1.	Call to Order, Pledge of Allegiance Led by Invitation	Chair Smith called the meeting to order. Dr. George Hess led the Pledge of Allegiance.	
*2.	Roll Call	Roll call was taken and a quorum noted. Present: Chair Smith, Commissioner Jung (1:05 pm), Dr. Hess, Mr. Silverman and Mr. Humphreys. Councilperson Ratti arrived at 3:35 pm. Absent: Councilperson Zadra.	
*3.	Public Comment (3 minute time limit per person)	None.	
4.	Approval / Deletions to Agenda for the January 16, 2014, meeting.	<p>Chair Smith called for any deletions or corrections to the agenda of the January 16, 2014 DBOH Meeting.</p> <p>Chair Smith suggested first names be used during the meeting rather than titles. Board members agreed.</p>	<p>Mr. Humphreys moved, seconded by Mr. Silverman, that the January 16, 2014 agenda be approved as written.</p> <p><u>MOTION CARRIED</u></p>

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
5.	Orientation to the National Public Health Performance Standards (NPHPS) Public Health Governing Entity Assessment Instrument Version 3.0	<p>Mr. Dick introduced Ms. Dawn Spinola, who will serve as his Administrative Secretary and Secretary to the District Board of Health (DBOH).</p> <p>Mr. Dick thanked the Board for being willing to do the self-assessment. He noted the Washoe County Health District (WCHD) was working toward improving its performance and performance management and the Board's participation sends a signal they are interested in working with staff to achieve the District's goals.</p> <p>Mr. Dick explained they would provide an overview to the assessment tool, conduct the governance self-assessment and have a dialog after reviewing the results. He noted the purpose of the meeting was to assess the Board's perspective on public health services framed around the 10 Essential Services of Public Health (ES). The exercise would help frame the Board's role in relation to the public health system. The assessment looked specifically at the Board's engagement, support and activities. Mr. Dick pointed out it was important to remember the focus was on the Board's role in working with the Health District within a larger public health system that involves numerous community partners.</p> <p>Mr. Dick stated that, from the work completed today, they will identify areas for focus and quality improvement, potentially paying more attention to service areas that have not been substantially addressed in the past. He felt the exercise would prepare them well for the Fundamental Review (FR) recommendations and to understand what the Board's perspective is on areas of importance and focus and how those align with some of the FR recommendations. He was hopeful it would be foundational for the strategic planning process. He reminded the Board Self-Assessment was suggested by the Fundamental Review Team and reiterated it would dovetail nicely with the upcoming FR report.</p> <p>Mr. Dick explained the assessment utilizes the national public health performance standards which were developed as a collaborative effort of seven national partners in the 1990s. They are based around the mission and goals of providing performance standards for public health systems and encouraging their widespread use, engaging and leveraging national, state and local partners to build a stronger foundation for public health preparedness and promoting continuous quality improvement for public health systems. Additionally, it strengthens the science base for the public health practice improvement.</p> <p>Mr. Dick went on to explain there were four concepts applied to the national public health performance standards that were based on the 10 ES. The focus is on the overall public health system for the standards at a whole. He reminded the Board the focus of the assessment is on the Board of Health. The standards describe an optimal level of performance. He noted that probably no Health District is performing optimally across all standards, but they provide a goal and are designed to support the process of quality improvement.</p>	

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>Mr. Dick reiterated the assessment is framed around the 10 ES, and they describe the public health activities that should be undertaken in all communities. The activities are primarily carried out by the Health District and community partners, but it is important for the Board to support the various efforts that the Health District is involved in to fulfill these essential services.</p> <p>Mr. Dick explained the assessment also uses the six functions of public health governance. The National Association of Local Boards of Health (NALBOH) worked with the Centers for Disease Control (CDC) and other partners and experts nationally to develop the six governance functions. They are policy development, resource stewardship, legal authority, partner engagement, continuous improvement and oversight. Throughout the assessment exercise, Mr. Kutz will provide information about some of the things the Health District is doing that relates to each of the 10 essential services. Within the assessment there is more information on how the public health governance functions may apply to each essential service.</p> <p>Mr. Dick pointed out what he called a “Jellybean Diagram,” which showed the WCHD at the center of a web of other organizations, entities and partners in the communities that make up the public health system. He reiterated the assessment today was focused on the Board and the Board’s engagement in support of the Health District. He requested they consider that support for the Health District as being framed in the context of the Board of Health and the Health District working together to move public health forward through the larger public health system.</p> <p>Mr. Dick noted that, within the assessment, there are model standards that present an optimal level of performance for Health Boards for each essential service. He reiterated they were goals; it was not realistic that any Health District or Health Board is actually going to be performing at that level across all of the functions, so they should just consider it to be part of a continuous improvement process. A goal of the assessment would be to identify some areas they all felt were important so they could work on some continuous improvement processes. This would guide the Board, in conjunction with the Health District, to perform as well as they can together.</p> <p>Mr. Dick addressed a slide that displayed the Health District and the Board working within the overall public health system with community partners and the workforce to build the capacity to address the health needs of the community. By investing in what the WCHD is doing, our partners and how we are working together in building that capacity, we will achieve optimal payback. The impacts of all of those different programs and the health activities that they can support will lead us to the improved health outcomes that we all want to see.</p> <p>Mr. Dick introduced Veronica Frenkel, Washoe County Organizational Development Manager and Emily Brown from the State Division of Public and Behavioral Health. Emily is with the Quality Improvement (QI) program and provided assistance in planning the assessment. He expressed his gratitude she is here to help today and thanked them both.</p>	

Washoe County District Board of Health Meeting Minutes January 16, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>Ms. Frenkel thanked everyone for inviting her to participate in the process.</p> <p>Dr. Hess noted the process was a paradigm shift for him. When he thinks of essential services he thinks of vaccinations, Sexually Transmitted Diseases (STDs), epidemiology, statistics, etc. He thinks more in terms of the specialties, and traditionally the public health textbook table of contents do not contain information that mirrored the exercise they would be performing. Upon reading through the materials to be utilized for the assessment, he could see how classic public health services were integrated. It appeared to be more of a process for evaluation than of services to the community. Many of the issues addressed to lead to the service. Possibly due to his background, it is a totally unique framework. He pointed that out because it may lead to further discussion. He opined if they were going to use that type of framework they should be educated by the various Divisions that provide reports so they could put the information into the framework, which would also be a new process. Mr. Hess expounded on his thoughts, explaining he would need some redevelopment to incorporate the new framework.</p> <p>Commissioner Jung stated they all would.</p> <p>Ms. Frenkel stated her role was to provide a framework on the assessment process and the process they would be using today. She explained they would be sharing interactive dialog and making decisions collectively. She reiterated it was structured around the 10 essential services and the associated model standards for governing entities. The process will be to address each one of the 10 services individually.</p> <p>Ms. Frenkel - First they will review what the essential public health service means, specifically focusing on the governing entity's model standard. Mr. Kutz will then provide information related to the Health District's work on that particular essential service. She walked them through the pages of the manual that specifically described how each step was to be handled and descriptions of ideal activities that the public health governing entity should be undertaking to support the work of the public health agency. The next page listed the specific questions associated with that essential service or model standard. The Board members would be given the opportunity to vote on each question. The voting process would be in three steps; an initial vote, a discussion regarding items on which there was not a consensus and then a final vote. The discussions will focus on where a differentiation occurs. She hoped to hear from each of them about areas where they disagree and what they think is important in terms of improvement activities and why they voted the way they did. The goal was to achieve Board consensus, which was defined as 50 percent or more of the members voting the same way. She pointed out everyone's comments were valuable, regardless which way they voted.</p> <p>Ms. Frenkel summarized, explaining the information would be provided, they would take an initial vote, they would engage in discussion about the votes and then the final vote would be taken to establish Board consensus on the questions associated with that essential service area.</p>	

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TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>Dr. Hess asked if they would be voting on their perception of how they have been doing or how they would ideally like to be doing.</p> <p>Ms. Frenkel told him they are voting on the District Board of Health's (DBOH) current activity as they perceive it. She reiterated the focus is on the governing entity's role. What they will notice from the way the questions are worded is that they use action words that describe activities that the Board would engage in in support of the essential service. The focus is not on the public health providers in the community, including WCHD; it is on the Board's role in supporting the District.</p> <p>Mr. Dick noted that the results of the exercise would provide them with an opportunity to decide where they would like to be doing more versus where they are now.</p> <p>Dr. Hess opined the process could be educational. For example, the County does a great job at Epidemiology, but noted there was not much of a collaborative process.</p> <p>Mr. Dick acknowledged it was designed to be educational.</p> <p>Mr. Humphreys noted that often the Board establishes policy but there is an extension of the Board through staff, with the District Health Officer, (DHO), Public Information Officer (PIO) and Epidemiologist. They are the faces out in the community learning what is occurring, so it may be difficult to differentiate between what the Board is doing versus what the team, meaning Board of Health and staff, are doing. He suggested Ms. Frenkel assist them with that aspect if they need to draw some fine lines between the two.</p> <p>Ms. Frenkel explained that as each different ES area is discussed, the examples that Mr. Kutz brings may illustrate that difference. Additionally, Mr. Dick, Mr. Kutz and other staff members are present to help clarify during the discussion portions of the assessment.</p> <p>Ms. Frenkel pointed out one challenge they faced was time. There are 10 ES areas, so to have a discussion at the end and finish by 5:00 p.m., each ES would be 15 minutes. Some of them have more questions than others and may take longer. The first couple of rounds may go more slowly, but as they become more familiar with the process, they should be able to move through each one more quickly.</p> <p>Ms. Frenkel discussed scoring options. Each Board member has colored cards which will be used to capture their votes. Options include No Activity, defined as no participation by the Board in the activity, but the Board has the legal authority to do so. Contrasting that is Not Applicable, to be used only when the Board does not have legal authority. Minimal Activity indicates they participate in a limited way and there is opportunity for improvement. Moderate Activity indicates</p>	

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TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>participation and opportunity for improvement. The last two categories were Significant and Optimal.</p> <p>Ms. Frenkel reiterated they should not expect to be optimal at everything. They are using optimum performance as the standard that is being offered. It would be rare for any Health Board to be optimal at everything. She pointed out the other challenge had to do with not looking at the number ranges associated with each vote category as a grade. She reiterated the assessment was informational, and was an opportunity to identify areas for improvement. It may make sense that in some areas they are at a Minimal or Moderate level of activity, because that is what is appropriate. It was important to view it not as critical or judgmental, but informational and educational.</p> <p>Ms. Frenkel explained that to vote, they would simply hold up a colored card long enough for all votes to be counted. Ms. Spinola would enter the totals on a tally sheet that would calculate the results. There will likely be consensus on some. Discussion would be focused on the questions that did not have a consensus. The next steps would be to discuss and then take a second vote.</p> <p>Ms. Frenkel – NALBOH had offered guidelines for success which included speaking one at a time, being open to new ideas, avoid repeating previous remarks and allowing facilitators to move conversation along. All perspectives are welcome, use voting cards to vote and be prepared to provide examples of why you voted the way you did.</p> <p>Ms. Brown noted that the goal of voting was getting to a consensus, but capturing the reasons behind the vote is the important part. At the end there will be consensus votes for each area that will create a score so that a report can be created.</p> <p>Ms. Brown explained she would quickly introduce each essential service and then Mr. Kutz would provide examples of how these services are provided at WCHD. She will then give examples to bring it back to the governing entity's role and then Ms. Frenkel will lead the voting process.</p>	
6.	Facilitated Board Discussion to the National Public Health Performance Standards (NPHPS) Public Health Governing Entity Assessment Instrument Version 3.0, Prioritization of Essential Activities, and Identification of Opportunities for Improvement.	<p><u>Essential Service 1</u> – Monitor health status and understand health issues facing the community, both under the core function of Assessment.</p> <p>Mr. Kutz introduced the item and provided examples for the Health District that he had compiled with the assistance of Dr. Todd. They included communicable disease surveillance, investigation of food-borne illness complaints, STD/HIV surveillance, the investigation and surveillance of vaccine-preventable diseases, monitoring and reporting school BMI data, behavioral risk factors surveillance system, youth risk behavior survey and air quality monitoring data. He noted this was not an all-inclusive list, but more of an overview of what WCHD is doing in this ES area.</p>	

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TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>Ms. Brown explained the ES is about monitoring health status to identify community health problems. She summarized by saying it was about the district and governing entity supporting the process and collecting information about the health of the community. She noted that doing a community health assessment was a key piece of the essential services, which includes gathering all data and working with community partners. One way the governing entity can support this area is to support policies and advocate for activities that guide WCHD in working in collaboration with the community to do the assessments. That may include policies around frequency or encouraging collaboration with different entities. The Internal Revenue Service (IRS) now regulates that non-profit hospitals are required to conduct community health needs assessments, so partnering with hospitals that are already doing assessments is a good role for the Board to support. Additionally, they could encourage activities, either through budget or collaboration, support interaction with other health partners in the community.</p> <p>Ms. Frenkel reiterated they would take the initial vote, discuss, and then take the second vote.</p> <p>Results of initial vote: <u>Question 1.a. At what level does the governing entity advocate for policies that define a community health assessment process?</u> 3 Significant, 2 Moderate. Ms. Frenkel pointed out the last column in the scoring sheet, which tallied the votes. For Question 1.a, they were close to consensus. <u>Question 1.b. At what level does the governing entity encourage the public health department to actively collaborate with all public health system stakeholder organizations on a community health assessment?</u> 4 Significant, 1 Moderate <u>Question 1.c. At what level does the governing entity budget for public health department resources to be used for a community health assessment?</u> Ms. Brown noted resources could be funding, allowing staff time or meeting space or other types of resources. 1 Significant, 4 Moderate <u>Question 1.d. At what level does the governing entity set priorities for community health improvement based on information from the community health assessment?</u> 1 Optimal, 2 Significant, 1 Moderate, 1 Minimal.</p> <p>Ms. Frenkel noted the results indicated they were fairly close to consensus on the first three questions, so they should start with the last question and discuss that in terms of the discrepancies among the way they voted. She asked who would like to share their perspective, experience, thoughts, what led them to select the voting option they did.</p> <p>Commissioner Jung opined she had a different perspective than anyone on the Board. At an annual NALBOH meeting, members had been informed that WCHD needed a community health assessment and did not have one at the time. She brought that up to the Board and it just so happened they County had received an ACHIEVE health and fitness grant. The ACHIEVE Grant Committee (AGC) did do a community assessment and they then used that information to decide</p>	

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TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>what area required the most focus. The AGC determined that area was childhood obesity. Because of that the AGC moved forward with setting priorities. We even went to the Regional Planning Governing Board (RPGGB) and are hoping to change the approach to residential development that encourages more walking, biking and living closer to work. Commissioner Jung noted that when she had joined the Board, none of that type of activity was happening and she had not known about community health assessments.</p> <p>Dr. Hess stated his vote was one of the other outliers and he attributed that to not clearly understanding what they were doing. He noted that during other retreats they had not identified specific areas for prioritization.</p> <p>Ms. Frenkel pointed out that not knowing was an indicator of performance that could help with the assessment. There may be questions that Dr. Hess has or information that, based on the discussion, they realize they would like to know more. That can be captured in the record and used going forward in terms of getting information directly from Health District staff.</p> <p>Mr. Humphreys opined staff does a good job of informing the Board of community health issues. The Board should take the opportunity to discuss the assessment more in detail so they can set policies that could be directing staff to be able to score higher in the area currently under consideration.</p> <p>Ms. Brown invited staff to provide their perspectives regarding where they are with the community health assessment and how active the process is.</p> <p>Commissioner Jung reiterated a major issue was childhood obesity. Adult obesity is also an issue but the thought was to start with kids because the County had more control over their environment. Also identified were food deserts, areas where people use 7-11 as their grocery store because they do not have transportation. Additionally the AGC discovered ways they could teach child care providers about healthy options. Finally, the AGC implemented a Food Security Council to make recommendations to address issues such as the food deserts and how to improve cafeteria food for children in public schools.</p> <p>Chair Smith opined the Board was very proactive. When they hear of things they can improve on, they act on them. He felt they were doing a good job and noted they had previously discussed bringing in outside sources.</p> <p>Mr. Dick, speaking from his perspective and from discussions with the Fundamental Review Team, opined that assessment work had been done in a number of different areas. WCHD does a good job with surveillance, as explained by Mr. Kutz. Commissioner Jung had provided a good example of a project that had a community health assessment component. He opined all of the work they were doing was somewhat siloed. Something to consider was how to move forward</p>	

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		<p>with a more comprehensive assessment process so they are not setting priorities around specific issues from siloed assessments but looking at the entire community and setting priorities looking at all of the different information. That is one of the reasons he is working with Renown to see if they can participate with them in an ongoing project.</p> <p>Ms. Frenkel noted that the discussion regarding Item 1.d. had highlighted it is not so much the work of the staff but how the Board uses that information and the priority-setting processes that occur. She offered opportunity for discussion on Questions 1.a. through 1.c.</p> <p>Dr. Hess asked if they had actually defined a community health assessment process and if that definition was contained in the material.</p> <p>Mr. Dick noted it was most likely not within the materials but he would forward the information, called MAPP (Mobilizing Actions through Planning and Partnerships) and it outlines the community assessment process.</p> <p>Dr. Hess asked if they had ever taken the time to advocate for policies that define a community health assessment.</p> <p>Mr. Dick did not know if the Board had taken formal action, but acknowledged Councilperson Ratti had brought up wanting to do a community health assessment several times. He also acknowledged not having done a good job in educating the Board on the process.</p> <p>Dr. Todd explained there is a standard for community health assessment through the Public Health Accreditation Board. It is not something this Board has reviewed. He and Ms. Brown had reviewed the standards and considered what they may look like in Nevada if there were participation from all of the public health jurisdictions and some other system partners.</p> <p>Ms. Frenkel noted one outlier for Question 1.c and requested comment.</p> <p>Commissioner Jung requested clarification of the results displayed on the tally sheet. Ms. Frenkel explained it would read False until a the votes were entered and a consensus value is tallied.</p> <p>Results of second vote: Question 1.a. 3 Significant, 2 Moderate. Question 1.b. 4 Significant, 1 Moderate Question 1.c. 1 Significant, 4 Moderate Question 1.d. 4 Significant, 1 Moderate</p>	

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		<p><u>Essential Service 2 - Diagnose and Investigate Health Problems & Health Hazards</u></p> <p>Ms. Brown reiterated the Board members should feel free to express why they feel the way they do, particularly if their vote is the outlier.</p> <p>Mr. Kutz provided examples that included the pandemic flu preparations, recommendations for school exclusions or closures based on monitoring and surveillance, Air Quality Management (AQM's) Know the Code and restaurant closures.</p> <p>Ms. Brown explained this service identified how ready the WCHD to respond to problems and threats, how quickly we find out about the problems and how well we are responding once we know about them. For the governing entity, a big part is to review the plans that are in place that guide how WCHD will respond during events. Reviewing the plans on a regular basis and ensuring that the Health agency has the capacity to respond is another aspect. Setting the policies and encouraging collaboration with other responders is another key piece.</p> <p>Results of initial vote: <u>Question 2.a. At what level does the governing entity facilitate access to resources for the surveillance of public health threats?</u> 3 Optimal, 2 Significant. <u>Question 2.b. At what level does the governing entity facilitate access to resources to respond to public health threats?</u> 1 Optimal, 4 Significant <u>Question 2.c. At what level does the governing entity recommend policies that address the surveillance of public health threats?</u> 1 Optimal, 2 Significant, 2 Moderate <u>Question 2.d. At what level does the governing entity encourage ongoing collaboration among public health system stakeholder organizations regarding issues of public health threats?</u> 1 Optimal, 3 Significant, 1 Moderate</p> <p>Ms. Frenkel noted there was not a consensus for 2.c.</p> <p>Mr. Humphreys commented on the voting itself, stating that when he picked up the green, indicating the Board was doing everything possible and there was no room for improvement, it would be difficult for him to vote that way on any question. He felt they rated partially green on some of the questions but not to the definition. That was why he had difficulty voting that way.</p> <p>Ms. Frenkel noted that was an important clarification. She pointed out it did say 76-100 percent. The definition had been taken straight from the material and one could argue there was room for improvement. She clarified the question was whether or not they thought they were doing a great deal or almost everything they could do.</p> <p>Commissioner Jung stated she viewed the 76-100 percent as evidence that everybody can improve, there are no completely optimal health districts. She opined the District did a great job</p>	

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		<p>at providing services when considering the effects of the budget cuts. She stated she had told Chair Smith if he wants to be able to have higher scores, then taxes needed to be raised to be able to provide the services. Commissioner Jung explained she was being realistic within the boundaries, confines and guidelines and that was why she did not enjoy some aspects of the assessments. They presume the funding for public health is sufficient for the needs. That is not the reality of Washoe County. There were other programs that she would like to see in the County but the funding did not exist. She opined the national organizations were focused on a utopian view which she felt was honorable but not obtainable for Washoe County.</p> <p>Ms. Frenkel noted that voting at a lower level did not make a statement regarding the level of service provided. She reiterated that what they were assessing was their own role of participation in that. It may or may not be a priority for the department or the community. Depending on location, some of the essential services would need to be performed at a higher level based on needs. It does not make sense to be Optimal or even Significant at all of them.</p> <p>Dr. Hess agreed with Mr. Humphreys that Optimal was just too big of a statement, but it also says they are doing everything possible, which means, based on the taxes, they are doing everything they can. He could rate a lot of them at 80 or better, so sometimes green (Optimal) was just too high and he was inclined more towards the blue (Significant).</p> <p>Ms. Frenkel encouraged them to look at 2.c., which focuses on their role in recommending policies to address surveillance of public health threats. She asked if they had recommended policies that include reporting guidelines. They may or may not have; there may be good reasons why they have not. She encouraged them to discuss what the role has been in relation to that policy development.</p> <p>Mr. Humphreys stated he appreciated the comments and could overlook the statement that there was no room for improvement, because there is always room for improvement. He noted he would refocus his thoughts from this point forward on the numerical values and also keep the budget restrictions in mind. He suggested they should keep in mind that they were doing the best that they could do with the budget they have.</p> <p>Mr. Todd, speaking to Ms. Frenkel's point and looking at the spread of votes on 2.c., stated it was important to remember that the Board exists within a larger context in the State. When Ms. Frenkel asked if they had passed policies dealing with public health surveillance, he could not recall that this board ever had. It was not a bad thing, they have not had to, because the State Board of Health has passed policies that say which diseases are reportable within which time frames, etc. He felt staff did an excellent job on surveillance, and they have not had to ask the Board to pass policies, even though they have the legal authority to do so.</p> <p>Ms. Frenkel requested input regarding the results of 2.d.</p>	

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		<p>Mr. Humphreys noted they had been going through leadership transitions with the various DHOs, so thoughts could be split between what they were doing a year ago and what they were doing now. This caused a bit of a conflict in his mind when considering his response to the question.</p> <p>Results of second vote: Question 2.a. 3 Optimal, 2 Significant Question 2.b. 3 Optimal, 2 Significant Question 2.c. 1 Optimal, 2 Significant, 2 Moderate</p> <p>Ms. Frenkel noted the absence of a consensus and said this may be one example of where it was appropriate that their activity had been minimal, or even non-existent in light of what Dr. Todd had described. It was not about the quality of the activity but the activity itself. If there has only been minimal or moderate activity it was not necessarily a reflection of a problem.</p> <p>Mr. Silverman noted that Dr. Todd had once explained to him that if he didn't hear about a problem that was a good thing. It is not as though there is a tremendous amount of activity they are responding to, that could mean they are doing a good job of responding or maybe there just is not a lot going on.</p> <p>Dr. Hess noted that the Environmental Protection Agency (EPA), Air Quality and the State, regarding infectious diseases, have set policies that the Board has accepted in the past. To his knowledge they have not had to face any specific activity requiring action, so he had a problem with the interpretation.</p> <p>Mr. Dick pointed out a number of activities associated with air quality are driven by Federal requirements. Several years ago the decision was made to move forward with an air quality station which is one of approximately 80 that monitor to that level of pollutants across the country. That was one example of a Board decision that supports the surveillance.</p> <p>Mr. Dick when on to say that when weighing Question 2 versus Question 1, he feels the scoring makes sense, as the District does a good job and the Board supports it in the surveillance area.</p> <p>Results of third vote: Question 2.c. 5 Significant Results of second vote (continued from previous discussion): Question 2.d. 1 Optimal, 3 Significant, 1 Moderate</p>	
		<p><u>Essential Service 3 - Inform, Educate & Empower People About Health Issues</u></p>	

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		<p>Mr. Kutz provided examples including the PIO who pushes out information as requested, press releases, community education, health care provider education, individual- and group-level interventions and education and health education and risk reduction for individuals and groups.</p> <p>Ms. Brown pointed out this service was about how they were keeping the community informed about health issues. It was about designing and conducting programs at the agency level, and services and policies that support preventing disease and death. It was also about having a health communication plan, to include tailoring it to appropriate audiences. Additionally, it was also about being sure WCHD is communicating in different methods, meeting the needs of the targeted audience. The governing entity's role is to encourage the WCHD to complete activities that fit the goal of the essential service. The Board may review the materials and provide feedback. The Board may also encourage individuals to interact with them so they can relay concerns back to the Health District.</p> <p>Ms. Frenkel reminded the Board the focus of the questions was on their role, not evaluating staff efforts.</p> <p>Dr. Hess asked if there was a health communications plan in place.</p> <p>Mr. Kutz stated there had been a draft a few years ago but did not know if it had been formally adopted.</p> <p>Dr. Todd indicated this may be an area that is siloed. Public Health Preparedness was required to have a public information plan in place.</p> <p>Mr. Dick stated WCHD does not have a robust communications plan. Each Division and some programs were implementing campaigns. One project being pursued was to have people get in touch with the PIO early on to achieve consistency in the communications and to have an overall understanding of all of the communication that is going on when there are reports going out.</p> <p>Dr. Hess opined the District did a good job of communication. He suggested they scratch the question because communication may or may not get better if there was a centralized plan.</p> <p>Mr. Dick noted it was fine if they scored this service as Minimal or No Activity and the Board could decide that was acceptable.</p> <p>Ms. Frenkel re-emphasized the score was not a judgment. It was informative and it may be very logical, given the circumstances. She pointed out that when the question "Do we have this from staff?" is asked it is an indicator that there is potentially some interest in gaining more awareness about what is in place.</p>	

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		<p>Results of initial vote: <u>Question 3.a. At what level does the governing entity recommend budget items for community health promotion programs?</u> 3 Significant, 1 Moderate, 1 Minimal <u>Question 3.b. At what level does the governing entity ensure the public health department is using a health communications plan?</u> 1 Significant, 2 Moderate, 2 Minimal <u>Question 3.c. At what level does the governing entity recommend policies that support culturally appropriate health promotion activities?</u> 1 Significant, 3 Moderate, 1 Minimal</p> <p>Commissioner Jung opined they did a great job with the gay community but not so much with other cultures regarding outreach and education. That may be due to lack of funding availability.</p> <p>Ms. Frenkel reiterated it was not about the activities but the Board's role in recommending them and showing leadership.</p> <p><u>Question 3.d. At what level does the governing entity encourage citizens to provide input on community health issues to the public health department governing entity?</u> 2 Moderate, 2 Minimal, 1 No Activity.</p> <p>Ms. Frenkel noted a lack of consensus on Questions 3.b and 3.d and requested discussion on 3.b.</p> <p>Mr. Silverman stated he reminded himself each time to answer the question from the Board perspective, not assessing staff roles. He was asking himself two different questions. He encouraged the members to say that to themselves before they answered the questions. It is not an assessment of what staff is doing, it is an assessment of what the Board's role is.</p> <p>Ms. Frenkel pointed out that not knowing if there was a communication plan may be an indicator of lower activity, because it means that it has not been an activity that the Board has undertaken. It does not mean that you may be criticizing a communication plan that the staff may have.</p> <p>Commissioner Jung reminded the members that staff needs to hear why they vote the way they do.</p> <p>Chair Smith agreed with Dr. Hess in that they do a good job but really do not have a plan. He chose Moderate because there is opportunity for improvement.</p> <p>Ms. Frenkel then encouraged discussion regarding 3.d.</p> <p>Chair Smith noted few public comments were received during Board meetings.</p>	

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		<p>Mr. Humphreys stated he had voted Moderate and he added they do not provide a lot of direction to staff to seek input from the public.</p> <p>Mr. Sack suggested they give themselves credit for receiving questions and requests from the public and forwarding them to staff for resolution.</p> <p>Commissioner Jung stated she would like to see more citizen participation with the Health District and does not believe the governing entity encourages it. She opined they did not discourage it, but the regular meeting time was not optimal for the general public to attend. She noted they did not get much public input for any of the policies they implement. She suggested the community health assessment may provide an opportunity for the public to be queried as to how they would like to participate in public health or if they would even like to. She suggested they could direct staff to agendize the issue.</p> <p>Chair Smith opined there was not much opportunity for the public to speak, three minutes at a meeting was not much.</p> <p>Ms. Brown noted there were numerous ways for people to contact the Board; they did not have to physically come to a meeting to present their comments.</p> <p>Commissioner Jung agreed with Chair Smith in that a three-minute comment period did not accomplish much. She noted that anything brought up during the comment period could be agendized at the request of a Board member.</p> <p>Mr. Dick agreed, noting the community health assessment would provide an opportunity to develop forums and focus groups, as well as other avenues for public engagement.</p> <p>Ms. Frenkel requested input regarding items 3.a. and 3.c. She noted they had both consensus and outliers on both and wanted to capture comments.</p> <p>Mr. Humphreys asked if the Board had discussed cultural diversity in the community and defined those groups. He was aware they received reports from Community & Clinical Health Services (CCHS) but did not recall substantial Board discussion on the topic.</p> <p>Ms. Frenkel requested a second vote for 3.d., regarding encouragement of the citizens to provide input.</p> <p>Commissioner Jung opined the District does encourage public participation, but the public chooses not to participate.</p> <p>Dr. Hess noted people do report air pollution and contamination and he knows of many different</p>	

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		<p>ways the public can contact the department.</p> <p>Commissioner Jung requested that Ms. Frenkel use "...the District Board of Health..." rather than "... the governing entity..." when reading the questions.</p> <p>Results of second vote: Question 3.a. 3 Significant, 1 Moderate, 1 Minimal Question 3.b. 3 Minimal, 2 No Activity (Second vote split - third vote taken after break upon return of Chair Smith.) Question 3.c. 1 Significant, 3 Moderate, 1 Minimal Question 3.d. 3 Moderate, 1 Minimal (Chair Smith out of the room)</p> <p>[2:32 p.m. 10-minute break. The meeting reconvened at 2:44 p.m.]</p>	
		<p><u>Essential Service 4 - Mobilize Partnerships to Identify & Solve Health Problems</u></p> <p>Ms. Brown explained this question had to do with how well WCHD is getting people and other organizations engaged in health. It was about engaging and sustaining partnerships. The partnerships help support the agency and the system as a whole. It is also about utilization of resources and avoiding duplication. The entity's role is related to collaborations and incorporating elements of other agency's policies or practices and encouraging use of the Health District policies when appropriate.</p> <p>Dr. Todd noted examples of what the Health District has done include some community health assessments and compiling plans for additional ones. Programs have conducted focus groups, community immunization assessments and planned development, food inspections and regulations, fees, community meetings, PHP programs in hospitals and dispensing planning.</p> <p>Commissioner Jung stated part of the challenge for her was to remember they were discussing the Board's role when they were listing staff activities. Dr. Todd asked if it would be helpful if they did not provide those examples and Commissioner Jung opined it would be but it was up to the Board.</p> <p>Ms. Brown explained they had discussed how much information to share but had decided the examples would help the members remember what had been done.</p> <p>Mr. Dick opined the purpose of providing examples was to provide clarification about each essential service. He suggested they refrain from providing the examples unless a Board member requested clarification.</p> <p>Dr. Hess noted that because they were approving staff reports, they were essentially approving</p>	

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		<p>policies. He did appreciate hearing the examples. He opined if a member knew about it and could remember taking action on it, at least in that one area, they could answer more fully. He asked if that was correct.</p> <p>Ms. Frenkel replied it was dependent on how the activity was defined and recommended they review the way the questions were worded. She reviewed Question 4.a. and noted the keys were: 1) at what level does the Board support coordination of resources that the Health District may be doing, and: 2) what was the Board's role in supporting that activity.</p> <p>Results of initial vote: <u>Question 4.a. At what level does the District Board of Health support coordination of resources for strategic alliance building activities?</u> 3 Significant, 2 Moderate <u>Question 4.b. At what level does the District Board of Health encourage the public health department to engage in strategic alliances with public health system stakeholder organizations to solve community health problems?</u> 5 Significant <u>Question 4.c. At what level does the District Board of Health promote the inclusion of public health in policies developed by other governing entities?</u> 3 Significant, 2 Minimal</p> <p>Ms. Frenkel requested discussion about 4.c. regarding the difference in perspective.</p> <p>Dr. Hess stated he did not recall taking any action although it was apparent there were other members that did remember some action.</p> <p>Chair Smith explained he understood "...other governing entities." to mean State and Federally mandated policies and the Board does support those. He felt they were in agreement with activities other entities are doing.</p> <p>Ms. Brown clarified that the public health department may not be the only community group or organization with a governing entity. Other community departments, corporations, hospitals and non-profit organizations have governing boards as well and the Board could engage with them in a variety of ways. The State Board of Health could fit into that category.</p> <p>Commissioner Jung stated she did not believe they participated as much as they probably should. It was possible they were not allowed to legally. New businesses are required to obtain various approvals but they do not review DBOH policies. DBOH direct staff regarding the policies but the Regional Planning Governing Board (RPGB) governs two cities and the County and they are making policy recommendations without input from DBOH. She is concerned that the Board rubber-stamps policies recommended by staff without considering the bigger picture. The School District is not required to take their plans to RPGB for approval. She reiterated she feels like DBOH serves an important role and does not have enough say. They have valuable policies that could be used to help the school district and guide residential development. The Board learns</p>	

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		<p>things through the community health assessments but they do not provide guidance to other entities on those areas of expertise.</p> <p>Results of second vote: Question 4.a. 3 Significant, 2 Moderate Question 4.b. 5 Significant Question 4.c. 3 Significant, 1 Moderate, 1 Minimal</p>	
		<p><u>Essential Service 5 - Develop Policies & Plans That Support Individual & Statewide Health Efforts</u></p> <p>Ms. Brown asked if the Board would like staff to present examples or if they would prefer to wait.</p> <p>Commissioner Jung requested they frame examples within the context of what had been done as a result of Board direction.</p> <p>Mr. Kutz noted that, based on direction, support and/or approval of the Board, staff had implemented public health preparedness plans that include fire vaccination trainings, fire hospital and business POD planning, multi-casual incident planning, mass illness plans, the communicable disease outbreak response plan, the STD outbreak response plan' Various Federal, State and local laws or mandates allow the Health District to enact policies such as communicable disease investigations, food-borne illness investigations, immunization program and policies, STD/HIV programs and policies and air quality monitoring and enforcement.</p> <p>Ms. Brown pointed out this service was about what policies are used to promote health. All the questions were related to having good governing entity practices.</p> <p>Results of initial vote: <u>Question 5.a. At what level does the District Board of Health annually review documentation of its legal authority?</u> 3 Significant, 2 Minimal <u>Question 5.b. At what level does the District Board of Health annually review the District Board of Health's guiding documents?</u> 2 Significant, 1 Moderate, 2 Minimal <u>Question 5.c. At what level does the District Board of Health budget appropriate public health department resources to implement a community health improvement plan?</u> 2 Significant, 2 Moderate, 1 Minimal <u>Question 5.d. At what level does the District Board of Health participate in the public health department's strategic planning process (every 3-5 years)?</u> 4 Significant, 1 Moderate <u>Question 5.e. At what level does the District Board of Health develop a District Board of Health strategic plan?</u> 3 Significant, 2 Moderate <u>Question 5.f. At what level does the District Board of Health recommend evidence-based policies to address identified health priorities?</u> 4 Significant, 1 No Activity</p>	

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		<p><u>Question 5.g. At what level does the District Board of Health monitor the establishment of the public health department's all-hazards emergency response plan?</u> 4 Significant, 1 Minimal</p> <p><u>Question 5.h. At what level does the District Board of Health support aligning jurisdiction resources with state-level plans for health improvement?</u> 3 Significant, 2 Moderate</p> <p>Ms. Brown suggested it would be easier to have a broad discussion than address each question.</p> <p>Commissioner Jung stated she had never seen the Board recommend evidence-based policies. Staff makes recommendations based on evidence-based policies. She did not feel that was her role, goal or job. Dr. Furman had occasionally brought in outside research and attempted to make recommendations. Staff would review it and report back to the Board as to whether or not they felt it should be pursued. She felt the question was non-applicable, as she was not aware she was supposed to be doing policy research. Her view was that their job was to take the subject-matter expert's recommendations, ask clarifying questions and potentially recommend the evidence-based approach. She would not want a Board to take on that role.</p> <p>Mr. Humphreys agreed staff does a good job providing them with evidence-based information and he opined they could do one of two things. One was to accept what staff tells them the other is to effect what is happening. Acceptance of what staff tells the Board sends the message that the Board agrees with the policies and actions being taken. If they do not agree, they have the opportunity and responsibility to try to effect what is happening.</p> <p>Dr. Hess opined policy was that the Board expected staff to make decisions based on evidence-based material.</p> <p>Commissioner Jung suggested the question should have more to do with approving evidence-based policy recommendations, rather than actively making the recommendations.</p> <p>Ms. Frenkel noted 5.c. did not have consensus and Commissioner Jung had a decidedly different opinion than the rest of the Board about Question 5.f.</p> <p>Ms. Brown requested comments for 5.c.</p> <p>Mr. Humphreys pointed out a challenge was budget availability. The funds are very limited in a lot of areas. The Health District does a good job, and the Board does a good job directing staff, regarding using resources appropriately.</p> <p>Ms. Frenkel requested a second vote on 5.c.</p> <p>Commissioner Jung asked if there was a community health improvement plan. Mr. Dick stated there was not. Commissioner Jung asked aloud how anyone could vote Moderate if it did not</p>	

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		<p>exist.</p> <p>Ms. Frenkel noted the lack of a plan would be a good reason to vote no.</p> <p>Chair Smith suggested the FR process represented activity in that area. He noted there were funds budgeted for that purpose.</p> <p>Mr. Dick opined one of the recommendations that would come out of the Fundamental Review would be that they should be doing a community health review.</p> <p>Commissioner Jung pointed out the FR was designed to look at quality assurance and if they were doing everything they could to be leaner and meaner and fundamentally changing in response to lack of money. That may be a recommendation but they cannot say they have been doing that. She noted she had no recollection of ever having reviewed documentation of their legal authority or guiding documents and asked if they had guiding documents.</p> <p>Mr. Dick replied there were By-Laws.</p> <p>Ms. Frenkel asked if they reviewed them as a Board on an annual basis and Commissioner Jung stated they did not.</p> <p>Dr. Hess noted he had reviewed the guiding documentation when he started with the Board but that had not been done annually.</p> <p>Mr. Kutz noted that as part of the public health accreditation process, a community health assessment is done and that is what drives the community health improvement plan. WCHD is on the right track.</p> <p>Results of second vote: Question 5.a. 1 Moderate, 4 Minimal Question 5.b. 5 Minimal Question 5.c. 1 Minimal, 4 No Activity Question 5.d. 4 Significant, 1 Moderate Question 5.e. 3 Significant, 2 Moderate Question 5.f. 5 Significant Question 5.g. 4 Significant, 1 Minimal Question 5.h. 3 Significant, 2 Moderate</p> <p>Ms. Brown opined the votes on 5.f. were disparate due to the fact that a few people feel that they are voting low because the governing entity should be recommending the policies and a few people feel like they are voting higher because they are recommending what staff is presenting.</p>	

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		<p>If they could come to a consensus on what they were voting on perhaps that would help.</p> <p>Commissioner Jung opined the question was poorly worded. NALBOH would not want the Board to provide scientific-based evidence regarding a specific aspect of health care. She was satisfied with an interpretation that the question was asking “At what level does the Board approve staff-recommended evidence-based policies.”</p> <p>Mr. Silverman opined it was actually asking if they recommended evidence-based policies. He agreed their job was not to do the research on the policies but they could make recommendations. He did not see them making recommendations as the question was asking.</p> <p>Mr. Dick addressed the scoring. To apply it that way, they would need to presume that the Board member is recommending evidence-based practices would be optimal. He agreed with Commissioner Jung that that sounds sub-optimal, with the exception of a few highly-trained Board members potentially presenting scientific evidence.</p> <p>Ms. Frenkel wondered if the best word instead of approve or recommend would be support. The Board agreed.</p>	
		<p><u>Essential Service 6 - Enforce Laws & Regulations That Protect Health & Ensure Safety</u></p> <p>Mr. Kutz listed examples that included, via laws mandated via Nevada Revised Statutes or Nevada Administrative Code, exclusion of students from school for lack of immunizations, or from work related to a communicable disease. A restaurant could be closed due to violations or air quality standard violations.</p> <p>Ms. Brown explained the service was about the fact they understand existing regulations and that there are methods to prosecute if appropriate. DBOH’s role is to act as enforcement agent and to support the Health District to be sure all enforcing agents are aware of their roles and responsibilities. It was also about educating those affected by the laws to be sure they understand how the regulations affect them and letting them know of educational opportunities.</p> <p>Results of initial vote:</p> <p><u>Question 6.a. At what level does the District Board of Health confirm legal authority exists for the enforcement of public health policies?</u> 1 Optimal, 4 Significant</p> <p><u>Question 6.b. At what level does the District Board of Health annually review its legal documents to ensure that they comply with other existing statutes?</u> 1 Significant, 2 Moderate, 2 Minimal</p> <p><u>Question 6.c. At what level does the District Board of Health budget for resources to be used for enforcement activities?</u> 5 Significant</p> <p><u>Question 6.d. At what level does the District Board of Health utilize legal counsel?</u> 5 Significant</p> <p><u>Question 6.e. At what level does the District Board of Health advocate that public health policies</u></p>	

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		<p><u>are appropriately enforced?</u> 4 Significant, 1 Moderate <u>Question 6.f. At what level does the District Board of Health encourage those impacted by public health policies to participate in programs developed to improve compliance?</u> 5 Significant</p> <p>Ms. Frenkel requested discussion regarding Question 6.b.</p> <p>Mr. Dick noted a consideration when answering the question was that the Legislature convenes bi-annually. The Board is engaged in tracking bills that are introduced and staff are reviewing. The Health District may be working to influence the outcome of those bills to see statutes changed and regulations adopted. While they may not have a meeting item that reviews all of the documents to be sure they are still in compliance with statutes that have not changed, staff does watch for statutes that are changing and track them to see what impacts they may have on current requirements.</p> <p>Commissioner Jung opined the difference was, probably the best practice from the national public health standard, is that it should be done annually. This is likely derived from areas that have full-time Legislators. She acknowledged the Board participated in the bi-annual review with the goal of taking a stance on certain bills. The Board does utilize reviews from staff regarding what bills affect the Health District and what needs to be changed.</p> <p>Mr. Sack noted all mandates and legal authorities were included in the budget documents every year, along with any updated changes, which the Board reviews.</p> <p>Results of second vote: Question 6.a. 1 Optimal, 4 Significant Question 6.b. 5 Significant Question 6.c. 5 Significant Question 6.d. 5 Significant Question 6.e. 4 Significant, 1 Moderate Question 6.f. 5 Significant</p> <p><u>Essential Service 7 - Link People to Needed Personal Health Services & Assure the Provision of Health Care When Otherwise Unavailable</u></p> <p>Mr. Kutz listed examples including provision of resource and referral to community services. Also the Health District may fill the gap to meet community demand to protect the health of the public through the various clinical services provided such as the Women, Infants and Children (WIC) program, immunizations, family planning, STD/HIV services and Tuberculosis (TB).</p> <p>Ms. Brown explained the service was about assuring that people were receiving the medical care</p>	

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		<p>they need. It was also about providing the best services or directing people to organizations that can provide the services. The governing entity's role is about working with staff to identify if there are barriers to care, encouraging staff to partner with other agencies and assuring that staff is striving to communicate with different populations that may not be receiving care.</p> <p>Results of initial vote: <u>Question 7.a. At what level does the District Board of Health advocate for services for all citizens in a jurisdiction?</u> 2 Significant, 3 Moderate <u>Question 7.b. At what level does the District Board of Health encourage linkages between the public health department and other public health system stakeholder organizations to reduce barriers to care?</u> 3 Significant, 2 Moderate <u>Question 7.c. At what level does the District Board of Health assure the implementation of policies supporting outreach to all citizens in the jurisdiction?</u> 2 Significant, 3 Moderate</p> <p>Ms. Brown suggested it would be useful for the record if the members would share a few examples of how they feel like the DBOH had achieved some of the goals.</p> <p>Commissioner Jung noted the Health District had utilized MPH interns from the University of Nevada, Reno (UNR) and the Board also provides scholarships. WCHD also partnered with Planned Parenthood to try to provide them Title 10 funds. She felt their involvement in looking for other shareholders and stakeholders was significant.</p> <p>The Board members agreed the original votes could stand.</p> <p>Question 7.a. 2 Significant, 3 Moderate Question 7.b. 3 Significant, 2 Moderate Question 7.c. 2 Significant, 3 Moderate</p>	
		<p><u>Essential Service 8 -Assure a Competent Public & Personal Health Care Workforce</u></p> <p>Mr. Kutz noted there were several examples, including staff evaluations containing SMART goals, staff have opportunities for program-specific trainings and professional development through the Washoe County Learning Center, EPI-News is a tool used to educate staff and the medical community about public health issues, opportunities are provided for UNR students and interns to learn about public health, we provide invaluable public health experiences for future public health professionals, staff teaches at UNR and provide real-world experience to students, we also have MRC staff.</p> <p>Ms. Brown explained this service was about making sure there was a competent work health force. The Board's role is to budget for staff development and helping to be sure education and</p>	

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		<p>training opportunities are available to staff. They should be appraising the performance of the public health executive. Do they have input about how staff are evaluated? Are they doing self-assessments or are there opportunities for them to become more educated regarding public health?</p> <p>[Councilperson Ratti arrived at 3:35 p.m.]</p> <p>Dr. Hess asked if funds were available for continuing education.</p> <p>Mr. Dick replied there was grant funding available for professional development dependent upon what program people may be in. Funds are not available to support tuition reimbursement for someone seeking an advanced degree. Any funds available are targeted to course-specific expenditures such as registration and associated travel.</p> <p>Results of initial vote: <u>Question 8.a. At what level does the District Board of Health conduct an annual self-assessment?</u> 2 Moderate, 4 No Activity <u>Question 8.b. At what level does the District Board of Health participate in board development opportunities (e.g., orientation, conference trainings, webinars, National Association of Local Boards of Health, etc.)?</u> 3 Moderate, 3 Minimal <u>Question 8.c. At what level does the District Board of Health establish policies designed to ensure public health department job classification requirements are based on core competencies for public health professionals?</u> 1 Moderate, 2 Minimal, 3 No Activity <u>Question 8.d. At what level does the District Board of Health review public health department job classifications?</u> 3 Minimal, 3 No Activity <u>Question 8.e. At what level does the District Board of Health conduct annual performance review of the public health department executive?</u> 2 Significant, 4 Moderate</p> <p>Ms. Frenkel requested input regarding 8.b. in an attempt to achieve consensus.</p> <p>Commissioner Jung stated she had voted Moderate, because the only opportunity she had been made aware of was a NALBOH meeting and the Board sends one member. They have not been offered conference trainings, webinars or any other type of training. There is opportunity for improvement but it is another constraint based on lack of funds. She opined there were other, creative methods that could be shared with the Board to help them understand the different areas they are governing.</p> <p>Councilperson Ratti stated that was exactly her assessment of the facts, but she voted Minimal. There are free resources the Board members can take advantage of and they could be doing more individually.</p>	

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		<p>Mr. Humphreys noted times that Mr. Dick had sent informational opportunities for their review. He agreed there was room for improvement</p> <p>Results of second vote for: Question 8.b. 2 Moderate, 4 Minimal</p> <p>Ms. Frenkel noted a lack of consensus regarding 8.c.</p> <p>Dr. Hess stated he did not believe they had ever discussed the topic.</p> <p>Mr. Dick opined that with 150 full-time employees in the District, it might not be a role the Board should be involved with. He reiterated the assessment was designed for all Boards of Health across the country and there are some local Boards that have minimal staff and may have the ability to be much more engaged.</p> <p>Ms. Brown asked if job classifications could be edited to be specific to public health within the County framework.</p> <p>Mr. Dick pointed out a number of positions within the District were not specific to public health and some that are. The classifications can be re-opened and edited from time to time but the District does not have full control over that process.</p> <p>Ms. Stickney noted that the different classifications and number of employees with the classifications had been presented to the Board in the past.</p> <p>Ms. Frenkel suggested they discuss 8.d. as it was a related topic.</p> <p>Councilperson Ratti asked if the organization published core competencies for public health professionals. She opined it should be at a policy level that they align their job classifications as much as possible with national standards for core competencies. She opined reviewing job classifications is not an applicable function for the Board to be conducting, but setting the policy stating they should be based on core competencies is.</p> <p>Mr. Dick noted national core competencies exist and are available for use. He felt there are some places where they would fit in well and others they would not, based on the specific type of position. He has not been involved in trying to apply them. He opined there may be alignments within the class specifications but they have not been designed around the core competencies.</p> <p>Dr. Todd agreed with Mr. Dick's comments. He noted they have been using some core competencies because they are a grant requirement, but that is not exactly what the question is talking about.</p>	

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		<p>Ms. Brown said the guiding question was “What policies has the Board of Health developed for the District to ensure that all staff are held to certain levels of public health competency?” To clarify, it was asking if there are policies in place to assure that there are levels of competency, not so much a review of class specifications.</p> <p>Mr. Dick noted there were positions that were established at different levels but they are not classified by the generic core competency levels that are in the standards.</p> <p>Ms. Frenkel requested discussion regarding 8.a.</p> <p>Mr. Humphreys noted he was one of the outliers on this vote. He felt the Board did do that, but has not created a formal plan. He changed his vote to No Activity.</p> <p>Results of second vote for: Question 8.a. 1 Moderate, 5 No Activity Question 8.c. 6 No Activity Question 8.d. 2 Minimal, 4 No Activity Question 8.e. 2 Significant, 4 Moderate</p>	
		<p><u>Essential Service 9 -Evaluate Effectiveness, Accessibility & Quality of Personal & Population-Based Health Services</u></p> <p>Mr. Kutz described examples including programs that have both formal and informal evaluation processes, some mandated by Grantors, many programs conduct ongoing evaluations to include surveys, website feedback, etc., qualitative and quantitative data is analyzed and used to improve programs and services, example: when conducting public health drills and exercises, after-action reports, improvement plans, AARIPs are written up to determine both strengths and areas for improvement.</p> <p>Ms. Brown elaborated by explaining the service was about making sure that, as the entity that is governing, but also as the Heath District, they are doing the best job they can and are working on any areas that need improvement. The Board should provide access to resources that will allow staff to conduct evaluations. It is also the Board’s role to encourage anyone who uses the evaluations to provide feedback and to use the evaluations to make improvements.</p> <p>Results of initial vote: <u>Question 9.a. At what level does the District Board of Health establish policies supporting a quality improvement plan for public health services?</u> 1 Moderate, 4 Minimal, 1 No Activity <u>Question 9.b. At what level does the District Board of Health advocate for appropriate resources</u></p>	

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		<p>to support quality improvement activities? 5 Moderate, 1 Minimal <u>Question 9.c. At what level does the District Board of Health encourage public health system stakeholder organizations to contribute to the quality improvement process?</u> 1 Moderate, 3 Minimal, 2 No Activity <u>Question 9.d. At what level does the District Board of Health use evaluation findings to allocate resources to effective programs?</u> 1 Moderate, 1 Minimal, 4 No Activity <u>Question 9.e. At what level does the District Board of Health encourage evaluation on the impact of public health policies?</u> 2 Moderate, 4 Minimal</p> <p>Ms. Frenkel requested discussion on 9.c.</p> <p>Commissioner Jung stated that during her tenure there had never been a QI process until the one they were undergoing right now, which was the Fundamental Review. She had no knowledge of the Board directing that other stakeholders be evaluated by the Fundamental Review Team.</p> <p>Councilperson Ratti opined what was missing was a comprehensive QI process. She realized there was QI but it was all driven at staff and program level. She provided the example of emergency preparedness planning. There is rigorous, regular evaluation and improvement and staff invites stakeholders to be involved in that. Since it was a governance question, she could not say that, as a governing member, she has ever been asked or thought to get more members of the community involved in QI. There is not an absence of QI, just no governance participation.</p> <p>Mr. Humphreys noted they do receive, accept and approve staff reports and by doing so he feels they have somewhat participated in their QI work with the other organizations.</p> <p>Ms. Frenkel requested comment on 9.c.</p> <p>Mr. Dick noted the Board was pushing for the Health District to do the Fundamental Review and felt that was a significant QI activity.</p> <p>Results of second vote: Question 9.a. 1 Moderate, 4 Minimal, 1 No Activity Question 9.b. 5 Moderate, 1 Minimal Question 9.c. 6 Minimal Question 9.d. 1 Moderate, 1 Minimal, 4 No Activity Question 9.e. 2 Moderate, 4 Minimal</p>	
		<p><u>Essential Service 10 - Research for New Insights & Innovative Solutions to Health Problems</u></p> <p>Mr. Kutz provided examples to include programs that partner with UNR, the EPI program which</p>	

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		<p>routinely contributes to the body of knowledge of Epidemiology with Communicable Disease investigations and occasionally submits to peer-reviewed literature and/or CDC MMWR.</p> <p>Ms. Brown explained the research impacted the other nine services so this refers to research that is done for the workforce addressing monitoring, informing and educating. It is about discovering and using new ways to get the job done. The Board role is to be aware of benefits and the importance of public health research and advocate for it.</p> <p>Results of initial vote: <u>Question 10.a. At what level does the District Board of Health ensure the public health department implements evidence-based policies to support practices in its jurisdiction?</u> 1 Significant, 4 Moderate, 1 Minimal <u>Question 10.b. At what level does the District Board of Health encourage collaboration between the public health department and academic institutions for community-based research?</u> 3 Significant, 3 Moderate <u>Question 10.c. At what level does the District Board of Health facilitate access to resources for research?</u> 2 Moderate, 4 Minimal</p> <p>Ms. Frenkel requested comment on 10.b.</p> <p>Ms. Brown stated the guiding questions included asking what kinds of collaborations has the entity encouraged with educational facilities and how is the governing entity contributing to this. Also, do any of the members of the governing entity have connections to the institutions, i.e. are there any staff members from UNR on the Board.</p> <p>Commissioner Jung opined the vote should be Moderate, if not Minimal, because the Board has no relationship with UNR. The Health District does interact with them, using interns and assisting with scholarships. She agreed they should recruit someone from UNR for the Board when there was an opening. That would help them with some of the questions regarding whether they are ensuring that they are recommending research-based solutions to public health issues.</p> <p>Mr. Dick noted that an individual from the UNR School of Medicine would be speaking at the February DBOH meeting regarding the Board's public health scholarship. Scholarship recipients will also attend and the Board will be invited to tour the Medical School.</p> <p>Mr. Humphreys opined staff and the Health District was doing a significant job and the Board had not done much encouragement to enhance what is already being done.</p> <p>Commissioner Jung asked if CCHS had any theories about why the teenage pregnancy rate was declining. She referred to research conducted in correlation with a reality-based show about teenage pregnancy that indicated the show may be having a positive influence.</p>	

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		<p>Results of second vote: Question 10.a. 1 Significant, 4 Moderate, 1 Minimal Question 10.b. 1 Significant, 5 Moderate Question 10.c. 2 Moderate, 4 Minimal</p> <p>[4:07 p.m. break - reconvene at 4:15 p.m.]</p> <p>Ms. Frenkel initiated a discussion regarding what the Board perceives to be their priorities among the ten essential services. From the dialog worksheet, she asked them to reflect on and identify which essential services are most important to them for the DBOH to do a good job on and why they think they are the most important. She indicated a poster on the wall with the wheel representing the 10 essential services and asked them to place sticky dots on the four that they thought were the top priorities. She encouraged them to consider their own priorities and not go with those of the other Board members.</p> <p>The number of dots on each of the essential services is as follows: #1, Monitor Health – 5 #2, Diagnose & Investigate – 1 #3, Inform, Educate, Empower – 4 #4, Mobilize Community Partnerships – 3 #5, Develop Policies – 5 #6, Enforce Laws – 2 #7, Link to/Provide Care – 1 #8, Assure Competent Workforce – 2 #9, Evaluate – 1 #10, Research – 0</p> <p>Commissioner Jung noted the top realms selected were Assessment and Policy Development, not Assurance.</p> <p>Ms. Frenkel reiterated these seemed to be the most important priorities to the Board.</p> <p>The audience viewed the composite results of the voting. Ms. Frenkel noted the essential services in which the Board scored the highest were Diagnose & Investigate, Mobilize Community Partnerships and Enforce Laws. The lowest scores included Assure Competent Workforce, Evaluate and Research.</p> <p>Ms. Frenkel asked what they noticed regarding their prioritization and their scoring. At least a few of the Board members opined they were doing well.</p>	

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		<p>Commissioner Jung stated they were honest with themselves and the assessment, there was validity.</p> <p>Councilperson Ratti noted a gap with #3, Inform, Educate and Empower. It was one of the highest priorities but the vote only reflected 50 percent. Same with #5, Develop Policies.</p> <p>Ms. Frenkel suggested #3 and #5 might be opportunities for the Board to explore as they move forward. She asked for initial ideas about how some of the areas could be improved and how they could support the essential service.</p> <p>Ms. Brown suggested that categories the Board had indicated were low priorities may not have been chosen as high priorities because the Board was already doing them well.</p> <p>Commissioner Jung opined it had to do with learning how to do the test.</p> <p>Dr. Hess noted some things had been artificially separated that were actually very closely related.</p> <p>Ms. Frenkel noted that during the first two rounds of the assessment some of the members were focusing more on evaluating staff than the Board.</p> <p>Chair Smith pointed out they regularly receive status reports, they do not diagnose or investigate as a Board.</p> <p>Ms. Frenkel refreshed them regarding the language of the standard, which is that they facilitate access to appropriate resources for public health surveillance also for public health response, and recommend policies to ensure diagnosis and investigation of health threats and emergencies. It notes they encourage collaboration between the Health District and stakeholder organizations to diagnose and investigate public health threats and emergencies.</p> <p>Mr. Humphreys stated they realize staff is doing a great job and the Board has accepted what they are doing because they haven't seen the need to make any change.</p> <p>Councilperson Ratti, referring to the Diagnose & Investigate topic, opined that currently the way the Board is influential is by what it pays the most attention to. If the Board is paying attention the staff knows they need to pay attention. Her experience was that there was something related to Diagnose & Investigate on almost every agenda. They spend a lot of time on it, even if they are not necessarily doing anything. She noted they were doing some things well, but did not think they were a high priority. Regarding Enforcement - they were subject to mandates that influenced how they did certain things, so the likelihood of them losing sight of those mandated items is less.</p>	

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		<p>Councilperson Ratti went on to say a big piece for her was Monitoring, which comes along with a community-wide health assessment that turns into a strategic plan that turns into a certain evaluation that tells them how they are doing on the strategic plan. It is easier to let that go than the more critical pieces. They are so busy doing important work sometimes that they don't take the time to step back, evaluate, plan, monitor and do the strategic thinking that she thinks is important.</p> <p>Chari Smith opined results of Question 2 indicated that the members in general were comfortable with what they are doing.</p> <p>Ms. Frenkel noted it was not uncommon to think in terms of what they needed to work harder on. She suggested the ones they might look at more closely would be Questions 1, 3 and 5. They were not high-scoring but did get a lot of votes in terms of priorities.</p> <p>Chair Smith noted Monitoring was an ongoing item that was discussed at every meeting. He opined that was why it received a high number of votes.</p> <p>Ms. Brown reiterated the Monitoring section was about the health assessment and Policies was about the health improvement plan and the strategic plan. She noted the Board had ranked Strategic Processes as a high priority.</p> <p>Commissioner Jung stated the realization was that DBOH needs a fully robust community health assessment so that they can target what areas should be addressed while keeping the limited resources in mind. After they have the community health assessment, it goes right into Policies, #5, which results in a community health improvement program. She opined they were rated the way they were was because everyone was on the same Board now and sees the bigger picture of what is really lacking and why they have not been able to demonstrate how effective they have or have not been in terms of where they allocate resources and making the justification of how the budget looks. It has never been attached to an assessment that never really happened. They had the ACHIEVE grant but that wasn't attached to budget creation. She felt it would help them make a plan and put their priorities and resources and then measuring that after the fact to see if Washoe County has become a healthier, safer and stronger community.</p> <p>Mr. Humphreys opined what the Board could do to help improve the process would be to give direction to staff to help them determine what an assessment plan should in fact be. They are the experts on what happens with a policy so the Board should seek advice from staff so they can set the policy.</p> <p>Councilperson Ratti admitted to an initial defeatist thought that, if every Board and Commission went through this type of process and expected this level of performance, it would be impossible. After she put that behind her she realized it would be incredibly important for them to prioritize the</p>	

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		<p>things that are most important and will make the most impact in terms of making WCHD and community stronger. At different phases within an organization, different facets of the 10 pieces will be more important. We are coming out of a period of three DHOs and a recession. Putting aside individual opinions about which pieces are important, which ones are most important for them to focus on at this point in the HDs history? She had been through the recession and had been in the position to feel as though she did not have the tools to make the decisions about where the money should go. The Board needs to get to a place where they have better information about what the overall health of the community is, what the overall strategy of the HD is to effect the health of the community, how it relates to other partners and what they are doing in the community and how they can get meaningful, regular evaluation of outcomes so that when they do have to make decisions they have the information they need. She opined they were doing a good job of upholding the law. She felt the partnerships with UNR and those types of things can be handled by staff. She felt she needed more information as a tool to really govern. The FR should be more a routine process. Assess, strategize, implement, evaluate and repeat.</p> <p>Mr. Humphreys noted the discussions they had had regarding the responsibilities and actions of the Board versus what staff is doing. Sometimes it is a fine line and it can be challenging to make the separation. He felt it was important for them as a Board to realize what their responsibility is and that is to set policy.</p> <p>Ms. Frenkel explained the information would be put into a report that summarizes the work done and the voting results chart. It would include the comments, ideas and suggestions that came out of the discussion.</p> <p>Ms. Frenkel commended the Board and staff for agreeing to go through the process. She noted it can be overwhelming but the prioritizing piece will continue as a part of important conversations for the Board to have.</p> <p>Ms. Brown felt it was well done and it spoke highly of DBOH to be willing to take on the process, because it is something a lot of national organizations are doing and now it can be said that WCHD is doing it too. It is a big achievement.</p> <p>Mr. Dick thanked Ms. Frenkel and Ms. Brown for guiding the Board through the process, it was very helpful and they had done an excellent job. He stated he was grateful for that and everybody's participation and engagement and was delighted that it turned out to be a valuable exercise for everyone. Based on the comments he had heard from the Board members and looking at the results and priorities he felt they had made good progress towards determining priorities and establishing a foundation for future success. Starting in 2008 the question of what programs should be cut had come up repeatedly. He had promised he would read the minutes from the meetings and what he saw were comments that they needed to conduct a community health assessment. The mentality was that the resources did not exist to do that at the time. He</p>	

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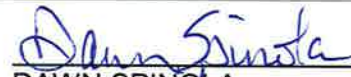
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		<p>opined had the assessment been done then, the HD would be much better off now. He did not think they could afford not to do a community health assessment with whatever resources they could scrape together. He noted that was reflected as a high priority to the Board. He reiterated the Community Health Improvement Plan will be built on that, which was also something that the Board scored highly. From there, a Strategic Plan is developed which is instrumental for how they decide to allocate resources. From the Strategic Planning process, they can decide how to inform, educate and empower and how to mobilize other organizations in the community to work with HD. If they are working from the community health assessment on improvement planning processes with other community organizations, that begins to build relationships that can be used to engage the folks in the local public health system. He was pleased that his views aligned with how the Board was thinking. The FR report will arrive in February. Mr. Dick anticipated it will contain recommendations that dovetail with the Board's priorities so that they can use both tools to determine which ones are important and they feel they should move forward with.</p> <p>Chair Smith noted that the exercise had been very enlightening and they had gotten more out of it than many of the other strategic retreats the Board had convened during the 12 years he had been on the Board. He thanked Mr. Dick, Ms. Frenkel and Ms. Brown for putting it together and reiterated it had been refreshing. With the fundamental review coming up they had some exciting times coming. He felt they had a bright future with real direction. He thanked staff for doing a great job.</p>	
7.	Closing Comments Regarding District Board of Health Retreat by Board Members and Staff.	None.	Mr. Smith
*8.	Limited to Announcements or Issues for Future Agendas.	Commissioner Jung requested an update on the Tribal Health issue regarding intervention of exposure to blood borne disease. She requested that any GIS data being used be included in their meeting packets. She requested more information about behavior/risk studies being conducted. She stated she would like to see a composite of the results of the surveys for service that is provided to customers. Commissioner Jung went on to say she felt the DBOH had a role to encourage and enlighten Physician's offices that they should be more of a one-stop-shop, encouraging patients to get needed services like flu shots while they were in the office and delivering it to them.	
*9.	Public Comment – (3 minute time limit per person)	None.	
10.	Adjournment		Commissioner Jung moved, seconded by Mr. Humphreys , that the

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			seconded by Mr. Humphreys , that the meeting be adjourned. <u>MOTION CARRIED</u> The meeting was adjourned at 4:50 p.m.



 KEVIN DICK
 DISTRICT HEALTH OFFICER



 DAWN SPINOLA
 ADMINISTRATIVE SECRETARY/RECORDING SECRETARY

Approved by the Washoe County District Board of Health in session on _____, 2014

10 Essential Services



District Board of Health Public Health Governing Entity Assessment Results

ESSENTIAL SERVICE 1		Optimal	Significant	Moderate	Minimal	No Activity	Not Applicable	OVERALL
1.a	At what level does the governing entity advocate for policies that define a community health assessment process?		3	2				Significant
			3	2				Significant
1.b	At what level does the governing entity encourage the public health department to actively collaborate with all public health system stakeholder organizations on a community health assessment?		4	1				Significant
			4	1				Significant
1.c	At what level does the governing entity budget for public health department resources to be used for a community health assessment?		1	4				Moderate
			1	4				Moderate
1.d	At what level does the governing entity set priorities for community health improvement based on information from the community health assessment?	1	2	1	1			FALSE
			4	1				Significant
ESSENTIAL SERVICE 2		Optimal	Significant	Moderate	Minimal	No Activity	Not Applicable	OVERALL
2.a	At what level does the governing entity facilitate access to resources for the surveillance of public health threats?	3	2					Optimal
		3	2					Optimal
2.b	At what level does the governing entity facilitate access to resources to respond to public health threats?	1	4					Significant
		3	2					Optimal
2.c	At what level does the governing entity recommend policies that address the surveillance of public health threats?	1	2	2				FALSE
			5					Significant
2.d	At what level does the governing entity encourage ongoing collaboration among public health system stakeholder organizations regarding issues of public health threats?	1	3	1				Significant
		1	3	1				Significant
ESSENTIAL SERVICE 3		Optimal	Significant	Moderate	Minimal	No Activity	Not Applicable	OVERALL
3.a	At what level does the governing entity recommend budget items for community health promotion programs?		3	1	1			Significant
			3	1	1			Significant
3.b	At what level does the governing entity ensure the public health department is using a health communications plan?		1	2	2			FALSE
					3	2		Minimal
3.c	At what level does the governing entity recommend policies that support culturally appropriate health promotion activities?		1	3	1			Moderate
			1	3	1			Moderate
3.d	At what level does the governing entity encourage citizens to provide input on community health issues to the public health department governing entity?			2	2	1		FALSE
				3	1			Moderate

District Board of Health Public Health Governing Entity Assessment Results

ESSENTIAL SERVICE 4		Optimal	Significant	Moderate	Minimal	No Activity	Not Applicable	OVERALL
4.a	At what level does the governing entity support coordination of resources for strategic alliance building activities?		3	2				Significant
			3	2				Significant
4.b	At what level does the governing entity encourage the public health department to engage in strategic alliances with public health system stakeholder organizations to solve community health problems?		5					Significant
			5					Significant
4.c	At what level does the governing entity promote the inclusion of public health in policies developed by other governing entities?		3		2			Significant
			3	1	1			Significant
ESSENTIAL SERVICE 5		Optimal	Significant	Moderate	Minimal	No Activity	Not Applicable	OVERALL
5.a	At what level does the governing entity annually review documentation of its legal authority?		3		2			Significant
				1	4			Minimal
5.b	At what level does the governing entity annually review the governing entity's guiding documents?		2	1	2			Minimal
					5			Minimal
5.c	At what level does the governing entity budget appropriate public health department resources to implement a community health improvement plan?		2	2	1			FALSE
					1	4		No Activity
5.d	At what level does the governing entity participate in the public health department's strategic planning process (every 3-5 years)?		4	1				Significant
			4	1				Significant
5.e	At what level does the governing entity develop a governing entity strategic plan?		3	2				Significant
			3	2				Significant
5.f	At what level does the governing entity recommend evidence-based policies to address identified health priorities?		4			1		Significant
			5					Significant
5.g	At what level does the governing entity monitor the establishment of the public health department's all-hazards emergency response plan?		4		1			Significant
			4		1			Significant
5.h	At what level does the governing entity support aligning jurisdiction resources with state-level plans for health improvement?		3	2				Significant
			3	2				Significant

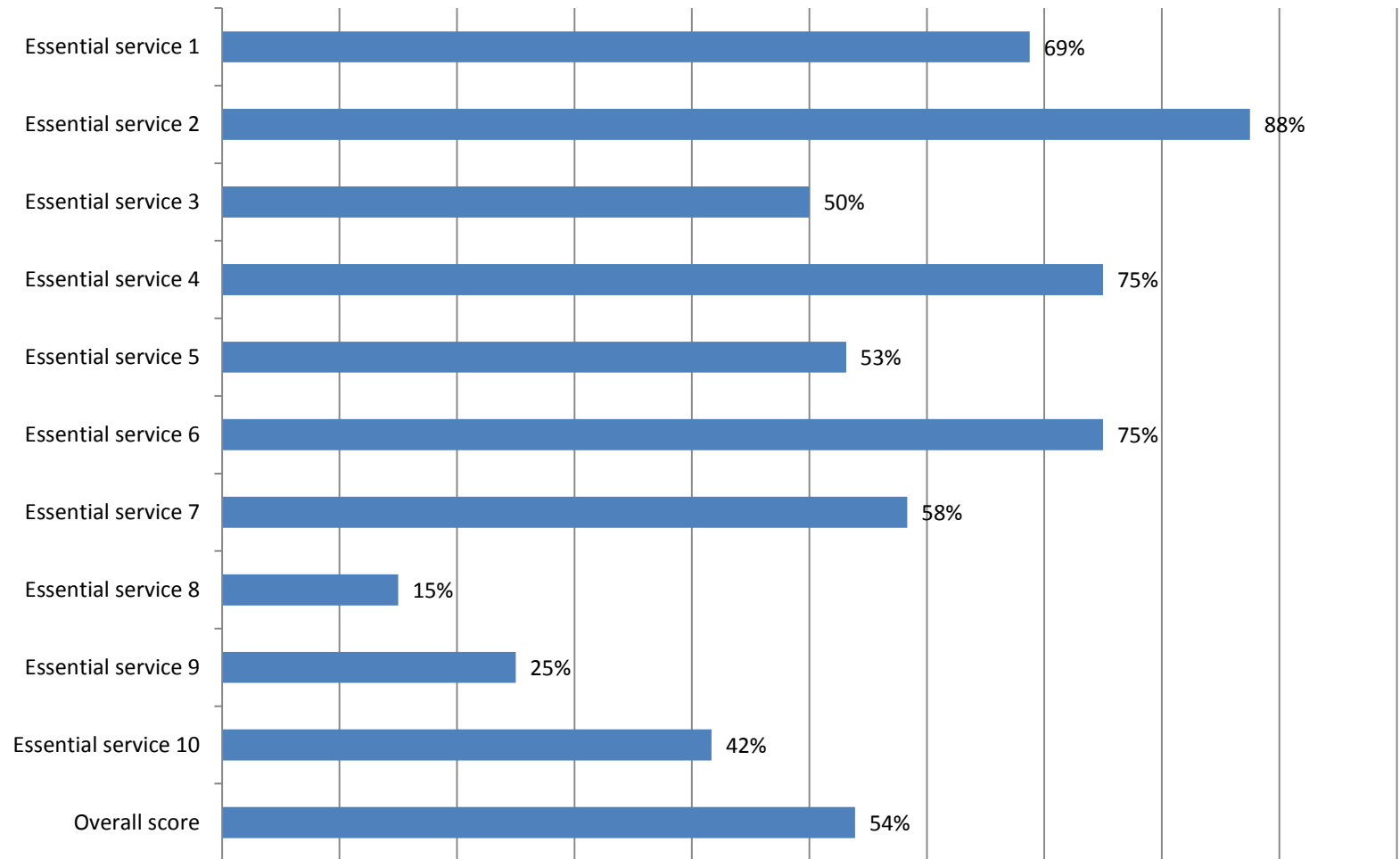
District Board of Health Public Health Governing Entity Assessment Results

ESSENTIAL SERVICE 6		Optimal	Significant	Moderate	Minimal	No Activity	Not Applicable	OVERALL
6.a	At what level does the governing entity confirm legal authority exists for the enforcement of public health policies?	1	4					Significant
		1	4					Significant
6.b	At what level does the governing entity annually review its legal documents to ensure that they comply with other existing statutes?		1	2	2			FALSE
			5					Significant
6.c	At what level does the governing entity budget for resources to be used for enforcement activities?		5					Significant
			5					Significant
6.d	At what level does the governing entity utilize legal counsel?		5					Significant
			5					Significant
6.e	At what level does the governing entity advocate that public health policies are appropriately enforced?		4	1				Significant
			4	1				Significant
6.f	At what level does the governing entity encourage those impacted by public health policies to participate in programs developed to improve compliance?		5					Significant
			5					Significant
ESSENTIAL SERVICE 7		Optimal	Significant	Moderate	Minimal	No Activity	Not Applicable	OVERALL
7.a	At what level does the governing entity advocate for services for all citizens in a jurisdiction?		2	3				Moderate
			2	3				Moderate
7.b	At what level does the governing entity encourage linkages between the public health department and other public health system stakeholder organizations to reduce barriers to care?		3	2				Significant
			3	2				Significant
7.c	At what level does the governing entity assure the implementation of policies supporting outreach to all citizens in the jurisdiction?		2	3				Moderate
			2	3				Moderate
ESSENTIAL SERVICE 8		Optimal	Significant	Moderate	Minimal	No Activity	Not Applicable	OVERALL
8.a	At what level does the governing entity conduct an annual self-assessment?			2		4		No Activity
				1		5		No Activity
8.b	At what level does the governing entity participate in board development opportunities (e.g., orientation, conference trainings, webinars, National Association of Local Boards of Health, etc.)?			3	3			FALSE
				2	4			Minimal
8.c	At what level does the governing entity establish policies designed to ensure public health department job classification requirements are based on core competencies for public health professionals?			1	2	3		FALSE
						6		No Activity
8.d	At what level does the governing entity review public health department job classifications?				3	3		FALSE
					2	4		No Activity
8.e	At what level does the governing entity conduct annual performance review of the public health department executive?		2	4				Moderate
			2	4				Moderate

District Board of Health Public Health Governing Entity Assessment Results

ESSENTIAL SERVICE 9		Optimal	Significant	Moderate	Minimal	No Activity	Not Applicable	OVERALL
9.a	At what level does the governing entity establish policies supporting a quality improvement plan for public health services?			1	4	1		Minimal
				1	4	1		Minimal
9.b	At what level does the governing entity advocate for appropriate resources to support quality improvement activities?			5	1			Moderate
				5	1			Moderate
9.c	At what level does the governing entity encourage public health system stakeholder organizations to contribute to the quality improvement process?			1	3	2		FALSE
					6			Minimal
9.d	At what level does the governing entity use evaluation findings to allocate resources to effective programs?			1	1	4		No Activity
				1	1	4		No Activity
9.e	At what level does the governing entity encourage evaluation on the impact of public health policies?			2	4			Minimal
				2	4			Minimal
ESSENTIAL SERVICE 10		Optimal	Significant	Moderate	Minimal	No Activity	Not Applicable	OVERALL
10.a	At what level does the governing entity ensure the public health department implements evidence-based policies to support practices in its jurisdiction?		1	4	1			Moderate
			1	4	1			Moderate
10.b	At what level does the governing entity encourage collaboration between the public health department and academic institutions for community-based research?		3	3				FALSE
			1	5				Moderate
10.c	At what level does the governing entity facilitate access to resources for research?			2	4			Minimal
				2	4			Minimal

Essential Service Chart: Your score for each essential service, and your overall score



Washoe County



Health District

**Washoe County District Board of Health
Regular Meeting Minutes
January 23, 2014**

PRESENT: Chair Matt Smith, Vice Chair Kitty Jung, David Silverman, Dr. George Hess, Dr. Denis Humphreys, Councilperson Julia Ratti and Councilperson Sharon Zadra

ABSENT: None

STAFF:

Kevin Dick, Interim District Health Officer
 Herb Kaplan, Deputy District Attorney
 Eileen Stickney, Administrative Health Services Officer, AHS
 Charlene Albee, Acting Division Director, AQM
 Steve Kutz, Division Director, CCHS
 Robert Sack, Division Director, EHS
 Jeff Whitesides, Manager, EPHP
 Steve Fisher, Department Computer Application Specialist, AHS
 Dawn Spinola, Administrative Secretary/Recording Secretary, AHS

Melissa Peek, Epidemiologist, EPHP
 Jim Gubbels, President, REMSA
 Christina Conti, Public Health Emergency Response
 Coordinator, EPHP
 Daniel Inouye, Acting Division Director, AQM

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
1:00 PM *1, 2	Meeting Called to Order, Roll Call and Pledge of Allegiance	Chair Smith called the meeting to order. Roll call was taken and quorum noted. The Pledge of Allegiance was led by Mr. John Slaughter.	
*3.	Public Comment (limited to three (3) minutes per person). No action may be taken.	None.	
4.	Approval/Deletions to Agenda for the January 23, 2014 Meeting	Chair Smith announced Item 14 would be heard immediately after Item 11.	Councilperson Zadra moved, seconded by Councilperson Ratti , that the January 23, 2014 agenda be approved as amended. <u>MOTION CARRIED</u>

Washoe County District Board of Health Meeting Minutes January 23, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
5.	Approval/Additions/Deletions to the Minutes of the December 19, 2013 Regular Meeting	Chair Smith called for any additions or corrections to the minutes of December 19, 2013 regular meeting.	<p>Councilperson Ratti moved, seconded by Mr. Silverman, that the minutes of the December 19, 2013 regular meeting be approved as presented.</p> <p><u>MOTION CARRIED</u></p>
*6.	Recognitions	<p>Mr. Dick and Chair Smith announced the following recognitions:</p> <ul style="list-style-type: none"> A. Introduction of New Employee(s) – <ul style="list-style-type: none"> 1. Dawn Spinola - Administrative Secretary –AHS – 1/13/14 B. Promotions – <ul style="list-style-type: none"> 1. Theresa Goins – Permanent, Part-Time Advanced Practitioner of Nursing (APN) - CCHS C. Years of Service – <ul style="list-style-type: none"> 1. Christina Burton (Tina) – Plans/Permits Aid – AQM – 25 Years D. Retirements/Departures – <ul style="list-style-type: none"> 2. Wallace Prichard – Air Quality Specialist II – Retiring 1/31/14 with 13+ Years of Service 3. Mary Clauson – Office Assistant II – Leaving Nevada 1/31/14 with 12+ Years of Service E. Introduction of New Washoe County Manager – <ul style="list-style-type: none"> 1. John Slaughter – 11/12/13 	
7.	Proclamations	<ul style="list-style-type: none"> A. National Heart Month and National Wear Red Day - PROCLAIMED, by the Washoe County District Board of Health that February 7, 2014, is designated as National Wear Red Day and the month of February 2014 as American Heart Month. 	<p>Mr. Silverman moved, seconded by Councilperson Zadra, that the Proclamation be approved as presented.</p> <p><u>MOTION CARRIED</u></p>

Washoe County District Board of Health Meeting Minutes January 23, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>B. National Radon Action Month in Washoe County - PROCLAIMED, by the Washoe County District Board of Health that the month of January is designated as National Radon Action Month in Washoe County.</p> <p>Susan Howe, from the University of Nevada Cooperative Extension Program, thanked the Health District and the American Lung Association for partnering with them in their efforts to reduce lung cancer in Washoe County. She shared some statistics regarding Washoe County radon testing results and noted that the Cooperative Extension was offering free test kits through the end of February.</p>	<p>Councilperson Ratti moved, seconded by Councilperson Zadra, that the Proclamation be approved as presented.</p> <p><u>MOTION CARRIED</u></p>
8.	Consent Agenda	<p>A. <u>Air Quality Management Cases:</u></p> <ol style="list-style-type: none"> 1. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board: <ol style="list-style-type: none"> a. Whittlesea Checker Taxi – NOV 5396, Case 1142 100 Sunshine Lane, Reno, NV 89502 2. Recommendation of Cases Appealed to the Air Pollution Control Hearing Board. None. 3. Recommendation for Variance: None. <p>B. <u>Sewage, Wastewater & Sanitation Cases:</u> Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board. None.</p> <p>C. <u>Budget Amendments / Interlocal Agreements:</u></p> <ol style="list-style-type: none"> 1. Approval of the Washoe County Smoke Management Program Memorandum of Understanding with Truckee Meadows Fire Protection District, North Lake Tahoe Fire Protection District, The Nevada Department of Conservation and Natural Resources, Division of Forestry, Division of State Lands, Division of State Parks and Division of Wildlife; and the United States Department of the Interior, Bureau of 	

Washoe County District Board of Health Meeting Minutes January 23, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>Land Management and Fish & Wildlife Service</p> <p>D. <u>Retroactive authorization of travel and travel reimbursements</u> for non-County employee Harry “Bus” Sharman (District 1 Commissioner from Churchill County) to attend the Robert Wood Johnson Foundation Learning Center Community meeting in San Diego, California in the approximate amount of \$1,000, supported by the grant award (IO 20385).</p>	<p>Councilperson Ratti moved, seconded by Mr. Humphreys, that the Consent Agenda be approved as presented.</p> <p><u>MOTION CARRIED</u></p>
9.	Air Pollution Control Hearing Board Cases appealed to the District Board of Health.	None.	
10.	<p>Regional Emergency Medical Services Authority</p> <p>A. Review and Acceptance of the REMSA Operations Reports for December, 2013</p> <p>*B. Update of REMSA’s Community Activities Since December, 2013</p>	<p>Mr. Jim Gubbels, President of REMSA, reported that in December, 2013 Priority 1 Compliance was 91%, and Priority 2 Compliance was 93%. Average Care Flight bill for the month was \$6,869, which brought the year-to-date average to \$8,085. The average Ground Service bill for the month was \$1,075, which brought the year-to-date ground average to \$1,067.</p> <p>Mr. Gubbels noted our community has recently been highlighted due to active shooter cases and pointed out letters of thanks, included in the packet, for the utilization of REMSA’s Tactical EMS team. He explained FEMA does make recommendations for EMS services and how they provide support during Active Shooter events. REMSA’s utilization of its Tactical EMS team had received national recognition.</p> <p>Mr. Gubbels discussed REMSA’s Running Red for Heart 5K run, benefitting the American Heart Association, to be held February 8, 2014.</p>	<p>Councilperson Ratti moved, seconded by Councilperson Zadra, to accept the REMSA Operations and Financial Report for December, 2013 as presented.</p> <p><u>MOTION CARRIED</u></p>
11.	Presentation, Discussion, and Possible Direction to Staff regarding Emergency Medical Services (“EMS”), Including Recommendations Contained in the TriData Report and	<p>Mr. Dick, in Dr. Todd’s absence, explained the EMS Working Group and REMSA were working towards Principles of Agreement for a renewed franchise agreement and were nearing a conclusion on that project.</p> <p>Mr. Dick told the Board that the EMS</p>	

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TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
	Various Other EMS Studies	<p>Working Group had been working on how to establish an oversight structure for the regional emergency medical services system. WCHD has been working with Mr. Slaughter, Mr. Gubbles and the managers from the cities of Reno and Sparks. The staff report covering the Principles of Agreement as well as a Resolution for an Interlocal Agreement to establish an EMS oversight system will be presented to the jurisdictions and DBOH at a concurrent meeting on February 10, 2014 at 8:30 a.m. to be held at Reno City Hall in the Council Chambers.</p> <p>Councilperson Ratti requested Mr. Dick hold individual meetings with each of the Board members prior to February 10, 2014 to discuss the staff report and the proposed agreements. Mr. Dick stated he would make time available for briefings on the work that has been done and the proposals that will be presented.</p> <p>Dr. Hess asked when the written report would be available and Mr. Dick estimated it would be sometime during the following week.</p> <p>Councilperson Zadra noted the Reno City Manager and Chief would be providing information on the matter to the Council members Monday of the following week. She emphasized that the other Boards were experiencing the same informational time delays as DBOH.</p>	<p>Report presented, no action taken. <u>NO MOTION</u></p>
14. (Taken out of order.)	Approval of proposed changes to the District Board of Health's Suggested Guidelines for Emergency Medical Services (EMS) Coverage for Mass Gatherings	Ms. Christina Conti, Public Health Emergency Response Coordinator, EPHP, presented the proposed guidelines, noting that during the last Legislative session the State had utilized the Health District's guidelines as a tool to implement new legislation. The changes to the guidelines were minimal; they incorporated specific language that is now State law.	Commissioner Jung moved, seconded by Dr. Hess , to approve the proposed changes to the District Board of Health's Suggested Guidelines for Emergency Medical Services (EMS) Coverage for Mass Gatherings.

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TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
			<u>MOTION CARRIED</u>
12.	Approval of the Health Fund Revenue and Expenditure Report for December, 2013	Ms. Stickney recommended the DBOH accept the attached report of the revenues and expenditures for December, 2013. She noted receipt of Medicaid revenue income and explained the steps that had been undertaken to cause that to occur. She explained that atypical clinic activity had caused a variance of overstated third-party reimbursements.	Councilperson Zadra moved, seconded by Mr. Silverman , that the Health Fund Revenue and Expenditure Report for December, 2013 be approved as presented. <u>MOTION CARRIED</u>
13.	Fiscal Year 2015 Budget Kick-off, Calendar and Update with possible direction to staff.	<p>Ms. Stickney noted there would be a standing agenda item for Fiscal Year 15. Review of line items, estimates to complete and forecasts for FY15 were currently being discussed. Any resources that can be saved during FY14 can be reallocated and used as resources for FY15.</p> <p>Ms. Stickney reminded the Board of the budget presentation meeting to be held on March 6, 2014 at 1:00 p.m. A budget meeting will be held with the City and County managers on March 5, 2014 and Mr. Dick will pass along their comments to DBOH at their meeting. Final budget approval is tentatively scheduled for April 15, 2014.</p> <p>Dr. Hess remarked on a line item for Capital Improvement and Ms. Stickney noted that was not an annual occurrence. The prior year had CI funds allocated for lobby remodel and an update to the phone system. The current request would cover construction that would alleviate the dangers of a building entrance that is hazardous to employees during the winter.</p> <p>Councilperson Ratti asked if there was an extra meeting scheduled for budget and Ms. Stickney replied March 6, 2014 was the only special meeting scheduled. The regularly-scheduled meeting on March 27, 2014 would also take place, so there will be two total meetings for the month of March.</p>	Report presented, no action taken. <u>NO MOTION</u>

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TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
15.	<p>Recommendation to Approve an Employment Agreement Between the Washoe County District Board of Health and Mr. Kevin Dick for the Position of District Health Officer</p>	<p>Chair Smith acknowledged the contract had taken some time to finalize as the County was working towards consistency among all of the department head's contracts.</p> <p>Dr. Hess expressed concern that compensatory time may be earned by a salaried employee on an hour-for-hour basis for hours worked over 40 in a week.</p> <p>Commissioner Jung stated that clause was de rigeur at the County level. She asked Mr. Dick if the clause had anything to do with a benefit that provided payout at time of separation of employment. Mr. Dick replied he was not entitled to a payout based on his point of entry into the position. He clarified by saying that longer-term employees do receive a payout but he will not as he started after that benefit had been eliminated.</p> <p>Councilperson Ratti asked if the contract was consistent with the contracts of the other County department heads. Chair Smith and Mr. Dick replied that it was. Councilperson Ratti acknowledged Dr. Hess' concern, but on the whole, considered it a fair agreement. She requested acknowledgement that the current contract had been agreed to by Mr. Dick, Chair Smith and the County, and Chair Smith stated it had.</p> <p>Dr. Hess expounded on his earlier concern, suggesting that if Mr. Dick earned a substantial amount of compensatory time he would be entitled, and may be tempted, to use it. He reiterated he did not feel that executives should earn compensatory time.</p> <p>Commissioner Jung noted his concern but opined a professional does not have time to take compensatory time off, it is simply recognized that they have it available should they require flexibility in their schedule. She acknowledged there was reason to be concerned as the past two District Health Officers had taken substantial amounts of time off. Commissioner Jung stated she</p>	

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TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>believed Mr. Dick could handle that type of professional responsibility and would not abuse the time. She felt they had reason to keep an eye on the situation, but reiterated her confidence in Mr. Dick.</p> <p>Councilperson Ratti, for clarity and accuracy, requested verification that the maximum compensatory time that could be compiled was 240 hours and was not cumulative from year to year. Mr. Dick confirmed that was correct.</p> <p>Dr. Hess pointed out that 240 hours was 30 working days in addition to the other time off Mr. Dick was already entitled to. Dr. Hess stated he was adamantly opposed to the compensatory time.</p> <p>Mr. Dick explained that after the 3.5 years he had been employed with the County, he held over 150 hours of compensatory time, so the initial exposure would be less than 90 hours when the 240-hour cap and his 150 existing hours were factored in.</p> <p>Chair Smith pointed out the contract was boilerplate. He agreed with Commissioner Jung in that he had no concerns with Mr. Dick regarding this issue. He hoped that if Mr. Dick's presence was needed for an emergency that he would take some time off afterwards because the Board and Health District needs him. Chair Smith opined the contract was in line with all of the other County contracts and he was fine with it.</p> <p>Councilperson Zadra had inquired with the City of Reno as to whether the contract for the Reno City Manager was similar to the County department head contracts. She had yet to receive a response as she had only recently submitted the inquiry. She noted the contract for the Reno-Sparks Convention and Visitor's Authority management did contain compensatory time. The CEO received 30 hours and the executive staff is granted discretionary time subject to the determination of the CEO, not to exceed two weeks.</p> <p>Councilperson Ratti acknowledged the concern regarding the</p>	<p>Councilperson Ratti moved, seconded by Commissioner Jung, to approve an Employment Agreement Between the Washoe County District Board of</p>

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TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>compensatory time was legitimate but asked if the comparison to the Reno Manager's contract was relevant, as the agreement under discussion was regarding County employment. She was willing to state that, on the whole, she agreed with the package. She agreed 240 hours of compensatory time could become an issue if the position was held by someone who may be inclined to take advantage but reiterated that, on the whole, she felt it was a well-balanced contract.</p>	<p>Health and Mr. Kevin Dick, for the Position of District Health Officer as presented.</p> <p>Dr. Hess abstained.</p> <p><u>MOTION CARRIED</u></p>
16.	<p>Discussion and possible direction to staff on results of the National Public Health Performance Standards Public Health Governing Entity Assessment Instrument from the January 16, 2014 Washoe County District Board of Health meeting</p>	<p>Chair Smith requested comments from the Board members regarding the assessment exercise and stated he felt it had been very enlightening.</p> <p>Mr. Silverman stated it was informative, educational and personally eye-opening. It had been a good challenge to think about and answer what the question was actually asking. He suggested it should be done more often.</p> <p>Dr. Hess thought it was very useful and the only parts he had trouble with was separating what the Health Department is doing and achieving as opposed to what the Board is doing and achieving.</p> <p>Councilperson Zadra apologized for missing the assessment but she had reviewed the material. She had found the concept and format to be enlightening.</p> <p>Chair Smith asked if they should be thinking about some of the things they scored badly on. Staff provides the Board with information and the assessment was asking if the Board was completing tasks associated with that information. This led him to ask himself if they should be participating more, or should they be leaving it to staff. He felt some parts of the assessment inferred the Board may not be doing all that it was tasked to do. He was unable to come up with specific assessment questions that clarified his point.</p> <p>Commissioner Jung asked if he was referring to the question</p>	

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TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>regarding whether or not they read the Statutes and the mission each year. She opined Ms. Frenkel was attempting to help them prioritize and to realize that a low score does not reflect a priority. There may be an underlying reason why the scores fell where they did.</p> <p>Commissioner Jung felt they were essentially in consensus with their prioritizations. The exception was Dr. Hess, who is on the Board as a Physician and it is his job to point it out if he did not feel they were doing enough in certain areas. Commissioner Jung opined it gave them a great foundation as a team on where to move forward and to have a plan for action, a vision and some guidelines.</p> <p>Councilperson Ratti said it was good to complete intellectual exercises, but it meant nothing unless some of it is made actionable. She felt the place where governing boards can fall off course afterwards is by trying to make too many things actionable. She suggested when the summary came back they select one or two things where they can have early, simple wins in really changing the quality of the Board without taking everything on. As always, they will rely on staff to set them up to do that well, which is the nature of a Governing Board with a CEO.</p> <p>Mr. Dick felt it was worthwhile and revealing for staff to better understand some of the Board's perspectives and ways staff could provide better support to the Board. Based on the discussion about the statutes and the mission, he thought staff could work to develop a better on-boarding manual that provides more information. Mr. Dick opined the timing may be fortuitous as both the report from the retreat and the Fundamental Review Team report and recommendations would be presented at the next Board meeting. He felt it was an opportunity to see where the Board's priorities aligned with the recommendations so they would be able to make decisions based on information from both sources.</p> <p>Chair Smith suggested the Fundamental Review Team should look at the results of the assessment and participate in that discussion.</p>	

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		<p>Councilperson Ratti agreed and expressed her wish that some actionable items would come out of the Fundamental Review as well as the assessment. She noted they needed to be respectful of staff time in deciding if the governance issues are the bigger priority or if some other part of the Fundamental Review has a higher priority.</p>	<p>No action taken. <u>NO MOTION</u></p>
<p>*17.</p>	<p><u>Staff Reports and Program Updates</u></p> <p>A. Director, Epidemiology and Public Health Preparedness Communicable Disease - Influenza, Public Health Preparedness & Continuity of Operations, Training, Public Awareness and Medical Reserve Corps</p>	<p>Mr. Jeff Whitesides, Manager of the Public Health Preparedness Program, speaking for Dr. Todd, invited Ms. Melissa Peek to the podium to provide an update to the Board regarding seasonal influenza.</p> <p>Ms. Peek, Epidemiologist for the Communicable Disease Program, stated there had been changes since the Board report had been submitted. She reported influenza-like activity in Washoe County was beginning to decrease. As of Week 3 which ends January 18, 2014, the ILI percentage was down to 2.6%, which below the regional baseline of 2.9%. She opined that was the first time the County had been below the baseline since Week 48 or 49.</p> <p>Ms. Peek stated that to date the County had 626 positive lab results reported. Of those, 149 had been PCR confirmed as the 2009 H1N1 and that is the predominant circulating strain in the community and nationally this flu season. 68 cases were hospitalized which is an 11% hospitalization rate for the season. Of the 68, 45 had lab-confirmed H1N1. Of the 68, 19 were ICU admits, 16 of those were lab-confirmed H1N1. Washoe County has had 7 influenza-caused deaths this year, all positive for 2009 H1N1. 5 of the 7 are between the ages of mid-30's to mid-50's.</p> <p>Ms. Peek stated that since the flu season has been more severe, the Division has been pushing prevention messages out to the community. There have been 14 media interviews and Mr. Phil Ulibarri, the District PIO, has also sent out two press releases.</p> <p>Councilperson Zadra noted Nevada, but not California, appeared on</p>	

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TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>a national map as having a high rate of flu cases and asked Ms. Peek to comment. Ms. Peek opined it had to do with the flu surveillance process. Washoe County actively seeks out cases that are hospitalized or tested through a hospital and requests the medical records. That was how staff located 6 of the 7 deaths, as none of them were required to be reported to the County. She emphasized they were looking for information, not waiting for it to be reported.</p>	
	<p>B. Director, Community and Clinical Health Services Client Satisfaction Survey Results, Program Update – Sexual Health, Divisional Update and Program Reports</p>	<p>Mr. Steve Kutz, Director, Community Clinical and Health Services, noted he was pleased Dr. Hess had enjoyed seeing the results of the CCHS satisfaction survey. He was very proud of the exceptional service provided by staff to the community and opined the numbers reflected that.</p> <p>Mr. Kutz stated that there were approximately 18,000 individuals registered under the Affordable Care Act in Nevada. The statistics were not broken down by County. He met with Social Services staff and there were Certified Application Counselors in place that have logins into the Health Exchange. Clients who are interested in signing up will be referred to them. There are computer workstations for individuals needing access. He stated Social Services staff had been very easy to work with.</p> <p>Mr. Kutz reported that, due the increase in influenza and its complications, a special clinic had been held in partnership with Immunize Nevada at the Boys and Girls Club, where they immunized 264 individuals. There has been an increase in appointments, specifically for influenza vaccine, at the Health District.</p> <p>Mr. Kutz explained that Mr. Dick had connected TB staff with Renown’s Emergency Management staff, and Washoe County’s TB clinic will now be a part of Renown’s notification should there be an event on the Renown campus. The County has an office on the campus so is appreciative of any notification.</p>	

Washoe County District Board of Health Meeting Minutes January 23, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>Mr. Kutz stated the County was using some of the funds from the Master Settlement Agreement and contracting with UNR on work towards the Tobacco-Free UNR campaign.</p> <p>Mr. Kutz discussed an inservice that was held regarding Methamphetamine-exposed babies. CCHS and WIC staff attended as well as many individuals from the community. A total of 80 were in attendance.</p> <p>Commissioner Jung complemented Mr. Kutz on the excellent survey results and asked that he share that with staff. She emphasized the results were particularly commendable in light of the fact that some members of the community do not understand what services are available and what could be expected from them.</p>	
	<p>C. Director, Environmental Health Services Food Program, Vector-Borne Disease Program, General Environmental and EHS Inspection Totals</p>	<p>Mr. Robert Sack, Division Director, Environmental Health Services, had no additional information to report.</p> <p>Commissioner Jung noted Mr. Sack was working with the DA's office regarding the Medical Marijuana bill and asked if he was aware of a resource named Rebecca Gaska, an employee of the ACLU who lobbied the bill through the State. Commissioner Jung noted Ms. Gaska was working to find ways to dispose of the product and make it inert. Commissioner Jung stated she would provide Ms. Gaska's contact information to Mr. Sack.</p> <p>Mr. Sack noted one of the things that was glaringly apparent in the bill was that it gives no guidance on how to properly dispose of the substance. Right now, the only disposal method is as an illegal drug. The County would need to research how disposal would be handled.</p> <p>Commissioner Jung explained Ms. Gaska researched how other states were handling this subject and has policy recommendations. Commissioner Jung stated she was a self-appointed liaison for the Board of County Commissioners working with staff to be prepared when medical marijuana becomes legal in April and the County can begin licensing it. She pointed out the County needed the revenue</p>	

Washoe County District Board of Health Meeting Minutes January 23, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>and she had the votes at the BCC, so this was going to happen. The BCC has never declared a moratorium; they simply have not permitted its use or accepted business licenses. She pointed out staff has been directed to review ordinances and land uses for potential conflicts.</p> <p>Mr. Sack stated his Division had already made the determination that there were no changes required at the regulatory level to effectively regulate it. It would be necessary to determine what would be a Federally-acceptable method of disposal.</p> <p>Dr. Hess asked if the Pembroke Wetlands Mr. Sack referred to in his report was the golf course. Mr. Sack explained it was the whole area on both sides. Dr. Hess asked if part of that belonged to the University. Mr. Sack reiterated any discussion about Pembroke Wetlands included the whole stretch. Dr. Hess asked what the Health District's recommendation was regarding the Connector. Mr. Sack replied the Health District was only concerned with minimization of standing water, which was associated with storm runoff.</p>	
	<p>D. Acting Director, Air Quality Management Air Quality, Monitoring and Planning Activity, Permitting Activity, Compliance & Inspection Activity and Permitting & Enforcement Activity</p>	<p>Mr. Daniel Inouye, Acting Division Director, Air Quality Management, explained that last year had been challenging in terms of fine particulate matter (PM2.5). Creating problems were wildfires in August and September, and then stagnant weather conditions in December leading to additional PM2.5 episodes. EPA has criteria for determining attainment with the National Ambient Air Quality Standards. For PM2.5, the criteria is the 3-year average in the 98th percentile. He emphasized that meant one bad year did not lead to non-attainment. He did state that if another season occurred that was similar or worse than 2013, Washoe County could become a non-attainment area for fine particulate matter.</p> <p>Mr. Inouye went on to say that if we did become a non-attainment area, many of our currently voluntary measures would become mandatory. The County would be required to develop a Federally-enforceable state implementation plan that would need to be</p>	

Washoe County District Board of Health Meeting Minutes January 23, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>approved by the EPA. The Division engages in outreach efforts which help encourage voluntary efforts and behavioral changes.</p> <p>Mr. Inouye stated air quality will be summarized in an air quality trends report which will be presented to the Board in May.</p> <p>Commissioner Jung asked if the Division had received calls regarding an individual advising people that the interiors of their homes were ruined due to the fine particulate matter and offer cleaning services. This individual cleans the property, then submits a claim to the homeowner's insurance and retains a portion of whatever the claim pays out. Mr. Inouye had not been made aware of this situation but stated that newer heating devices emitted less pollution inside the house than previous models. He noted that any disaster involving insurance claims brings out people who try to take advantage.</p>	
	<p>E. Administrative Health Services Officer Updates previously provided during Agenda Items Nos. 13 & 14</p>	<p>Ms. Eileen Stickney, Administrative Health Services Officer, Administrative Health Services, had no additional information.</p>	
	<p>F. District Health Officer REMSA/EMS, Fundamental Review, Permit Software Project, Quality Improvement Initiative, Healthy Community Conversation, Staffing, Other Events & Activities and Health District Media Contacts</p>	<p>Mr. Kevin Dick, District Health Officer, reported that the efforts to replace the permit and business license software regionally were still in progress. Mr. Sack, Ms. Albee and Mr. Fisher were working with him and it was anticipated that there would likely be an Interlocal Agreement item coming before the Board requesting approval to move forward with the project within the next couple of months.</p> <p>Mr. Dick stated that as of January 21, 2014, the WIC program had transitioned from AHS to CCHS. It was decided that the WIC program could deliver better services to their clients if they were working in conjunction with the other CCHS programs as there were opportunities for additional services to be provided when clients come in for WIC appointments. The Fundamental Review team had been very supportive of the change and had encouraged Mr. Dick to move ahead prior to receipt of their report. There may also be</p>	

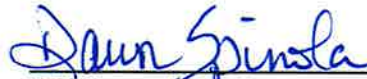
Washoe County District Board of Health Meeting Minutes January 23, 2014

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		<p>additional opportunities to bill under Medicaid and receive revenue through reimbursement for services.</p> <p>Mr. Dick went on to explain that another reason for the transition was to free up Ms. Stickney from AHS to focus on administrative support for the Health District and not on direct program delivery. He noted the transition had been well-received and staff was already envisioning potential new opportunities.</p> <p>Mr. Dick noted the recent shootings at Sparks Middle School and Renown, and advised the Board he has mandated Active Shooter Awareness training for all Health District staff. He thanked Mr. Whitesides and his staff for getting the trainings set up. For staff members unable to attend the scheduled trainings in person, there is an online course, FEMA 907, which may be of interest to the Board members.</p>	
*18.	Limited to Announcements or Issues for Future Agendas	<p>Councilperson Ratti requested confirmation the County was in the process of merging most of the functions that have to do with Health and Human Services. Commissioner Jung stated that was correct.</p> <p>Councilperson Ratti opined it should be a priority to get Health's house in order, particularly in light of the numerous large projects in process. She felt as though there were opportunities for a different type of working relationship with the other HHS departments in the County and Health should be engaged in a dialog with them as they transition. She suggested it may be a bit early to be in that discussion but stated she would like to see any viable opportunities pursued as part of future direction. Her focus is finding ways to provide better outcomes for clients.</p> <p>Mr. Dick stated he had not had a chance to meet with Messer's. Slaughter and Schiller to discuss the topic but that was only due to his and Mr. Slaughter's engagement with the REMSA/EMS negotiations that were approaching deadline. He stated he would be pursuing the suggested interaction and reporting back to the Board.</p>	

TIME/ ITEM	AGENDA ITEM	DISCUSSION	ACTION
		Councilperson Ratti reiterated it may be too early to be discussing the subject so if it took some time she understood, but she would like it to occur at some point.	
19.	Emergency Items	None.	
*20.	Public Comment (limited to three (3) minutes per person). No action may be taken.	None.	
21.	Adjournment		<p>Commissioner Jung moved, seconded by Councilperson Ratti, that the meeting be adjourned.</p> <p><u>MOTION CARRIED</u> The meeting was adjourned at 2:23 p.m.</p>



KEVIN DICK
DISTRICT HEALTH OFFICER



DAWN SPINGOLA
ADMINISTRATIVE SECRETARY/RECORDING SECRETARY

Approved by the Washoe County District Board of Health in session on _____, 2014

IHCC

Inter-Hospital Coordinating Council

DATE: January 10, 2014

TO: IHCC Members

FROM: Rob McLaughlin., IHCC Chairman
Michael Munda, IHCC Vice Chairman

SUBJECT: IHCC Accomplishments for calendar year 2013

In preparation for our January 2014 meeting, Christina Conti reviewed the IHCC 2013 meeting minutes and compiled a list of IHCC's major accomplishments. Rob McLaughlin and Michael Munda fine-tuned the list of accomplishments. It is very important that we take the time to recognize the strides the group has made and the impact it has on the community. The IHCC achieved and/or began working on all of the annual goals and trainings established for 2013. The goals for this year were quite ambitious and require multi-month and multi-agency coordination which is why several have not been fully completed. The District Health Officer and the District Board of Health along with the leaders of IHCC appreciate the hard work you do to prepare our community to provide the best health care possible at all times, and especially during times of disaster.

I. REAL WORLD RESPONSES

Poor Air Quality within Region – September 2013. For close to a two week period of time, Washoe County was under poor air quality and had heavy smoke from wildfires to contend with. Hospitals within the region employed various tactics to help keep the smoke out of their facilities and ensure patient care was continued without complications.

Barton Memorial Hospital – September 16, 2013. A Code Orange (HAZ-MAT) event within the facility's indoor therapy pool occurred at midnight. Muriatic acid was added to the Chlorine vat. The mixture created a chemical smoke cloud. Three employees treated for exposure.

II. ACCOMPLISHMENTS

Multi-Casualty Incident Plan (MCIP) Revision: The IHCC and regional partners participated in the revision and updating of the MCIP. This process began in December 2012 and continued throughout the year. The MCIP was approved by the District Board of Health on December 19, 2013.

Updating of the Bylaws: The IHCC updated the bylaws to be more reflective of the makeup of the coalition membership that has been in existence for over 10 years within Washoe County. All members are now voting members and have an equal contribution to the goals and objectives of the IHCC.

Mutual Aid Evacuation Annex (MAEA) Update: The IHCC began the process for expanding the MAEA to include the process for what would occur within the region if multiple facilities would be evacuating. This process will include regional, State and Federal response information.

Special Events Pre-Planning: Based on lessons learned, the IHCC expanded the annual Summer Hot August Nights pre-planning discussion to a monthly discussion. Each month the IHCC reviews the upcoming events

within the region and the potential impact on pre-hospital and hospital care. Additionally, an IHCC representative is now on the City of Reno Special Events Committee that meets monthly. This information is disseminated to the group to continue to improve preparedness efforts.

Mutual Aid Evacuation Annex Trainings: Held two different times throughout the year. This was an opportunity for REMSA and hospital personnel to train side-by-side on the MAEA procedures and evacuation paperwork.

Updating of the Annual Calendar: The IHCC has an annual calendar that details the points of interest to be discussed on an annual basis. This includes annual trainings, annual Joint Commission requirements and annual Health District requirements. The IHCC reviewed the annual calendar, implemented in 2011, and made some updates and revisions based on the past two years of data.

Regional Situation Awareness Document: The IHCC participated in the development of a regional medical situational awareness document to be utilized by the REOC Planning Section during a regional emergency. This document will allow the REOC a glimpse at the entire medical response and have potential needs identified the Incident Action Plan can address possible items to be worked on to support the medical efforts and needs.

III. EXERCISES

Operation Urgent Solidarity Tabletop Exercise: Held January 9, 2013 and was a partnership between Washoe County School District and regional emergency responders. The tabletop drill tested initial impact and initial response within the hospital setting for the earthquake.

Northern Nevada Medical Center Active Shooter Drill: Held January 9, 2013 and was a partnership between NNMC and Sparks Police Department. This full scale drill tested the response of hospital staff and police officers during an emergency and provided learning opportunities for emergency planning.

Operation Urgent Solidarity Functional Exercise: Held March 19, 2013. The functional drill tested sustainability 96-hour hold, damage assessment, medical examiner coordination for resources, HAMLINK communication system (only CVMC, NNMC, Saints, Renown, and VA), and Family Assistance Center (Renown).

Business Continuity Tabletop Exercise: Held May 16, 2013 and was a partnership with Washoe County Emergency Management & Homeland Security, Microsoft Office and regional partners.

Operation Urgent Solidarity Full Scale Exercise: Held May 23, 2013. The full scale drill tested medical surge within the receiving hospitals and mental health support from the NNAMHS disaster mental health team. In addition, a HAZMAT drill was conducted but did not result in patient transport.

Reno Air Races Tabletop Exercise: Held June 6, 2013. This tabletop drill tested response to a bomb from the initial response to subsequent secondary responding organizations.

Great Shake Out Exercise: Held October 17, 2013. This regional drill tested earthquake response within facilities and the use of WebEOC during an emergency.

IV. TRAINING

MAEA Training: January 22, 2013

ICS 300: May 20-22, 2013

Family Assistance Center Training: April 17, 2013

Atmospheric River Storm Training: April 18, 2013

Regional Collaboration Workshop: May 30, 2013

Private POD Training: June 13, 2013

Advanced Crisis Emergency Response Training: June 25-27, 2013

MAEA Training: July 23, 2013

ICS 400: August 13-14, 2013

TEPW: August 20, 2013

VA Dual Use Vehicle training: August 20, 2013

Atmospheric River Storm Training: September 12, 2013

Great Shake Out: October 17, 2013

Statewide Medical Surge Workshop: November 8, 2013

Atmospheric River Storm Training: December 5, 2013

Multi-Casualty Incident Plan Workshop: December 12, 2013

V. GRANT ACTIVITIES

Through the Assistant Secretary for Preparedness and Response (ASPR) grant, the Washoe County Health District has been able to begin developing an Emergency Water Restoration plan for the region. This plan will specifically address potable water and will have planning guidelines for hospitals to utilize within their facilities. Work on this plan began on the fiscal calendar and will be completed during 2014.



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

Proclamation

WHEREAS, each year, the United States and other countries recognize World TB Day on March 24 to commemorate the date in 1882 when Dr. Robert Koch announced his discovery of Mycobacterium tuberculosis, the bacillus that causes tuberculosis (TB); and

WHEREAS, this day is utilized to increase public awareness that TB continues to pose a health threat and if not treated properly, TB disease can be fatal; and

WHEREAS, United States reported 9,945 cases in 2012; and

WHEREAS, Nevada reports approximately 100 newly diagnosed cases of TB disease each year, and consistently ranks among the top twenty states with the highest rates of TB; and

WHEREAS, Washoe County reported 9 cases of TB in 2013; and

WHEREAS, TB bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidney, spine, and brain; and

WHEREAS, the goal of eliminating TB can be reached by working together and strengthening partnerships.

PROCLAIMED, by the Washoe County District Board of Health that **March 24, 2014** is designated as **World TB Day in Washoe County**.

ADOPTED, this 27th day of February, 2014.

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



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: February 27, 2014

TO: District Board of Health

FROM: Charlene Albee, Director, Air Quality Management Division

SUBJECT: DAATA LLC - Mr. Balwinder Singh – Case No. 1143
Unappealed Citation No. 5212

Recommendation

Air Quality Management Division Staff recommends that Citation No. 5212 be upheld and a fine of \$3,000.00 be levied against DAATA LLC for failure to have an asbestos survey performed by a qualified person and submitted to Air Quality Management for the issuance of an Acknowledgement of Asbestos Assessment prior to the demolition/renovation of a commercial facility. Conducting demolition/renovation activities without submitting an asbestos survey for the issuance of an Acknowledgement of Asbestos Assessment is a major violation of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.105(B)(10) National Emission Standards for Hazardous Air Pollutants (NESHAP), Subpart M - Asbestos, which is implemented through Section 030.107, Hazardous Air Pollutants. This is a negotiated settlement.

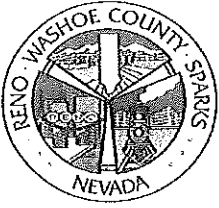
Recommended Fine: \$7,000.00

Negotiated Fine: \$3,000.00

Background

On December 19, 2013, Washoe County Air Quality Management Division received a citizen complaint of possible illegal removal and disposal of asbestos containing materials at the former Ponderosa Lodge located at 1400 East Fourth Street in Reno, Nevada. A review of the Air Quality Management records determined an Asbestos Acknowledgement Form had been completed on November 13, 2014 for renovation activities at that location. The Acknowledgement form stated there was to be no demolition associated with the project. The vinyl flooring would be covered over with no removal of existing flooring allowed and minor patching of holes in walls would be allowed. No asbestos sampling was required based on the description of proposed renovation activities. The use of best management practices for dust control and proper disposal of all waste was required. On November 21, 2013 an amended Acknowledgement of Asbestos Assessment was issued for the same project reflecting a change of contractor with the same scope of work.

Air Quality Specialist II Joshua Restori was dispatched to the above address and found considerable weather damage, fire damage and vagrant vandalism/theft had left much of the interior construction materials disturbed in all seven of the buildings. Many of these construction materials are considered suspect asbestos containing materials and were in a friable condition in the rooms, including, but not limited to, ceiling texture, drywall, joint compound, and a white powdery material present in what appeared to be a former boiler room. Specialist Restori noted that debris containing suspect materials had been removed from the buildings and placed in an open dumpster located on site.



DISTRICT HEALTH DEPARTMENT AIR QUALITY MANAGEMENT DIVISION

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION

Date: January 3, 2014

Company Name: DAATA LLC Balwinder Singh

Address: 1233 East Fourth Street

Notice of Violation No.: 5212 Case No.: 1143

The staff of the Air Quality Management Division of the Washoe County District Health Department issued the above referenced citation for the violation of Regulation: 030.105-030.107 A+B No Asbestos Sampling or Notification, Work Practices - No Controls

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 3,000⁰⁰. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on February 27, 2014.

Balwinder Singh
Signature of Company Representative

Dennis A. Cerfoglio
Signature of District Representative

BALWINDER SINGH
Print Name

DENNIS A. CERFOGLIO
Print Name

Owner
Title

Sr. Air Quality Specialist
Title

Witness

J.C. Roberts
Witness

Witness

Witness

**AIR QUALITY MANAGEMENT - ADMINISTRATIVE PENALTY TABLE &
RECOMMENDED FINE CALCULATION WORKSHEET**

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

<u>Regulation</u>	<u>1st Violation</u>	<u>2nd Violation</u>
040.005 Visible Emissions	\$ 1,000	\$ 2,500
040.030 Dust Control (fugitive)	250	750
040.035 Open Fires	500	1,000
040.040 Fire Training	500	1,000
040.050 Incinerator	1,000	2,000
040.051 Woodstoves	500	1,000
040.055 Odors	1,000	2,000
040.080 Gasoline Transfer (maintenance)	1,000	2,000
040.200 Diesel Idling	500	1,000
050.001 Emergency Episode	1,000	2,000

II. Major Violations - Section 020.040

<u>Regulation</u>	<u>Violation</u>	<u>Source Category</u>	
		<u>Minimum</u>	<u>Maximum</u>
030.000	Construction/Operating without Permit (per major process system or unit/day)	\$ 5,000	\$ 10,000
030.1402	Failure to Comply with Stop Work Order	2,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2,500	10,000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2,500	5,000
	All other Major Violations (per day or event)	\$ 5,000	\$ 10,000
030.000	Construction Without a Dust Control Permit Project Size – Less than 10 acres Project Size – 10 acres or more	\$ 500 + \$50 per acre \$1,000 + \$50 per acre	

III. Major Violations - Section 030.107 Asbestos

A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 5,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 5,000 - \$10,000

**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

Company Name DAATA LLC
Contact Name Balwinder Singh

Case 1143 NOV 5212 Complaint CMP13-0198

Violation of Section 030.107 (A), (B) & (C) Hazardous Air Pollutants (Asbestos)

I. **Base Penalty as specified in the Penalty Table** = \$ 7,000
Fee based on violation of (A) & (B) only due to abatement of waste container

II. **Severity of Violation/Intent**

A. **Public Health Impact**

1. **Degree of Violation**

(The degree of which the person/company has deviated from the regulatory requirements)

Minor – 0.5 Moderate – 0.75 Major – 1.0 **Adjustment Factor** 1.0

2. **Toxicity of Release**

Criteria Pollutant – 1x

Hazardous Air Pollutant – 2x **Adjustment Factor** N/A

3. **Environmental/Public Health Risk** (Proximity to sensitive environment or group)

Negligible – 1x Moderate – 1.5x Significant – 2x **Adjustment Factor** 1.0

Total Adjustment Factors (1 x 2 x 3) = 1.0

B. **Adjusted Base Penalty**

Base Penalty 7,000 x Adjustment Factor 1.0 = \$ 7,500

C. **Multiple Days or Units in Violation**

Adjusted Penalty 7,000 x Number of Days or Units 1.0 = \$ 7,000
Penalty assessed for one time event

D. **Economic Benefit**

Avoided Costs \$500 Avoided costs of project manager/planner = \$ 500

Penalty Subtotal – Recommended Fine

Adjusted Base Penalty \$ 7,500 + Economic Benefit \$ 500 = \$ 7,500

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%) +/- -25 %

B. Mitigating Factors (0 – 25%) +/- -25 %

- 1. Negotiated Settlement
- 2. Ability to Pay
- 3. Other (explain)

C. Compliance History

No Previous Violations (0 – 10%) - 10 %

Similar Violation in Past 12 months (25 - 50%) + _____ %

Similar Violation within past 3 year (10 - 25%) + _____ %

Previous Unrelated Violation (5 – 25%) + _____ %

Total Penalty Adjustment Factors – sum of A, B, & C -60 %

IV. Recommended Fine

Penalty Adjustment:

\$ 7,500 x -60 % = \$ -4,500
Penalty Subtotal Total Adjustment Factors Total Adjustment Value
(From Section II) (From Section III)

Additional Credit for Environmental Investment/Training – N/A

Adjusted Penalty:

\$ 7,500 (-) \$ 4,500 = \$ 3,000
Penalty Subtotal Total Adjustment Value Negotiated Fine
(From Section II) (From Section III)


Air Quality Specialist

1-3-2014
Date



NOTICE OF VIOLATION

NOV 5212

DATE ISSUED: 12/26/13

ISSUED TO: DAATA LLC PHONE #: (707) 398-5210

MAILING ADDRESS: 1233 E. 4th Street CITY/ST: Reno, NV ZIP: 89501

NAME/OPERATOR: Paul Grillorey
Balwinder Singh PHONE #: (707) 398-5210

PERMIT NO. ASB13-0936 COMPLAINT NO. CMP13-0198

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 12/26/13 (DATE) AT 11:05 a.m (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- | | |
|--|---|
| <input type="checkbox"/> MINOR VIOLATION OF SECTION: | <input checked="" type="checkbox"/> MAJOR VIOLATION OF SECTION: |
| <input type="checkbox"/> 040.030 __ DUST CONTROL | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT |
| <input type="checkbox"/> 040.055 __ ODOR/NUISANCE | <input type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 __ DIESEL IDLING | <input checked="" type="checkbox"/> 030.105 ASBESTOS/NESHAP |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> OTHER _____ |

VIOLATION DESCRIPTION: Failure to comply with WCBODH Air Quality Regulation 030.107 A. Asbestos Sampling and Notification, B. Asbestos Control Work Practices, C. Asbestos Containment and Abatement.

LOCATION OF VIOLATION: 1400 E. 4th Street Reno, NV 89501

POINT OF OBSERVATION: Direct observation of room/waste containing ACM.

Weather: 42°F 4V Wind Direction From: N E SW

Emissions Observed: None
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective _____ a.m./p.m. _____ (date) you are hereby ordered to abate the above violation within _____ hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature _____

CITATION: You are hereby notified that effective on 12/26/13 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within immediately hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: Paul Grillorey Date: 12/26/13

Issued by: Joshua C. Restori Title: AQSTP

PETITION FOR APPEAL FORM PROVIDED

STOP WORK

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION
401 RYLAND STREET, SUITE 331, RENO, NV 89502-1463
PHONE 784-7200

DATE 12/19/13 TIME 2:05 p.m.
OWNER/OPERATOR Balwinder Singh
ADDRESS 1400 E. 4th Street Reno, NV 89502
EQUIPMENT DESCRIPTION _____

NOTICE OF VIOLATION # _____ DATE _____

- 30.105 Asbestos Removal
 40.080 Gas Station Operations
 30.200 Source Operations Without Permit

VIOLATION: SECTION 030.107 A, B, C
Asbestos disturbance & contamination

YOU HAVE BEEN DULY NOTIFIED OF THIS VIOLATION AND ARE
HEREBY ORDERED TO CEASE CONSTRUCTION, INSTALLATION,
ALTERATION, OR OPERATION OF THIS SOURCE.

FAILURE TO CONFORM MAY RESULT IN A FINE OF UP TO \$10,000
PER DAY AS LEVIED BY THE DISTRICT BOARD OF HEALTH
PURSUANT TO THE AIR POLLUTION CONTROL REGULATIONS FOR
RENO, SPARKS, AND WASHOE COUNTY.

By Joshua Restori
Inspector

UNLAWFUL TO REMOVE THIS TAG

H-AIR-13

**AIR QUALITY MANAGEMENT
ACKNOWLEDGEMENT OF ASBESTOS ASSESSMENT
FOR PONDEROSA LODGE LOCATED AT
1400 EAST 4TH STREET, RENO NV**

DATED: NOVEMBER 7, 2013

CHANGE TO CONTRACTOR - DATED: NOVEMBER 21, 2013

ACKNOWLEDGMENT OF ASBESTOS ASSESSMENT
Washoe County Air Quality Management Division

Permit Number: ASB13-0936

\$62.00

CASH

1 1107'13 #051019 THB

Property Owner: DAATA LLC

Phone: 707 398-5210

Property Being Evaluated: PONDEROSA LODGE

Address: 1400 E 4TH ST RENO

<u>TYPE OF PROJECT</u>	-	<u>TYPE OF PROPERTY</u>	-	<u>PROPERTY BEING ASSESSED</u>
RENO		NON-RES		PARTIAL*

FILING FEE: \$62.00 ✓✓

*Note: If this project is a partial renovation and additional work is to be conducted later, additional asbestos assessment(s) will be required unless this assessment covers all pertinent representative asbestos suspected materials throughout the building.

General Contractor:
CR CONSTRUCTION
MARVY PEREZ
9408 DESCENDING CREEK ST
LAS VEGAS, NV 89123

Consultant or Assessment Company:

Abatement Contractor:

Assessment Results: NOT TESTED

Abatement Completed:

** Note: If asbestos present, abatement must be conducted in accordance with NESHAP and OSHA regulations before renovation or demolition work may proceed.

10-DAY NOTIFICATION MANDATORY FOR DEMOLITION

Rahinder Singh
Owner / Representative's Name

Comments:

Tenant improvement for current owner Daata LLC, improvement consists of remodel work through out the motel, no demo associated with project. Vinyl flooring will be floored over no removal of flooring allowed. Minor patching of holes in walls allowed. No ACM sampling required. Use best management practices for dust control, and dispose of all waste properly.

[Signature]
Health District Representative

11/7/13
Date

Signature on this asbestos assessment document does NOT constitute full Health District approval for this project. Any additional Health permits such as are required for bar or restaurant operations, underground storage tanks, hazardous material disposal or air pollution sources must be obtained separately.

Signature by the Washoe County Health District does not warrant, nor should this report be taken to warrant, that asbestos was or was not present on stated property. Exposure to even small amounts of airborne asbestos fibers may cause cancer. For this reason the Health District recommends that all asbestos handling and abatement work be performed by certified asbestos contractors.

ACKNOWLEDGMENT OF ASBESTOS ASSESSMENT
Washoe County Air Quality Management Division

Permit Number: ASB13-0936

Property Owner: DAATA LLC

Phone: 707 398-5210

Property Being Evaluated: PONDEROSA LODGE

Address: 1400 E 4TH ST RENO

TYPE OF PROJECT - TYPE OF PROPERTY - PROPERTY BEING ASSESSED
RENO - NON-RES - PARTIAL*

FILING FEE: \$62.00

*Note: If this project is a partial renovation and additional work is to be conducted later, additional asbestos assessment(s) will be required unless this assessment covers all pertinent representative asbestos suspected materials throughout the building.

General Contractor:
LOBO CONSTRUCTION
REUBEN GONZALES
1755 HYMER AVE
SPARKS NV 89431

Consultant or Assessment Company:

Abatement Contractor:

Assessment Results: NOT TESTED

Abatement Completed:

** Note: If asbestos present, abatement must be conducted in accordance with NESHAP and OSHA regulations before renovation or demolition work may proceed.

10-DAY NOTIFICATION MANDATORY FOR DEMOLITION

Sahinder Singh
Owner / Representative's Name

Comments:

Tenant improvement for current owner Daata LLC, improvement consists of remodel work through out the motel, no demo associated with project. Vinyl flooring will be floored over no removal of flooring allowed. Minor patching of holes in walls allowed. No ACM sampling required. Use best management practices for dust control, and dispose of all waste properly.

changed contractor

Rauli A. Mendez
Health District Representative

11/21/13
Date

Signature on this asbestos assessment document does NOT constitute full Health District approval for this project. Any additional Health permits such as are required for bar or restaurant operations, underground storage tanks, hazardous material disposal or air pollution sources must be obtained separately.

Signature by the Washoe County Health District does not warrant, nor should this report be taken to warrant, that asbestos was or was not present on stated property. Exposure to even small amounts of airborne asbestos fibers may cause cancer. For this reason the Health District recommends that all asbestos handling and abatement work be performed by certified asbestos contractors.

COMPLAINT INVESTIGATION REPORT
Washoe County Air Quality Management Division

Complaint Number: **CMP13-0198**

Complaint Status: NOV

Source of Complaint: CITIZEN

Complaint Type: CNSTDUST

Date Received: 12/19/2013

Time: 12:15 P.M.

Inspector: JRESTORI

Inspector Area: 3

Complaint Description: NOV CITATION 5212 - CASE 1143 & CITATION 5213 - CASE 1144 --- T.I. PRACTICES NOT FOLLOWED ACCORDING TO ASSESSMENT #A

Address: 1400 E 4TH ST RENO

Location:

Parcel Number: 00826819

Related Permit Number:

Complainant:
ANONYMOUS

Responsible Party:
CR CONSTRUCTION
MARVY PEREZ
9408 DESCENDING CREEK
LAS VEGAS, NV 89123 89123
(702) 628-0754

Investigation:

T.I. PRACTICES NOT FOLLOWED ACCORDING TO ASSESSMENT #ASB13-0936 11/7/13

12/19/2013

AQ Specialist Joshua Restori arrived at the Ponderosa Lodge at 1400 East 4th Street, Reno, NV 89502 at approximately 12:40 p.m. on 12/19/2013. Spec. Restori observed approximately (5) laborers present at the dilapidated motel. Many of the workers were standing around and very little work was occurring. Spec. Restori asked everyone to stop work immediately until he could assess the extent and type of work occurring at the site. The description of the work on the Acknowledgement of Asbestos Assessment was:

"Tenant improvement for current owner Daata LLC, improvement consists of remodel work throughout the motel, no demo associated with the project. Vinyl flooring will be floored over no removal of flooring allowed. Minor patching of holes in walls allowed. No ACM sampling required. Use best management practices for dust control, and dispose of all waste properly."

With the knowledge of the extent of work to be performed at the Ponderosa Lodge, Spec. Restori assessed more than "minor patching of holes" was occurring. Furthermore, considerable weather damage, fire damage and vagrant vandalism/theft had left much of the interior construction materials disturbed in all (7) of the buildings. Many of these construction materials were in a friable condition in the rooms, including, but not limited to ceiling texture, drywall, joint compound and a white powdery material present in a former boiler room in Building B (Figure 1).

After the quick assessment, Spec. Restori contacted AQ Specialist Michael Osborn at 12:50 p.m. and asked him for assistance.

Spec. Restori met with the owner of the property Balwinder Singh (DAATA LLC - 1233 East 4th Street Reno, NV 89502 (707) 398-5210), the construction manager, Marvy Perez (CR Construction - 4623 Latigo Street, Las Vegas, NV 89119, 6229 Mansfield Ave, Las Vegas, NV 89121 (702) 628-0754) and Julian Alvarez (LOBO Construction 1775 Hymer Avenue Sparks, NV 89431 (775) 386-4320). Spec. Restori discussed the extent of the work to be performed with Mr. Perez. Mr. Perez stated that the laborers had only worked 2 days cleaning the construction debris and garbage left over by the vagrants and that no demolition had occurred. He stated that the vagrants had demolished the walls in pursuit of the copper pipe and wires. Mr. Perez stated that all of the demolished areas observed on any of the buildings were done before any of the laborers set foot on the property. The only construction activity that had occurred was to board the doors and windows to keep vagrants out of the buildings. Mr. Perez then went on to say that there was not going to be any demolition to complete the project and that he was waiting on a bid from a drywall contractor to cover all of the walls in the buildings which would encapsulate any asbestos present. Spec. Restori stated that there was no way to encapsulate the walls and ceilings without disturbing the already disturbed and damaged ceilings and walls and that the work was much more than minor patching of holes. An asbestos assessment had been conducted by Jack Goshow but was not present onsite. A partial copy of the assessment was produced on a cell phone, which indicated there was asbestos present in various locations in the buildings. Spec. Restori stated that due to the condition of the buildings and the amount of disturbance present, there was a high probability that some of the laborers could have been exposed to asbestos during the "clean-up" activity that had occurred and a Stop Work order was being placed on the project until a consultant could assess the amount of disturbed ACM present and the potential to disturb more ACM to finish the proposed remodel. Spec. Restori required the boards be placed over the doorways and windows until further notice.

12/20/13

The Asbestos Renovation Survey prepared by Environmental Testing & Consulting Inc. on September 27, 2013 for 1400 East 4th Street was delivered to Spec. Restori via email from Balwinder Singh, Marvy Perez and hand delivered by Jorge Cruz (Lobo Construction). All three entities (Daata LLC, CR Construction and Lobo Construction) had a copy of the assessment and therefore had knowledge that the buildings at 1400 East 4th Street contained Regulated Asbestos Containing Materials (RACM). After reviewing the Asbestos Renovation Survey prepared by Environmental Testing & Consulting, the Acknowledgement of Asbestos Assessments submitted to WCAQMD on 11/07/13 and 11/21/13 and observing the activity occurring at 1400 East 4th Street on 12/19/13, Spec. Restori determined that Daata LLC, Lobo Construction and CR Construction were in violation of 030.107 (A), (B), (C).

030.107 (A) - For "Failure to...obtain a completed "Asbestos Assessment Acknowledgement Form"; Upon applying for the Asbestos Assessment Acknowledgement Form, the Asbestos Renovation Survey indicating asbestos present was withheld from Washoe County Air Quality Management

030.107 (B) - For failing to provide "acceptable work practices for RACM"; Upon arrival at 1400 East 4th Street multiple workers were entering buildings where asbestos containing materials had been previously disturbed/damaged without using acceptable work practices for the removal of asbestos ("adequate wetting, containment of materials in glove bags or containment areas, negative air systems, decontamination areas, double bag disposal")

030.107 (C) - For storing, removing, transporting asbestos containing materials in a manner which is likely to release asbestos fibers into the atmosphere; The suspected asbestos containing material being removed from the buildings was being carried openly to an open air dumpster and deposited double-bagging

NOV #5212 was issued to Daata LLC on 12/26/13 030.107 (A), (B), (C)

NOV #5213 was issued to Lobo Construction on 12/26/13 030.107 (A), (B), (C)

NOV #5214 was issued to CR Construction on 12/30/13 for violation of 030.107 (A), (B), (C) ****

THIS CITATION HAS BEEN VOIDED ****

Enforcement Activities

Warning Citation...: 12/30/2013
NOV.....: 12/30/2013

Citation Number: 5212
NOV Number....: 5213
Case Number.....: 0
Amount.....: \$0.00

Amount.....: \$0.00

Settlement.....:
Appealed.....:
Upheld.....:

Status Information

Initialized By.....: TBURTON
Date Assigned.....: 12/19/2013

Completed Date...:
Completed By.....:

PHOTOS TAKEN BY AQ SPECIALIST II, JOSHUA RESTORI
OF PONDEROSA LODGE
LOCATED AT 1400 EAST 4TH STREET, RENO NV 89502

DATED DECEMBER 19, 2013



Photograph 1



Photograph 2



Photograph 3



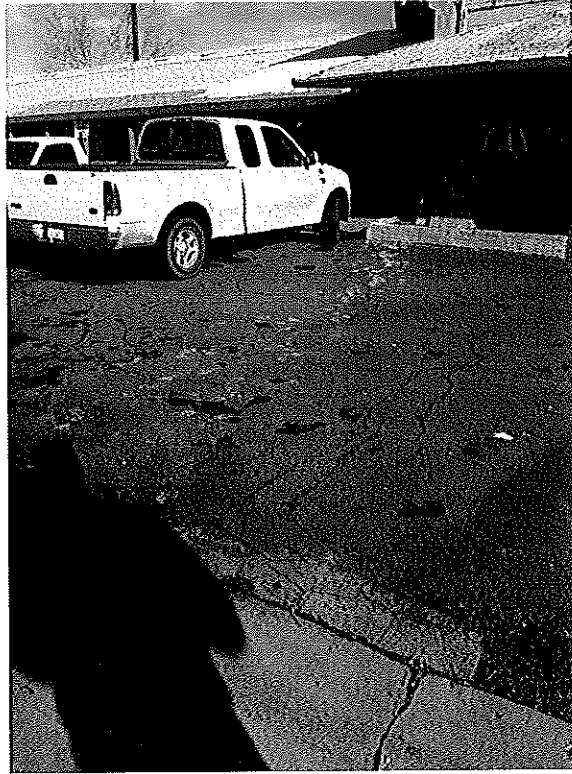
Photograph 4



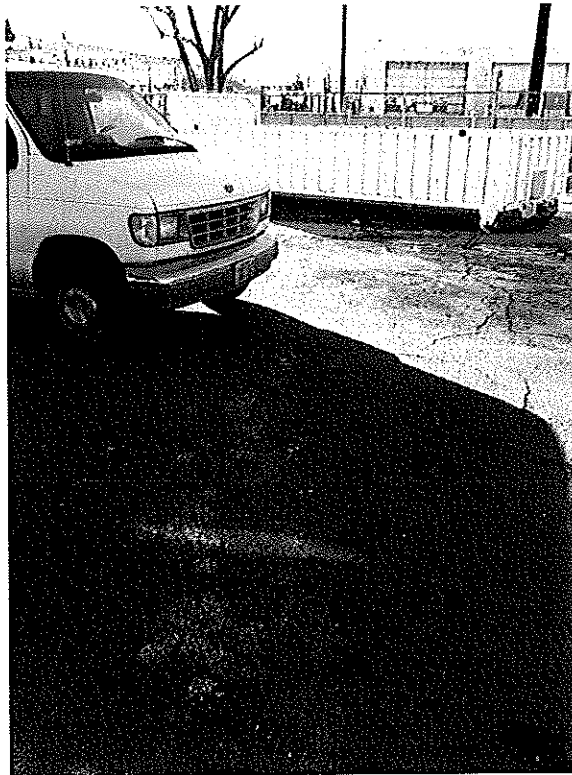
Photograph 5



Photograph 6



Photograph 7



Photograph 8



Photograph 9



Photograph 10



Photograph 11



Photograph 12



Photograph 13



Photograph 14



Photograph 15



Photograph 16



Photograph 17



Photograph 18



Photograph 19



Photograph 20



Photograph 21



Photograph 22



Photograph 23



Photograph 24



Photograph 25



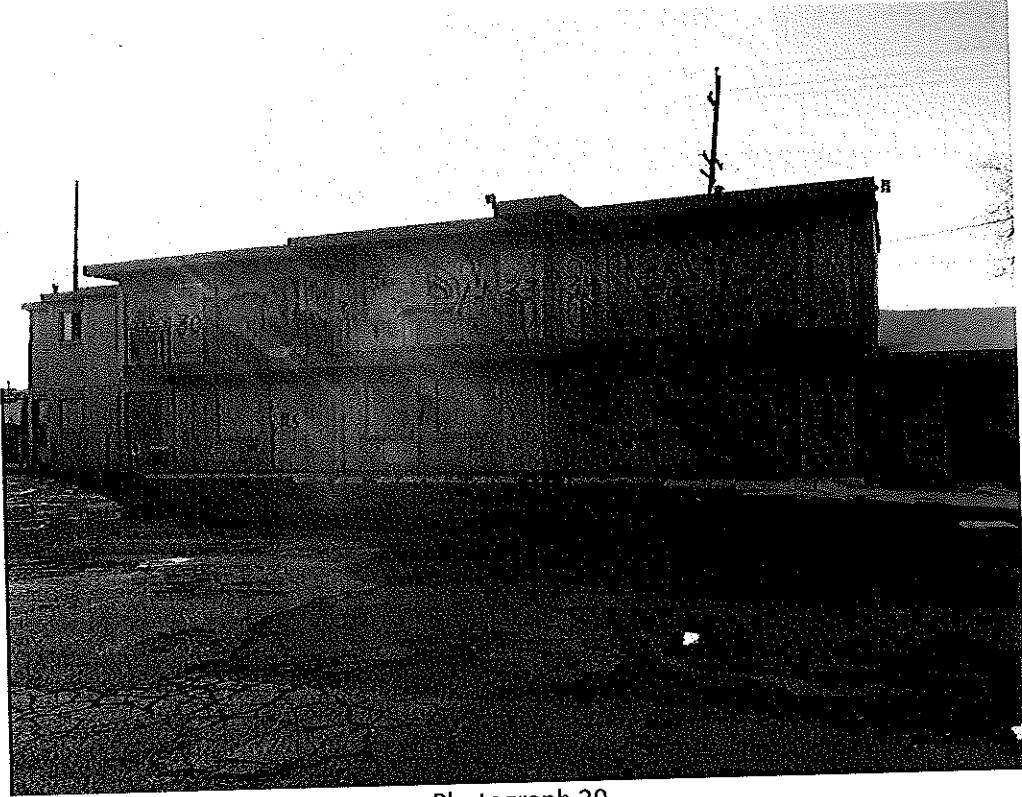
Photograph 26



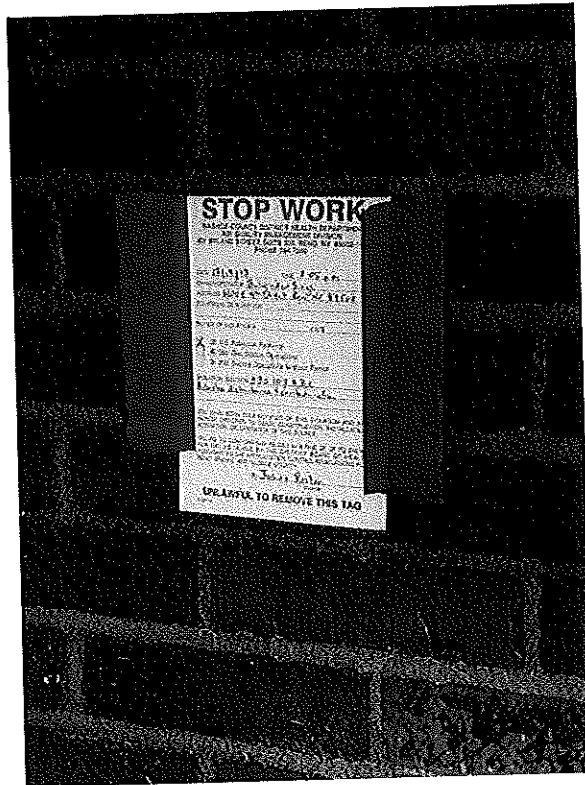
Photograph 27



Photograph 28



Photograph 29



Photograph 30

Photograph 15. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image demonstrating the condition of the rooms located in **Building B** at the Ponderosa Lodge at 1400 E. 4th Street. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the acoustical ceiling materials contained between **5-10% friable chrysotile asbestos fibers** which were in a disturbed state on December 19, 2013.

Photograph 16. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image demonstrating the demolished acoustical ceiling material present on the carpet of the rooms in **Building B** at the Ponderosa Lodge at 1400 E. 4th Street. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the acoustical ceiling materials contained between **5-10% friable chrysotile asbestos fibers** which were in a disturbed state on December 19, 2013.

Photograph 17. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image demonstrating the condition of the rooms located in **Building B** at the Ponderosa Lodge at 1400 E. 4th Street. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the acoustical ceiling materials contained between **5-10% friable chrysotile asbestos fibers** which were in a disturbed state on December 19, 2013.

Photograph 18. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image demonstrating the demolished acoustical ceiling material present on the carpet and crossing the threshold of the rooms in **Building B** at the Ponderosa Lodge at 1400 E. 4th Street. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the acoustical ceiling materials contained between **5-10% friable chrysotile asbestos fibers** which were in a disturbed state on December 19, 2013.

Photograph 19. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image demonstrating the demolished acoustical ceiling material present on the carpet and crossing the threshold of the rooms in **Building B** at the Ponderosa Lodge at 1400 E. 4th Street. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the acoustical ceiling materials contained between **5-10% friable chrysotile asbestos fibers** which were in a disturbed state on December 19, 2013.

Photograph 20. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image demonstrating the condition of the rooms located in **Building B** at the Ponderosa Lodge at 1400 E. 4th Street. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the acoustical ceiling materials contained between **5-10% friable chrysotile asbestos fibers** which were in a disturbed state on December 19, 2013.

Photograph 21. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image of the condition of the rooms located in **Building B** of the Ponderosa Lodge at 1400 E. 4th Street. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the acoustical ceiling materials contained between **5-10% friable chrysotile asbestos fibers** which were in a disturbed state on December 19, 2013.

Photograph 22. **Date:** December 19, 2013 **Direction:** East
Image of the condition of the transite exterior siding present on the outside of **Building C**. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the exterior siding contained between **10-20% friable chrysotile asbestos fibers** which were in a disturbed state on December 19, 2013.

Photograph 23. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image demonstrating the condition of the interior building materials of **Building C** at the Ponderosa Lodge at 1400 E. 4th Street. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the off-white joint compound contained **1-5% friable chrysotile asbestos fibers** which were in a disturbed state on December 19, 2013.

Photograph 24. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image of the condition of the transite exterior siding present on the outside of **Building C**. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the exterior siding contained between **10-20% friable chrysotile asbestos fibers** which were in a disturbed state on December 19, 2013.

Photograph 25. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image demonstrates the general condition of the rooms in **Building F** at the Ponderosa Lodge located at 1400 E. 4th Street. The linoleum flooring was not sampled for asbestos testing in any of the (8) buildings during the Asbestos Renovation Survey on September 27, 2013.

Photograph 26. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image demonstrates the general condition of the utility room in **Building F** at the Ponderosa Lodge located at 1400 E. 4th Street.

Photograph 27. **Date:** December 19, 2013 **Direction:** Northwest
Image of the interior of **Building G** at the Ponderosa Lodge located at 1400 E. 4th Street. The building had extensive damage due to a previous fire. The Asbestos Renovation Survey conducted on September 27, 2013 indicated **Building G** tested negative for asbestos.

Photograph 28. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image of the interior of **Building G** at the Ponderosa Lodge located at 1400 E. 4th Street. The building had extensive damage due to a previous fire. The Asbestos Renovation Survey conducted on September 27, 2013 indicated **Building G** tested negative for asbestos.

Photograph 29. **Date:** December 19, 2013 **Direction:** Southwest
Image of Building H in the Southwest corner of the property at the Ponderosa Lodge located at 1400 E. 4th Street. All of the samples taken from Building H during the Asbestos Renovation Survey on September 27, 2013 tested positive for asbestos. The friable acoustical ceiling materials contained **5-10% friable chrysotile asbestos fibers** and the friable off-white joint compound contained **1-5% friable chrysotile asbestos fibers**.

Photograph 30. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image of the Stop Work Order posted by Air Quality Specialist Joshua Restori on the East side of **Building B** at the Ponderosa Lodge at 1400 E. 4th Street.

**ASBESTOS TESTING REPORT
FOR PONDEROSA LODGE
LOCATED AT 1400 EAST 4TH STREET, RENO NV 89502**

DATED SEPTEMBER 27, 2013

EMAILS INCLUDED

Restori, Joshua

From: Balwinder Singh <singhbalwinder858@gmail.com>
Sent: Friday, December 20, 2013 9:08 AM
To: Restori, Joshua
Subject: Fwd: Asbestos report for 1400 E 4th St, Reno, NV (8 separate buildings)

----- Forwarded message -----

From: **Balwinder Singh**
Date: Tuesday, December 17, 2013
Subject: Asbestos report for 1400 E 4th St, Reno, NV (8 separate buildings)
To: erubey4269 <erubey4269@yahoo.com>

----- Forwarded message -----

From: **marvy perez**
Date: Wednesday, October 16, 2013
Subject: Asbestos report for 1400 E 4th St, Reno, NV (8 separate buildings)
To: Balwinder Singh <singhbalwinder858@gmail.com>

Thats for the información i really apreciated that you aknowledge me. I also need you yo contact tony regarding the hotel plans as soon as i get them i will start working on your BID if i get them tomorrow i will start working them, am really interested on going foward on this project as soon as possible. Thank you Mr. Singh.

El miércoles, 16 de octubre de 2013, Balwinder Singh escribió:

----- Forwarded message -----

From: **Balwinder Singh**
Date: Wednesday, October 16, 2013
Subject: Asbestos report for 1400 E 4th St, Reno, NV (8 separate buildings)
To: marvyperez01@gmail.com

----- Forwarded message -----

From: **Balwinder Singh**
Date: Wednesday, October 16, 2013
Subject: Asbestos report for 1400 E 4th St, Reno, NV (8 separate buildings)
To: xarmandocruzx@yahoo.com

----- Forwarded message -----

From: **Balwinder Singh**

Date: Wednesday, October 16, 2013

Subject: Asbestos report for 1400 E 4th St, Reno, NV (8 separate buildings)

To: xarmandocruzx@yahoo.com

----- Forwarded message -----

From: **Mike Sterling** <msterling720@gmail.com>

Date: Tue, Oct 8, 2013 at 1:40 PM

Subject: Asbestos report for 1400 E 4th St, Reno, NV (8 separate buildings)

To: singhbalwinder858@gmail.com

Begin forwarded message:

From: "Jack Goshow" <goshow@775.net>

Date: October 3, 2013 5:37:56 PM PDT

To: "Mike Sterling" <msterling720@gmail.com>

Subject: Asbestos report for 1400 E 4th St, Reno, NV (8 separate buildings)

Here is the asbestos report, sample location sketch and invoice.

- There *is asbestos* in the following:
 - North building
 - wall materials

**ENVIRONMENTAL
TESTING & CONSULTING INC
14640 Toll Rd. Reno, NV 89521**

September 27, 2013
ETC Project No. 09-13-1002

Sterling Construction
Msterling720@gmail.com
Attn: Mike Sterling

**Re: ASBESTOS RENOVATION SURVEY
1400 E 4th St, Reno, NV (8 separate buildings)**

Ladies and Gentlemen:

On Friday September 27, 2013 a representative from Environmental Testing & Consulting (ETC) collected samples of building materials (acoustical ceiling, walls, insulation, siding, roofing, etc.) proposed for renovation in the above mentioned facility/residence (8 separate buildings). The intended scope of work included renovation/removal/demolition of the above mentioned building materials. The Sterling Construction representative described the scope of work.

The purpose of this survey was to determine if Asbestos Containing Material (ACM) existed in the building materials that may be disturbed by an intended renovation. With this knowledge, the Owner or the Owner's Agent can determine what abatement action is necessary for appropriate health and safety precautions and to comply with all applicable federal, state and local regulatory requirements prior to and during the proposed renovation.

The survey work included conducting a visual inspection of the proposed work areas to determine types of building materials present, then developing and implementing a sampling plan of all accessible suspect asbestos containing materials in the intended renovation area. Samples were collected from the impacted materials. The samples were analyzed for asbestos content by EPA Method 600/R-93/116.

FINDINGS*

The description and location of all ACM detected in the survey is summarized in the following table. The following homogenous materials were determined to be ACM because the analytical results indicate they contain greater than 1% asbestos:

ACM Summary Data			
Material Description	Material Location	Sample Number & Asbestos Content	*Friability
Wall materials	North building	1 1-5% Chrysotile	F
Acoustical ceiling materials	East building	7 5-10% Chrysotile	F
Exterior siding	East middle building	19 10-20% Chrysotile	F
Wall materials	East middle building	20 1-5% Chrysotile	F
Acoustical ceiling materials	South building	38 5-10% Chrysotile	F
Wall materials	South building	41 1-5% Chrysotile	F
*Note: F = Friable NF = Non- Friable PF = Potentially Friable, because it will become friable under standard renovation or demolition procedures.			

The *materials determined not to be ACM* because they did not contain regulated quantities of asbestos include:

North Building

- Acoustical ceiling materials

East Building

- Blown-in insulation
- Wall materials

East Middle Building

- Acoustical ceiling materials

East Shed

- Wall materials

SE Building

- Acoustical ceiling materials
- Wall materials

South Building

- Acoustical ceiling materials
- Wall materials

NW Building

- Roofing
- Wall materials
- Blown-in insulation

**Please see attached sketch for exact sample locations.*

CONCLUSION AND RECOMMENDATIONS

In conclusion, we recommend that any ACM listed as F or PF in the above table be considered Regulated ACM, and further recommend that all Regulated ACM be removed prior to the intended renovation of these structures in accordance with federal, state, and local regulation requirements, **if the materials will be disturbed by the intended renovation.** We also recommend that an independent state licensed consultant conduct confirmation of abatement by visual inspection and air quality sampling if abatement is required.

Additionally, we recommend this report be submitted to the air quality division of the local health department. By doing this, you have verifiable documentation that this survey was performed and may receive directions on how to comply with local and Federal EPA regulations. Note that OSHA and state regulations may also apply to this project under separate jurisdiction.

Our firm has the licensed personnel and ability to assist with abatement design, abatement monitoring, and clearance testing. Please contact the undersigned industrial hygienist if you have questions on the report or for further services.

CLOSURE

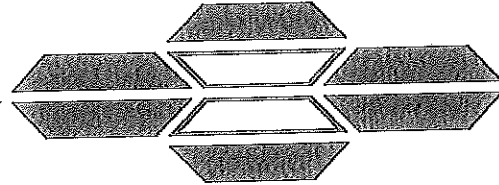
It was not the intent of this study to find buried materials, conduct excessive destructive sampling, or to sample those materials that are not commonly considered asbestos containing for the purposes of building renovation or demolition. The purpose of this survey was to find and sample accessible suspect materials including multi-layered materials to determine asbestos content. ***If additional suspect Asbestos Containing Materials are encountered during renovation or demolition, that were previously undetected, the consultant requests to be notified so that sampling or other appropriate responses can be determined.***

This report represents information relating to the specific sample locations and material conditions at the time the survey was conducted. No other claims, warranties, or guarantees are either expressed or implied.

Submitted by,

Jack Goshaw, Senior Industrial Hygienist, CMC™
Council Certified Microbial Consultant™
Board-awarded by the American Indoor Air Quality Council™
NV Asbestos Consultant #IM0865
CA Certified Asbestos Consultant (CAC) #13-5052
IICRC Water Restoration Technician

Enc. Lab Reports & Chain of Custody



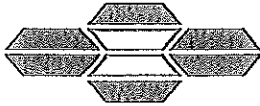
ASBESTOS TEM LABORATORIES, INC.

EPA Method 600/R-93/116
Polarized Light Microscopy
Analytical Report

Report No. 123716

1350 Freeport Blvd., Unit 104
Sparks, NV 89431
(775) 359-3377
FAX (775) 359-2798

With Main Office Located At:
630 Bancroft Way, Berkeley, CA 94710
Ph. (510) 704-8930 Fax (510) 704-8929



ASBESTOS TEM LABORATORIES, INC

Accredited by



NVLAP Lab Code 200104-0

Oct-01-13

Mr. Jack Goshow
Environmental Testing & Consulting
14640 Toll Rd
Reno, NV 89521

RE: LABORATORY JOB # 881-###
Polarized light microscopy analytical results for 40 bulk sample(s) with 2 sample split(s)
Job Site: 1400 E. 4th, Reno
Job No.:
Report No.: 123716

Enclosed please find the bulk material analytical results for one or more samples submitted for asbestos analysis. The analyses were performed in accordance with EPA Method 600/R-93/116 or 600/M4-82-020 for the determination of asbestos in bulk building materials by polarized light microscopy (PLM). Please note that while PLM analysis is commonly performed on non-friable and fine grained materials such as floor tiles and dust, the EPA method recognizes that PLM is subject to limitations. In these situations, accurate results may only be obtainable through the use of more sophisticated and accurate techniques such as transmission electron microscopy (TEM) or X-ray diffraction (XRD).

Prior to analysis, samples are logged-in and all data pertinent to the sample recorded. The samples are checked for damage or disruption of any chain-of-custody seals. A unique laboratory ID number is assigned to each sample. A hard copy log-in sheet containing all pertinent information concerning the sample is generated. This and all other relevant paper work are kept with the sample throughout the analytical procedures to assure proper analysis.

Each sample is opened in a class 100 HEPA negative air hood. A representative sampling of the material is selected and placed onto a glass microscope slide containing a drop of refractive index oil. The glass slide is placed under a polarizing light microscope where standard mineralogical techniques are used to analyze and quantify the various materials present, including asbestos. The data is then compiled into standard report format and subjected to a thorough quality assurance check before the information is released to the client.

For possible future reference, samples are normally kept on file for one year.

Sincerely Yours,

Laboratory Analyst
ASBESTOS TEM LABORATORIES, INC.

--- These results relate only to the samples tested and must not be reproduced, except in full, with the approval of the laboratory. This report must not be used to claim product endorsement by NVLAP or any other agency of the U.S. Government. ---

Accredited by



NVLAP Lab Code 200104-0

POLARIZED LIGHT MICROSCOPY

ANALYTICAL REPORT

EPA Method 600/R-93/116 or 600/M4-82-020

Contact: Mr. Jack Goshow	Samples Indicated: 50	Report No. 123716
Address: Environmental Testing & Consulting	Reg. Samples Analyzed: 40	Date Submitted: Sep-27-13
14640 Toll Rd	Split Layers Analyzed: 2	Date Reported: Oct-01-13
Reno, NV 89521	Job Site / No. 1400 E. 4th, Reno	

SAMPLE ID	% ASBESTOS TYPE	OTHER DATA		DESCRIPTION
		1) Non-Asbestos Fibers 2) Matrix Materials 3) Date/Time Collected 4) Date Analyzed	FIELD	LAB
1. Lab ID # 881-04237-001	None Detected	1) 1-5% Cellulose 2) 95-99% Calc, PlastFoam, Other m.p.	3) 4) Oct-01-13	Spray Acoustic, North Building, Upper East Unit Acoustic-White
2. Lab ID # 881-04237-002	None Detected	1) 1-5% Cellulose 2) 95-99% Calc, PlastFoam, Other m.p.	3) 4) Oct-01-13	Spray Acoustic, North Building, Upper East Unit Acoustic-White
3. Lab ID # 881-04237-003	None Detected	1) 1-5% Cellulose 2) 95-99% Calc, PlastFoam, Other m.p.	3) 4) Oct-01-13	Spray Acoustic, North Building, Upper West Unit Acoustic-White
4. Lab ID # 881-04237-004	1-5% Chrysotile	1) 1-5% Cellulose 2) 90-98% Calc, Gyp, Other m.p.	3) 4) Oct-01-13	Wall Materials, North Building, Office South JointCom-Off-White
5. Lab ID # 881-04237-005	Not Analyzed	1) 2) 3) 4) Oct-01-13		Wall Materials, North Building, Upper East Entry
6. Lab ID # 881-04237-006	Not Analyzed	1) 2) 3) 4) Oct-01-13		Wall Materials, North Building, Office North
7. Lab ID # 881-04237-007	5-10% Chrysotile	1) 1-5% Cellulose 2) 85-94% Calc, PlastFoam, Other m.p.	3) 4) Oct-01-13	Spray Acoustic, East Building, North Unit Acoustic-Off-White/White
8. Lab ID # 881-04237-008	Not Analyzed	1) 2) 3) 4) Oct-01-13		Spray Acoustic, East Building, Next Unit South
9. Lab ID # 881-04237-009	Not Analyzed	1) 2) 3) 4) Oct-01-13		Spray Acoustic, East Building, Southern Most Unit
10. Lab ID # 881-04237-010	None Detected	1) 95-99% Fiberglass, Cellulose 2) 1-5% Calc, Other m.p.	3) 4) Oct-01-13	Insulation - Blown In Type, East Building, 2nd Unit From North Insulation-Grey

Limit of Quantitation of Method is Estimated to be 1% Asbestos Using a Visual Area Estimation Technique

Laboratory Analyst

Greg Hanes

Accredited by



NVLAP Lab Code 200104-0

POLARIZED LIGHT MICROSCOPY ANALYTICAL REPORT

EPA Method 600/R-93/116 or 600/M4-82-020

Contact: Mr. Jack Goshow	Samples Indicated: 50	Report No. 123716
Address: Environmental Testing & Consulting	Reg. Samples Analyzed: 40	Date Submitted: Sep-27-13
14640 Toll Rd	Split Layers Analyzed: 2	Date Reported: Oct-01-13
Reno, NV 89521	Job Site / No. 1400 E. 4th, Reno	

SAMPLE ID	% ASBESTOS TYPE	OTHER DATA		DESCRIPTION
		1) Non-Asbestos Fibers 2) Matrix Materials 3) Date/Time Collected 4) Date Analyzed		FIELD LAB
11. Lab ID # 881-04237-011	None Detected	1)95-99% Fiberglass,Cellulose		Insulation - Blown In Type, East Building, 4th Unit From North
		2)1-5% Calc, Other m.p.	4) Oct-01-13	Insulation-Grey
12. Lab ID # 881-04237-012	None Detected	1)95-99% Fiberglass,Cellulose		Insulation - Blown In Type, East Building, Last Unit South
		2)1-5% Calc, Other m.p.	4) Oct-01-13	Insulation-Grey
13. Lab ID # 881-04237-013	None Detected	1)1-5% Cellulose		Wall Materials, East Building, Last Unit North
		2)95-99% Calc, Qtz, Other m.p.	4) Oct-01-13	Wall Materials-White/Off-White
14. Lab ID # 881-04237-014	None Detected	1)1-5% Cellulose		Wall Materials, East Building, 5th Unit South
		2)95-99% Calc, Qtz, Other m.p.	4) Oct-01-13	Wall Materials-White/Off-White
15. Lab ID # 881-04237-015	None Detected	1)1-5% Cellulose		Wall Materials, East Building, Last Unit South
		2)95-99% Calc, Qtz, Other m.p.	4) Oct-01-13	Wall Materials-White/Off-White
16. Lab ID # 881-04237-016	None Detected	1)1-5% Cellulose		Spray Acoustic, East Mid Building, Lower East
		2)95-99% Calc, PlastFoam, Other m.p.	4) Oct-01-13	Acoustic-White/Off-White
17. Lab ID # 881-04237-017	None Detected	1)1-5% Cellulose		Spray Acoustic, East Mid Building, Lower West
		2)95-99% Calc, PlastFoam, Other m.p.	4) Oct-01-13	Acoustic-White/Off-White
18. Lab ID # 881-04237-018	None Detected	1)1-5% Cellulose		Spray Acoustic, East Mid Building, Upper West
		2)95-99% Calc, PlastFoam, Other m.p.	4) Oct-01-13	Acoustic-White/Off-White
19. Lab ID # 881-04237-019	10-20% Chrysotile	1)None Detected		Siding Transite Type, East Mid Building, Exterior
		2)80-90% Calc, Gyp, Other m.p.	4) Oct-01-13	Transite-Grey
20. Lab ID # 881-04237-020	1-5% Chrysotile	1)1-5% Cellulose		Wall Materials, East Middle Building, Lower Middle
		2)90-98% Calc, Gyp, Other m.p.	4) Oct-01-13	JointCom-Off-White

Limit of Quantitation of Method is Estimated to be 1% Asbestos Using a Visual Area Estimation Technique

Laboratory Analyst
Greg Hanes

Accredited by



NVLAP Lab Code 200104-0

POLARIZED LIGHT MICROSCOPY ANALYTICAL REPORT

EPA Method 600/R-93/116 or 600/M4-82-020

Page: 3 of 6

Contact: Mr. Jack Goshow	Samples Indicated: 50	Report No. 123716
Address: Environmental Testing & Consulting	Reg. Samples Analyzed: 40	Date Submitted: Sep-27-13
14640 Toll Rd	Split Layers Analyzed: 2	Date Reported: Oct-01-13
Reno, NV 89521	Job Site / No. 1400 E. 4th, Reno	

SAMPLE ID	ASBESTOS % TYPE	OTHER DATA		DESCRIPTION
		1) Non-Asbestos Fibers 2) Matrix Materials 3) Date/Time Collected 4) Date Analyzed		FIELD LAB
21. Lab ID # 881-04237-021	Not Analyzed	1) 2)	4) Oct-01-13	Wall Materials, East Middle Building, Lower Northwest
22. Lab ID # 881-04237-022	Not Analyzed	1) 2)	4) Oct-01-13	Wall Materials, East Middle Building, Upper Southeast
23. Lab ID # 881-04237-023	None Detected	1) 11-25% Cellulose, Fiberglass 2) 75-89% Gyp, Calc, Other m.p.	4) Oct-01-13	Wall Materials, East Shed
24. Lab ID # 881-04237-024	None Detected	1) 11-25% Cellulose, Fiberglass 2) 75-89% Gyp, Calc, Other m.p.	4) Oct-01-13	Wall Materials, East Shed
25. Lab ID # 881-04237-025	None Detected	1) 11-25% Cellulose, Fiberglass 2) 75-89% Gyp, Calc, Other m.p.	4) Oct-01-13	Wall Materials, East Shed
26. Lab ID # 881-04237-026	None Detected	1) 1-5% Cellulose 2) 95-99% Calc, PlastFoam, Other m.p.	4) Oct-01-13	Spray Acoustic, Southeast Building, Upper Middle
27. Lab ID # 881-04237-027	None Detected	1) 1-5% Cellulose 2) 95-99% Calc, PlastFoam, Other m.p.	4) Oct-01-13	Spray Acoustic, Southeast Building, Lower North
28. Lab ID # 881-04237-028	None Detected	1) 1-5% Cellulose 2) 95-99% Calc, PlastFoam, Other m.p.	4) Oct-01-13	Spray Acoustic, Southeast Building, Lower South
29. Lab ID # 881-04237-029	None Detected	1) 20-30% Cellulose 2) 70-80% Gyp, Calc, Other m.p.	4) Oct-01-13	Acoustic-White/Off-White
30. Lab ID # 881-04237-030	None Detected	1) 20-30% Cellulose 2) 70-80% Gyp, Calc, Other m.p.	4) Oct-01-13	Wall Materials, Southeast Building, Lower Middle
				Wall Materials-White/Tan
				Wall Materials, Southeast Building, Upper North
				Wall Materials-White/Tan

Limit of Quantitation of Method is Estimated to be 1% Asbestos Using a Visual Area Estimation Technique

Laboratory Analyst
Greg Hanes

Accredited by



NVLAP Lab Code 200104-0

POLARIZED LIGHT MICROSCOPY ANALYTICAL REPORT

EPA Method 600/R-93/116 or 600/M4-82-020

Page: 5 of 6

Contact: Mr. Jack Goshow	Samples Indicated: 50	Report No. 123716
Address: Environmental Testing & Consulting 14640 Toll Rd Reno, NV 89521	Reg. Samples Analyzed: 40	Date Submitted: Sep-27-13
	Split Layers Analyzed: 2	Date Reported: Oct-01-13
Job Site / No. 1400 E. 4th, Reno		

SAMPLE ID	ASBESTOS TYPE	OTHER DATA		DESCRIPTION
		1) Non-Asbestos Fibers	2) Matrix Materials	
	%	3) Date/Time Collected	4) Date Analyzed	LAB
41. Lab ID # 881-04237-041	1-5% Chrysotile	1) 1-5% Cellulose 2) 90-98% Calc, Gyp, Other m.p.	4) Oct-01-13	Wall Materials, Southwest Building, Upper Middle Unit Joint Com-Off-White
42. Lab ID # 881-04237-042	Not Analyzed	1) 2)	4) Oct-01-13	Wall Materials, Southwest Building, Lower North Unit
43. Lab ID # 881-04237-043	Not Analyzed	1) 2)	4) Oct-01-13	Wall Materials, Southwest Building, Lower South Unit
44. Lab ID # 881-04237-044A	None Detected	1) 30-40% Fiberglass 2) 60-70% Tar, Qtz, Other m.p.	4) Oct-01-13	Roofing Multi Layer, Northwest Building, Roof Roofing-Black/Grey
44. Lab ID # 881-04237-044B	None Detected	1) 30-40% Fiberglass 2) 60-70% Tar, Qtz, Other m.p.	4) Oct-01-13	Roofing Multi Layer, Northwest Building, Roof Roofing-Black/Green
44. Lab ID # 881-04237-044C	None Detected	1) 60-70% Cellulose 2) 30-40% Tar, Other m.p.	4) Oct-01-13	Roofing Multi Layer, Northwest Building, Roof Roofing Felt/Tar-Black
45. Lab ID # 881-04237-045	None Detected	1) 1-5% Cellulose 2) 95-99% Calc, Qtz, Other m.p.	4) Oct-01-13	Wall Materials, Northwest Building, South Unit Wall Materials-Off-White/White
46. Lab ID # 881-04237-046	None Detected	1) 1-5% Cellulose 2) 95-99% Calc, Qtz, Other m.p.	4) Oct-01-13	Wall Materials, Northwest Building, Mid Unit Wall Materials-Off-White/White
47. Lab ID # 881-04237-047	None Detected	1) 1-5% Cellulose 2) 95-99% Calc, Qtz, Other m.p.	4) Oct-01-13	Wall Materials, Northwest Building, North Unit Wall Materials-Off-White/White
48. Lab ID # 881-04237-048	None Detected	1) 95-99% Fiberglass, Cellulose 2) 1-5% Calc, Glass Frags, Other m.p.	4) Oct-01-13	Insulation - Blown In Tlype, Northwest Building, North Unit Insulation-Grey

Limit of Quantitation of Method is Estimated to be 1% Asbestos Using a Visual Area Estimation Technique

Laboratory Analyst

Greg Hanes

Accredited by



NVLAP Lab Code 200104-0

POLARIZED LIGHT MICROSCOPY

ANALYTICAL REPORT

EPA Method 600/R-93/116 or 600/M4-82-020

Contact: Mr. Jack Goshow	Samples Indicated: 50	Report No. 123716
Address: Environmental Testing & Consulting 14640 Toll Rd Reno, NV 89521	Reg. Samples Analyzed: 40	Date Submitted: Sep-27-13
	Split Layers Analyzed: 2	Date Reported: Oct-01-13
	Job Site / No. 1400 E. 4th, Reno	

SAMPLE ID	% ASBESTOS TYPE	OTHER DATA		DESCRIPTION
		1) Non-Asbestos Fibers 2) Matrix Materials 3) Date/Time Collected 4) Date Analyzed		FIELD LAB
49.	None Detected	1) 95-99% Fiberglass, Cellulose 2) 1-5% Calc, GlassFrag, Other m.p.		Insulation - Blown In Type, Northwest Building, Mid Unit
Lab ID # 881-04237-049			3) 4) Oct-01-13	Insulation-Grey
50.	None Detected	1) 95-99% Fiberglass, Cellulose 2) 1-5% Calc, GlassFrag, Other m.p.		Insulation - Blown In Type, Northwest Building, South Unit
Lab ID # 881-04237-050			3) 4) Oct-01-13	Insulation-Grey
Lab ID #		1) 2)		
Lab ID #		3) 4)		
Lab ID #		1) 2)		
Lab ID #		3) 4)		
Lab ID #		1) 2)		
Lab ID #		3) 4)		
Lab ID #		1) 2)		
Lab ID #		3) 4)		
Lab ID #		1) 2)		
Lab ID #		3) 4)		

Limit of Quantitation of Method is Estimated to be 1% Asbestos Using a Visual Area Estimation Technique

Laboratory Analyst

Greg Hanes
Greg Hanes

ENVIRONMENTAL TESTING & CONSULTING

14840 Toll Rd * Reno, NV 89521 * Ph: (775) 691-6606 * Fax: (775) 853-3554

*** BULK SAMPLE SUBMISSION FORM / CHAIN-OF-CUSTODY ***

Turnaround: ~~200~~ ¹⁰⁰ ~~200~~ ¹⁰⁰ 2 hr _____ 4 hr _____ 8 hr _____ 24 hr _____ 2 Day _____ 3 Day _____

Job Site: 1400 E. 4th (Reno)

Contact Person: Jack Goshaw/ Bob Nemtz

Sample Number	Sample Description	Sample Location
1	SA } TTFP	N. Bldg, upper East unit
2	" } TTFP	" " " "
3	" } TTFP	" " West " Backstop
4	wall mat } TTFP	" office South
5	" } TTFP	" upper East Entry
6	" } TTFP	" office North
7	SA } TTFP	East Bldg, N. Unit
8	" } TTFP	" Next unit South
9	" } TTFP	" Southern most unit
10	Insulation } Aloxint type	" 2nd unit from North
11	" } TTFP	" 4th " " "
12	" } TTFP	" last unit South
13	wall mat } TTFP	" last unit North
14	" } TTFP	" 5th unit South
15	" } TTFP	" last unit South
16	SA } TTFP	East Mid Bldg, lower East
17	" } TTFP	" " West
18	" } TTFP	" upper "
19	Siding } Travertine type	" exterior
20	wall mat	" lower middle

Special Instructions: TTFP 20, 21, 22

Relinquished by	Date / Time	Received by	Date / Time
Name/Company: Jack Goshaw / Bob Nemtz / ETC	8-27-13	Name/Company: Sue Ehrlich / Greg Hanes / ATEM	9/27/13
Signature	12:30	Signature	12:30 PM
Name/Company		Name/Company	
Signature		Signature	

ENVIRONMENTAL TESTING & CONSULTING

14640 Toll Rd * Reno, NV 89521 * Ph: (775) 691-5506 * Fax: (775) 863-3854

BULK SAMPLE SUBMISSION FORM / CHAIN-OF-CUSTODY tick

Turnaround: Tues 12:00 2 hr 4 hr 6 hr 24 hr 2 Day 3 Day

Job Site: 1400 E. 4th (Reed)

Contact Person: Jack Goshaw / Bob Nemtz

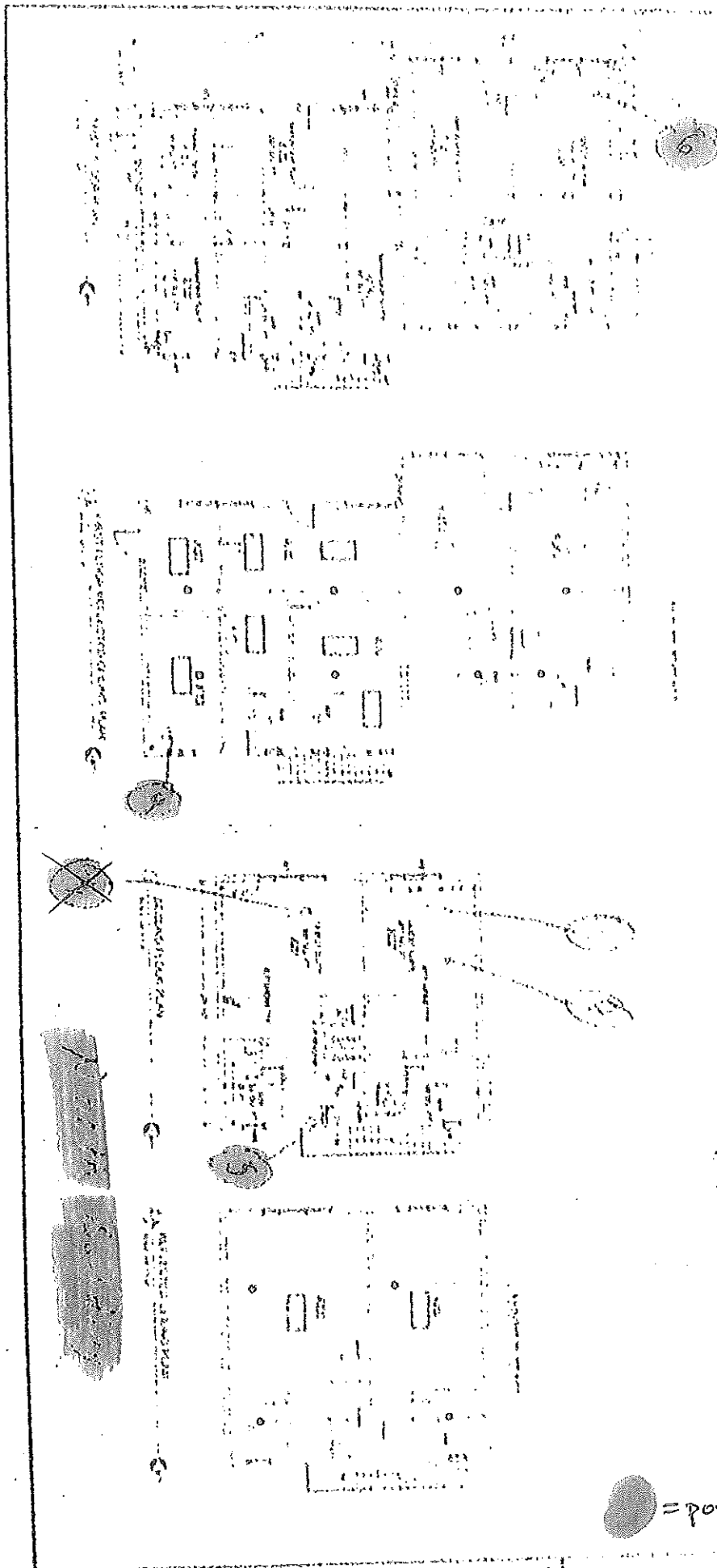
Sample Number	Sample Description	Sample Location
21	wall mat	East mid. Bldg, lower N/W
22	"	" , upper S/E
23	wall mat } TTFP	East mid. Bldg East shed
24	" } TTFP	"
25	" } TTFP	"
26	SA } TTFP	S/E Bldg, upper middle
27	SA } TTFP	" , lower North
28	SA } TTFP	" , " South
29	wall mat } TTFP	" , lower middle
30	" } TTFP	" , upper North
31	" } TTFP	" , " South
32	wall mat } TTFP	S. Bldg, S. unit
33	" } TTFP	" , middle-unit
34	" } TTFP	" , N. unit
35	Under wall mat } TTFP	" , W. unit
36	" } TTFP	" , middle unit
37	" } TTFP	" , S. unit
38	SA } TTFP	S/W Bldg, upper S. unit
39	" } TTFP	" , upper N. unit
40	" } TTFP	" , lower middle

Special instructions: _____

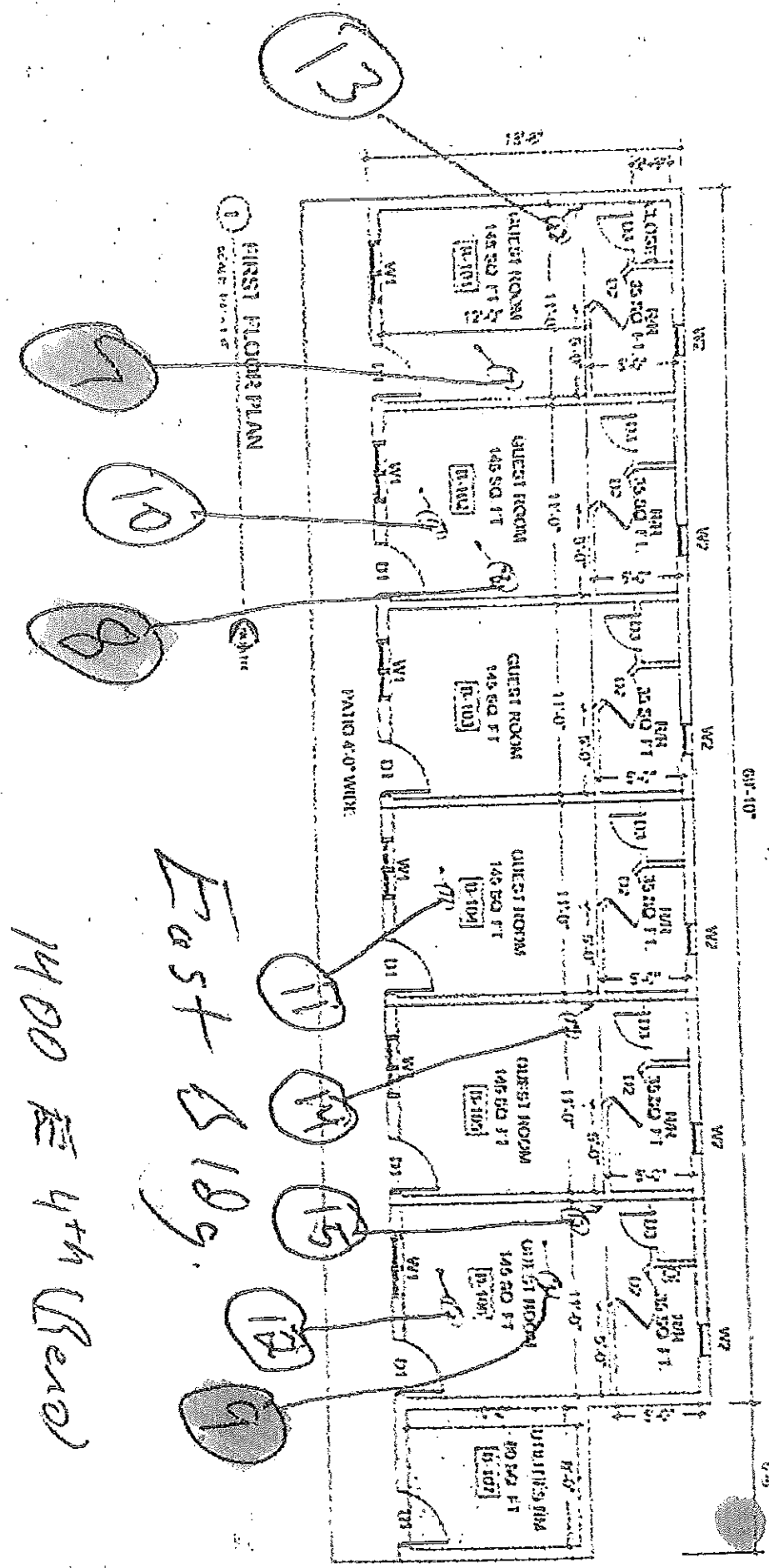
Relinquished by	Date / Time	Received by	Date / Time
Name/Company: <u>Jack Goshaw / Bob Nemtz / ETC</u>	<u>9-27-13</u>	Name/Company: <u>Sue Ehrlich / Greg Hanes / ATEM</u>	<u>9/27/13</u>
Signature: <u>[Signature]</u>	<u>12:21</u>	Signature: <u>[Signature]</u>	<u>12:20 PM</u>
Name/Company: _____		Name/Company: _____	
Signature: _____		Signature: _____	



Figure 1

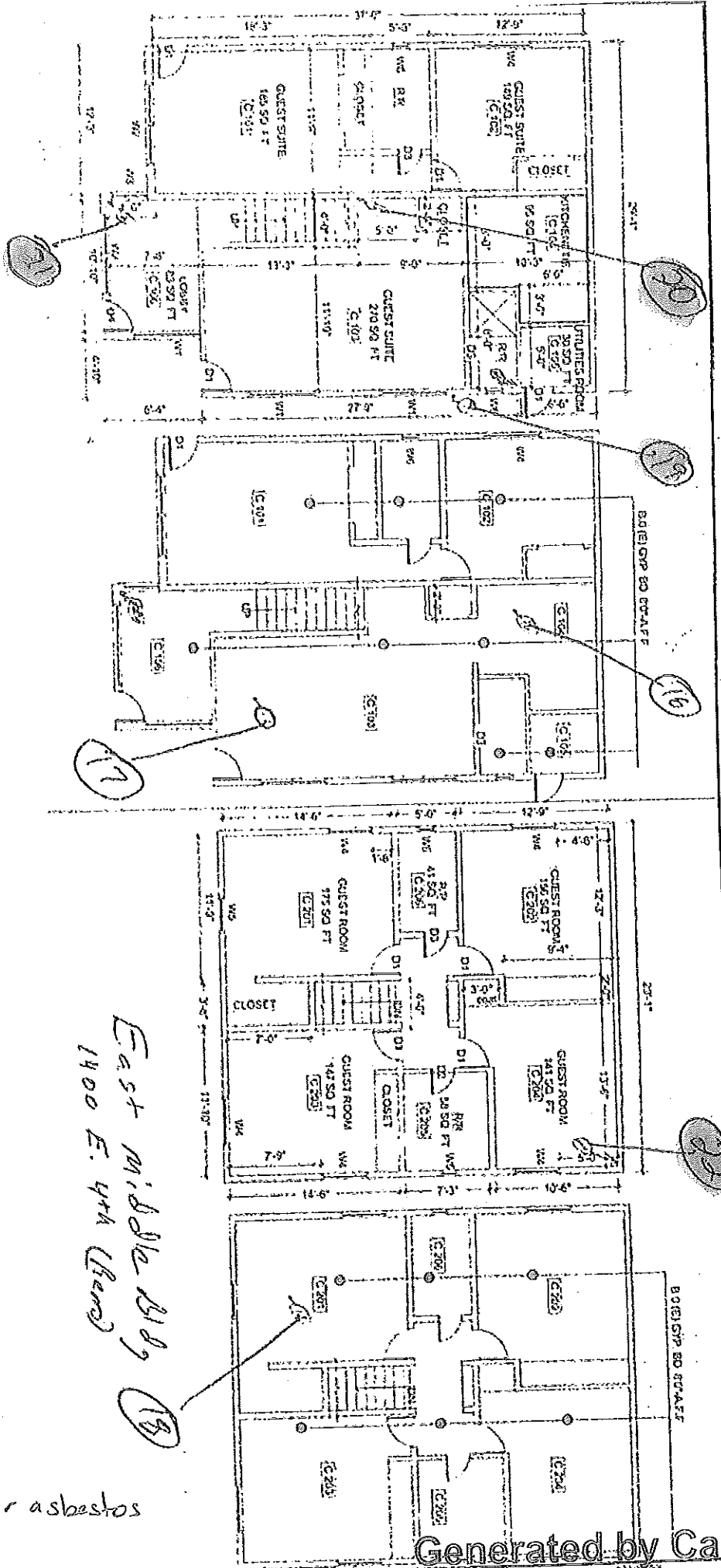


● = positive for asbestos



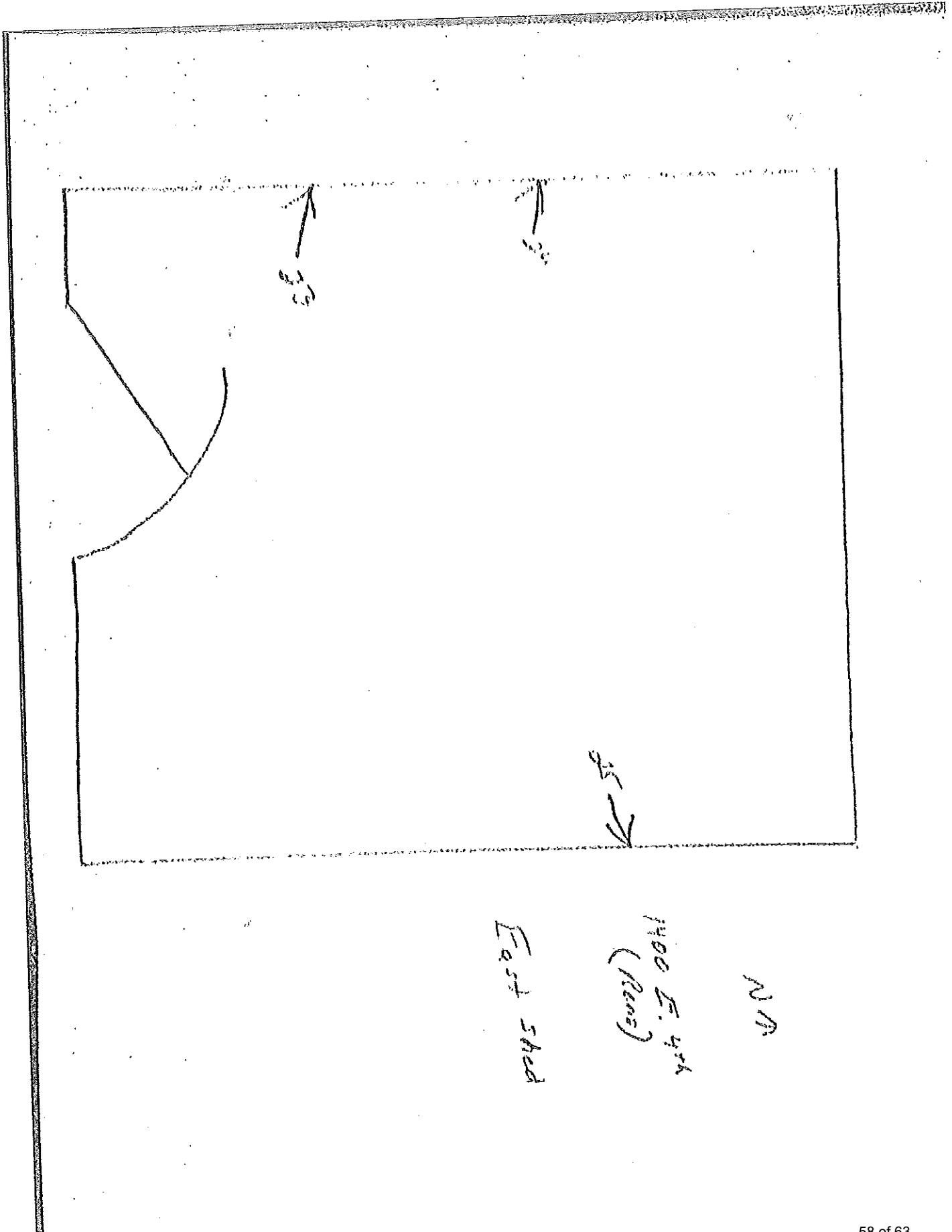
East 189.
1400 E 4th (Bero)

● = positive for asbestos



East Middle Bldg
1400 E. 4th (Bund)

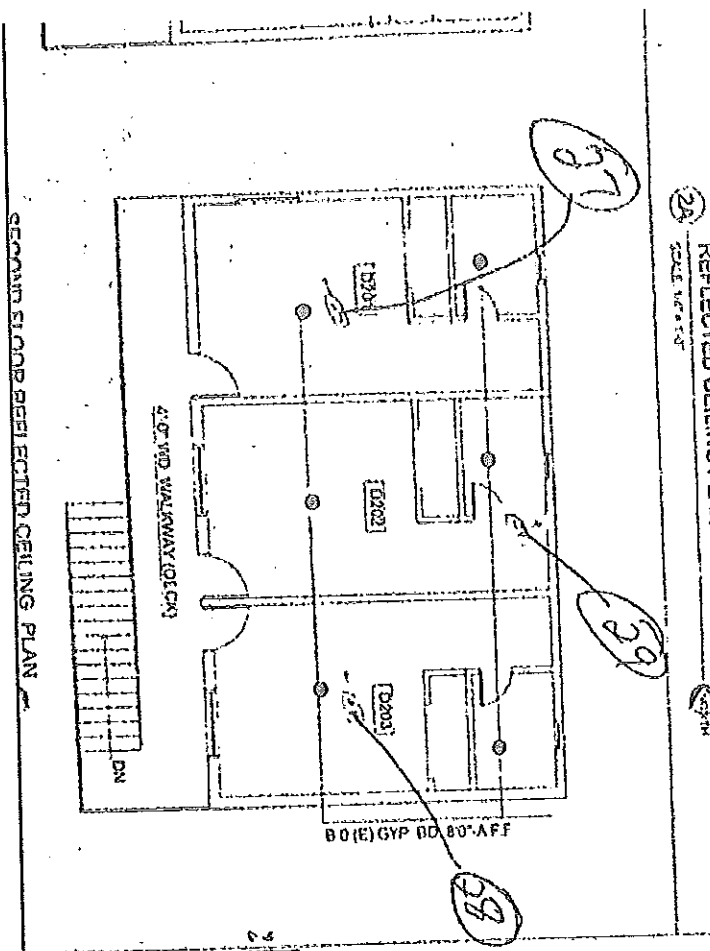
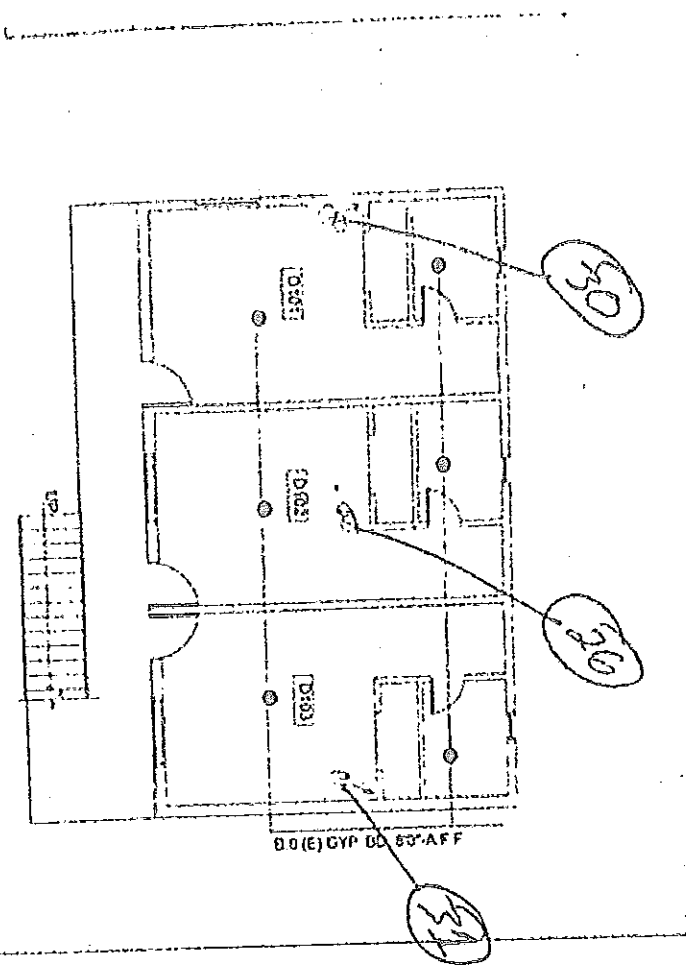
▲ = positive for asbestos



East Side

1400 E. 4th
(Rens)

N/A

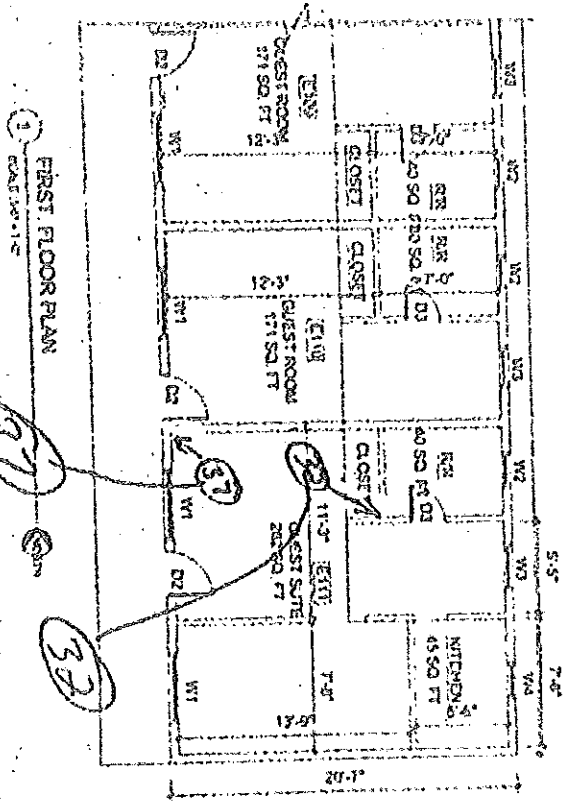
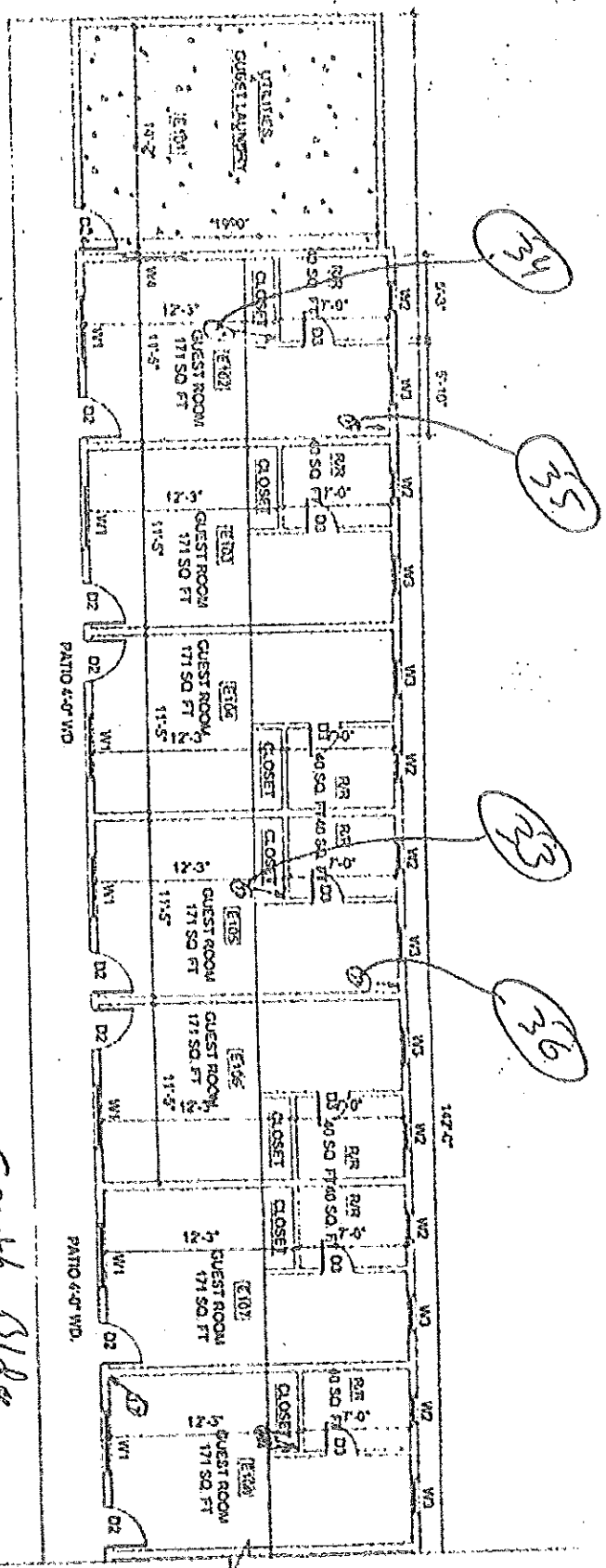


South East
Bldg.
1400 E. 4th
(Rev 0)

DOOR-WINDOW SCHEDULE

NO.	SYMBOL	DESCRIPTION	QUANTITY	REMARKS
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Burroughs



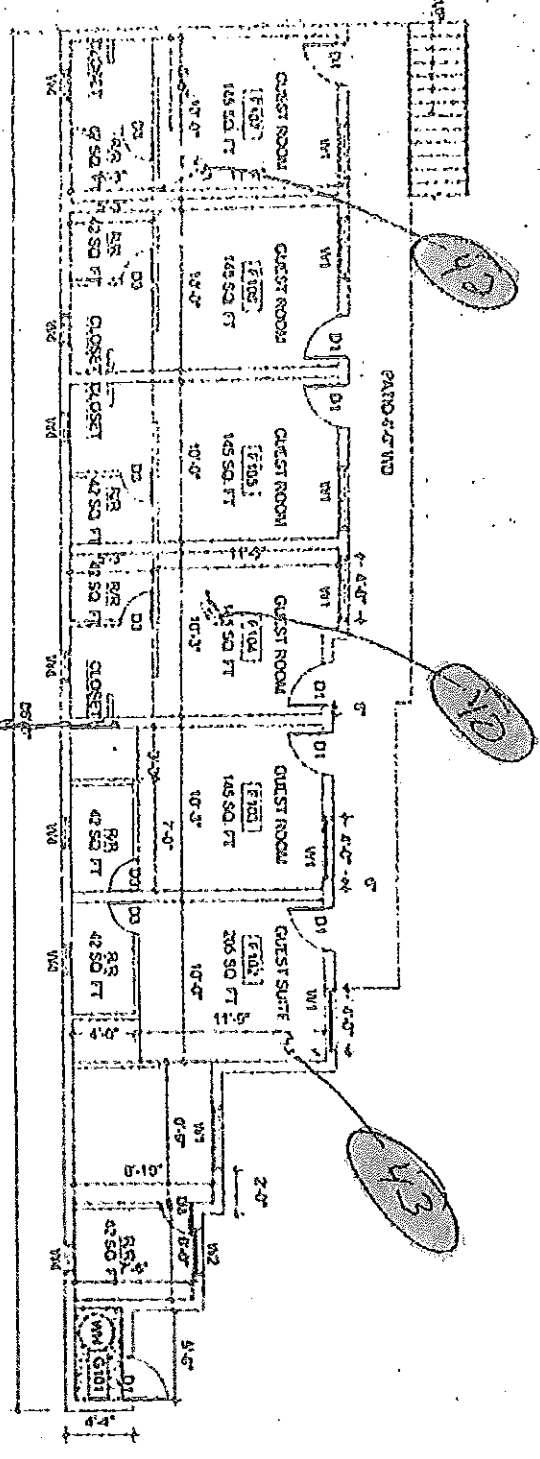
South Bldg
1400 E 4th
(Read)

CONTINGENT NOTE:
NO ROOMS IN THIS PLAN ARE TO BE USED AS
STORAGE OR OFFICE SPACE. ALL ROOMS ARE TO BE
USED FOR THE PURPOSES SPECIFIED IN THE
CONTRACT DOCUMENTS.

LEGEND:
--- FINISH
--- (1) SEE DRAWING FOR NOT SHOWN
--- FLOOR COVERING
--- WALL COVERING
--- CEILING COVERING
--- LIGHT FIXTURES
--- DOOR

DOOR SCHEDULE

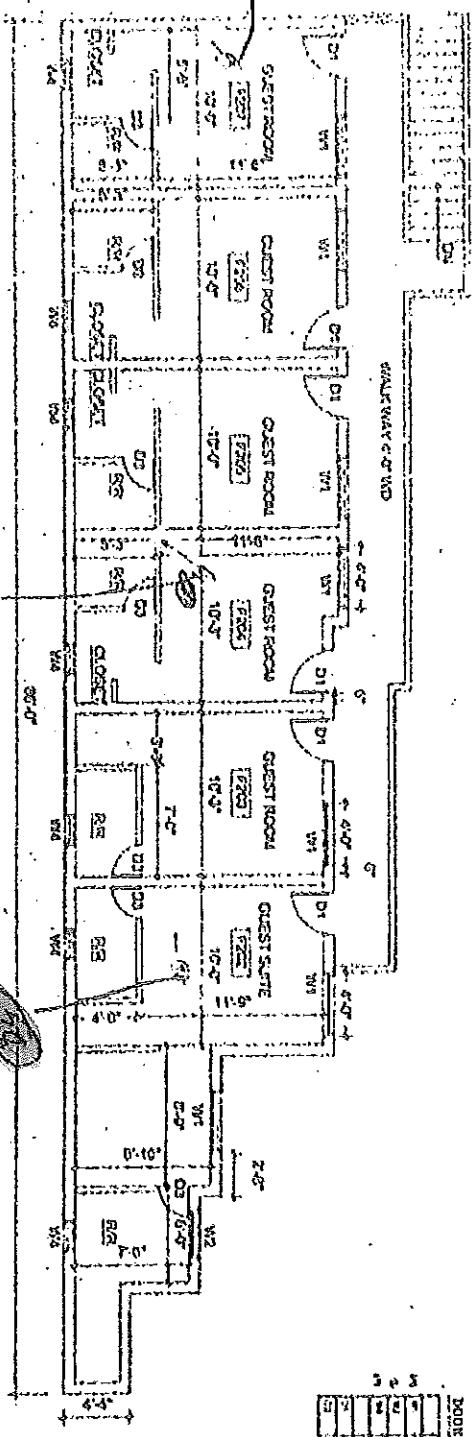
NO.	TYPE	FINISH	HEIGHT	WIDTH	SWING
1	SWING	WOOD	8'-0"	3'-0"	IN
2	SLIDING GLASS	WOOD	8'-0"	4'-0"	IN
3	SLIDING GLASS	WOOD	8'-0"	4'-0"	OUT
4	SLIDING GLASS	WOOD	8'-0"	4'-0"	IN
5	SLIDING GLASS	WOOD	8'-0"	4'-0"	OUT
6	SLIDING GLASS	WOOD	8'-0"	4'-0"	IN
7	SLIDING GLASS	WOOD	8'-0"	4'-0"	OUT
8	SLIDING GLASS	WOOD	8'-0"	4'-0"	IN
9	SLIDING GLASS	WOOD	8'-0"	4'-0"	OUT
10	SLIDING GLASS	WOOD	8'-0"	4'-0"	IN
11	SLIDING GLASS	WOOD	8'-0"	4'-0"	OUT
12	SLIDING GLASS	WOOD	8'-0"	4'-0"	IN
13	SLIDING GLASS	WOOD	8'-0"	4'-0"	OUT
14	SLIDING GLASS	WOOD	8'-0"	4'-0"	IN
15	SLIDING GLASS	WOOD	8'-0"	4'-0"	OUT



1 FIRST FLOOR PLAN

South West Bldg
1400 E. 4th
(Reno)

- CONSTRUCTION SOURCE:
 1. FOUNDATION
 2. FLOORING
 3. ROOFING
 4. EXTERIOR WALLS
 5. INTERIOR WALLS
 6. CEILING
 7. MECHANICAL/ELECTRICAL
- LEGEND:
 1. PARTIAL WALL
 2. WINDOW
 3. DOOR
 4. CLOSET
 5. BATH
 6. KITCHEN
 7. HALLWAY

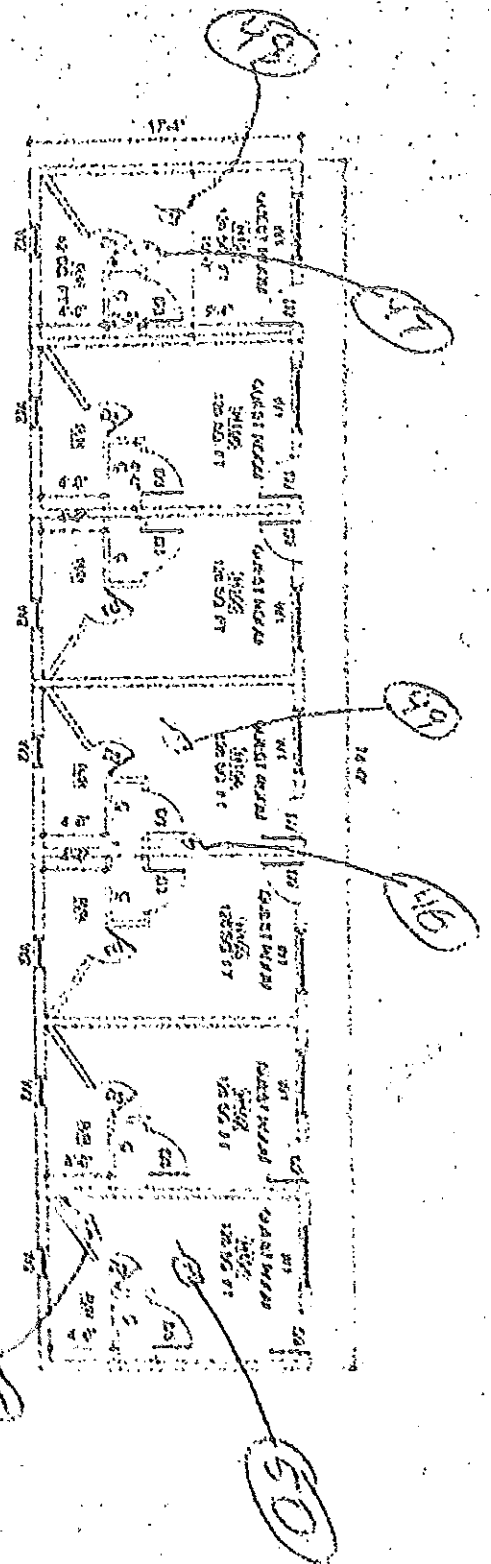


2 SECOND FLOOR PLAN

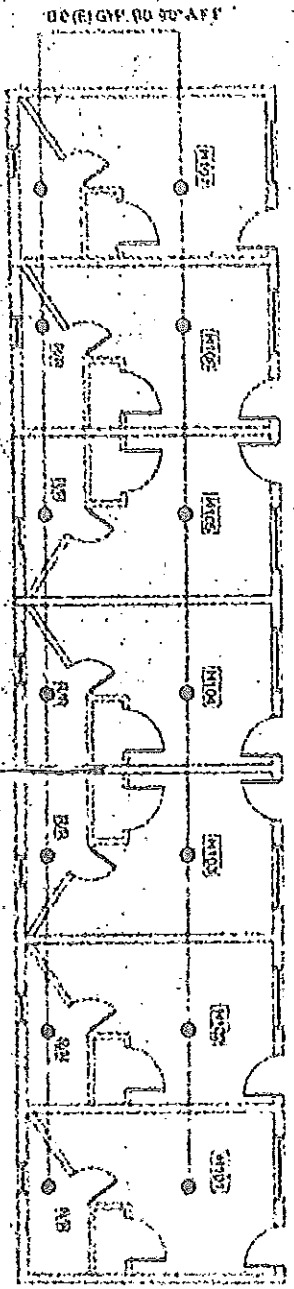
ROOM FINISH SCHEDULE

NO.	ROOM	FINISH	DATE
1	101	101	10/1/80
2	102	102	10/1/80
3	103	103	10/1/80
4	104	104	10/1/80
5	105	105	10/1/80
6	106	106	10/1/80
7	107	107	10/1/80
8	108	108	10/1/80
9	109	109	10/1/80
10	110	110	10/1/80

positive for asbestos



North West Bldg.
1400 E. 9th
(Reno)



NO. 1	1
NO. 2	2
NO. 3	3
NO. 4	4
NO. 5	5
NO. 6	6
NO. 7	7
NO. 8	8
NO. 9	9
NO. 10	10
NO. 11	11
NO. 12	12
NO. 13	13
NO. 14	14
NO. 15	15
NO. 16	16
NO. 17	17
NO. 18	18
NO. 19	19
NO. 20	20
NO. 21	21
NO. 22	22
NO. 23	23
NO. 24	24
NO. 25	25
NO. 26	26
NO. 27	27
NO. 28	28
NO. 29	29
NO. 30	30
NO. 31	31
NO. 32	32
NO. 33	33
NO. 34	34
NO. 35	35
NO. 36	36
NO. 37	37
NO. 38	38
NO. 39	39
NO. 40	40
NO. 41	41
NO. 42	42
NO. 43	43
NO. 44	44
NO. 45	45
NO. 46	46
NO. 47	47
NO. 48	48
NO. 49	49
NO. 50	50

CASE PACKET ORDER

Unappealed <input type="checkbox"/>	Negotiated Settlement <input checked="" type="checkbox"/>	Amount \$ <u>3000</u>
Appealed to APCHB <input type="checkbox"/>		Variance <input type="checkbox"/>

CASE 1143 NOV 5212 Complaint CMP13-0198

APCHB Meeting _____ DBOH Meeting 2/27/14

INFORMATION	YES/NO
Recommendation Letter	yes <input checked="" type="checkbox"/> JBS
MOU or Appeal	yes <input checked="" type="checkbox"/> JBS
Recommended Fine Worksheet	yes <input checked="" type="checkbox"/>
NOV and/or Stop Work Order	yes <input checked="" type="checkbox"/>
Permit	yes <input checked="" type="checkbox"/>
Permits Plus Complaint Report	yes <input checked="" type="checkbox"/>
Supporting Documents: <i>Regulations, Pictures, Letters, prior NOV's/Complaints</i>	yes <input checked="" type="checkbox"/>
Chronology	
License & Zoning Information	
Notes:	

Person Cited (include Title): <u>Mr. Balwinder Singh</u>
Company: <u>DAATA LLC.</u>
Delivery Address: <u>1233 E. 4th Street</u> <u>Reno, NV 89502</u>
Phone Number(s): <u>(707) 398-5210</u>

Charlene DeBer
BRANCH CHIEF'S SIGNATURE



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: February 27, 2014

TO: District Board of Health

FROM: Charlene Albee, Director, Air Quality Management Division

SUBJECT: Lobo Construction-Case No. 1144
Unappealed Citation No. 5213

Recommendation

Air Quality Management Division Staff recommends that Citation No. 5213 be upheld and a fine of \$1,250.00 be levied against Lobo Construction for failure to implement acceptable work practices associated with demolition/renovation activities at a commercial facility. Conducting demolition/renovation activities prior to the abatement of asbestos containing materials is a major violation of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.105(B)(10) National Emission Standards for Hazardous Air Pollutants (NESHAP), Subpart M - Asbestos, which is implemented through Section 030.107, Hazardous Air Pollutants. This is a negotiated settlement.

Recommended Fine: \$2,500.00

Negotiated Fine: \$1,250.00

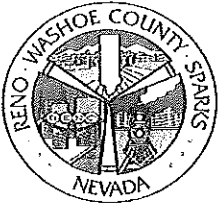
Background

On December 19, 2013, Washoe County Air Quality Management Division received a citizen complaint of possible illegal removal and disposal of asbestos-containing-materials at the former Ponderosa Lodge located at 1400 East Fourth Street in Reno, Nevada. A review of the Air Quality Management records determined an Asbestos Acknowledgement Form had been completed on November 13, 2014, for renovation activities at that location. The Acknowledgement form stipulated there was to be no demolition associated with this project; that the vinyl flooring would be covered over with no removal of existing flooring allowed; and that minor patching of holes in walls would be allowed. No asbestos sampling was required based on the description of proposed renovation activities. The use of best management practices for dust control and proper disposal of all waste was required. On November 21, 2013 an amended Acknowledgement of Asbestos Assessment was issued for the same project noting a change of contractor with the same scope of work.

Air Quality Specialist II Joshua Restori was dispatched to the above address and noted considerable weather damage, fire damage and vagrant vandalism/theft had resulted in disturbance of the interior construction materials in all seven of the buildings. Many of these construction materials are considered suspect for asbestos-containing materials and were in a friable condition in the rooms, including, but not limited to, ceiling texture, drywall, joint compound, and a white powdery material present in what appeared to be a former boiler room. Specialist Restori noted that debris containing suspect materials had been removed from the buildings and placed in an open dumpster located on site.

Specialist Restori met with the contractor on site Mr. Julian Alvarez from Lobo Construction. Specialist Restori noted there was a dumpster on the property that contained materials which had been removed from the vandalized rooms.

Specialist Restori was able to ascertain that Mr. Jorge Cruz, Superintendent for Lobo Construction, was aware the debris placed in the dumpster by his employees was potentially asbestos-containing material(s). Mr. Cruz did have a copy of an Asbestos Renovation Survey dated September 27, 2013, prepared by Environmental Testing and



DISTRICT HEALTH DEPARTMENT AIR QUALITY MANAGEMENT DIVISION

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION

Date: January 3, 2014
Company Name: Lobo Construction
Address: 1775 Hymer Avenue
Notice of Violation No.: 5213 Case No.: 1144

The staff of the Air Quality Management Division of the Washoe County District Health Department issued the above referenced citation for the violation of Regulation: 030.107 A, No Sampling or Notification on Asbestos Job at 1400 E. Fourth Street.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 1,250⁰⁰. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on Feb. 27, 2014. Plus 16 HR. Asbestos Awareness Class

[Signature]
Signature of Company Representative

Dennis A. Cerfoglio
Signature of District Representative

Jorge Cruz
Print Name

DENNIS A. CERFOGLIO
Print Name

superintendent
Title

Sr. Air Quality Specialist
Title

Witness

[Signature]
Witness

Witness

Witness

**AIR QUALITY MANAGEMENT - ADMINISTRATIVE PENALTY TABLE &
RECOMMENDED FINE CALCULATION WORKSHEET**

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

<u>Regulation</u>	<u>1st Violation</u>	<u>2nd Violation</u>
040.005 Visible Emissions	\$ 1,000	\$ 2,500
040.030 Dust Control (fugitive)	250	750
040.035 Open Fires	500	1,000
040.040 Fire Training	500	1,000
040.050 Incinerator	1,000	2,000
040.051 Woodstoves	500	1,000
040.055 Odors	1,000	2,000
040.080 Gasoline Transfer (maintenance)	1,000	2,000
040.200 Diesel Idling	500	1,000
050.001 Emergency Episode	1,000	2,000

II. Major Violations - Section 020.040

<u>Regulation</u>	<u>Violation</u>	<u>Source Category</u>	
		<u>Minimum</u>	<u>Maximum</u>
030.000	Construction/Operating without Permit (per major process system or unit/day)	\$ 5,000	\$ 10,000
030.1402	Failure to Comply with Stop Work Order	2,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2,500	10,000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2,500	5,000
	All other Major Violations (per day or event)	\$ 5,000	\$ 10,000
030.000	Construction Without a Dust Control Permit Project Size – Less than 10 acres Project Size – 10 acres or more	\$ 500 + \$50 per acre \$1,000 + \$50 per acre	

III. Major Violations - Section 030.107 Asbestos

A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 5,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 5,000 - \$10,000

**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

Company Name Lobo Construction
Contact Name Jorge Cruz

Case 1144 NOV 5213 Complaint CMP13-0198

Violation of Section 030.107 (B) Asbestos Work Practice

I. Base Penalty as specified in the Penalty Table = \$ 2,500

II. Severity of Violation/Intent

A. Public Health Impact

1. Degree of Violation

(The degree of which the person/company has deviated from the regulatory requirements)

Minor – 0.5 Moderate – 0.75 Major – 1.0 **Adjustment Factor** 1.0

2. Toxicity of Release

Criteria Pollutant – 1x

Hazardous Air Pollutant – 2x **Adjustment Factor** N/A

3. Environmental/Public Health Risk (Proximity to sensitive environment or group)

Negligible – 1x Moderate – 1.5x Significant – 2x **Adjustment Factor** 1.0

Total Adjustment Factors (1 x 2 x 3) = 1.0

B. Adjusted Base Penalty

Base Penalty 2,500 x Adjustment Factor 1.0 = **\$ 2,500**

C. Multiple Days or Units in Violation

Adjusted Penalty 2,500 x Number of Days or Units 1.0 = **\$ 2,500**

Penalty assessed for one time event

D. Economic Benefit

Avoided Costs N/A = **\$ 0.00**

Penalty Subtotal – Recommended Fine

Adjusted Base Penalty \$ 2,500 + Economic Benefit \$ 0 = **\$ 2,500**

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%)	+/-	<u>-25</u>	%
B. Mitigating Factors (0 – 25%)	+/-	<u>-15</u>	%
1. Negotiated Settlement			
2. Ability to Pay			
3. Other (explain)			
C. Compliance History			
No Previous Violations (0 – 10%)	-	<u>10</u>	%
Similar Violation in Past 12 months (25 - 50%)	+	<u> </u>	%
Similar Violation within past 3 year (10 - 25%)	+	<u> </u>	%
Previous Unrelated Violation (5 – 25%)	+	<u> </u>	%
Total Penalty Adjustment Factors – sum of A, B, & C		<u>-50</u>	%

IV. Recommended Fine

Penalty Adjustment:

<u>\$ 2,500</u>	x	<u>-50 %</u>	=	<u>\$ -1,250</u>
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)		Total Adjustment Value

Additional Credit for Environmental Investment/Training – N/A

Adjusted Penalty:

<u>\$ 2,500</u>	(-)	<u>\$ 1,250</u>	=	<u>\$ 1,250 + 16 hr Awareness Class</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III)		Negotiated Fine


Air Quality Specialist

1-3-2014
Date



WASHOE COUNTY HEALTH DISTRICT
 AIR QUALITY MANAGEMENT DIVISION
 1001 EAST NINTH ST. • SUITE B171 • RENO NV 89512
 (775) 784-7200



NOTICE OF VIOLATION

NOV 5213 DATE ISSUED: 12/26/13
 ISSUED TO: Lobo Construction PHONE #: (775) 386-4320
 MAILING ADDRESS: 1775 Hyman Ave CITY/ST: Sparks, NV ZIP: 89431
 NAME/OPERATOR: Jorge Cruz PHONE #: (775) 356-1616
Reuben Gonzales
 PERMIT NO. ASB13-0936 COMPLAINT NO. CMP13-0198

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 12/26/13 (DATE) AT 10:35 p.m. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- | | |
|--|---|
| <input type="checkbox"/> MINOR VIOLATION OF SECTION: | <input checked="" type="checkbox"/> MAJOR VIOLATION OF SECTION: |
| <input type="checkbox"/> 040.030 DUST CONTROL | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT |
| <input type="checkbox"/> 040.055 ODOR/NUISANCE | <input type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 DIESEL IDLING | <input checked="" type="checkbox"/> 030.105 ASBESTOS/NESHAP |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> OTHER _____ |

VIOLATION DESCRIPTION: Failure to comply with WCB04 Air Quality Regulation 030.107 A. Asbestos Sampling and Notification, B. Asbestos Control Work Practices C. Asbestos Containment and Abatement

LOCATION OF VIOLATION: 1400 E. 4th Street Reno, NV 89501

POINT OF OBSERVATION: Direct observation of room/waste containing ACM.

Weather: Sunny 42°F L/V Wind Direction From: N E S W

Emissions Observed: None
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective _____ a.m./p.m. _____ (date) you are hereby ordered to abate the above violation within _____ hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature _____

CITATION: You are hereby notified that effective on 12/26/13 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within immediate hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: Joshua Resbori Date: 12-26-13

Issued by: Joshua Resbori Title: ARS II

PETITION FOR APPEAL FORM PROVIDED

STOP WORK

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION
401 RYLAND STREET, SUITE 331, RENO, NV 89502-1463
PHONE 784-7200

DATE 12/19/13 TIME 2:05 p.m.
OWNER/OPERATOR Balwinder Singh
ADDRESS 1400 E. 4th Street Reno, NV 89502
EQUIPMENT DESCRIPTION _____

NOTICE OF VIOLATION # _____ DATE _____

- 30.105 Asbestos Removal
 40.080 Gas Station Operations
 30.200 Source Operations Without Permit

VIOLATION: SECTION 030.107 A, B, C
Asbestos disturbance & contamination

YOU HAVE BEEN DULY NOTIFIED OF THIS VIOLATION AND ARE
HEREBY ORDERED TO CEASE CONSTRUCTION, INSTALLATION,
ALTERATION, OR OPERATION OF THIS SOURCE.

FAILURE TO CONFORM MAY RESULT IN A FINE OF UP TO \$10,000
PER DAY AS LEVIED BY THE DISTRICT BOARD OF HEALTH
PURSUANT TO THE AIR POLLUTION CONTROL REGULATIONS FOR
RENO, SPARKS, AND WASHOE COUNTY.

By Joshua Restori
Inspector

UNLAWFUL TO REMOVE THIS TAG

H-AIR-13

**AIR QUALITY MANAGEMENT
ACKNOWLEDGEMENT OF ASBESTOS ASSESSMENT
FOR PONDEROSA LODGE LOCATED AT
1400 EAST 4TH STREET, RENO NV**

DATED: NOVEMBER 7, 2013

CHANGE TO CONTRACTOR - DATED: NOVEMBER 21, 2013

ACKNOWLEDGMENT OF ASBESTOS ASSESSMENT
Washoe County Air Quality Management Division

Permit Number: ASB13-0936

\$62.00

CASH

1 110713 8051017 TRD

Property Owner: DAATA LLC

Phone: 707 398-5210

Property Being Evaluated: PONDEROSA LODGE

Address: 1400 E 4TH ST RENO

TYPE OF PROJECT - TYPE OF PROPERTY - PROPERTY BEING ASSESSED
RENO - NON-RES - PARTIAL*

FILING FEE: \$62.00 ✓✓

*Note: If this project is a partial renovation and additional work is to be conducted later, additional asbestos assessment(s) will be required unless this assessment covers all pertinent representative asbestos suspected materials throughout the building.

General Contractor:
CR CONSTRUCTION
MARVY PEREZ
9408 DESCENDING CREEK ST
LAS VEGAS, NV 89123

Consultant or Assessment Company:

Abatement Contractor:

Assessment Results: NOT TESTED

Abatement Completed:

** Note: If asbestos present, abatement must be conducted in accordance with NESHAP and OSHA regulations before renovation or demolition work may proceed.

10-DAY NOTIFICATION MANDATORY FOR DEMOLITION

Rohinder Singh
Owner / Representative's Name

Comments:

Tenant improvement for current owner Daata LLC, improvement consists of remodel work through out the motel, no demo associated with project. Vinyl flooring will be floored over no removal of flooring allowed. Minor patching of holes in walls allowed. No ACM sampling required. Use best management practices for dust control, and dispose of all waste properly.

[Signature]
Health District Representative

11/7/13
Date

Signature on this asbestos assessment document does NOT constitute full Health District approval for this project. Any additional Health permits such as are required for bar or restaurant operations, underground storage tanks, hazardous material disposal or air pollution sources must be obtained separately.

Signature by the Washoe County Health District does not warrant, nor should this report be taken to warrant, that asbestos was or was not present on stated property. Exposure to even small amounts of airborne asbestos fibers may cause cancer. For this reason the Health District recommends that all asbestos handling and abatement work be performed by certified asbestos contractors.

ACKNOWLEDGMENT OF ASBESTOS ASSESSMENT
Washoe County Air Quality Management Division

Permit Number: ASB13-0936

Property Owner: DAATA LLC

Phone: 707 398-5210

Property Being Evaluated: PONDEROSA LODGE

Address: 1400 E 4TH ST RENO

TYPE OF PROJECT - TYPE OF PROPERTY - PROPERTY BEING ASSESSED
RENO - NON-RES - PARTIAL*

FILING FEE: \$62.00

*Note: If this project is a partial renovation and additional work is to be conducted later, additional asbestos assessment(s) will be required unless this assessment covers all pertinent representative asbestos suspected materials throughout the building.

General Contractor:
LOBO CONSTRUCTION
REUBEN GONZALES
1755 HYMER AVE
SPARKS NV 89431

Consultant or Assessment Company:

Abatement Contractor:

Assessment Results: NOT TESTED

Abatement Completed:

** Note: If asbestos present, abatement must be conducted in accordance with NESHAP and OSHA regulations before renovation or demolition work may proceed.

10-DAY NOTIFICATION MANDATORY FOR DEMOLITION

Sahinder Singh
Owner / Representative's Name

Comments:

Tenant improvement for current owner Daata LLC, improvement consists of remodel work through out the motel, no demo associated with project. Vinyl flooring will be floored over no removal of flooring allowed. Minor patching of holes in walls allowed. No ACM sampling required. Use best management practices for dust control, and dispose of all waste properly.

changed contractor

Rauli J. Mendez
Health District Representative

11/21/13
Date

Signature on this asbestos assessment document does NOT constitute full Health District approval for this project. Any additional Health permits such as are required for bar or restaurant operations, underground storage tanks, hazardous material disposal or air pollution sources must be obtained separately.

Signature by the Washoe County Health District does not warrant, nor should this report be taken to warrant, that asbestos was or was not present on stated property. Exposure to even small amounts of airborne asbestos fibers may cause cancer. For this reason the Health District recommends that all asbestos handling and abatement work be performed by certified asbestos contractors.

COMPLAINT INVESTIGATION REPORT
Washoe County Air Quality Management Division

Complaint Number: **CMP13-0198**

Complaint Status: ASSIGNED

Source of Complaint: CITIZEN

Complaint Type: CNSTDUST

Date Received: 12/19/2013

Time: 12:15 P.M.

Inspector: JRESTORI

Inspector Area: 3

Complaint Description: T.I. PRACTICES NOT FOLLOWED ACCORDING TO ASSESSMENT #ASB13-0936
11/7/13

Address: 1400 E 4TH ST RENO

Location:

Parcel Number: 00826819

Related Permit Number:

Complainant:

ANONYMOUS

Responsible Party:

LOBO CONSTRUCTION
REUBEN GONZALES
1775 HYMER AVENUE
SPARKS, NV 89431
(775) 356-1616

Investigation:

T.I. PRACTICES NOT FOLLOWED ACCORDING TO ASSESSMENT #ASB13-0936 11/7/13

12/19/2013

AQ Specialist Joshua Restori arrived at the Ponderosa Lodge at 1400 East 4th Street, Reno, NV 89502 at approximately 12:40 p.m. on 12/19/2013. Spec. Restori observed approximately (5) laborers present at the dilapidated motel. Many of the workers were standing around and very little work was occurring. Spec. Restori asked everyone to stop work immediately until he could assess the extent and type of work occurring at the site. The description of the work on the Acknowledgement of Asbestos Assessment was:

"Tenant improvement for current owner Daata LLC, improvement consists of remodel work throughout the motel, no demo associated with the project. Vinyl flooring will be floored over no removal of flooring allowed. Minor patching of holes in walls allowed. No ACM sampling required. Use best management practices for dust control, and dispose of all waste properly."

With the knowledge of the extent of work to be performed at the Ponderosa Lodge, Spec. Restori assessed more than "minor patching of holes" was occurring. Furthermore, considerable weather damage, fire damage and vagrant vandalism/theft had left much of the interior construction materials disturbed in all (7) of the buildings. Many of these construction materials were in a friable condition in the rooms, including, but not limited to ceiling texture, drywall, joint compound and a white powdery material present in a former boiler room in Building B (Figure 1).

After the quick assessment, Spec. Restori contacted AQ Specialist Michael Osborn at 12:50 p.m. and asked him for assistance.

Spec. Restori met with the owner of the property Balwinder Singh (DAATA LLC - 1233 East 4th Street Reno, NV 89502 (707) 398-5210), the construction manager, Marvy Perez (CR Construction - 4623 Latigo Street, Las Vegas, NV 89119, 6229 Mansfield Ave, Las Vegas, NV 89121 (702) 628-0754) and Julian Alvarez (LOBO Construction 1775 Hymer Avenue Sparks, NV 89431 (775) 386-4320). Spec. Restori discussed the extent of the work to be performed with Mr. Perez. Mr. Perez stated that the laborers had only worked 2 days cleaning the construction debris and garbage left over by the vagrants and that no demolition had occurred. He stated that the vagrants had demolished the walls in pursuit of the copper pipe and wires. Mr. Perez stated that all of the demolished areas observed on any of the buildings were done before any of the laborers set foot on the property. The only construction activity that had occurred was to board the doors and windows to keep vagrants out of the buildings. Mr. Perez then went on to say that there was not going to be any demolition to complete the project and that he was waiting on a bid from a drywall contractor to cover all of the walls in the buildings which would encapsulate any asbestos present. Spec. Restori stated that there was no way to encapsulate the walls and ceilings without disturbing the already disturbed and damaged ceilings and walls and that the work was much more than minor patching of holes. An asbestos assessment had been conducted by Jack Goshow but was not present onsite. A partial copy of the assessment was produced on a cell phone, which indicated there was asbestos present in various locations in the buildings. Spec. Restori stated that due to the condition of the buildings and the amount of disturbance present, there was a high probability that some of the laborers could have been exposed to asbestos during the "clean-up" activity that had occurred and a Stop Work order was being placed on the project until a consultant could assess the amount of disturbed ACM present and the potential to disturb more ACM to finish the proposed remodel. Spec. Restori required the boards be placed over the doorways and windows until further notice.

12/20/13

The Asbestos Renovation Survey prepared by Environmental Testing & Consulting Inc. on September 27, 2013 for 1400 East 4th Street was delivered to Spec. Restori via email from Balwinder Singh, Marvy Perez and hand delivered by Jorge Cruz (Lobo Construction). All three entities (Daata LLC, CR Construction and Lobo Construction) had a copy of the assessment and therefore had knowledge that the buildings at 1400 East 4th Street contained Regulated Asbestos Containing Materials (RACM). After reviewing the Asbestos Renovation Survey prepared by Environmental Testing & Consulting, the Acknowledgement of Asbestos Assessments submitted to WCAQMD on 11/07/13 and 11/21/13 and observing the activity occurring at 1400 East 4th Street on 12/19/13, Spec. Restori determined that Daata LLC, Lobo Construction and CR Construction were in violation of 030.107 (A), (B), (C).

030.107 (A) - For "Failure to...obtain a completed "Asbestos Assessment Acknowledgement Form"; Upon applying for the Asbestos Assessment Acknowledgement Form, the Asbestos Renovation Survey indicating asbestos present was withheld from Washoe County Air Quality Management

030.107 (B) - For failing to provide "acceptable work practices for RACM"; Upon arrival at 1400 East 4th Street multiple workers were entering buildings where asbestos containing materials had been previously disturbed/damaged without using acceptable work practices for the removal of asbestos ("adequate wetting, containment of materials in glove bags or containment areas, negative air systems, decontamination areas, double bag disposal")

030.107 (C) - For storing, removing, transporting asbestos containing materials in a manner which is likely to release asbestos fibers into the atmosphere; The suspected asbestos containing material being removed from the buildings was being carried openly to an open air dumpster and deposited double-bagging

NOV #5212 was issued to Daata LLC on 12/26/13 030.107 (A), (B), (C)

NOV #5213 was issued to Lobo Construction on 12/26/13 030.107 (A), (B), (C)

NOV #5214 was issued to CR Construction on 12/30/13 for violation of 030.107 (A), (B), (C)

Enforcement Activities

Warning Citation...:
NOV.....: 12/26/2013

Citation Number: 0
NOV Number....: 5213
Case Number.....: 0
Amount.....: \$0.00

Amount.....: \$0.00

Settlement.....:
Appealed.....:
Upheld.....:

Status Information

Initialized By.....: TBURTON
Date Assigned.....: 12/19/2013

Completed Date...:
Completed By.....:

Photographs

Ponderosa Lodge
1400 E. 4th Street
Reno, NV 89502
Taken on December 19, 2013
NOV #5213



Photograph 1



Photograph 2



Photograph 3



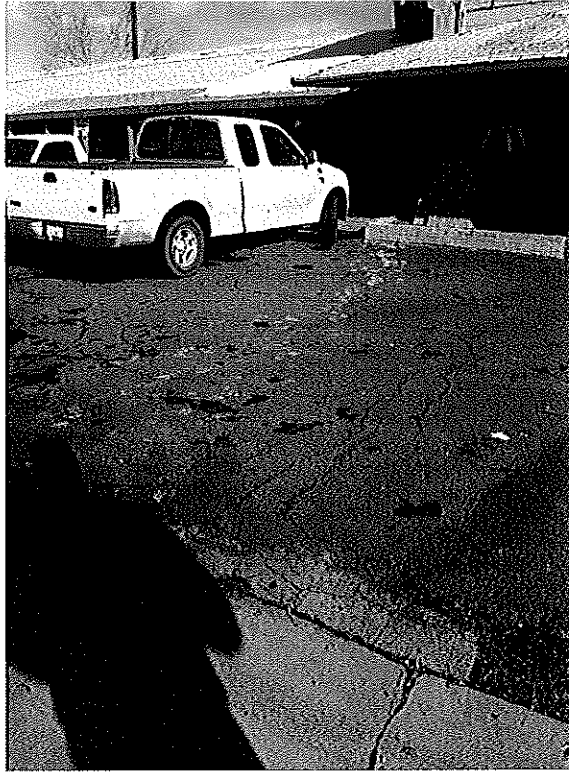
Photograph 4



Photograph 5



Photograph 6



Photograph 7



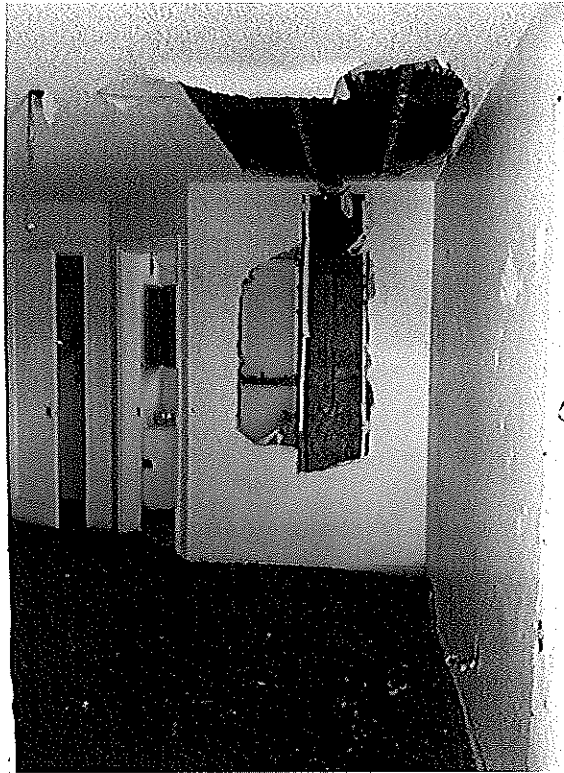
Photograph 8



Photograph 9



Photograph 10



Photograph 11



Photograph 12



Photograph 13



Photograph 14



Photograph 15



Photograph 16



Photograph 17



Photograph 18



Photograph 19



Photograph 20



Photograph 21



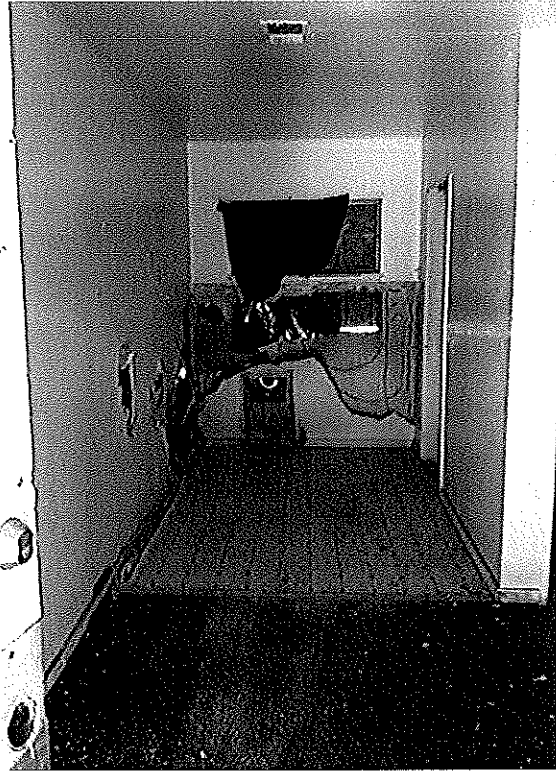
Photograph 22



Photograph 23



Photograph 24



Photograph 25



Photograph 26



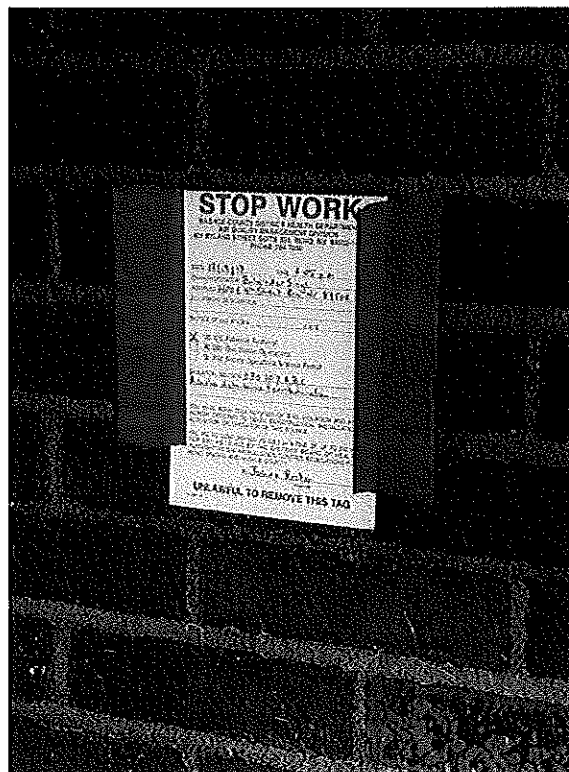
Photograph 27



Photograph 28



Photograph 29



Photograph 30



Figure 1

Photograph Descriptions (please consult with Figure A)

Photograph 1. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image demonstrating the friable interior construction material in **Building A**. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the off-white joint compound in **Building A** contained between **1-5% friable chrysotile asbestos fibers**.

Photograph 2. **Date:** December 19, 2013 **Direction:** North
Image demonstrating the friable interior construction material in **Building A**. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the off-white joint compound in **Building A** contained between **1-5% friable chrysotile asbestos fibers**.

Photograph 3. **Date:** December 19, 2013 **Direction:** North
Image of the open air dumpster at the Ponderosa Lodge at 1400 E. 4th Street containing construction debris and other garbage removed from **Buildings A and B**. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the off-white joint compound in **Building A** contained between **1-5% friable chrysotile asbestos fibers** and the spray acoustic ceiling surface material in **Building B** contained between **5-10% friable chrysotile asbestos fibers**.

Photograph 4. **Date:** December 19, 2013 **Direction:** Northeast
Image of friable construction material on the ground west of the open air dumpster at the Ponderosa Lodge at 1400 E. 4th Street. Construction debris was being removed from **Buildings A and B** and placed into the open air dumpster. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the off-white joint compound in **Building A** contained between **1-5% friable chrysotile asbestos fibers** and the spray acoustic ceiling surface material in **Building B** contained between **5-10% friable chrysotile asbestos fibers**.

Photograph 5. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image of the friable construction debris from **Buildings A and B** found in the open air dumpster at the Ponderosa Lodge at 1400 E. 4th Street. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the off-white joint compound in **Building A** contained between **1-5% friable chrysotile asbestos fibers** and the spray acoustic ceiling surface material in **Building B** contained between **5-10% friable chrysotile asbestos fibers**.

Photograph 6. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image of the friable construction debris from **Buildings A and B** found in the open air dumpster at the Ponderosa Lodge at 1400 E. 4th Street. . The Asbestos Renovation Survey conducted on September 27, 2013 indicated the off-white joint compound in **Building A** contained between **1-5% friable chrysotile asbestos fibers** and the spray acoustic ceiling surface material in **Building B** contained between **5-10% friable chrysotile asbestos fibers**.

Photograph 7. **Date:** December 19, 2013 **Direction:** Northeast
Image of the friable construction material being tracked from the utility room of **Building B** to the open air dumpster at the Ponderosa Lodge at 1400 E. 4th Street. None of the material in the utility room of **Building B** was tested for asbestos during the Asbestos Renovation Survey conducted on September 27, 2013.

Photograph 8. **Date:** December 19, 2013 **Direction:** Southwest
Image of the friable construction material being tracked from the utility room of **Building B** to the open air dumpster at the Ponderosa Lodge at 1400 E. 4th Street. None of the material in the utility room of **Building B** was tested for asbestos during the Asbestos Renovation Survey conducted on September 27, 2013.

Photograph 9. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image demonstrating the friable demolished construction material on the floor of the utility room of **Building B** at the Ponderosa Lodge at 1400 E. 4th Street. The material was tracked out to and deposited in the open air dumpster. None of the material in the utility room of **Building B** was tested for asbestos during the Asbestos Renovation Survey conducted on September 27, 2013.

Photograph 10. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image demonstrating the friable demolished construction material on the floor of the utility room of **Building B** at the Ponderosa Lodge at 1400 E. 4th Street. None of the material in the utility room of **Building B** was tested for asbestos during the Asbestos Renovation Survey conducted on September 27, 2013.

Photograph 11. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image demonstrating the condition of the rooms located in **Building B** of the Ponderosa Lodge at 1400 E. 4th Street. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the acoustical ceiling materials contained between 5-10% friable chrysotile asbestos fibers which were in a disturbed state on December 19, 2013.

Photograph 12. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image of the cleaned concrete floor located in **Building B** at the Ponderosa Lodge at 1400 E. 4th Street. The carpet and the construction debris associated with the vagrant demolition had been cleaned and removed from the room. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the acoustical ceiling materials contained between 5-10% friable chrysotile asbestos fibers which were in a disturbed state on December 19, 2013.

Photograph 13. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image demonstrating the condition of the rooms located in **Building B** at the Ponderosa Lodge at 1400 E. 4th Street. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the acoustical ceiling materials contained between 5-10% friable chrysotile asbestos fibers which were in a disturbed state on December 19, 2013.

Photograph 14. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image of the cleaned concrete floor located in **Building B** at the Ponderosa Lodge at 1400 E. 4th Street. The carpet and the construction debris associated with the vagrant demolition had been cleaned and removed from the room. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the acoustical ceiling materials contained between 5-10% friable chrysotile asbestos fibers which were in a disturbed state on December 19, 2013.

Photograph 15. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image demonstrating the condition of the rooms located in **Building B** at the Ponderosa Lodge at 1400 E. 4th Street. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the acoustical ceiling materials contained between **5-10% friable chrysotile asbestos fibers** which were in a disturbed state on December 19, 2013.

Photograph 16. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image demonstrating the demolished acoustical ceiling material present on the carpet of the rooms in **Building B** at the Ponderosa Lodge at 1400 E. 4th Street. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the acoustical ceiling materials contained between **5-10% friable chrysotile asbestos fibers** which were in a disturbed state on December 19, 2013.

Photograph 17. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image demonstrating the condition of the rooms located in **Building B** at the Ponderosa Lodge at 1400 E. 4th Street. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the acoustical ceiling materials contained between **5-10% friable chrysotile asbestos fibers** which were in a disturbed state on December 19, 2013.

Photograph 18. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image demonstrating the demolished acoustical ceiling material present on the carpet and crossing the threshold of the rooms in **Building B** at the Ponderosa Lodge at 1400 E. 4th Street. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the acoustical ceiling materials contained between **5-10% friable chrysotile asbestos fibers** which were in a disturbed state on December 19, 2013.

Photograph 19. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image demonstrating the demolished acoustical ceiling material present on the carpet and crossing the threshold of the rooms in **Building B** at the Ponderosa Lodge at 1400 E. 4th Street. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the acoustical ceiling materials contained between **5-10% friable chrysotile asbestos fibers** which were in a disturbed state on December 19, 2013.

Photograph 20. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image demonstrating the condition of the rooms located in **Building B** at the Ponderosa Lodge at 1400 E. 4th Street. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the acoustical ceiling materials contained between **5-10% friable chrysotile asbestos fibers** which were in a disturbed state on December 19, 2013.

Photograph 21. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image of the condition of the rooms located in **Building B** of the Ponderosa Lodge at 1400 E. 4th Street. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the acoustical ceiling materials contained between **5-10% friable chrysotile asbestos fibers** which were in a disturbed state on December 19, 2013.

Photograph 22. **Date:** December 19, 2013 **Direction:** East
Image of the condition of the transite exterior siding present on the outside of **Building C**. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the exterior siding contained between **10-20% friable chrysotile asbestos fibers** which were in a disturbed state on December 19, 2013.

Photograph 23. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image demonstrating the condition of the interior building materials of **Building C** at the Ponderosa Lodge at 1400 E. 4th Street. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the off-white joint compound contained **1-5% friable chrysotile asbestos fibers** which were in a disturbed state on December 19, 2013.

Photograph 24. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image of the condition of the transite exterior siding present on the outside of **Building C**. The Asbestos Renovation Survey conducted on September 27, 2013 indicated the exterior siding contained between **10-20% friable chrysotile asbestos fibers** which were in a disturbed state on December 19, 2013.

Photograph 25. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image demonstrates the general condition of the rooms in **Building F** at the Ponderosa Lodge located at 1400 E. 4th Street. The linoleum flooring was not sampled for asbestos testing in any of the (8) buildings during the Asbestos Renovation Survey on September 27, 2013.

Photograph 26. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image demonstrates the general condition of the utility room in **Building F** at the Ponderosa Lodge located at 1400 E. 4th Street.

Photograph 27. **Date:** December 19, 2013 **Direction:** Northwest
Image of the interior of **Building G** at the Ponderosa Lodge located at 1400 E. 4th Street. The building had extensive damage due to a previous fire. The Asbestos Renovation Survey conducted on September 27, 2013 indicated **Building G** tested negative for asbestos.

Photograph 28. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image of the interior of **Building G** at the Ponderosa Lodge located at 1400 E. 4th Street. The building had extensive damage due to a previous fire. The Asbestos Renovation Survey conducted on September 27, 2013 indicated **Building G** tested negative for asbestos.

Photograph 29. **Date:** December 19, 2013 **Direction:** Southwest
Image of Building H in the Southwest corner of the property at the Ponderosa Lodge located at 1400 E. 4th Street. All of the samples taken from Building H during the Asbestos Renovation Survey on September 27, 2013 tested positive for asbestos. The friable acoustical ceiling materials contained **5-10% friable chrysotile asbestos fibers** and the friable off-white joint compound contained **1-5% friable chrysotile asbestos fibers**.

Photograph 30. **Date:** December 19, 2013 **Direction:** Direct Obser.
Image of the Stop Work Order posted by Air Quality Specialist Joshua Restori on the East side of **Building B** at the Ponderosa Lodge at 1400 E. 4th Street.

**ASBESTOS TESTING REPORT
FOR PONDEROSA LODGE
LOCATED AT 1400 EAST 4TH STREET, RENO NV 89502**

DATED SEPTEMBER 27, 2013

EMAILS INCLUDED

**ENVIRONMENTAL
TESTING & CONSULTING INC
14640 Toll Rd. Reno. NV 89521**

September 27, 2013
ETC Project No. 09-13-1002

Sterling Construction
Msterling720@gmail.com
Attn: Mike Sterling

**Re: ASBESTOS RENOVATION SURVEY
1400 E 4th St, Reno, NV (8 separate buildings)**

Ladies and Gentlemen:

On Friday September 27, 2013 a representative from Environmental Testing & Consulting (ETC) collected samples of building materials (acoustical ceiling, walls, insulation, siding, roofing, etc.) proposed for renovation in the above mentioned facility/residence (8 separate buildings). The intended scope of work included renovation/removal/demolition of the above mentioned building materials. The Sterling Construction representative described the scope of work.

The purpose of this survey was to determine if Asbestos Containing Material (ACM) existed in the building materials that may be disturbed by an intended renovation. With this knowledge, the Owner or the Owner's Agent can determine what abatement action is necessary for appropriate health and safety precautions and to comply with all applicable federal, state and local regulatory requirements prior to and during the proposed renovation.

The survey work included conducting a visual inspection of the proposed work areas to determine types of building materials present, then developing and implementing a sampling plan of all accessible suspect asbestos containing materials in the intended renovation area. Samples were collected from the impacted materials. The samples were analyzed for asbestos content by EPA Method 600/R-93/116.

FINDINGS*

The description and location of all ACM detected in the survey is summarized in the following table. The following homogenous materials were determined to be ACM because the analytical results indicate they contain greater than 1% asbestos:

ACM Summary Data			
Material Description	Material Location	Sample Number & Asbestos Content	*Friability
Wall materials	North building	1 1-5% Chrysotile	F
Acoustical ceiling materials	East building	7 5-10% Chrysotile	F
Exterior siding	East middle building	19 10-20% Chrysotile	F
Wall materials	East middle building	20 1-5% Chrysotile	F
Acoustical ceiling materials	South building	38 5-10% Chrysotile	F
Wall materials	South building	41 1-5% Chrysotile	F

*Note:
 F = Friable
 NF = Non- Friable
 PF = Potentially Friable, because it will become friable under standard renovation or demolition procedures.

The **materials determined not to be ACM** because they did not contain regulated quantities of asbestos include:

North Building

- Acoustical ceiling materials

East Building

- Blown-in insulation
- Wall materials

East Middle Building

- Acoustical ceiling materials

East Shed

- Wall materials

SE Building

- Acoustical ceiling materials
- Wall materials

South Building

- Acoustical ceiling materials
- Wall materials

NW Building

- Roofing
- Wall materials
- Blown-in insulation

****Please see attached sketch for exact sample locations.***

CONCLUSION AND RECOMMENDATIONS

In conclusion, we recommend that any ACM listed as F or PF in the above table be considered Regulated ACM, and further recommend that all Regulated ACM be removed prior to the intended renovation of these structures in accordance with federal, state, and local regulation requirements, **if the materials will be disturbed by the intended renovation.** We also recommend that an independent state licensed consultant conduct confirmation of abatement by visual inspection and air quality sampling if abatement is required.

Additionally, we recommend this report be submitted to the air quality division of the local health department. By doing this, you have verifiable documentation that this survey was performed and may receive directions on how to comply with local and Federal EPA regulations. Note that OSHA and state regulations may also apply to this project under separate jurisdiction.

Our firm has the licensed personnel and ability to assist with abatement design, abatement monitoring, and clearance testing. Please contact the undersigned industrial hygienist if you have questions on the report or for further services.

CLOSURE

It was not the intent of this study to find buried materials, conduct excessive destructive sampling, or to sample those materials that are not commonly considered asbestos containing for the purposes of building renovation or demolition. The purpose of this survey was to find and sample accessible suspect materials including multi-layered materials to determine asbestos content. ***If additional suspect Asbestos Containing Materials are encountered during renovation or demolition, that were previously undetected, the consultant requests to be notified so that sampling or other appropriate responses can be determined.***

This report represents information relating to the specific sample locations and material conditions at the time the survey was conducted. No other claims, warranties, or guarantees are either expressed or implied.

Submitted by,

Jack Goshow, Senior Industrial Hygienist, CMC™
Council Certified Microbial Consultant™
Board-awarded by the American Indoor Air Quality Council™
NV Asbestos Consultant #IM0865
CA Certified Asbestos Consultant (CAC) #13-5052
IICRC Water Restoration Technician

Enc. Lab Reports & Chain of Custody

**ASBESTOS SURVEY AND TESTING REPORT
FOR PONDEROSA LODGE
LOCATED AT 1400 EAST 4TH STREET, RENO NV 89502**

DATED SEPTEMBER 27, 2013

**ENVIRONMENTAL
TESTING AND CONSULTING INC
14640 Toll Rd, Reno, NV 89521-8466
ETC Federal Tax ID 90-0060497**

INVOICE

09-13-1002

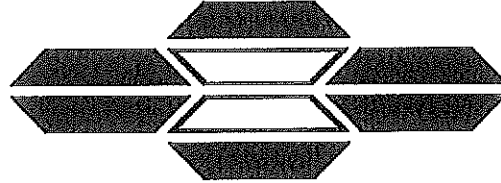
DATE

9-27-2013

BILL TO: Sterling Construction
msterling720@gmail.com
Attn: Accounts Payable

Re: 1400 E 4th St, Reno, NV
Asbestos Renovation Survey Sampling

QTY.	DESCRIPTION	UNIT PRICE	AMOUNT
	September 27, 2013		
1 each	Asb Survey & Sampling (9-27-13) Written Report and Lab Report: Polarized Light Microscopy	\$600.00 ea	\$ 600.00
1 hour	Word Processing / Clerical	\$35.00 hr.	No Charge
40 each	Asbestos Bulk Sple by PLM	\$25.00 ea	\$ 1,000.00
2 each	Asbestos Bulk, Extra Layer	\$10.00 ea.	\$ 20.00
	ETC Federal Tax ID 90-0060497		
	TOTAL		\$ 1,620.00



ASBESTOS TEM LABORATORIES, INC.

**EPA Method 600/R-93/116
Polarized Light Microscopy
Analytical Report**

Report No. 123716

1350 Freeport Blvd., Unit 104
Sparks, NV 89431
(775) 359-3377
FAX (775) 359-2798

With Main Office Located At:
630 Bancroft Way, Berkeley, CA 94710
Ph. (510) 704-8930 Fax (510) 704-8929



ASBESTOS TEM LABORATORIES, INC

Accredited by



NVLAP Lab Code 200104-0

Oct-01-13

Mr. Jack Goshow
Environmental Testing & Consulting
14640 Toll Rd
Reno, NV 89521

RE: LABORATORY JOB # 881-###
Polarized light microscopy analytical results for 40 bulk sample(s) with 2 sample split(s)
Job Site: 1400 E. 4th, Reno
Job No.:
Report No.: 123716

Enclosed please find the bulk material analytical results for one or more samples submitted for asbestos analysis. The analyses were performed in accordance with EPA Method 600/R-93/116 or 600/M4-82-020 for the determination of asbestos in bulk building materials by polarized light microscopy (PLM). Please note that while PLM analysis is commonly performed on non-friable and fine grained materials such as floor tiles and dust, the EPA method recognizes that PLM is subject to limitations. In these situations, accurate results may only be obtainable through the use of more sophisticated and accurate techniques such as transmission electron microscopy (TEM) or X-ray diffraction (XRD).

Prior to analysis, samples are logged-in and all data pertinent to the sample recorded. The samples are checked for damage or disruption of any chain-of-custody seals. A unique laboratory ID number is assigned to each sample. A hard copy log-in sheet containing all pertinent information concerning the sample is generated. This and all other relevant paper work are kept with the sample throughout the analytical procedures to assure proper analysis.

Each sample is opened in a class 100 HEPA negative air hood. A representative sampling of the material is selected and placed onto a glass microscope slide containing a drop of refractive index oil. The glass slide is placed under a polarizing light microscope where standard mineralogical techniques are used to analyze and quantify the various materials present, including asbestos. The data is then compiled into standard report format and subjected to a thorough quality assurance check before the information is released to the client.

For possible future reference, samples are normally kept on file for one year.

Sincerely Yours,

Laboratory Analyst
ASBESTOS TEM LABORATORIES, INC.

--- These results relate only to the samples tested and must not be reproduced, except in full, with the approval of the laboratory. This report must not be used to claim product endorsement by NVLAP or any other agency of the U.S. Government. ---



POLARIZED LIGHT MICROSCOPY ANALYTICAL REPORT

EPA Method 600/R-93/116 or 600/M4-82-020

Contact: Mr. Jack Goshow	Samples Indicated: 50	Report No. 123716
Address: Environmental Testing & Consulting	Reg. Samples Analyzed: 40	Date Submitted: Sep-27-13
14640 Toll Rd	Split Layers Analyzed: 2	Date Reported: Oct-01-13
Reno, NV 89521	Job Site / No. 1400 E. 4th, Reno	

SAMPLE ID	ASBESTOS % TYPE	OTHER DATA		DESCRIPTION
		1) Non-Asbestos Fibers 2) Matrix Materials 3) Date/Time Collected 4) Date Analyzed		FIELD LAB
1. Lab ID # 881-04237-001	None Detected	1) 1-5% Cellulose 2) 95-99% Calc, PlastFoam, Other m.p.	4) Oct-01-13	Spray Acoustic, North Building, Upper East Unit Acoustic-White
2. Lab ID # 881-04237-002	None Detected	1) 1-5% Cellulose 2) 95-99% Calc, PlastFoam, Other m.p.	4) Oct-01-13	Spray Acoustic, North Building, Upper East Unit Acoustic-White
3. Lab ID # 881-04237-003	None Detected	1) 1-5% Cellulose 2) 95-99% Calc, PlastFoam, Other m.p.	4) Oct-01-13	Spray Acoustic, North Building, Upper West Unit Acoustic-White
4. Lab ID # 881-04237-004	1-5% Chrysotile	1) 1-5% Cellulose 2) 90-98% Calc, Gyp, Other m.p.	4) Oct-01-13	Wall Materials, North Building, Office South JointCom-Off-White
5. Lab ID # 881-04237-005	Not Analyzed	1) 2)	4) Oct-01-13	Wall Materials, North Building, Upper East Entry
6. Lab ID # 881-04237-006	Not Analyzed	1) 2)	4) Oct-01-13	Wall Materials, North Building, Office North
7. Lab ID # 881-04237-007	5-10% Chrysotile	1) 1-5% Cellulose 2) 85-94% Calc, PlastFoam, Other m.p.	4) Oct-01-13	Spray Acoustic, East Building, North Unit Acoustic-Off-White/White
8. Lab ID # 881-04237-008	Not Analyzed	1) 2)	4) Oct-01-13	Spray Acoustic, East Building, Next Unit South
9. Lab ID # 881-04237-009	Not Analyzed	1) 2)	4) Oct-01-13	Spray Acoustic, East Building, Southern Most Unit
10. Lab ID # 881-04237-010	None Detected	1) 95-99% Fiberglass, Cellulose 2) 1-5% Calc, Other m.p.	4) Oct-01-13	Insulation - Blown In Type, East Building, 2nd Unit From North Insulation-Grey

Limit of Quantitation of Method is Estimated to be 1% Asbestos Using a Visual Area Estimation Technique

Laboratory Analyst
Greg Hanes

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NVLAP Lab Code 200104-0

POLARIZED LIGHT MICROSCOPY ANALYTICAL REPORT

EPA Method 600/R-93/116 or 600/M4-82-020

Page: **2** of **6**

Contact: Mr. Jack Goshow	Samples Indicated: 50	Report No. 123716
Address: Environmental Testing & Consulting 14640 Toll Rd Reno, NV 89521	Reg. Samples Analyzed: 40	Date Submitted: Sep-27-13
	Split Layers Analyzed: 2	Date Reported: Oct-01-13
Job Site / No. 1400 E. 4th, Reno		

SAMPLE ID	ASBESTOS TYPE	OTHER DATA		DESCRIPTION
		1) Non-Asbestos Fibers	2) Matrix Materials	FIELD LAB
11. Lab ID # 881-04237-011	None Detected	1) 95-99% Fiberglass, Cellulose	2) 1-5% Calc, Other m.p.	Insulation - Blown In Type, East Building, 4th Unit From North
		3)	4) Oct-01-13	Insulation-Grey
12. Lab ID # 881-04237-012	None Detected	1) 95-99% Fiberglass, Cellulose	2) 1-5% Calc, Other m.p.	Insulation - Blown In Type, East Building, Last Unit South
		3)	4) Oct-01-13	Insulation-Grey
13. Lab ID # 881-04237-013	None Detected	1) 1-5% Cellulose	2) 95-99% Calc, Qtz, Other m.p.	Wall Materials, East Building, Last Unit North
		3)	4) Oct-01-13	Wall Materials-White/Off-White
14. Lab ID # 881-04237-014	None Detected	1) 1-5% Cellulose	2) 95-99% Calc, Qtz, Other m.p.	Wall Materials, East Building, 5th Unit South
		3)	4) Oct-01-13	Wall Materials-White/Off-White
15. Lab ID # 881-04237-015	None Detected	1) 1-5% Cellulose	2) 95-99% Calc, Qtz, Other m.p.	Wall Materials, East Building, Last Unit South
		3)	4) Oct-01-13	Wall Materials-White/Off-White
16. Lab ID # 881-04237-016	None Detected	1) 1-5% Cellulose	2) 95-99% Calc, PlastFoam, Other m.p.	Spray Acoustic, East Mid Building, Lower East
		3)	4) Oct-01-13	Acoustic-White/Off-White
17. Lab ID # 881-04237-017	None Detected	1) 1-5% Cellulose	2) 95-99% Calc, PlastFoam, Other m.p.	Spray Acoustic, East Mid Building, Lower West
		3)	4) Oct-01-13	Acoustic-White/Off-White
18. Lab ID # 881-04237-018	None Detected	1) 1-5% Cellulose	2) 95-99% Calc, PlastFoam, Other m.p.	Spray Acoustic, East Mid Building, Upper West
		3)	4) Oct-01-13	Acoustic-White/Off-White
19. Lab ID # 881-04237-019	10-20% Chrysotile	1) None Detected	2) 80-90% Calc, Gyp, Other m.p.	Siding Transite Type, East Mid Building, Exterior
		3)	4) Oct-01-13	Transite-Grey
20. Lab ID # 881-04237-020	1-5% Chrysotile	1) 1-5% Cellulose	2) 90-98% Calc, Gyp, Other m.p.	Wall Materials, East Middle Building, Lower Middle
		3)	4) Oct-01-13	JointCom-Off-White

Limit of Quantitation of Method is Estimated to be 1% Asbestos Using a Visual Area Estimation Technique

Laboratory Analyst
Greg Hanes

Accredited by



NVLAP Lab Code 200104-0

POLARIZED LIGHT MICROSCOPY ANALYTICAL REPORT

EPA Method 600/R-93/116 or 600/M4-82-020

Page: 3 of 6

Contact: Mr. Jack Goshow	Samples Indicated: 50	Report No. 123716
Address: Environmental Testing & Consulting 14640 Toll Rd Reno, NV 89521	Reg. Samples Analyzed: 40	Date Submitted: Sep-27-13
	Split Layers Analyzed: 2	Date Reported: Oct-01-13
Job Site / No. 1400 E. 4th, Reno		

SAMPLE ID	ASBESTOS TYPE	OTHER DATA		DESCRIPTION
		1) Non-Asbestos Fibers	2) Matrix Materials	
	%	3) Date/Time Collected	4) Date Analyzed	LAB
21. Lab ID # 881-04237-021	Not Analyzed	1)	2)	Wall Materials, East Middle Building, Lower Northwest
		3)	4) Oct-01-13	
22. Lab ID # 881-04237-022	Not Analyzed	1)	2)	Wall Materials, East Middle Building, Upper Southeast
		3)	4) Oct-01-13	
23. Lab ID # 881-04237-023	None Detected	1) 11-25% Cellulose, Fiberglass	2) 75-89% Gyp, Calc, Other m.p.	Wall Materials, East Shed
		3)	4) Oct-01-13	Wall Materials-White/Tan
24. Lab ID # 881-04237-024	None Detected	1) 11-25% Cellulose, Fiberglass	2) 75-89% Gyp, Calc, Other m.p.	Wall Materials, East Shed
		3)	4) Oct-01-13	Wall Materials-White/Tan
25. Lab ID # 881-04237-025	None Detected	1) 11-25% Cellulose, Fiberglass	2) 75-89% Gyp, Calc, Other m.p.	Wall Materials, East Shed
		3)	4) Oct-01-13	Wall Materials-White/Tan
26. Lab ID # 881-04237-026	None Detected	1) 1-5% Cellulose	2) 95-99% Calc, PlastFoam, Other m.p.	Spray Acoustic, Southeast Building, Upper Middle
		3)	4) Oct-01-13	Acoustic-White/Off-White
27. Lab ID # 881-04237-027	None Detected	1) 1-5% Cellulose	2) 95-99% Calc, PlastFoam, Other m.p.	Spray Acoustic, Southeast Building, Lower North
		3)	4) Oct-01-13	Acoustic-White/Off-White
28. Lab ID # 881-04237-028	None Detected	1) 1-5% Cellulose	2) 95-99% Calc, PlastFoam, Other m.p.	Spray Acoustic, Southeast Building, Lower South
		3)	4) Oct-01-13	Acoustic-White/Off-White
29. Lab ID # 881-04237-029	None Detected	1) 20-30% Cellulose	2) 70-80% Gyp, Calc, Other m.p.	Wall Materials, Southeast Building, Lower Middle
		3)	4) Oct-01-13	Wall Materials-White/Tan
30. Lab ID # 881-04237-030	None Detected	1) 20-30% Cellulose	2) 70-80% Gyp, Calc, Other m.p.	Wall Materials, Southeast Building, Upper North
		3)	4) Oct-01-13	Wall Materials-White/Tan

Limit of Quantitation of Method is Estimated to be 1% Asbestos Using a Visual Area Estimation Technique

Laboratory Analyst
Greg Hanes

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NVLAP Lab Code 200104-0

POLARIZED LIGHT MICROSCOPY

ANALYTICAL REPORT

EPA Method 600/R-93/116 or 600/M4-82-020

Page: 4 of 6

SAMPLE ID	% ASBESTOS TYPE	OTHER DATA	DESCRIPTION
		1) Non-Asbestos Fibers 2) Matrix Materials 3) Date/Time Collected 4) Date Analyzed	FIELD LAB
31. Lab ID # 881-04237-031	None Detected	1) 20-30% Cellulose 2) 70-80% Gyp, Calc, Other m.p. 3) _____ 4) Oct-01-13	Wall Materials, Southeast Building, Upper South Wall Materials-White/Tan
32. Lab ID # 881-04237-032	None Detected	1) 20-30% Cellulose 2) 70-80% Gyp, Calc, Other m.p. 3) _____ 4) Oct-01-13	Wall Materials, South Building, South Unit Wall Materials-White/Tan
33. Lab ID # 881-04237-033	None Detected	1) 20-30% Cellulose 2) 70-80% Gyp, Calc, Other m.p. 3) _____ 4) Oct-01-13	Wall Materials, South Building, Middle Unit Wall Materials-White/Tan
34. Lab ID # 881-04237-034	None Detected	1) 20-30% Cellulose 2) 70-80% Gyp, Calc, Other m.p. 3) _____ 4) Oct-01-13	Wall Materials, South Building, North Unit Wall Materials-White/Tan
35. Lab ID # 881-04237-035	None Detected	1) 1-5% Cellulose 2) 95-99% Calc, Qtz, Other m.p. 3) _____ 4) Oct-01-13	Wall Materials, South Building, West Unit Wall Materials-White
36. Lab ID # 881-04237-036	None Detected	1) 1-5% Cellulose 2) 95-99% Calc, Qtz, Other m.p. 3) _____ 4) Oct-01-13	Wall Materials, South Building, Middle Unit Wall Materials-White
37. Lab ID # 881-04237-037	None Detected	1) 1-5% Cellulose 2) 95-99% Calc, Qtz, Other m.p. 3) _____ 4) Oct-01-13	Wall Materials, South Building, South Unit Wall Materials-White
38. Lab ID # 881-04237-038	5-10% Chrysotile	1) <1% Cellulose 2) 90-95% Calc, PlastFoam, Other m.p. 3) _____ 4) Oct-01-13	Spray Acoustic, Southwest Building, Upper South Unit Acoustic-White/Off-White
39. Lab ID # 881-04237-039	Not Analyzed	1) _____ 2) _____ 3) _____ 4) Oct-01-13	Spray Acoustic, Southwest Building, Upper North Unit
40. Lab ID # 881-04237-040	Not Analyzed	1) _____ 2) _____ 3) _____ 4) Oct-01-13	Spray Acoustic, Southwest Building, Lower Middle

Limit of Quantitation of Method is Estimated to be 1% Asbestos Using a Visual Area Estimation Technique

Laboratory Analyst

Greg Hanes

ASBESTOS TEM LABORATORIES, INC.

1350 Freeport Blvd., Unit 104, Sparks, NV 89431

(775) 359-3377

With Main Office in Berkeley, CA (510) 704-8930

48 of 62

Accredited by



NVLAP Lab Code 200104-0

POLARIZED LIGHT MICROSCOPY ANALYTICAL REPORT

EPA Method 600/R-93/116 or 600/M4-82-020

Page: 5 of 6

Contact: Mr. Jack Goshow	Samples Indicated: 50	Report No. 123716
Address: Environmental Testing & Consulting	Reg. Samples Analyzed: 40	Date Submitted: Sep-27-13
14640 Toll Rd	Split Layers Analyzed: 2	Date Reported: Oct-01-13
Reno, NV 89521	Job Site / No. 1400 E. 4th, Reno	

SAMPLE ID	ASBESTOS TYPE	OTHER DATA		DESCRIPTION
		1) Non-Asbestos Fibers	2) Matrix Materials	
	%	3) Date/Time Collected	4) Date Analyzed	LAB
41. Lab ID # 881-04237-041	1-5% Chrysotile	1) 1-5% Cellulose 2) 90-98% Calc, Gyp, Other m.p.	4) Oct-01-13	Wall Materials, Southwest Building, Upper Middle Unit JointCom-Off-White
42. Lab ID # 881-04237-042	Not Analyzed	1) 2)	4) Oct-01-13	Wall Materials, Southwest Building, Lower North Unit
43. Lab ID # 881-04237-043	Not Analyzed	1) 2)	4) Oct-01-13	Wall Materials, Southwest Building, Lower South Unit
44. Lab ID # 881-04237-044A	None Detected	1) 30-40% Fiberglass 2) 60-70% Tar, Qtz, Other m.p.	4) Oct-01-13	Roofing Multi Layer, Northwest Building, Roof Roofing-Black/Grey
44. Lab ID # 881-04237-044B	None Detected	1) 30-40% Fiberglass 2) 60-70% Tar, Qtz, Other m.p.	4) Oct-01-13	Roofing Multi Layer, Northwest Building, Roof Roofing-Black/Green
44. Lab ID # 881-04237-044C	None Detected	1) 60-70% Cellulose 2) 30-40% Tar, Other m.p.	4) Oct-01-13	Roofing Multi Layer, Northwest Building, Roof Roofing Felt/Tar-Black
45. Lab ID # 881-04237-045	None Detected	1) 1-5% Cellulose 2) 95-99% Calc, Qtz, Other m.p.	4) Oct-01-13	Wall Materials, Northwest Building, South Unit Wall Materials-Off-White/White
46. Lab ID # 881-04237-046	None Detected	1) 1-5% Cellulose 2) 95-99% Calc, Qtz, Other m.p.	4) Oct-01-13	Wall Materials, Northwest Building, Mid Unit Wall Materials-Off-White/White
47. Lab ID # 881-04237-047	None Detected	1) 1-5% Cellulose 2) 95-99% Calc, Qtz, Other m.p.	4) Oct-01-13	Wall Materials, Northwest Building, North Unit Wall Materials-Off-White/White
48. Lab ID # 881-04237-048	None Detected	1) 95-99% Fiberglass, Cellulose 2) 1-5% Calc, GlassFrgs, Other m.p.	4) Oct-01-13	Insulation - Blown In Type, Northwest Building, North Unit Insulation-Grey

Limit of Quantitation of Method is Estimated to be 1% Asbestos Using a Visual Area Estimation Technique

Laboratory Analyst
Greg Hanes

Accredited by



NVLAP Lab Code 200104-0

POLARIZED LIGHT MICROSCOPY ANALYTICAL REPORT

EPA Method 600/R-93/116 or 600/M4-82-020

Page: 6 of 6

Contact: Mr. Jack Goshow	Samples Indicated: 50	Report No. 123716
Address: Environmental Testing & Consulting 14640 Toll Rd Reno, NV 89521	Reg. Samples Analyzed: 40	Date Submitted: Sep-27-13
	Split Layers Analyzed: 2	Date Reported: Oct-01-13
Job Site / No. 1400 E. 4th, Reno		

SAMPLE ID	% ASBESTOS TYPE	OTHER DATA		DESCRIPTION
		1) Non-Asbestos Fibers 2) Matrix Materials 3) Date/Time Collected 4) Date Analyzed		FIELD LAB
49.	None Detected	1) 95-99% Fiberglass, Cellulose		Insulation - Blown In Tlype, Northwest Building, Mid Unit
Lab ID # 881-04237-049		2) 1-5% Calc, GlassFrag, Other m.p.	3) 4) Oct-01-13	
50.	None Detected	1) 95-99% Fiberglass, Cellulose		Insulation - Blown In Type, Northwest Building, South Unit
Lab ID # 881-04237-050		2) 1-5% Calc, GlassFrag, Other m.p.	3) 4) Oct-01-13	
Lab ID #		1)		
		2)		
		3)	4)	
Lab ID #		1)		
		2)		
		3)	4)	
Lab ID #		1)		
		2)		
		3)	4)	
Lab ID #		1)		
		2)		
		3)	4)	
Lab ID #		1)		
		2)		
		3)	4)	
Lab ID #		1)		
		2)		
		3)	4)	
Lab ID #		1)		
		2)		
		3)	4)	

Limit of Quantitation of Method is Estimated to be 1% Asbestos Using a Visual Area Estimation Technique

Laboratory Analyst

Greg Hanes

ENVIRONMENTAL TESTING & CONSULTING

14640 Toll Rd * Reno, NV 89521 * Ph: (775) 691-5506 * Fax: (775) 853-3554

*** BULK SAMPLE SUBMISSION FORM / CHAIN-OF-CUSTODY ***

Turnaround: ~~24 hr~~ ^{12:00} ~~EOB~~ 2 hr _____ 4 hr _____ 6 hr _____ 24 hr _____ 2 Day _____ 3 Day _____

Job Site: 1400 E. 4th (Reno)

Contact Person: Jack Goshow / Bob Nemitz

Sample Number	Sample Description	Sample Location
1	SA } TTFP	N. Bldg, upper East Unit
2	" } TTFP	" " " "
3	" } TTFP	" " West " Back
4	Wall mat } TTFP	" , office South
5	" } TTFP	" , upper East Entry
6	" } TTFP	" , office to North
7	SA } TTFP	East Bldg, N. unit
8	" } TTFP	" , Next unit South
9	" } TTFP	" , Southern most unit
10	Insulation } Newinstype	" , 2nd unit from North
11	" } TTFP	" , 4th " " "
12	" } TTFP	" , last unit South
13	Wall mat } TTFP	" , last unit North
14	" } TTFP	" , 5th unit South
15	" } TTFP	" , last unit South
16	SA } TTFP	East Mid Bldg, lower East
17	" } TTFP	" , " West
18	" } TTFP	" , upper "
19	Siding, Transite Type	" , Exterior
20	Wall mat	" , lower Middle

Special Instructions: TTFP 20, 21, 22

Relinquished by	Date / Time	Received by	Date / Time
Name/Company: Jack Goshow / Bob Nemitz / ETC	9-27-13	Name/Company: Sue Ehrlich / Greg Hanes / ATEM	9/27/13
Signature	12:20	Signature <u>Sue Ehrlich / ATEM</u>	12:20 PM
Name/Company		Name/Company	
Signature		Signature	

ENVIRONMENTAL TESTING & CONSULTING

14640 Toll Rd * Reno, NV 89521 * Ph: (775) 691-5606 * Fax: (775) 853-3554

*** BULK SAMPLE SUBMISSION FORM / CHAIN-OF-CUSTODY ***

Turnaround: Tues 1500 _____ 2 hr _____ 4 hr _____ 8 hr _____ 24 hr _____ 2 Day _____ 3 Day

Job Site: 1400 E. 4th (Reed)

Contact Person: Jack Goshow / Bob Nemitz

Sample Number	Sample Description	Sample Location
21	wall mat	East mid. Bldg, lower N/W
22	"	" , upper S/E
23	wall mat	East Bldg East shed
24	"	"
25	"	"
26	SA	S/E Bldg, upper middle
27	SA	" , lower North
28	SA	" , " South
29	wall mat	" , lower middle
30	"	" , upper North
31	"	" , " South
32	wall mat	S. Bldg, S. unit
33	"	" , middle-unit
34	"	" , N. unit
35	W. Bldg wall mat	" , W. unit
36	"	" , middle unit
37	"	" , S. unit
38	SA	S/W Bldg, upper S. unit
39	"	" , Upper N. unit
40	"	" , lower middle

Special instructions: _____

Relinquished by	Date / Time	Received by	Date / Time
Name/Company: <u>Jack Goshow / Bob Nemitz/ETC</u>	<u>9-27-13</u>	Name/Company: <u>Sue Ehrlich / Greg Hanas / ATEM</u>	<u>9/27/13</u>
Signature: <u>[Signature]</u>	<u>12:21</u>	Signature: <u>[Signature]</u>	<u>12:30 PM</u>
Name/Company: _____	_____	Name/Company: _____	_____
Signature: _____	_____	Signature: _____	_____

ENVIRONMENTAL TESTING & CONSULTING

14640 Toll Rd • Reno, NV 89521 • Ph: (775) 691-5506 • Fax: (775) 853-3554

*** BULK SAMPLE SUBMISSION FORM / CHAIN-OF-CUSTODY ***

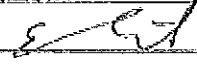
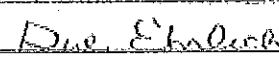
Turnaround: ^{Tues} ~~Wed~~ ~~Thu~~ ~~Fri~~ _____ 2 hr _____ 4 hr _____ 8 hr _____ 24 hr _____ 2 Day _____ 3 Day

Job Site: 1400 E. 4th (Reno)

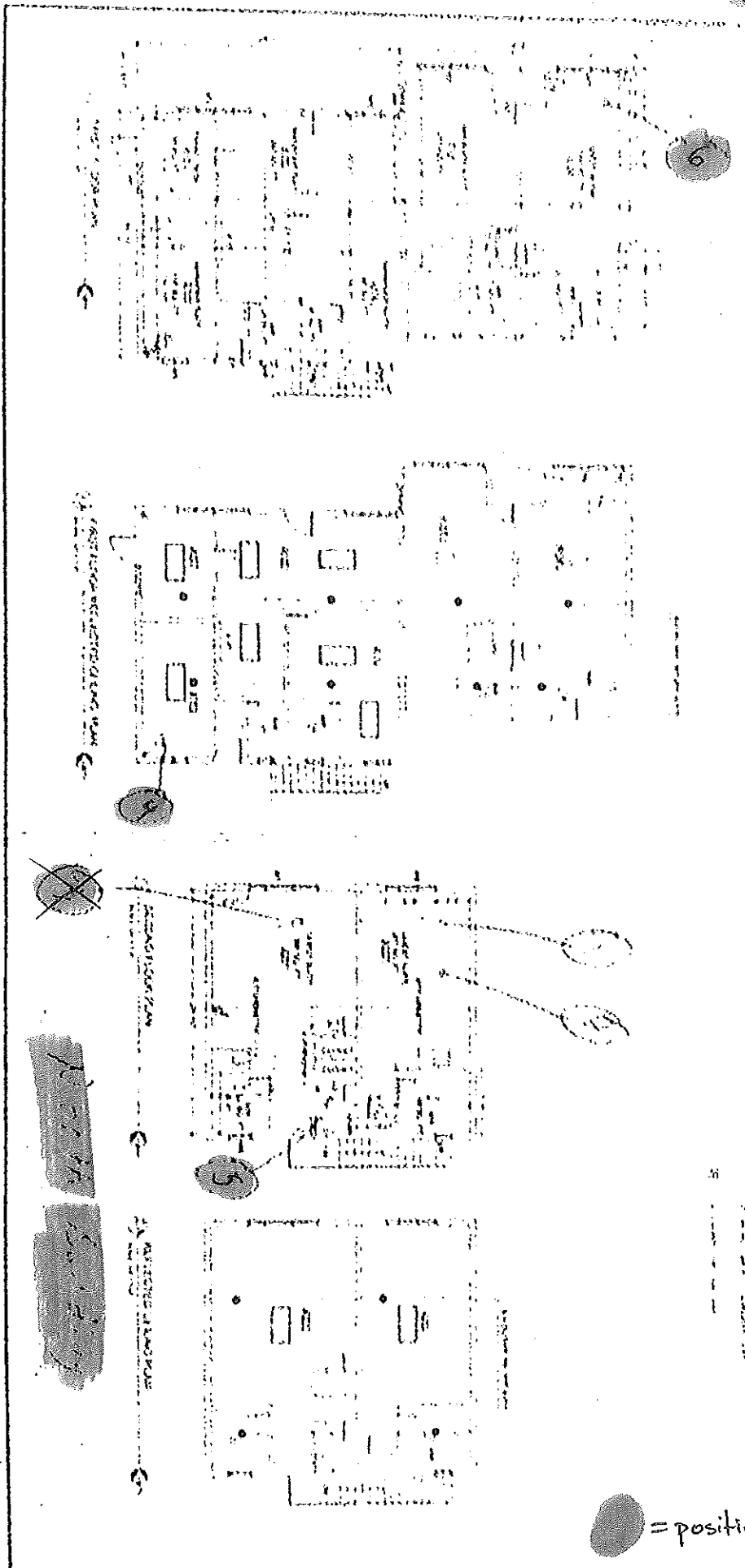
Contact Person: Jack Goshaw / Bob Nemitz

Sample Number	Sample Description	Sample Location
41	wall mat } 7 TTP	N/W Bldg, upper mid unit
42	" } 7 TTP	" , lower N. unit
43	" } 7 TTP	" " S. "
44	Roofing multi layer	N/W Bldg, Roof
45	wall mat } 7 TTP	" , S. unit
46	" } 7 TTP	" , mid unit
47	" } 7 TTP	" , N. unit
48	Insulation (Blown in type)	" , N. unit
49	" } 7 TTP	" , mid unit
50	" } 7 TTP	" , S. unit

Special Instructions: _____

Relinquished by		Date / Time	Received by		Date / Time
Name/Company: Jack Goshaw / Bob Nemitz / ETC		9-27-13	Name/Company - Sue Ehrlich / Greg Hanes / ATEM		9/27/13
Signature 		12:21	Signature 		12:20 PM
Name/Company			Name/Company		
Signature			Signature		

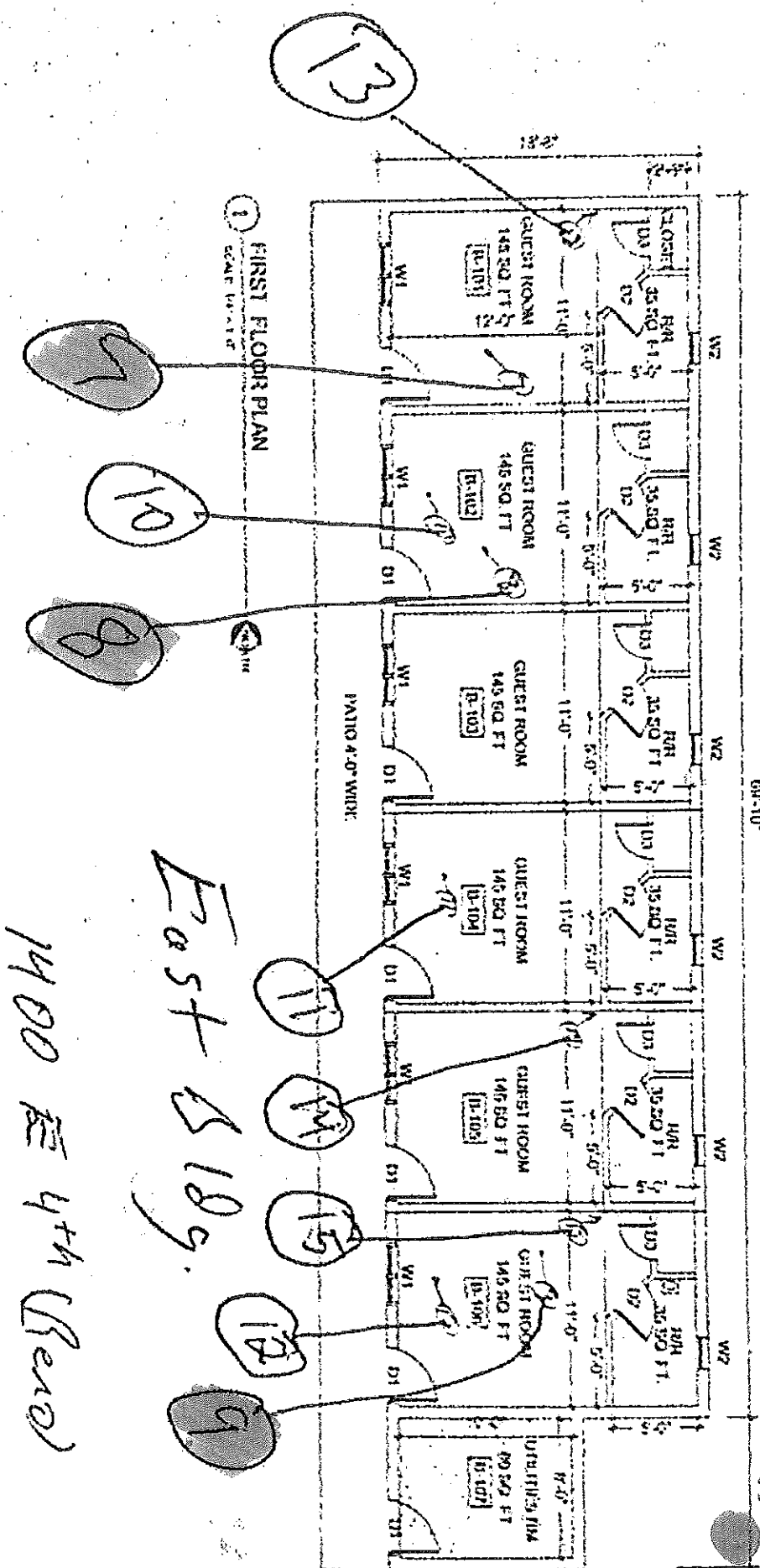
LAYOUTS OF BLDGS 'H'; 'B'; 'C'; 'D'; 'E'; 'F'; GENERATED BY CAMSCANNER
OF UNITS TESTING POSITIVE FOR ASBESTOS
FOR 1400 EAST FOURTH STREET RENO



● = positive for asbestos

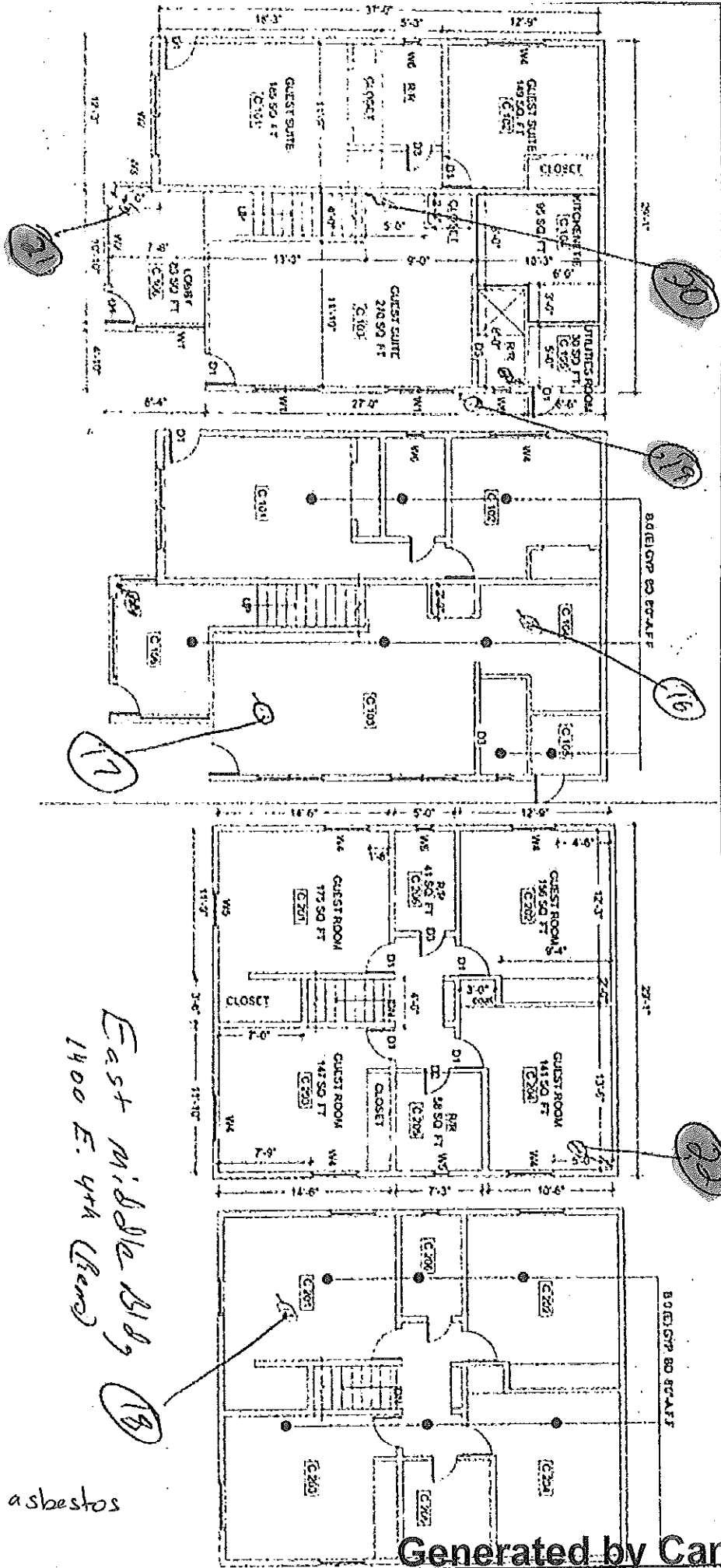
ASBESTOS	DATE	BY
AZ 1		

AS-BUILD FLOOR PLAN AND BUILDING A
 CONFIDENTIAL TO
 HEALTH AGENCY
 REPORT NO. 2011



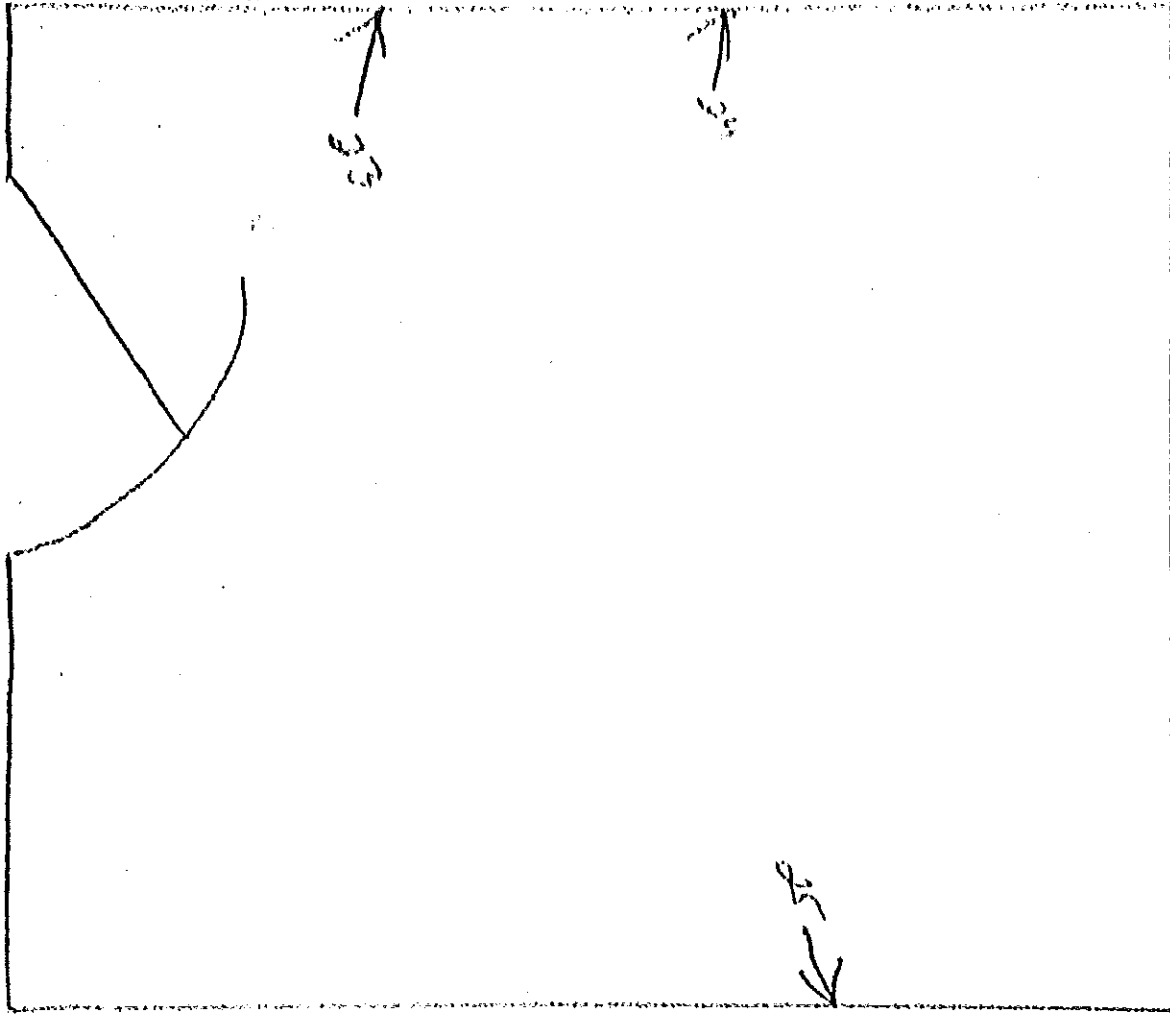
East 5189.
 1400 E 4th (Rear)

● = positive for asbestos



East Middle Bldg
1400 E. 4th (Grand)

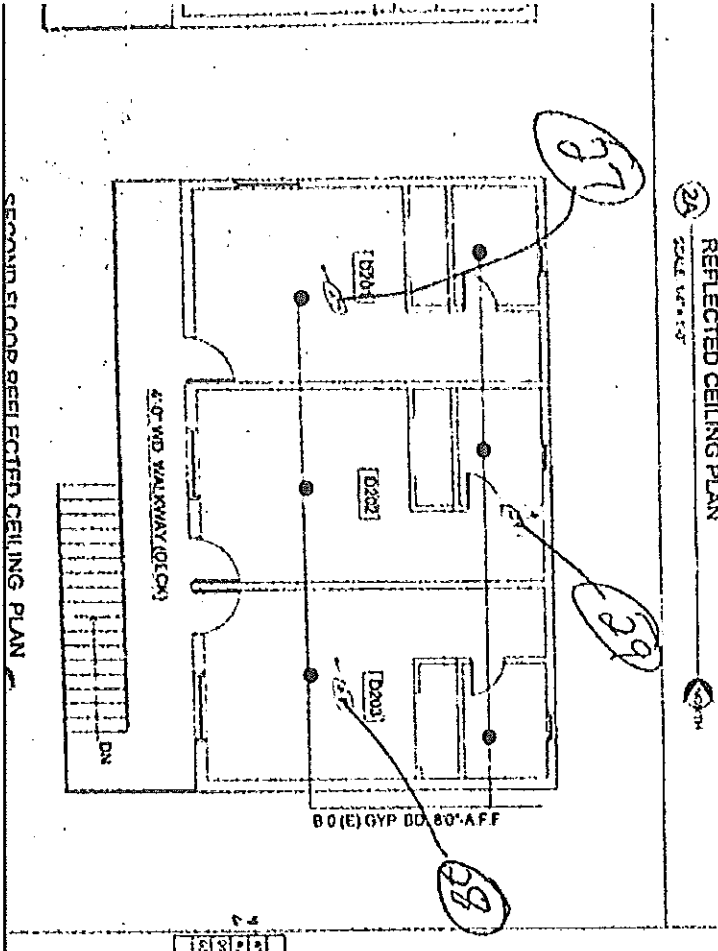
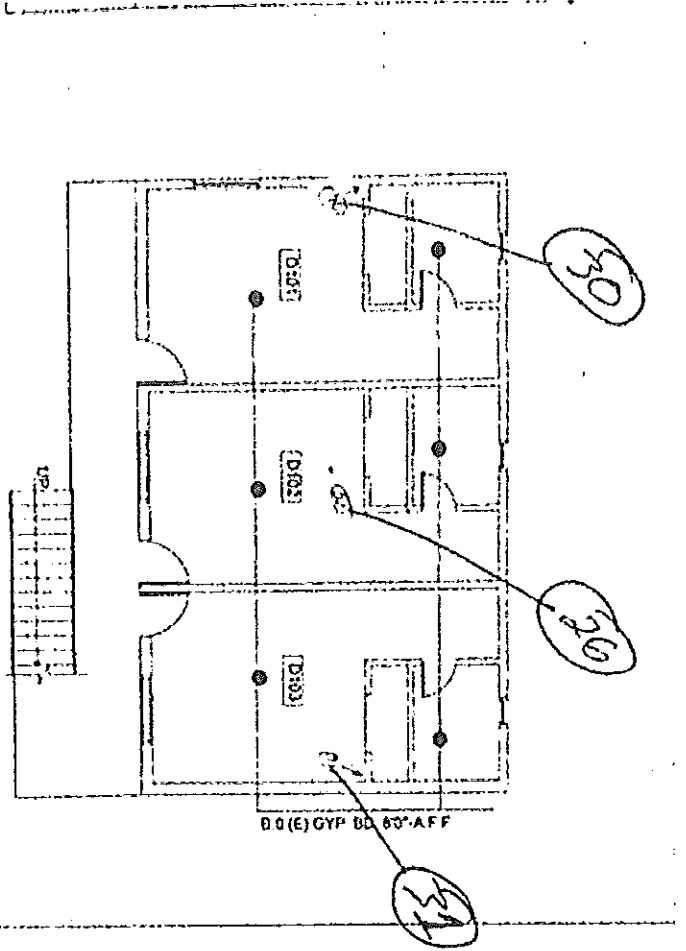
▲ = positive for asbestos



East shed

1400 E. 4th
(Rens)

N/A



CONTRACTOR NOTES:
 1. NO CONTRACTOR TO REMOVE OR MODIFY SECOND FLOOR
 2. NO CONTRACTOR TO REMOVE OR MODIFY FIRST FLOOR
 3. NO CONTRACTOR TO REMOVE OR MODIFY CEILING
 4. NO CONTRACTOR TO REMOVE OR MODIFY WALLS
 5. NO CONTRACTOR TO REMOVE OR MODIFY FLOORS
 6. NO CONTRACTOR TO REMOVE OR MODIFY ROOF
 7. NO CONTRACTOR TO REMOVE OR MODIFY FOUNDATION
 8. NO CONTRACTOR TO REMOVE OR MODIFY MECHANICAL
 9. NO CONTRACTOR TO REMOVE OR MODIFY ELECTRICAL
 10. NO CONTRACTOR TO REMOVE OR MODIFY PIPING
 11. NO CONTRACTOR TO REMOVE OR MODIFY STRUCTURE
 12. NO CONTRACTOR TO REMOVE OR MODIFY EXTERIOR
 13. NO CONTRACTOR TO REMOVE OR MODIFY INTERIOR
 14. NO CONTRACTOR TO REMOVE OR MODIFY FINISHES
 15. NO CONTRACTOR TO REMOVE OR MODIFY PARTITIONS
 16. NO CONTRACTOR TO REMOVE OR MODIFY STAIRS
 17. NO CONTRACTOR TO REMOVE OR MODIFY ELEVATORS
 18. NO CONTRACTOR TO REMOVE OR MODIFY RAMP
 19. NO CONTRACTOR TO REMOVE OR MODIFY CURB CUT
 20. NO CONTRACTOR TO REMOVE OR MODIFY DRIVEWAY
 21. NO CONTRACTOR TO REMOVE OR MODIFY SIDEWALK
 22. NO CONTRACTOR TO REMOVE OR MODIFY PARKING
 23. NO CONTRACTOR TO REMOVE OR MODIFY LANDSCAPE
 24. NO CONTRACTOR TO REMOVE OR MODIFY TREES
 25. NO CONTRACTOR TO REMOVE OR MODIFY SHRUBS
 26. NO CONTRACTOR TO REMOVE OR MODIFY GRASS
 27. NO CONTRACTOR TO REMOVE OR MODIFY SOIL
 28. NO CONTRACTOR TO REMOVE OR MODIFY WATER
 29. NO CONTRACTOR TO REMOVE OR MODIFY SEWER
 30. NO CONTRACTOR TO REMOVE OR MODIFY GAS
 31. NO CONTRACTOR TO REMOVE OR MODIFY TELEPHONE
 32. NO CONTRACTOR TO REMOVE OR MODIFY CABLE
 33. NO CONTRACTOR TO REMOVE OR MODIFY SATELLITE
 34. NO CONTRACTOR TO REMOVE OR MODIFY ANTENNA
 35. NO CONTRACTOR TO REMOVE OR MODIFY SIGN
 36. NO CONTRACTOR TO REMOVE OR MODIFY LIGHTING
 37. NO CONTRACTOR TO REMOVE OR MODIFY FURNITURE
 38. NO CONTRACTOR TO REMOVE OR MODIFY APPLIANCES
 39. NO CONTRACTOR TO REMOVE OR MODIFY FIXTURES
 40. NO CONTRACTOR TO REMOVE OR MODIFY EQUIPMENT
 41. NO CONTRACTOR TO REMOVE OR MODIFY STORAGE
 42. NO CONTRACTOR TO REMOVE OR MODIFY DISPLAY
 43. NO CONTRACTOR TO REMOVE OR MODIFY INFORMATION
 44. NO CONTRACTOR TO REMOVE OR MODIFY SECURITY
 45. NO CONTRACTOR TO REMOVE OR MODIFY ACCESS
 46. NO CONTRACTOR TO REMOVE OR MODIFY BARRIERS
 47. NO CONTRACTOR TO REMOVE OR MODIFY SIGNAGE
 48. NO CONTRACTOR TO REMOVE OR MODIFY MARKING
 49. NO CONTRACTOR TO REMOVE OR MODIFY PAINTING
 50. NO CONTRACTOR TO REMOVE OR MODIFY COATING
 51. NO CONTRACTOR TO REMOVE OR MODIFY POLISHING
 52. NO CONTRACTOR TO REMOVE OR MODIFY CLEANING
 53. NO CONTRACTOR TO REMOVE OR MODIFY MAINTENANCE
 54. NO CONTRACTOR TO REMOVE OR MODIFY REPAIRS
 55. NO CONTRACTOR TO REMOVE OR MODIFY REPLACEMENTS
 56. NO CONTRACTOR TO REMOVE OR MODIFY UPGRADES
 57. NO CONTRACTOR TO REMOVE OR MODIFY MODIFICATIONS
 58. NO CONTRACTOR TO REMOVE OR MODIFY ALTERATIONS
 59. NO CONTRACTOR TO REMOVE OR MODIFY IMPROVEMENTS
 60. NO CONTRACTOR TO REMOVE OR MODIFY ENHANCEMENTS

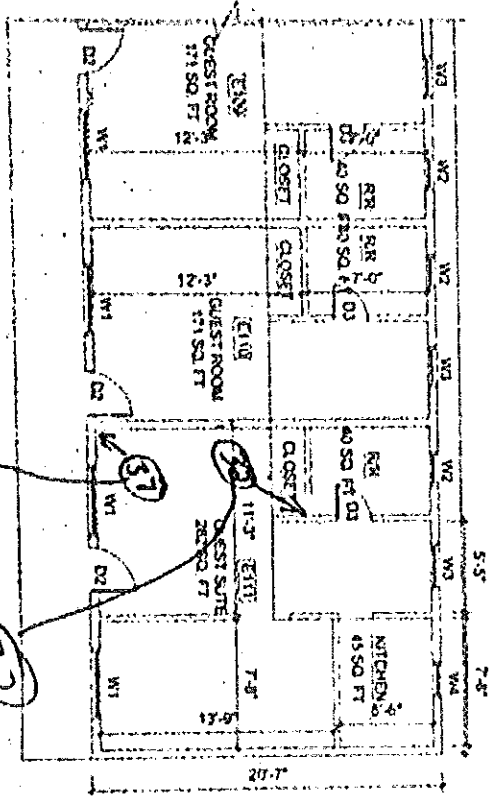
LEGEND:
 LATHING WALL
 2x4 STEEL STAIR FRAM AND 2x4x8 BEAM
 FLOOR - CARPET
 FLOOR - WARE
 NEXT ROOM
 ROOM CONCRETE

South East
 Bldg.
 1400 E. 4th
 (Renov)

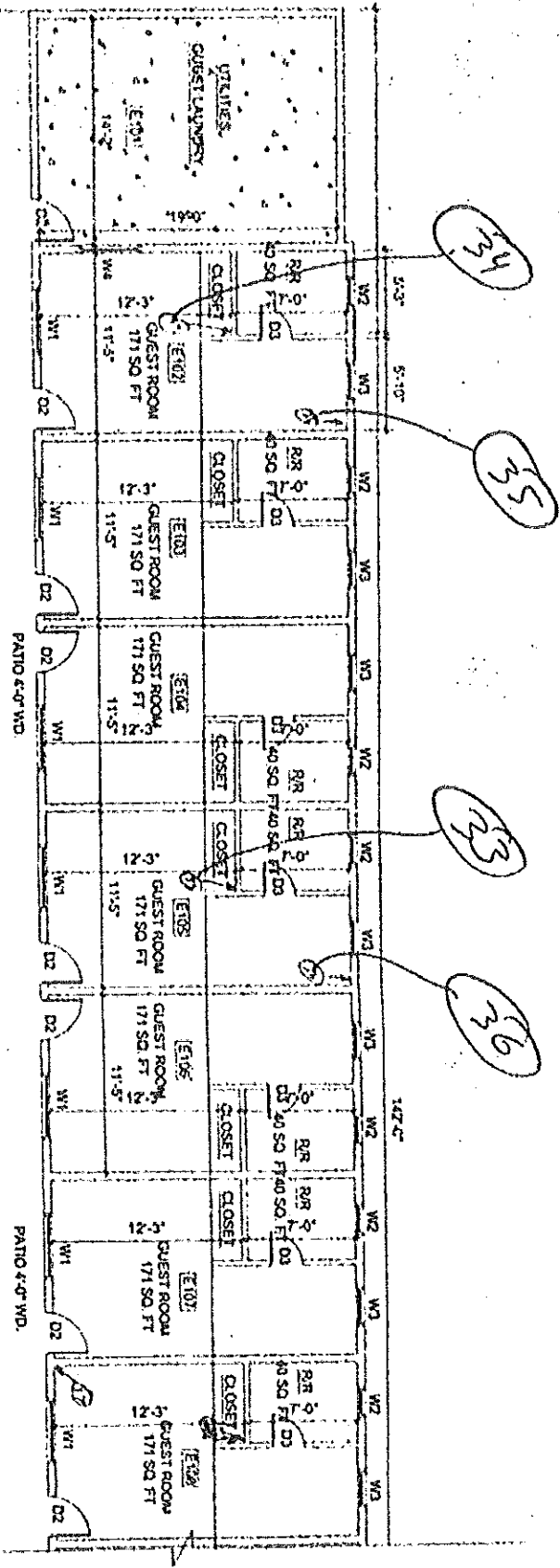
DOOR- ERYOR SCHEDULE

NO.	TYPE	SIZE	FINISH	MARKING
01	SWING	3'-0" x 7'-0"	WOOD	15"
02	GLASS	3'-0" x 7'-0"	WOOD	15"
03	GLASS	3'-0" x 7'-0"	WOOD	15"
04	GLASS	3'-0" x 7'-0"	WOOD	15"
05	GLASS	3'-0" x 7'-0"	WOOD	15"
06	GLASS	3'-0" x 7'-0"	WOOD	15"
07	GLASS	3'-0" x 7'-0"	WOOD	15"
08	GLASS	3'-0" x 7'-0"	WOOD	15"
09	GLASS	3'-0" x 7'-0"	WOOD	15"
10	GLASS	3'-0" x 7'-0"	WOOD	15"
11	GLASS	3'-0" x 7'-0"	WOOD	15"
12	GLASS	3'-0" x 7'-0"	WOOD	15"
13	GLASS	3'-0" x 7'-0"	WOOD	15"
14	GLASS	3'-0" x 7'-0"	WOOD	15"
15	GLASS	3'-0" x 7'-0"	WOOD	15"
16	GLASS	3'-0" x 7'-0"	WOOD	15"
17	GLASS	3'-0" x 7'-0"	WOOD	15"
18	GLASS	3'-0" x 7'-0"	WOOD	15"
19	GLASS	3'-0" x 7'-0"	WOOD	15"
20	GLASS	3'-0" x 7'-0"	WOOD	15"
21	GLASS	3'-0" x 7'-0"	WOOD	15"
22	GLASS	3'-0" x 7'-0"	WOOD	15"
23	GLASS	3'-0" x 7'-0"	WOOD	15"
24	GLASS	3'-0" x 7'-0"	WOOD	15"
25	GLASS	3'-0" x 7'-0"	WOOD	15"
26	GLASS	3'-0" x 7'-0"	WOOD	15"
27	GLASS	3'-0" x 7'-0"	WOOD	15"
28	GLASS	3'-0" x 7'-0"	WOOD	15"
29	GLASS	3'-0" x 7'-0"	WOOD	15"
30	GLASS	3'-0" x 7'-0"	WOOD	15"
31	GLASS	3'-0" x 7'-0"	WOOD	15"
32	GLASS	3'-0" x 7'-0"	WOOD	15"
33	GLASS	3'-0" x 7'-0"	WOOD	15"
34	GLASS	3'-0" x 7'-0"	WOOD	15"
35	GLASS	3'-0" x 7'-0"	WOOD	15"
36	GLASS	3'-0" x 7'-0"	WOOD	15"
37	GLASS	3'-0" x 7'-0"	WOOD	15"
38	GLASS	3'-0" x 7'-0"	WOOD	15"
39	GLASS	3'-0" x 7'-0"	WOOD	15"
40	GLASS	3'-0" x 7'-0"	WOOD	15"
41	GLASS	3'-0" x 7'-0"	WOOD	15"
42	GLASS	3'-0" x 7'-0"	WOOD	15"
43	GLASS	3'-0" x 7'-0"	WOOD	15"
44	GLASS	3'-0" x 7'-0"	WOOD	15"
45	GLASS	3'-0" x 7'-0"	WOOD	15"
46	GLASS	3'-0" x 7'-0"	WOOD	15"
47	GLASS	3'-0" x 7'-0"	WOOD	15"
48	GLASS	3'-0" x 7'-0"	WOOD	15"
49	GLASS	3'-0" x 7'-0"	WOOD	15"
50	GLASS	3'-0" x 7'-0"	WOOD	15"

FIRST FLOOR PLAN



South Bldg
1400 E. 4th
(Rend)

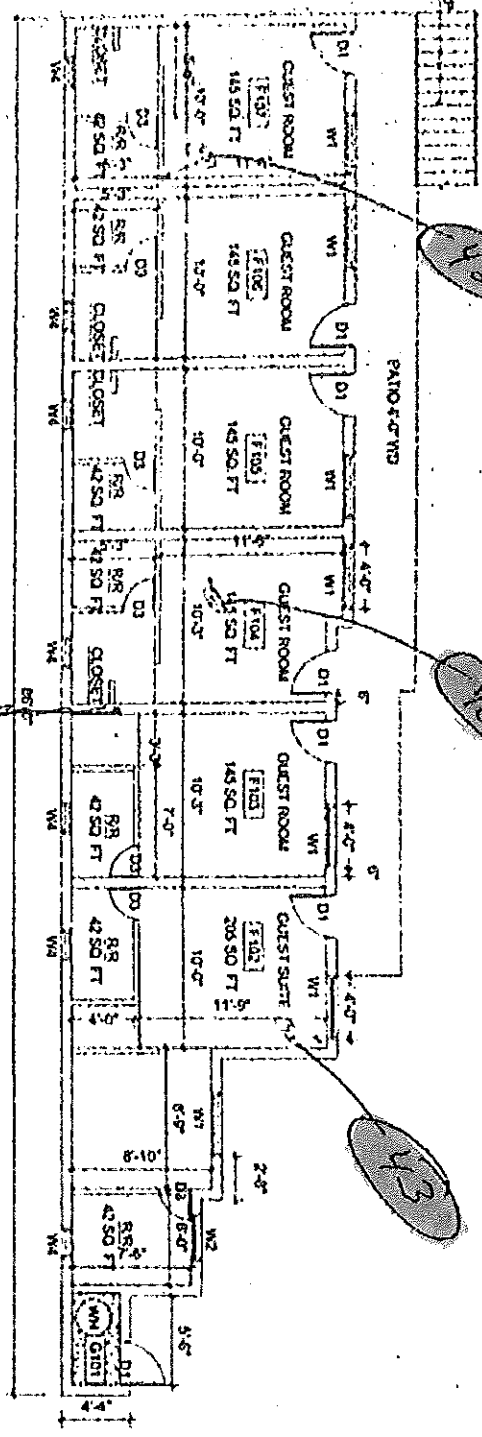


DOOR WINDOW SCHEDULE

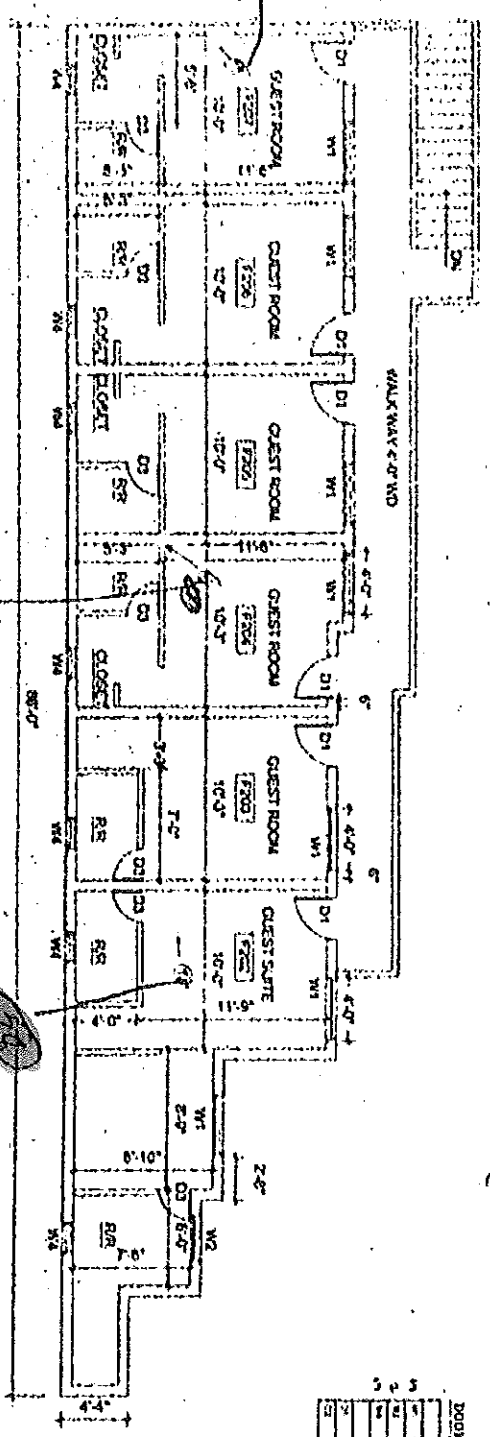
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2	DOOR	3'-0\"	2	DOOR	3'-0\"
3	DOOR	3'-0\"	3	DOOR	3'-0\"
4	DOOR	3'-0\"	4	DOOR	3'-0\"
5	DOOR	3'-0\"	5	DOOR	3'-0\"
6	DOOR	3'-0\"	6	DOOR	3'-0\"
7	DOOR	3'-0\"	7	DOOR	3'-0\"
8	DOOR	3'-0\"	8	DOOR	3'-0\"
9	DOOR	3'-0\"	9	DOOR	3'-0\"
10	DOOR	3'-0\"	10	DOOR	3'-0\"
11	DOOR	3'-0\"	11	DOOR	3'-0\"
12	DOOR	3'-0\"	12	DOOR	3'-0\"
13	DOOR	3'-0\"	13	DOOR	3'-0\"
14	DOOR	3'-0\"	14	DOOR	3'-0\"
15	DOOR	3'-0\"	15	DOOR	3'-0\"
16	DOOR	3'-0\"	16	DOOR	3'-0\"
17	DOOR	3'-0\"	17	DOOR	3'-0\"
18	DOOR	3'-0\"	18	DOOR	3'-0\"
19	DOOR	3'-0\"	19	DOOR	3'-0\"
20	DOOR	3'-0\"	20	DOOR	3'-0\"

LEGEND:
 [Symbol] DOOR
 [Symbol] WINDOW
 [Symbol] WALL
 [Symbol] PARTITION
 [Symbol] STAIR CASE
 [Symbol] ELEVATOR
 [Symbol] CLOSET
 [Symbol] REFRIGERATOR
 [Symbol] T.B.
 [Symbol] PATIO

CONTRACTOR NOTES:
 1. ALL WORK TO BE DONE IN ACCORDANCE WITH THE SPECIFICATIONS AND DRAWINGS.
 2. ALL MATERIALS TO BE USED SHALL BE OF THE BEST QUALITY.
 3. ALL WORK TO BE DONE IN ACCORDANCE WITH THE LOCAL CODES AND REGULATIONS.



1 FIRST FLOOR PLAN



2 SECOND FLOOR PLAN

South West Bldg
1400 E. 9th
(Renov)

CONTRACTOR NOTES:
1. NO CONTRACTOR TO FLOOR OR ROOF
2. NO CONTRACTOR TO FLOOR OR ROOF
3. NO CONTRACTOR TO FLOOR OR ROOF
4. NO CONTRACTOR TO FLOOR OR ROOF
5. NO CONTRACTOR TO FLOOR OR ROOF

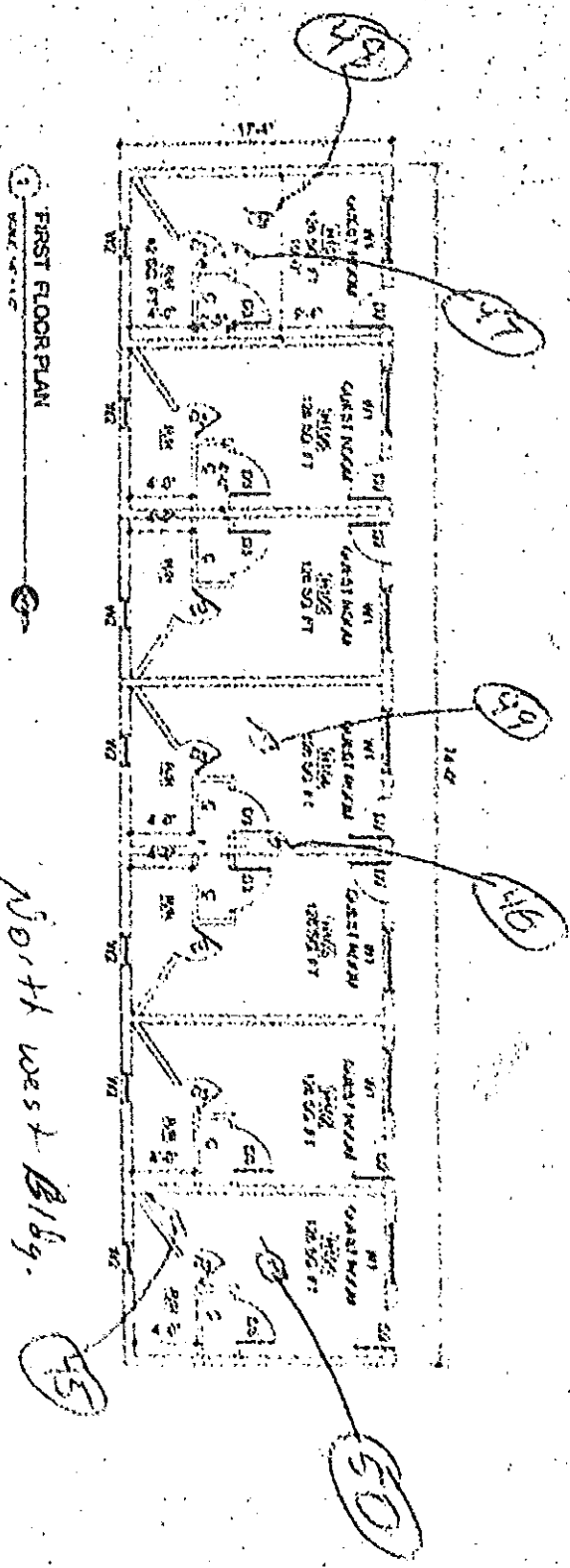
LEGEND:

1	CONTRACTOR
2	CONTRACTOR
3	CONTRACTOR
4	CONTRACTOR
5	CONTRACTOR
6	CONTRACTOR
7	CONTRACTOR
8	CONTRACTOR
9	CONTRACTOR
10	CONTRACTOR

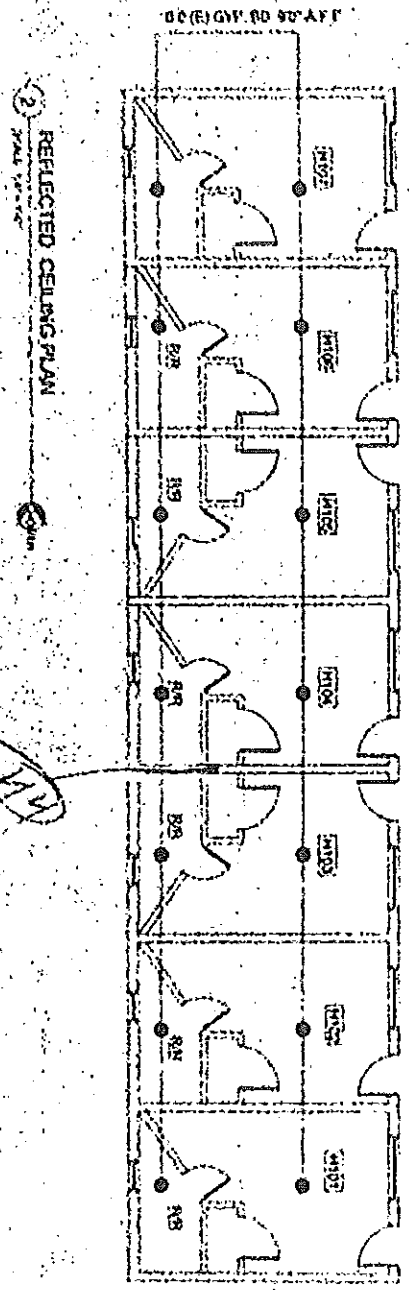
DOOR WINDOW SCHEDULE:

NO.	TYPE	SIZE	LOCATION
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2	DOOR	3'-0" x 7'-0"	...
3	DOOR	3'-0" x 7'-0"	...
4	DOOR	3'-0" x 7'-0"	...
5	DOOR	3'-0" x 7'-0"	...
6	DOOR	3'-0" x 7'-0"	...
7	DOOR	3'-0" x 7'-0"	...
8	DOOR	3'-0" x 7'-0"	...
9	DOOR	3'-0" x 7'-0"	...
10	DOOR	3'-0" x 7'-0"	...

positive for asbestos



North West Bldg.
1400 E. 4th
(Rend)



SCALE	1/4" = 1'-0"
DATE	
BY	
CHECKED	
APPROVED	



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: February 27, 2014

TO: District Board of Health

FROM: Charlene Albee, Director, Air Quality Management Division

SUBJECT: Rilite Aggregate Company Case No. 1150
Unappealed Citation No. 5404

Recommendation

Air Quality Management Division Staff recommends Citation No. 5404 be upheld and a fine of \$2,500 be levied against Rilite Aggregate Company for operating a portable screening plant and four conveyors without an air quality permit to operate. Operating without a permit constitutes a major violation of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.000 Source Permitting and Operation. This is a negotiated settlement.

Recommended Fine: \$5,583.00

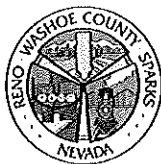
Negotiated Fine: \$2,500.00

Background

On January 28, 2014, Air Quality Specialist II Suzanne Dugger performed a routine annual source inspection of the Rilite Aggregate Pit located at 9208 Western Skies Drive in Reno. AQS Dugger met with Mr. Gary Roma, site manager for Rilite Aggregate Company, to conduct the inspection of the aggregate crushing and screening equipment included on Permit to Operate No. D93A. The evaluation of the permitted equipment (two crushers, one screen and various conveyors) determined no violations of the permit conditions. However, during the inspection, AQS Dugger observed a portable three deck screen with four attached conveyors that were also operating on site. When questioned about the portable equipment, Mr. Roma stated the equipment was being used to mix sand and horse manure to make an amended soil. AQS Dugger advised Mr. Roma the equipment would require a Permit to Operate; that she would contact the office to confirm the status. Upon her return to the office, AQS Dugger confirmed with Ms. Charlene Albee, Permitting & Enforcement Branch Chief, that the equipment would require a permit to operate and there was no record of the submittal of an application for an Authority to Construct/Permit to Operate.

On January 29, 2014, AQS Dugger and Mr. Mike Wolf, Environmental Engineer II, met with Mr. Chris Benna, President of Rilite Aggregate Company, and Mr. Roma at the Rilite Aggregate Facility. Mr. Benna was informed of the compliance issue involving the operation of the screening plant without a permit. Mr. Benna stated he was unaware of the requirement for a permit and that the equipment was brought on site to process ¾" rock for an upcoming job scheduled to start on Monday, February 3, 2014. Mr. Benna indicated the equipment was critical for the upcoming job and Rilite would need to get a permit immediately. Mr. Wolf explained the application review process typically takes two to four weeks. Mr. Wolf committed to completing the review process as quickly as possible, following the submittal of the required application, to allow Mr. Benna to meet the project schedule.

Based on the results of the inspection and records review, AQS Dugger issued Notice of Violation Citation No. 5404 for a **major violation** of Section 030.000 Source Permitting and Operation. Following the issuance of the citation, an application for an Authority to Construct/Permit to Operate was immediately submitted. Mr. Wolf was able to expedite the application review and issued the Authority to Construct on January 30th.



WASHOE COUNTY HEALTH DISTRICT
 AIR QUALITY MANAGEMENT DIVISION
 1001 EAST NINTH ST. • SUITE B171 • RENO NV 89512
 (775) 784-7200



NOTICE OF VIOLATION

NOV 5404

DATE ISSUED: 1-29-2014

ISSUED TO: RILITE AGGREGATE CO. PHONE #: 329-8842
 MAILING ADDRESS: 3025 MILL ST. CITY/ST: RENO ZIP: 89511
9208 WESTERN SKIES
 NAME/OPERATOR: CHRIS BENNA PHONE #: 742-6920 CELL
 PERMIT NO. D93A COMPLAINT NO. CMPI4-0009

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 1-29-2014 (DATE) AT 8:30 A.M. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- | | |
|--|--|
| <input type="checkbox"/> MINOR VIOLATION OF SECTION: | <input checked="" type="checkbox"/> MAJOR VIOLATION OF SECTION: |
| <input type="checkbox"/> 040.030 __ DUST CONTROL | <input checked="" type="checkbox"/> 030.000 OPERATING W/O PERMIT |
| <input type="checkbox"/> 040.055 __ ODOR/NUISANCE | <input type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 __ DIESEL IDLING | <input type="checkbox"/> 030.105 ASBESTOS/NESHAP |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> OTHER _____ |

VIOLATION DESCRIPTION: OPERATING 3 DECK SCREEN WITH 4 CONVEYORS (PORTABLE)
PROCESSING MATERIAL WITH OUT A PERMIT

LOCATION OF VIOLATION: 9208 WESTERN SKIES DR RENO NV. RILITE AGGREGATE PIT.

POINT OF OBSERVATION: ON SITE SOURCE

Weather: CLEAR Wind Direction From: N E S W

Emissions Observed: NA
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective _____ a.m./p.m. _____ (date) you are hereby ordered to abate the above violation within _____ hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature _____

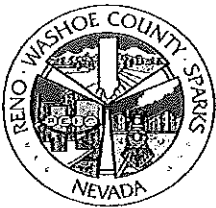
CITATION: You are hereby notified that effective on 1-29-2014 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 8:30 hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: [Signature] Date: 1-29-2014

Issued by: Suzanne Dwyer Title: AOS II

PETITION FOR APPEAL FORM PROVIDED



DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

MEMORANDUM OF UNDERSTANDING

AIR QUALITY MANAGEMENT DIVISION
WASHOE COUNTY HEALTH DISTRICT

Date: Feb. 3, 2014

Company Name: Rilite Aggregate Company

Company Address: 9208 Western Spies Drive

Notice of Violation No.: 5404 Case No.: 1150

Location of Violation: Aggregate Pit on Western Spies Drive

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced Citation for the violation of Regulation: 030.000
Operating 3 Deck Screen plus 4 conveyors
portable screen w/o permit.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 2,500.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on Feb. 27, 2014.

Signature of Company Representative

Christopher D Benner
Print Name

President
Title

Witness

Witness

Signature of District Representative

DENNIS A. CERFOGLIO
Print Name

Sr. Air Quality Spec.
Title

Witness

SUZANNE DUGGER
Witness

**AIR QUALITY MANAGEMENT - ADMINISTRATIVE PENALTY TABLE &
RECOMMENDED FINE CALCULATION WORKSHEET**

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

<u>Regulation</u>	<u>1st Violation</u>	<u>2nd Violation</u>
040.005 Visible Emissions	\$ 1,000	\$ 2,500
040.030 Dust Control (fugitive)	250	750
040.035 Open Fires	500	1,000
040.040 Fire Training	500	1,000
040.050 Incinerator	1,000	2,000
040.051 Woodstoves	500	1,000
040.055 Odors	1,000	2,000
040.080 Gasoline Transfer (maintenance)	1,000	2,000
040.200 Diesel Idling	500	1,000
050.001 Emergency Episode	1,000	2,000

II. Major Violations - Section 020.040

<u>Regulation</u>	<u>Violation</u>	<u>Source Category</u>	
		<u>Minimum</u>	<u>Maximum</u>
030.000	Construction/Operating without Permit (per major process system or unit/day)	\$ 5,000	\$ 10,000
030.1402	Failure to Comply with Stop Work Order	2,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2,500	10,000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2,500	5,000
	All other Major Violations (per day or event)	\$ 5,000	\$ 10,000
030.000	Construction Without a Dust Control Permit		
	Project Size – Less than 10 acres	\$ 500 + \$50 per acre	
	Project Size – 10 acres or more	\$1,000 + \$50 per acre	

III. Major Violations - Section 030.107 Asbestos

A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 5,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 5,000 - \$10,000

**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

Company Name Rilite Aggregate Company
Contact Name Chris Benna

Case 1150 NOV 5404 Complaint CMP14-0009

Violation of Section 030.000 Source Permitting & Operation

I. Base Penalty as specified in the Penalty Table = \$ 5,000

II. Severity of Violation/Intent

A. Public Health Impact

1. Degree of Violation

(The degree of which the person/company has deviated from the regulatory requirements)

Minor – 0.5 Moderate – 0.75 Major – 1.0 Adjustment Factor 1.0

2. Toxicity of Release

Criteria Pollutant – 1x

Hazardous Air Pollutant – 2x Adjustment Factor 1.0

3. Environmental/Public Health Risk (Proximity to sensitive environment or group)

Negligible – 1x Moderate – 1.5x Significant – 2x Adjustment Factor 1.0

Total Adjustment Factors (1 x 2 x 3) = 1.0

B. Adjusted Base Penalty

Base Penalty 5,000 x Adjustment Factor 1.0 = \$ 5,000

C. Multiple Days or Units in Violation

Adjusted Penalty 5,000 x Number of Days or Units 1.0 = \$ 5,000
Penalty assessed for one time event

D. Economic Benefit

Avoided Costs - Application Fee = \$ 583

Penalty Subtotal – Recommended Fine

Adjusted Base Penalty \$ 5,000 + Economic Benefit \$ 583 = \$ 5,583

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%)	+/-	<u>-25</u>	%
B. Mitigating Factors (0 – 25%)	+/-	<u>-25</u>	%
1. Negotiated Settlement			
2. Ability to Pay			
3. Other (explain)			
C. Compliance History			
No Previous Violations (0 – 10%)	-	_____	%
Similar Violation in Past 12 months (25 - 50%)	+	_____	%
Similar Violation within past 3 year (10 - 25%)	+	_____	%
Previous Unrelated Violation (5 – 25%)	+	<u>5</u>	%
6/8/12 - NOV Citation #5017: 030.2175 Operations Contrary to Permit Conditions			
Total Penalty Adjustment Factors – sum of A, B, & C		<u>-45</u>	%

IV. Recommended Fine

Penalty Adjustment:

<u>\$ 5,583</u>	x	<u>-45 %</u>	=	<u>\$ -2,512</u>
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)		Total Adjustment Value

Additional Credit for Environmental Investment/Training – N/A

Adjusted Penalty:

<u>\$ 5,583</u>	(-)	<u>\$ 2,512</u>	=	<u>\$ 2,500</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III)		Negotiated Fine

Air Quality Specialist

Date

COMPLAINT INVESTIGATION REPORT
Washoe County Air Quality Management Division

Complaint Number: **CMP14-0009**

Complaint Status: ASSIGNED

Source of Complaint: INVESTIGATOR

Complaint Type: PERMIT

Date Received: 01/29/2014

Time: 8:30:00 AM

Inspector: SDUGGER

Inspector Area: 4

Complaint Description: OPERATING A SCREENING PLANT WITHOUT A PERMIT

Address: 9208 WESTERN SKIES DR WCTY

Location:

Parcel Number: 01673011

Related Permit Number: D93A

Complainant:

AIR QUALITY MANAGEMENT DIVISION
SUZANNE DUGGER

Responsible Party:

RILITE AGGREGATE CO
CHRIS BENNA
3025 MILL ST
RENO, NV 89502
742-6920

Investigation:

1-29-2014 On Tuesday, January 28, 2014, AQS Dugger performed a routine annual source inspection at the Rilite Aggregate Pit located at 9208 Western Skies Drive located in Reno, Nevada. At the time of inspection AQS Dugger met with Mr. Gary Roma, site manager for Rilite Aggregate Pit. During the inspection the current permitted equipment (two crushers, one screen and various conveyors) were inspected and no violations with this equipment was noted. However during the inspection AQS Dugger observed a portable 3 deck screen with four attached conveyors that was operating. According to Mr. Roma the portable screen was brought on site as an experiment mixing horse manure with sand making an amended soil. At the time of the inspection AQS Dugger informed Mr. Roma that this equipment would most likely need to be permitted and would verify upon return to the office and would contact him once verified.

Upon return to the office it was confirmed by Ms. Charlene Albee, Branch Supervisor for Compliance and Enforcement for AQMD, that indeed a permit is required for the portable equipment and that Rilite Aggregate should have known this prior to startup of equipment. Ms. Albee instructed AQS Dugger to return to the site in the a.m. and issue a NOV for operating equipment without a permit and to hand deliver a permit application. Mr. Mike Wolf, Environmental Engineer II for AQMD accompanied AQS Dugger.

During the morning meeting on Wednesday, January 29, 2014, AQS Dugger and Mr. Wolf met with Mr. Chris Benna, President of Rilite Aggregate and with Mr. Roma. During the meeting AQS Dugger

informed Mr. Benna of the violation and issued NOV #5404 for operating equipment without a permit. Mr. Benna stated that he was unaware of the need for a permit and that the reason it was brought on site was to process 3/4 rock for an upcoming big job that was to start on Monday, February 3. This is not the same information provided the previous day. Mr. Benna further stated he needed this equipment for the upcoming job therefore he wanted to get a permit immediately. Mr. Wolf went over the permit application with Mr. Benna and stated AQMD would assist Mr. Benna in getting this application processed as soon as possible. Typically permit applications can take from 2 -4 weeks to process; however Mr. Wolf stated he would try to complete the application sooner so that Mr. Benna could meet the demands of his job starting on February 3, 2014. Once the equipment is permitted AQS Dugger will perform an initial startup inspection to verify the equipment is operating within the conditions of the permit.

An appeal form was given with the NOV.

No further action at this time.

Enforcement Activities

Warning Citation..:	Citation Number: 0
NOV.....: 01/29/2014	NOV Number....: 5404
	Case Number.....: 0
Settlement.....:	Amount.....: \$0.00
Appealed.....:	
Upheld.....:	Amount.....: \$0.00

Status Information

Initialized By.....: CALBEE	Completed Date...:
Date Assigned.....: 01/29/2014	Completed By.....:

**AIR QUALITY MANAGEMENT
PERMIT TO OPERATE # D93A**



PERMIT TO OPERATE

An Air Pollution Emission Source

No. D93A

Issued By Air Quality Management Division, Washoe County Health District

P.O. Box 11130, Reno, Nevada 89520-0027 • Phone (775) 784-7200

ISSUED TO: RILITE AGGREGATE CO. Gen Air - Sand & Gravel

ADDRESS: 3025 MILL STREET, RENO NV, 89502

LOCATION: 9208 WESTERN SKIES DR., RENO, NV 89511

EQUIPMENT COVERED UNDER THIS PERMIT AGGREGATE CRUSHING AND SCREENING PLANT, NORDBERG JAW CRUSHER, CANICA 105 CRUSHER, (2) JCI SCREENS, AND ASSOCIATED CONVEYORS

THE CONDITIONS OF OPERATION LISTED ON THIS PERMIT SUPERCEDE ALL PREVIOUS PERMIT CONDITIONS

CONDITIONS OF OPERATION LISTED ON THIS PERMIT:

- A. **ALTERATIONS:** This permit becomes void upon any change of ownership or address or any alteration of permitted equipment.
- B. **POSTING:** This permit shall be posted on or near the equipment listed above. This permit shall be made readily available at all times while the equipment is operating.
- C. **MODIFICATION OF EQUIPMENT:** Any modification of the equipment other than normal repair and maintenance will require a new permit.
- D. **RECORDS:** Any records of operation which effect the potential of the source to emit air pollutants, such as fuel or products consumed, products produced, hours of operation, chemicals or supplies used in source operation, must be maintained for a period of at least 5 years and made available to the Control Officer upon request.
- E. **EQUIPMENT FAILURE:** All upset or breakdown conditions resulting in increased emissions or air pollutants shall be reported in compliance with District regulations, Section 020.075 and 020.076.
- F. **ACCESS:** The Control Officer will be provided access to the facility to inspect operations and equipment covered under this permit whenever necessary to determine compliance with this permit and any other air pollution limitations specified in District regulations.

ADDITIONAL CONDITIONS:

- 1: The annual throughput/consumption figures must be submitted in writing to the A.Q.M.D. no later than the 20th of the month, approximately 6 weeks prior to the expiration date of the permit.
- 2: The operator must implement acceptable methods to prevent airborne particulate matter created as a result of this facility. Fugitive emissions of particulate matter can result from aggregate operations, haul roads, stock piles, other equipment operations, and any surface area where the natural vegetation has been disturbed. Any and All of the following methods must be in use as necessary to control the fugitive emissions generated from equipment operations or wind: water trucks, sprinklers, wind fencing, revegetation, chemical sealants, cessation of operations, etc.
- 3: Fogging water sprays must be applied to any potential emission point (i.e. crushers, screens, conveyer drop points, etc.) when the plant is in operation. An equivalent pollution control method(s) may be used upon approval from the Air Quality Management Division.
- 4: All operations must comply with federal New Source Performance Standards (NSPS) for Non-Metallic Mineral Processing Plants, 40 CFR part 60 Subpart 000. Therefore, the opacity from any transfer point or crusher/screen must not exceed 10%.
- 5: All haul truck loads will be treated (water sprays, tarping, etc.) so that no fugitive dust will be generated during transport -- Section 040.030.5.
- 6: Any soil tracked onto adjoining paved roadways will be promptly removed by washing or broom.
- 7: Mobile diesel equipment must not idle for more than 15 minutes -- Section 040.200.

Joseph P. Iser MD, DrPH, MS

CONTROL OFFICER

03/31/2014

EXPIRATION DATE

\$494.00

ANNUAL RENEWAL FEE

D93A

PERMIT NO.

FAILURE TO COMPLY WITH THE CONDITIONS OF THIS PERMIT MAY RESULT IN CITATIONS OR PERMIT REVOCATION

RILITE AGGREGATE COMPANY
STATIONARY SOURCE RENEWAL/REGISTRATION/INSPECTION
9208 WESTERN SKIES
RENO



AIR QUALITY MANAGEMENT DIVISION

P.O.Box 11130 • Reno, NV 89520 • (775) 784-7200 • FAX (775) 784-7225 •

STATIONARY SOURCE RENEWAL/REGISTRATION/INSPECTION

HEALTH DISTRICT

Renewal Date: <u>3-31-2014</u> Business Name: <u>RILITE AGGREGATE CO.</u> Address: <u>9206 WESTERN SKIES</u> Phone Number: <u>853-1436</u> Contact Person: <u>GARY ROMA</u> Emergency Phone: _____	[A] Permit: <u>D93A</u> [B] Permit: _____ [C] Permit: _____	Conditions of Operation A. Alterations <u>Y</u> <input checked="" type="checkbox"/> <input type="checkbox"/> B. Posting <input checked="" type="checkbox"/> <input type="checkbox"/> C. Modifications <u>Y</u> <input checked="" type="checkbox"/> <input type="checkbox"/> D. Records <input checked="" type="checkbox"/> <input type="checkbox"/> E. Upset Notification <u>Y</u> <input checked="" type="checkbox"/> <input type="checkbox"/> F. Access <u>Y</u> <input type="checkbox"/> <input type="checkbox"/>
---	---	--

Process/Equipment Description	Model	Quantity	Heat Input
[A] ONE CRUSHER		1	
Pollution Control Equipment <u>WATER SPRAYS</u>	Affixed/Operating	Y N	Operation/Maint Logs Y N
Temp/Pressure <u>NA</u> Opacity _____	Waste/Solvent Stored Properly Y N	Housekeeping - Good Adequate Poor	
Comments: _____			

Process/Equipment Description	Model	Quantity	Heat Input
[B] <u>NORBERG JAW CRUSHER</u>		1	NA
Pollution Control Equipment <u>WATER SPRAYS</u>	Affixed/Operating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Operation/Maint Logs <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Temp/Pressure <u>NA</u> Opacity <u>0</u>	Waste/Solvent Stored Properly Y N <u>NA</u>	Housekeeping - <u>Good</u> Adequate Poor	
Comments: <u>CANICA 105 CRUSHER</u> <u>WATER SPRAYS</u>			

Process/Equipment Description	Model	Quantity	Heat Input
[C] <u>JCI SCREENS & CONVEYORS</u>		1	NA
Pollution Control Equipment <u>WATER SPRAYS</u>	Affixed/Operating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Operation/Maint Logs <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Temp/Pressure <u>NA</u> Opacity <u>0</u>	Waste/Solvent Stored Properly Y N <u>NA</u>	Housekeeping - <u>Good</u> Adequate Poor	
Comments: _____			

Comments: H2O SPRAYS ATTACHED BUT CURRENTLY NOT OPERATING. DUE TO WET MATERIAL. NO PERMIT VIOLATIONS @ THIS TIME.
700 GALLONS SUMP PUMP TANK - PICK-UP BY RENO DRAIN OIL.
CDB4000@AOL.COM - 742-6920.
* FINLAY 694 PORTABLE SCREENING PLANT W/ 4 CONVEYORS
3 DECK SCREEN. MAY NEED TO BE PERMITTED.

NOTE: THROUGHPUT CONSUMPTION MUST BE REPORTED BY THE 20TH OF THE MONTH, TWO MONTHS PRIOR TO PERMIT EXPIRATION TO AVOID CITATIONS. INFORMATION PROVIDED WILL BE USED TO CALCULATE THE PERMIT TO OPERATE FEE. ACCURATE RECORDS MUST BE KEPT TO VERIFY GIVEN INFORMATION, IF REQUESTED.

INVESTIGATOR: [Signature] DATE: 1-28-2014
 RESPONSIBLE PARTY: [Signature] TITLE: 1/28/2014

WASHOE COUNTY DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RELIGION, DISABILITY, OR NATIONAL ORIGIN IN THE ACTIVITIES AND/OR SERVICES WHICH IT PROVIDES. IF YOU HAVE ANY QUESTIONS, PLEASE CALL WASHOE COUNTY PERSONNEL DIVISION - 328-2080 TDD NUMBER 328-3685





WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: February 27, 2014

TO: District Board of Health

FROM: Charlene Albee, Director, Air Quality Management

SUBJECT: Paul's Handyman Service Case No. 1138
Citation No. 5389

Recommendation

The Air Pollution Control Hearing Board recommends Citation No. 5389 be upheld and a fine of \$150 be levied against Paul's Handyman Service for failure to provide notification to the Air Quality Management Division prior to the removal of asbestos-containing linoleum flooring in a multi-family residential facility which is a commercially regulated facility. Conducting demolition/renovation activities in a commercially regulated facility without providing notification and obtaining an Acknowledgement of Asbestos Assessment is a major violation of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.105(B), (10) National Emission Standards for Hazardous Air Pollutants (NESHAP), Subpart M - Asbestos, which is implemented through Section 030.107(A) Asbestos Sampling and Notification.

APCHB Recommended Fine: **\$150.00**

Background

On November 5, 2013, Washoe County Air Quality Management Division received an application for an Asbestos Acknowledgement Form from a local contractor who was hired to complete the build-back of a condominium following the cleanup of water damage materials located at 3917 Clear Acre Lane, Unit #158, in Reno. The contractor provided an air clearance report that was completed following the abatement of asbestos-containing linoleum flooring in the kitchen and bathroom. A review of the records determined the Air Quality Management Division had not received an Acknowledgement of Asbestos Assessment or an abatement notification for the renovation/abatement activities at that location.

Air Quality Specialist II Wallace Prichard and Air Quality Specialist II Joshua Restori were dispatched to the above address and determined that several areas in the condominium had the linoleum sheet flooring and mastic removed. Areas disturbed included the entry way, kitchen and bathroom. During the investigation, AQ Specialists Prichard and Restori were able to determine the work had been completed by Mr. Paul Duminie, owner of Paul's Handyman Service. Specialist Prichard contacted the Nevada Contractors Board and requested information on whether Paul's Handyman Service possessed a State Contractors License and what type of work the license allowed the company to perform. Specialist Prichard was informed Paul's Handyman Service did not have a State Contractors License but that Mr. Duminie did have a Washoe County and City of Reno Business License limiting him to charging no more than \$1,000 per job.

Following their inquiry, Specialists Prichard and Restori were contacted by Mr. John Rosa, Criminal Investigator for the Special Investigation Unit of the State Contractors Board. Specialist Restori worked with Investigator Rosa to interview all of the parties involved with the abatement and established a timeline of events.

During the investigation it was determined that between March 4, 2013 and October 14, 2013, Unit #158 suffered water damage from a leaking toilet and the remediation of the water damage was initiated. The sequence of events which followed regarding the cleanup is detailed in the attached staff report. The determination was made that Mr.

February 27, 2014

DBOH/Paul's Handyman Service /Case 1138

Page 2

Duminie was the responsible party hired to remove the asbestos-containing linoleum sheet flooring. The removal of asbestos containing materials by someone other than a licensed asbestos abatement contractor is a major violation of the District Board of Health Regulations Governing Air Quality Management.

Based on the results of the file review and investigation, AQ Specialist Prichard issued Notice of Violation Citation No. 5389 for a major violation of Section 030.105 (B) (10) and 030.107 (A), (B) and (C) Asbestos Sampling and Notification.

Settlement

On November 14, 2013, Senior AQ Specialist Dennis Cerfoglio conducted a negotiated settlement meeting via telephone, attended by AQ Specialist Wallace Prichard and Air Quality Specialist Joshua Restori with Mr. Duminie. After careful consideration of all the facts in the case, AQ Specialist Cerfoglio recommended that Citation No. 5389 be upheld with a fine of \$12,000 for a major violation of District Health Department Regulations Governing air Quality Management. At that time Mr. Duminie stated that he would like to appeal his case to the Air Pollution Control Hearing Board at their next scheduled meeting. Specialist Cerfoglio advised Mr. Duminie the next meeting would be January 7, 2014. An appeal form was delivered to Mr. Duminie for him to complete and return to formally request an appeal to the Air Pollution Control Hearing Board.

Air Pollution Control Hearing Board

On January 7, 2014, the Air Pollution Control Hearing Board convened for the consideration of Case No. 1138, Citation No. 5389. The case was presented by Air Quality Management staff with testimony from Mr. Paul Duminie, representing Paul's Handyman Service. After consideration of all of the facts and testimony, a motion was made and unanimously approved to **uphold** Notice of Violation Citation No. 5389 for a violation of Section 030.107 (A) only with a fine in the amount of **\$150**. A copy of the APCHB meeting minutes are enclosed for reference.

Alternatives

1. The District Board of Health may determine that no violation of the Regulations has taken place and dismiss Citation No. 5389.
2. The Board may determine to uphold Citation No. 5389 but levy any fine in the range of \$0 to \$10,000 per day.

In the event the Board determines to change the penalty, the matter should be continued to allow representatives of Paul's Handyman Service to be properly noticed.

Charlene Albee, Director
Air Quality Management Division

CA/DC: js

CASE NO. 1138 – AS REVIEWED BEFORE THE AIR POLLUTION CONTROL HEARING BOARD

In Re: Appeal of PAUL DUMINIE)
dba PAUL’S HANDYMAN)
SERVICE, for violation of Section)
030.105 (National Emission Standards)
for Hazardous Air Pollutants – NESHAP),)
Subsection (B) (10); and Section 030.107)
(Hazardous Air Pollutants), Subsections (A))
Subsections (A), (B), and (C) of the)
Washoe County District Board of Health)
Regulations Governing Air Quality)
Management.)

CASE NO. 1138
PAUL’S HANDYMAN SERVICE (PAUL DUMINIE)

At a hearing of the Air Pollution Control Hearing
Board at Wells Avenue and Ninth Street,
Reno, Nevada
January 7, 2014

PRESENT: Chairman David Rinaldi
Vice Chairman Jon Greene
Member Cathleen Fitzgerald, DEnv, PE
Member Jim Kenney
Charlene Albee, Chief, Permitting & Enforcement
Wallace Prichard, Air Quality Specialist II
Joshua Restori, Air Quality Specialist, II
Janet Smith, CAP-OM, Recording Secretary

ABSENT: Member Joe Serpa
Member Richard Harris, Esquire
Member Jeanne Rucker, REHS

STATEMENT OF THE FACTUAL QUESTION

SECTION 030.105 NATIONAL EMISSION STANDARDS FOR HAZARDOUS AIR POLLUTANTS

B. The National Emission Standards for Hazardous Air Pollutants for those subparts of 40CFR61 listed below, along with all the duly promulgated revisions are herewith adopted by reference.

10. Subpart M – Asbestos

SECTION 030.107 Hazardous Air Pollutants

A. No permit for demolition or for the renovation of any NESHAP regulated facility may be issued by any public agency within the Health District until such time as an asbestos survey, conducted by a person qualified to make such a survey is made on the premises. No potential asbestos containing materials may be disturbed until such a survey is performed. The person performing the survey must possess US EPA AHERA certification. The survey must be completed to the satisfaction of the Control Officer or additional samples may be required. A complete, signed copy of an asbestos survey report must be filed at the Washoe County District Health Department and an “Asbestos Assessment Acknowledgement Form” obtained before any permit for demolition or renovation, as noted above, is issued. Failure to conduct an asbestos survey, or obtain a completed “Asbestos Assessment Acknowledgement Form”, may result in a citation or other enforcement action, including the issuance of a Stop Work Order if a reasonable possibility for the release of asbestos fibers exists. If the survey indicates the presence of asbestos, the permit applicant must adhere to the requirements of Sections 030.105 and this section prior to and during the removal of any asbestos. The owner, operator or his representative shall submit to the Control Officer notice of intent in compliance with 40CFR61.145. Such notice shall be required for the following operations.

1. All renovations disturbing regulated asbestos containing materials (RACM), which exceed, in aggregate, more than 160 feet square, 260 lineal feet or 35 cubic feet whichever is most restrictive.
2. Notice shall be required for any building demolitions, including single residential dwellings.

This notification shall contain all information as requested by the Control Officer, including a plan of action as to the methods of techniques to be used for removal. Standard fees as set by the Board of Health must be submitted with all such notifications before they can be considered valid.

B. Asbestos Control Work Practice

For the purpose of this regulation, in addition to the requirements of the NESHAP, acceptable work practices for RACM removal shall include, but are not limited to, adequate wetting, containment of materials in glove bags or containment areas, negative air systems, decontamination areas, double bag disposal or other methods as required by the Control Officer.

Acceptable work practices for commercial ACM roofing removal shall include adequate wetting of the material and removal in covered chutes. As an alternative, ACM roofing materials may be removed by bagging or careful wrapping and lowering. The Control Officer may require separate removal of friable roofing materials prior to demolition. All asbestos removal work which is done with barriers isolating the work area shall include transparent viewing ports which allow observation of stripping and removal of ACM from outside the barrier. Sufficient view ports shall be installed to make at least 90 percent of the work area visible from outside the barrier, except in unusual situations as approved by the Control Officer. Air clearance testing after removal work is complete may be required by the Control Officer for the protection of public health.

C. Asbestos Containment and Abatement

Under no condition may any person store, remove, transport or destroy any asbestos containing materials in a manner which is likely to release asbestos fibers into the atmosphere. Safe asbestos removal work practices, sufficient to prevent a danger to public health as defined below, shall be required for any remodeling or demolition of NESHAP regulated facilities which disturbs any quantity of RACM. The Control Officer may require cleanup or abatement of damaged or degraded asbestos containing materials where their storage, handling, or continued presence represents a danger to public health. Unsafe work practices or danger to public health as noted above shall be concluded only when testing results demonstrate asbestos levels exceeding one of the following limits: 1) 0.01 asbestos fibers per cubic centimeter as determined by any method of air sampling as specified by the Control Officer; or 2) greater than one percent asbestos as determined by vacuum, bulk or wipe sampling of surfaces. The Control Officer may require

such sampling to be performed at the owner’s expense by a qualified person when unsafe work practices or a danger to public health are suspected. The Control Officer shall approve procedures for sample collection, including the type of sampling as listed above, sample duration and volume, or analytical methods, such as the use of TEM or PCM depending on the type of suspected contamination and building materials present. Failure to use acceptable work practices during RACM removal or disturbance may result in the issuance of a Stop Work Order, a citation, or both.

GENERAL COMMENTS

On January 7, 2014, the Hearing Board for the referenced Regulations held a public hearing to consider all evidence and testimony concerning the appeal of **PAUL’S HANDYMAN SERVE (PAUL DUMINIE), Citation No. 5389, Case No. 1138**, for violation of Section 030.105 (National Emission Standards for Hazardous Air Pollutants – NESHAP), Subsection (B) (10) – (Subpart M – Asbestos); and Section 030.107 (Hazardous Air Pollutants), Subsections(A),(B) and(C) (Asbestos Sampling and Notification), of the Washoe County District Board of Health Regulations Governing Air Quality Management.

Ms. Charlene Albee, Acting Director, Air Quality Management, being duly sworn, noted a typographical error on the ‘Recommended Fine Worksheet’, advising the “Violation of Section” should indicate the Section of the Regulation as: Section 030.107 (Hazardous Air Pollutants), Subsections A, B, and C. Ms. Albee advised Mr. Paul Duminie, owner of Paul’s Handyman Service, was cited for failure to adhere to the asbestos control work practices, including containment and abatement requires. Ms. Albee advised Staff recommends the **appeal** of Paul’s Handyman Service be **denied** and a **fine** in the amount of **\$12,000** be levied.

Mr. Joshua Restori, Air Quality Specialist II, being duly sworn, advised on November 5, 2013, the Air Quality Management Division received an application for an Asbestos Acknowledgement Form from Bison Construction, a local contractor hired to complete build-back work at a condominium located at 3917 Clear Acre Lane, Unit #158. Mr. Restori advised the repair work was the result of a cleanup of water-damaged materials due to a water leak from the toilet in a bathroom.

Mr. Restori advised prior to the application request, Air Quality Management Staff was not aware construction work had been performed in the condominium unit, nor was Staff aware there was an asbestos-abatement issue. Mr. Restori advised based on the information provided by Bison Construction; and in conjunction with Mr. Wallace Prichard, Air Quality Specialist, he initiated an investigation. Mr. Restori advised it was determined Mr. Daniel Pearson, owner of the property (and a

resident of San Diego), hired Mr. Roy Michael Uhl, the former tenant of the unit to serve as a Property Manager, to assist in the repair work.

Mr. Restori advised Servpro was initially hired to begin the drying out process, removing the carpet, particle board subfloor and affected baseboard from the hall, living room, entry and master bedroom; that in other affected areas only the baseboard was removed to facilitate in the drying-out. Mr. Restori advised Servpro had Adaptive Environmental Consulting take samples from those areas, which were to be demolished, including the drywall and linoleum testing for asbestos. Mr. Restori stated Servpro was advised of the presence of crysotile asbestos in the linoleum/vinyl flooring and mastic. Mr. Restori advised Servpro provided Mr. Pearson with several names of licensed asbestos-abatement contractors; that Mr. Pearson received bids from the contractors.

Mr. Restori stated Mr. Pearson directed Mr. Uhl to “get a better price on the removal of the asbestos”; that Mr. Uhl indicated he hired Mr. Paul Duminie, Paul’s Handyman Service, to perform the removal of the asbestos-containing materials. Mr. Restori advised during the investigation he conducted interviews of those involved in the project, requested work reports, testing results, receipts, etc. for the project.

Mr. Restori stated during the investigation it was determined Mr. Paul Duminie, Paul’s Handyman Service, did conduct the removal of the asbestos-containing materials from the unit without the proper notification of Air Quality Management, in violation of Section 030.107 (Hazardous Air Pollutants). In response to Mr. Rinaldi regarding those areas of the unit involved in the removal, Mr. Restori advised it was “the bathroom and kitchen” areas.

In response to Dr. Fitzgerald regarding the recommended fine, Ms. Albee advised the recommended fine is \$12,000.

In response to Mr. Rinaldi regarding the amount of asbestos-containing materials, which were removed, Mr. Restori stated “Advanced Installation had advised Mr. Pearson there was approximately 125 square feet total” of asbestos-containing material to be removed.

Mr. Rinaldi questioned if Bison Construction was contracted to perform the demolition

In response to Mr. Rinaldi, Mr. Restori advised Bison Construction had been hired to complete the build-back of the condominium unit. Mr. Restori advised Bison Construction presented Air Quality Management with a copy of the “air clearance report” completed following the removal of the asbestos

containing linoleum flooring. Mr. Restori stated the air clearance report verifies asbestos-containing materials are no longer present; that the air clearance report is necessary to obtain “a pink slip” from Air Quality.

Mr. Kenney advised he knows Mr. John Marten of Bison Construction; and questioned if it would be necessary to recuse himself from the proceedings.

In response to Mr. Kenney, Mr. Rinaldi advised the case being reviewed is not Bison Construction; therefore, there should be no conflict.

Ms. Albee advised Bison Construction Company is not the complainant; that Air Quality Management is the complainant based on the results of the investigation initiated when Bison Construction applied for the Asbestos-Acknowledgement form.

Dr. Fitzgerald questioned if there was “a difference in the flooring as only the linoleum/vinyl flooring was positive for crysotile asbestos.”

In response to Dr. Fitzgerald, Mr. Restori advised all asbestos containing materials had been removed and disposed of prior to Air Quality Management becoming involved; therefore, it is not known if there was any difference in the flooring.

Mr. Rinaldi questioned the citing of Section 030.107 in the Notice of Violation when the estimate, noted by Advance Installations, was 125 square feet, which is less than the 160 square feet specified in the Regulations (Section 030.107, Subsection A.1.). Mr. Rinaldi stated he would question “if the amount of materials removed reached the 160 square foot threshold.”

In response to Mr. Rinaldi, Ms. Albee advised “although Staff could hope” Advance Installation’s estimate was accurate, as the work had already been performed, “Staff did not have a definitive amount of asbestos containing materials; and was unable to verify the estimation of 125 feet; therefore, it was the consensus of Staff “to be conservative” in the determination.

Mr. Paul Duminie, owner of Paul’s Handyman Service, being duly sworn, stated he was contacted by Mr. Uhl regarding removing the flooring from the kitchen and bathroom areas and cabinets in the kitchen. Mr. Duminie stated Mr. Uhl “didn’t say anything about asbestos removal”; that had Mr. Uhl indicated

there was asbestos-containing materials to be removed in the unit, he (Mr. Duminie) would not have accepted the job. Mr. Duminie stated his ‘handyman’ contractor’s license limits him to payment of “no more than \$1,000; that the Contractor’s Board is very tight about that, so he works within the law.” Mr. Duminie stated the signature on the two (2) receipts indicating payments to him in the amount of \$1600 each “is not his signature.” Mr. Duminie stated the receipts indicate he was paid \$3200 total; however, he was only paid \$700 for the work; and reiterated “he had no idea it was asbestos.”

Mr. Restori advised (in reference to Mr. John Rosa); Mr. Rosa is an Investigator with the State of Nevada Contractor’s Board; that Mr. Rosa participated in the investigation, which is required “should it be determined a handyman is conducting work practices beyond the scope of the individual’s contractor’s license.” Mr. Restori stated he and Mr. Rosa conducted coordinated investigations with Mr. Rosa contacting the same individuals involved in this case. Mr. Restori stated Mr. Rosa did confirm there were signatures on the receipts that did match Mr. Duminie’s signature on his license.”

Mr. Duminie stated Mr. Uhl had two (2) other individuals working at the unit at the same time he (Mr. Duminie) was performing the removal of the flooring. Mr. Duminie reiterated the signatures on the receipts are not his; that his wife manages “the paperwork for the business; and they write their own receipts.” Mr. Duminie stated “he has no idea where those receipt came from, as he has never seen them before; that he would not have signed someone else’s receipt.” Mr. Duminie stated he has worked with Mr. Rosa from the State Contractor’s Board previously; that “Mr. Rosa should know the signature on the receipt wasn’t him.”

Ms. Albee advised Mr. Pearson, Mr. Uhl., and Mr. Rosa were contacted regarding tonight’s hearing; however, none were able to attend. Ms. Albee stated Staff received a copy of the receipts from Mr. Pearson through Mr. Uhl. Ms. Albee stated Mr. Rosa does have the authority “to pull” a copy of Mr. Duminie’s Drivers and Contractor’s License; that Mr. Rosa did indicate to Mr. Restori that the signatures did match those on the receipt.

Mr. Rinaldi stated although Mr. Rosa “may have testified there wasn’t a difference in the signatures, Mr. Rosa is not present to do so.” In response to Mr. Rinaldi regarding Mr. Duminie’s signature, Mr. Duminie presented his Nevada Driver’s License to the Hearing Board. Mr. Rinaldi stated, on behalf of the record, he would note, “there are obvious differences in the signatures” on Mr. Duminie’s Driver’s License and the one noted on the receipt “*Statement from Dan Pearson c/o Roy Uhl to Paul’s Handyman Service.*”

In response to Mr. Kenney regarding the form of payment, Mr. Duminie advised he was paid in cash.

Mr. Duminie stated Mr. Rosa is aware “of his (Mr. Duminie’s) paperwork; and knows that is all he has and that is all he uses.” Mr. Duminie stated “he has nothing to hide.”

In response to Dr. Fitzgerald regarding the “mention of the threshold in the amount of asbestos-containing materials removed”, Mr. Rinaldi advised Section 030.107, Subsection A. 1., specifies the aggregate amount of asbestos “...more than 160 feet square, 260 lineal feet or 35 cubic feet...”, as the threshold. Mr. Rinaldi stated any asbestos abatement removal of more than 160 square feet requires notification.

In response to Dr. Fitzgerald regarding “no notification being required for less than 160 square feet”, Ms. Albee advised “any disturbance of asbestos-containing materials requires an Asbestos Acknowledgement form, which is a locally required notification form. Ms. Albee advised the NESHAP notification form “is a higher level of notification.” Ms. Albee advised Section 030.105 of the Regulations is the adoption of the Federal NESHAP standards/requirements by reference; that Section 030.107 is the implementation of those Regulations. Ms. Albee advised that should there be a violation of Section 030.105 (NESHAP), the Federal US EPA would have oversight of the notification. Ms. Albee advised Section 030.105 was referenced as the Federal NESHAP requirements; that Mr. Duminie was cited for violation of Section 030.107.

In response to Dr. Fitzgerald regarding the itemized billing denoting “*Paul’s Handyman Service*” specifically referencing “...asbestos abatement subfloor disposal...”, Mr. Duminie reiterated that is not his; that he “has never seen it before.” Mr. Duminie reiterated he was paid \$700 in cash for the removal of the flooring; that it was not until Mr. Restori advised him of the receipt and provided him a copy that he became aware of it. Mr. Duminie stated he has his customers obtain “their own materials”

In response to Dr. Fitzgerald regarding Mr. Uhl notifying Mr. Duminie of the test results being positive for asbestos-containing materials, Mr. Duminie stated Mr. Uhl “never told him there were asbestos-containing materials in the flooring.” Mr. Duminie stated “since this incident he is grateful to Mr. Restori for explaining things to him which he didn’t know.” Mr. Duminie stated through this incident “he got educated at the same time” regarding asbestos awareness.

In response to Mr. Kenney regarding a contract for the work performed, Mr. Duminie stated it was a verbal agreement; that he provided a receipt of payment when the work was completed.

Mr. Greene stated Advance Installations estimated the removal of approximately 125 square feet of asbestos-containing materials; that “as the Hearing Board and Staff are familiar with the work of

Advance Installations he has no reason to doubt the amount.” Mr. Greene stated the Regulations specify the aggregate removal of 160 square feet of asbestos-containing materials as the threshold; therefore, the amount removed as less than that threshold amount. Mr. Greene stated there was a violation of failure to apply for the required asbestos acknowledgement form.

MOTION

Mr. Green moved based upon the testimony and evidence presented, a violation of Section 030107 (Hazardous Air Pollutants), Subsection A. (Asbestos Sampling and Notification) of the Washoe County District Board of Health Regulations did occur; and that it be recommended to the District Board of Health that the **appeal of PAUL’S HANDYMAN SERVICE (PAUL DUMINIE)**, be **denied** and **Citation No. 5389, Case No. 1138** be **upheld** and a fine in the amount of **\$2,000** be levied against Paul’s Handyman Service for a **major violation**. Mr. Greene further moved that violation of Section 030.107, Subsection B. (Asbestos Control Work Practices); and Subsection C. (Asbestos Contamination and Abatement), be dismissed.

The motion was seconded by Mr. Kenney and upon a roll call vote the **motion failed**.

Dr. Fitzgerald stated her concern is in regard to the liability of Mr. Dan Pearson, as the property owner; and Mr. Roy Michael Uhl, as the property manager; that Mr. Duminie was not made aware there was asbestos-containing materials in the unit.

Mr. Rinaldi stated he, too, has concerns regarding the testimony and evidence presented regarding Mr. Duminie’s ‘signatures’ on the receipts presented by Mr. Uhl. Mr. Rinaldi stated the same stipulation regarding less than 160 square feet of asbestos-containing materials could be applied to any potential liability of Mr. Pearson and Mr. Uhl.

Dr. Fitzgerald stated, further she is concerned a \$2,000 penalty is excessive for a job in which Mr. Duminie was paid only \$700.

Dr. Fitzgerald moved based upon the testimony and evidence presented, a violation of Section 030107 (Hazardous Air Pollutants), Subsection A. (Asbestos Sampling and Notification) of the Washoe County District Board of Health Regulations did occur; and that it be recommended to the District Board of Health that the **appeal of PAUL’S HANDYMAN SERVICE (PAUL DUMINIE)**, be **denied** and **Citation No. 5389, Case No. 1138** be **upheld** and a fine in the amount of **\$150** be levied against Paul’s Handyman Service for a **major violation**. Mr. Greene further moved that violation of Section 030.107, Subsection B. (Asbestos Control Work Practices); and Subsection C. (Asbestos Contamination and Abatement), be dismissed.

The motion was seconded by Mr. Greene and carried unanimously for approval.

Mrs. Janet Smith, CAP-OM, Recording Secretary, advised Mr. Paul Duminie, Paul’s Handyman Service, of his right to appeal the Hearing Board’s recommendation to the District Board of Health, in writing, within five (5) days of today’s hearing.

for Charlene Albee
DAVID RINALDI, CHAIRMAN
AIR POLLUTION CONTROL HEARING BOARD

Janet Smith
JANET SMITH, CAP-OM
RECORDER

**AQM NOTICE OF VIOLATION CHRONOLOGY"
FOR PAUL'S HANDYMAN SERVICE (PAUL DUMINIE) FOR WORK PERFORMED AT
3917 CLEAR ACRE LANE, UNIT #158, RENO NV 89512**

TIMELINE OF EVENTS

March 4, 2013

2:30 p.m. Servpro of Reno East/Central Sparks Contacted by resident at 3917 Clear Acre Lane #158 due to a water leak from the toilet of the bathroom.

5:15 p.m. Servpro arrived on at 3917 Clear Acre Lane #158 to start drying process. Carpet, particle board subfloor and affected baseboard removed from the hall, living room, entry and master bedroom. The baseboard only was removed in all other areas affected. Samples of the drywall and linoleum were sampled for asbestos at this time by Adaptive Environmental Consulting. The "gypcrete" used to level the floors was not sampled according to AEC's report.

March 5, 2013

7:30 p.m. Servpro received the results of the asbestos bulk sample which indicated there was no asbestos present in the drywall but there was asbestos present in the linoleum/vinyl flooring and mastic.

March 7, 2013

10:00 a.m. Servpro of Reno/East Central Sparks continued with the drying process in the areas that did not contain the linoleum/vinyl flooring. According to their report they removed the "gypcrete" from the hallway, master bedroom and living room. This process included the use of plastic in the doorways and using an air scrubber to minimize dust.

March 8, 2013

10:00 a.m. Servpro set up containment in the bedroom, living room, kitchen and bathroom and a dry saw was used to square the concrete floors where necessary. The cut pieces of concrete were bagged as were the dust from the saw cuts.

April 26, 2013-May 3, 2013

During Servpro's working period at 3917 Clear Acre Lane #158, an asbestos abatement bid was provided to the owner of the property, Daniel Pearson, by a company that Servpro works with in situations where asbestos is present. In addition, several other abatement companies were suggested to Mr. Pearson by Servpro. The bids were priced between \$4600.00 and \$6000.00 to abate the linoleum/ vinyl floors.

Sometime between March 8, 2013 and April 26, 2013, Roy Michael Uhl, prior tenant and Property Manager at 3917 Clear Acre Lane was asked by the Property Owner, Daniel Pearson, to find someone to abate the asbestos containing linoleum/vinyl floor in Unit #158. According to Mr. Uhl, the insurance company, Safeco, would not cover the cost of the asbestos inspection, abatement and final air clearances and therefore Mr. Pearson wanted Mr. Uhl to find someone to abate the floors at a lower price than the bids he received. Mr. Uhl stated he found Paul's Handyman Service in the Big Nickel, online. When Mr. Uhl met with Paul Duminie, of Paul's Handyman Service, Mr. Uhl asked Mr. Duminie if he could remove the linoleum/ vinyl floors but never checked the credentials of Mr. Duminie to

determine if he was certified to abate asbestos. A bid of \$3200.00 was agreed upon by the two parties to remove the sink, toilet, cabinets, abate asbestos, subfloor disposal, including any permits or fees.

On April 26, 2013, \$3200.00 was transferred from Daniel Pearson to Thomas R. Lee Jr. via a Paypal account. According to Mr. Uhl, he did not have a Paypal account for Mr. Pearson to transfer money to, therefore he used an "acquaintance," Thomas R. Lee Jr.'s Paypal account. According to a hand written receipt and Mr. Uhl, \$1600.00 was paid to Mr. Duminie when he started the work on April 26, 2013 and \$1600.00 was paid upon completion of the work on May 3, 2013. Mr. Uhl stated that Mr. Duminie hired an additional worker by the name of Jabour Clark to help with the demolition.

During my interview regarding the events between April 26, 2013 and May 3, 2013, Mr. Duminie stated he only removed and dumped the linoleum/vinyl floors and the cabinets. He stated he was paid less than \$900.00 to remove these items and was unaware that the floors contained asbestos. Mr. Duminie stated he was not certified to abate asbestos. He stated that Mr. Uhl hired two other workers, to help with the demolition but could not produce names.

July 16, 2013

Environmental Inspection and Control Services was hired by Dan Pearson to conduct final inspection and final clearance air monitoring following removal of linoleum/ vinyl flooring and mastic from the kitchen, entry and bathroom. The report indicated that the airborne fiber counts were well below the clearance air level of 0.01 f/cc, making the area "safe" to reoccupy according EICS.

October 14, 2013

John Marten of Bison Construction obtained an Acknowledgement of Asbestos Assessment (ASB13-0873) in order to complete the remodel at 3917 Clear Acre Lane #158. At this time, WCAQM realized that initial abatement paperwork was not filed with the Division indicating an abatement was going to take place.



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: January 7, 2014
 TO: Air Pollution Control Hearing Board
 FROM: Charlene Albee, Acting Director, Air Quality Management
 SUBJECT: Paul's Handyman Service Case No. 1138
 Citation No. 5389
 Agenda Item: 4.a.

Recommendation

Air Quality Management Division Staff recommends that Citation No. 5389 be upheld and a fine of \$12,000 be levied against Paul's Handyman Service for the abatement of asbestos containing flooring in a condominium without providing notification to the Air Quality Management Division and failure to follow asbestos control work practices, including containment and abatement requirements. Conducting demolition/renovation activities in a commercially regulated facility without notification, asbestos control work practices, and containment/abatement is a major violation of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.105(B), (10) National Emission Standards for Hazardous Air Pollutants (NESHAP), Subpart M - Asbestos, which is implemented through Section 030.107(A), (B) and (C) Hazardous Air Pollutants, Asbestos Sampling and Notification.

Recommended Fine: \$12,000.00

Background

On November 5, 2013, Washoe County Air Quality Management Division received an application for an Asbestos Acknowledgement Form from a local contractor that was hired to complete the build-back of a condominium following the cleanup of water damage materials located at 3917 Clear Acre Lane, Unit #158, in Reno. The contractor provided an air clearance report that was completed following the abatement of asbestos containing linoleum flooring in the kitchen and bathroom. A review of the records determined the Air Quality Management Division had not received an Acknowledgement of Asbestos Assessment or an abatement notification for the renovation/abatement activities at that location.

Air Quality Specialist II Wallace Prichard and Air Quality Specialist II Joshua Restori were dispatched to the above address and found that several areas in the condominium had the linoleum sheet flooring and mastic removed. Areas disturbed included the entry way, kitchen and bathroom. During their investigation, AQ Specialists Prichard and Restori were able to determine the work had been completed by Mr. Paul Duminie, owner of Paul's Handyman Service. Specialist Prichard contacted the Nevada Contractors Board and requested information on whether Paul's Handyman Service possessed a State Contractors License and what type of work the license allowed the company to perform. Specialist Prichard was informed that Paul's Handyman Service did not have a State Contractors License but that he did have a Washoe County and City of Reno Business License, which limited him to perform work up to \$1,000.

P.O. BOX 11130 Reno, NV 89520-0027 • (775) 784-7200 • FAX (775) 784-7225
www.ourcleanair.com

January 7, 2014

APCHB/Paul's Handyman Service /Case 1138

Page 2

Following their inquiry, Specialists Prichard and Restori were contacted by Mr. John Rosa, Criminal Investigator for the Special Investigation Unit of the State Contractors Board. Specialist Restori worked with Investigator Rosa to interview all of the parties involved with the abatement and established a timeline of events.

The investigation found that between March 4, 2013 and October 14, 2013, Unit #158 suffered water damage from a leaking toilet and the remediation of the water damage was initiated. The sequence of events that followed regarding the cleanup is detailed in the attached staff report. The determination was made that Mr. Duminie was the responsible party hired to remove the asbestos containing linoleum sheet flooring. The removal of asbestos containing materials by someone other than a licensed asbestos abatement contractor is a violation of the District Board of Health Regulations Governing Air Quality Management.

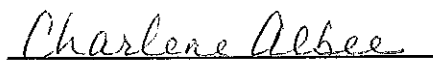
Based on the results of the file review and investigation, AQ Specialist Prichard issued Notice of Violation Citation No. 5389 for a major violation of Section 030.105 (B) (10) and 030.107 (A), (B) and (C) Asbestos Sampling and Notification.

Settlement

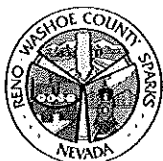
On November 14, 2013, Senior AQ Specialist Dennis Cerfoglio conducted a negotiated settlement meeting via telephone, attended by AQ Specialist Wallace Prichard and Air Quality Specialist Joshua Restori with Mr. Duminie. After careful consideration of all the facts in the case, AQ Specialist Cerfoglio recommended that Citation No. 5389 be upheld with a fine of \$12,000 for a major violation of District Health Department Regulations Governing air Quality Management. At that time Mr. Duminie stated that he would like to appeal his case to the Air Pollution Control Hearing Board at their next scheduled meeting. Specialist Cerfoglio stated that the next meeting would be January 7, 2014. An appeal form was delivered to Mr. Duminie for him to complete and return to formally request an appeal to the Air Pollution Control Hearing Board.

Alternatives

1. The Air Pollution Control Hearing Board may determine that no violation of the Regulations has taken place and dismiss Citation No. 5389.
2. The Board may determine to uphold Citation No. 5389 but levy any fine in the range of \$0 to \$10,000 per day.


Charlene Albee, Acting Division Director
Air Quality Management

CA/DC: mc



NOTICE OF VIOLATION

NOV 5389

DATE ISSUED: 11/05/2013

ISSUED TO: Paul's Handyman Service PHONE #: (775) 378-9314

MAILING ADDRESS: 9775 Red Rock Road CITY/ST: Reno, NV. ZIP: 89506

NAME/OPERATOR: Paul Duminic PHONE #: (775) 378-9314

PERMIT NO. _____ COMPLAINT NO. CMP13-0153

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 11/05/2013 (DATE) AT 8:00 AM (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- | | |
|--|---|
| <input type="checkbox"/> MINOR VIOLATION OF SECTION: | <input checked="" type="checkbox"/> MAJOR VIOLATION OF SECTION: |
| <input type="checkbox"/> 040.030 __ DUST CONTROL | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT |
| <input type="checkbox"/> 040.055 __ ODOR/NUISANCE | <input type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 __ DIESEL IDLING | <input checked="" type="checkbox"/> 030.105 ASBESTOS/NESHAP |
| <input type="checkbox"/> OTHER _____ | <input checked="" type="checkbox"/> OTHER <u>030.105 A.B.C.</u> |

VIOLATION DESCRIPTION: (A) Asbestos Sampling & Notification
(B) Asbestos Control Work Practices
(C) Asbestos Containment & Abatement.

LOCATION OF VIOLATION: 3917 Clear Acre Lane Unit #158

POINT OF OBSERVATION: Same

Weather: N/A Wind Direction From: N E S W

Emissions Observed: N/A
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective _____ a.m./p.m. _____ (date) you are hereby ordered to abate the above violation within _____ hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature _____

CITATION: You are hereby notified that effective on 11/05/13 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within immediately hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: _____ Date: 11/05/2013
 Issued by: Wallace Prichard Title: Air Quality Specialist II

PETITION FOR APPEAL FORM PROVIDED

AIR QUALITY MANAGEMENT - MEMORANDUM OF UNDERSTANDING
MAILED TO PAUL DUMINIE, PAUL'S HANDYMAN SERVICE
LOCATED AT 9775 RED ROCK ROAD, RENO NV 89506

SEND CERTIFIED MAIL 11-7-2013

THIS FORM WAS NEVER RETURNED TO THE AIR QUALITY OFFICE



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

November 6, 2013

Mr. Paul Duminie
Paul's Handyman Service
9775 Red Rock Road
Reno, Nevada 89506

Re: 3917 Clear Acre Lane Unit#158 Reno, NV

Dear Mr. Duminie:

The Air Quality Management Division (AQMD) of the Washoe County District Health Department issued Citation Notice of Violation No. 5389 on November 5, 2013, to Paul's Handyman Service regarding the failure to comply with Federal Regulations concerning EPA National Emission Standards for Hazardous Air Pollutants. This citation also covers failure to comply with Asbestos Sampling and Notification, Asbestos Control Work Practices and Asbestos Contamination and Abatement.

Subsequent information was provided to the AQMD to confirm that Paul's Handyman Service is not a certified asbestos abatement contractor. Paul's Handyman Service did contract with Roy M. Uhl for the removal and disposal of known asbestos containing material from 3917 Clear Acre Lane, Unit 158.

Following the issuance of a notice of violation (NOV), there are three (3) options for addressing the issues. These options include: 1) the NOV may go un-appealed to the District Board of Health; 2) an appeal may be heard by the Air Pollution Control Hearing Board; or 3) a Memorandum of Understanding may be executed between the parties if a negotiated settlement can be arrived at.

An appeal form has been included for your convenience. Please contact Dennis Cerfoglio, Air Quality Specialist III, or Charlene Albee, Branch Chief at 775-784-7200 to discuss your preference for the resolution of this matter.

Sincerely,

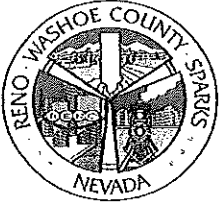
Wallace Prichard, Air Quality Specialist II
Air Quality Management Division

Enclosures

Certified Mail #7011 2970 0004 2282 9455

P.O. BOX 11130 Reno, NV 89520-0027 • (775) 784-7200 • FAX (775) 784-7225

www.ourcleanair.com



DISTRICT HEALTH DEPARTMENT AIR QUALITY MANAGEMENT DIVISION

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION

Date: _____

Company Name: Paul's Handyman Service

Address: 4775 Red Rock Road, Reno, NV 89506

Notice of Violation No.: 5389 Case No.: 1138

The staff of the Air Quality Management Division of the Washoe County District Health Department issued the above referenced citation for the violation of Regulation: Asbestos/NESHAP Section 030.105 E
030.107 (A)(B)(C)

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ _____. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on _____.

Signature of Company Representative

Signature of District Representative

Print Name

Print Name

Title

Title

Witness

Witness

Witness

Witness

**AIR QUALITY MANAGEMENT - ADMINISTRATIVE PENALTY TABLE &
RECOMMENDED FINE CALCULATION WORKSHEET**

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

<u>Regulation</u>	<u>1st Violation</u>	<u>2nd Violation</u>
040.005 Visible Emissions	\$ 1,000	\$ 2,500
040.030 Dust Control (fugitive)	250	750
040.035 Open Fires	500	1,000
040.040 Fire Training	500	1,000
040.050 Incinerator	1,000	2,000
040.051 Woodstoves	500	1,000
040.055 Odors	1,000	2,000
040.080 Gasoline Transfer (maintenance)	1,000	2,000
040.200 Diesel Idling	500	1,000
050.001 Emergency Episode	1,000	2,000

II. Major Violations - Section 020.040

<u>Regulation</u>	<u>Violation</u>	<u>Source Category</u>	
		<u>Minimum</u>	<u>Maximum</u>
030.000	Construction/Operating without Permit (per major process system or unit/day)	\$ 5,000	\$ 10,000
030.1402	Failure to Comply with Stop Work Order	10,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	5,000	10,000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2,500	5,000
	All other Major Violations (per day or event)	\$10,000	\$ 10,000
030.000	Construction Without a Dust Control Permit		
	Project Size – Less than 10 acres	\$ 500 + \$50 per acre	
	Project Size – 10 acres or more	\$1,000 + \$50 per acre	

III. Major Violations - Section 030.107 Asbestos

A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 5,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 5,000 - \$10,000

**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

Company Name Paul's Handyman Service
Contact Name Paul Duminie

Case 1138 NOV 5389 Complaint CMP13-0153

Violation of Section 030.107 No Asbestos Assessment Prior to Demo

I. Base Penalty as specified in the Penalty Table = \$ 12,000

II. Severity of Violation/Intent

A. Public Health Impact

1. Degree of Violation

(The degree of which the person/company has deviated from the regulatory requirements)

Minor – 0.5 Moderate – 0.75 Major – 1.0 Adjustment Factor 1.0

2. Toxicity of Release

Criteria Pollutant – 1x

Hazardous Air Pollutant – 2x Adjustment Factor 1.0

3. Environmental/Public Health Risk (Proximity to sensitive environment or group)

Negligible – 1x Moderate – 1.5x Significant – 2x Adjustment Factor 1.0

Total Adjustment Factors (1 x 2 x 3) = 1.0

B. Adjusted Base Penalty

Base Penalty 12,000 x Adjustment Factor 1.0 = \$ 12,000

C. Multiple Days or Units in Violation

Adjusted Penalty 12,000 x Number of Days or Units 1.0 = \$ 12,000
Penalty assessed for one time event

D. Economic Benefit

Avoided Costs N/A Avoided costs of completing the required testing = \$ N/A

Penalty Subtotal – Recommended Fine

Adjusted Base Penalty \$ 12,000 + Economic Benefit \$ 0 = \$ 12,000

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%) +/- 0 %

B. Mitigating Factors (0 – 25%) +/- 0 %

1. Negotiated Settlement
2. Ability to Pay
3. Other (explain)

C. Compliance History

No Previous Violations (0 – 10%) - 0 %

Similar Violation in Past 12 months (25 - 50%) + _____ %
 Notice of Violation Citation #5313 Issued 10/23/12

Similar Violation within past 3 year (10 - 25%) + _____ %

Previous Unrelated Violation (5 – 25%) + _____ %

Total Penalty Adjustment Factors – sum of A, B, & C 0 %

IV. Recommended Fine

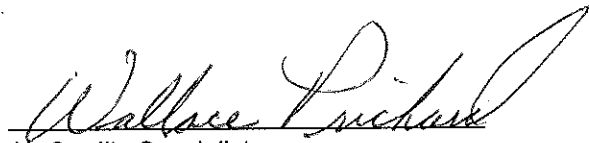
Penalty Adjustment:

<u>\$ 12,000</u>	x	<u>0</u> %	=	<u>\$ 0</u>
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)		Total Adjustment Value

Additional Credit for Environmental Investment/Training – N/A

Adjusted Penalty:

<u>\$ 12,000</u>	(-)	<u>\$ 0</u>	=	<u>\$ 12,000</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III)		Recommended Fine


 Air Quality Specialist

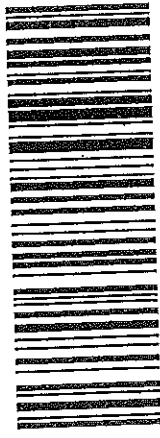
11-5-2013
 Date

AIR QUALITY MANAGEMENT - MEMORANDUM OF UNDERSTANDING
MAILED TO PAUL DUMINIE, PAUL'S HANDYMAN SERVICE
LOCATED AT 9775 RED ROCK ROAD, RENO NV 89506

SEND CERTIFIED MAIL 11-7-2013

THIS FORM WAS NEVER RETURNED TO THE AIR QUALITY OFFICE

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™



7011 2970 0004 2282 9455
 7011 2970 0004 2282 9455

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

AQFIN2300AL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

NOV 7 2013
 Reno NV
 11/7/13

Sent To: **PAUL DUMINIE** WP/mc
 Street, Apt. No.; or PO Box No.: **PAUL'S HANDYMAN SRV**
 City, State, ZIP+4: **9775 RED ROCK RD RENO NV 89506**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**PAUL DUMINIE
 PAUL'S HANDYMAN SRV
 9775 RED ROCK RD
 RENO NV 89506**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 ~~XXXXXXXXXX~~ Addressee

B. Received by (Printed Name) **Paul Duminie** C. Date of Delivery **11-12-13**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7011 2970 0004 2282 9455** WP/mc
 11/7/13

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1640

COMPLAINT INVESTIGATION REPORT
Washoe County Air Quality Management Division

Complaint Number: **CMP13-0153**

Complaint Status: NOV

Source of Complaint: INVESTIGATOR

Complaint Type: ASBESTOS

Date Received: 10/14/2013

Time: 10:17:00 AM

Inspector: JRESTORI

Inspector Area: 1

Complaint Description: NOV CITATION 5389, CASE 1138 - ASBESTOS ABATEMENT DONE WITHOUT PROPER NOTIFICATIONS

Address: 3917 CLEAR ACRE LN RENO

Location: APCHB MEETING 1-7-2014

Parcel Number: 02605101

Related Permit Number: ASB13-0873

Complainant:

JOHN MARTEN
BISON CONSTRUCTION
455 N US 395
WASHOE VALLEY, NV 89704

Responsible Party:

DANIEL PEARSON (OWNER)
11007 VIA TEMPRANO

SAN DIEGO, CA 92124
619-218-9305

Investigation:

Air Quality Specialist II's Wallace Prichard and Joshua Restori responded to the complaint by investigating the history of events that occurred at 3917 Clear Acre Lane #158. Specialist Prichard contacted the Nevada Contractors Board and notified them of the activity at 3917 Clear Acre Lane. Specialist's Prichard and Restori were contacted by John Rosa, Inspector with the Contractors Board. Specialist Restori worked with Investigator Rosa to interview the parties involved with the abatement and determined the following timeline of events.

March 4, 2013

2:30 p.m. Servpro of Reno East/Central Sparks Contacted by resident at 3917 Clear Acre Lane #158 due to a water leak from the toilet of the bathroom.

5:15 p.m. Servpro arrived on at 3917 Clear Acre Lane #158 to start drying process. Carpet, particle board subfloor and affected baseboard removed from the hall, living room, entry and master bedroom. The baseboard only was removed in all other areas affected. Samples of the drywall and linoleum were sampled for asbestos at this time by Adaptive Environmental Consulting. The "gypcrete" used to level the floors was not sampled according to AEC's report.

March 5, 2013

7:30 p.m. Servpro received the results of the asbestos bulk sample which indicated there was no asbestos present in the drywall but there was asbestos present in the linoleum/vinyl flooring and

mastic.

March 7, 2013

10:00 a.m. Servpro of Reno/East Central Sparks continued with the drying process in the areas that did not contain the linoleum/vinyl flooring. According to their report they removed the "gypcrete" from the hallway, master bedroom and living room. This process included the use of plastic in the doorways and using an air scrubber to minimize dust.

March 8, 2013

10:00 a.m. Servpro set up containment in the bedroom, living room, kitchen and bathroom and a dry saw was used to square the concrete floors where necessary. The cut pieces of concrete were bagged as were the dust from the saw cuts.

April 26, 2013-May 3, 2013

During Servpro's working period at 3917 Clear Acre Lane #158, an asbestos abatement bid was provided to the owner of the property, Daniel Pearson, by a company that Servpro works with in situations where asbestos is present. In addition, several other abatement companies were suggested to Mr. Pearson by Servpro. The bids were priced between \$4600.00 and \$6000.00 to abate the linoleum/ vinyl floors.

Sometime between March 8, 2013 and April 26, 2013, Roy Michael Uhl, prior tenant and Property Manager at 3917 Clear Acre Lane was asked by the Property Owner, Daniel Pearson, to find someone to abate the asbestos containing linoleum/vinyl floor in Unit #158. According to Mr. Uhl, the insurance company, Safeco, would not cover the cost of the asbestos inspection, abatement and final air clearances and therefore Mr. Pearson wanted Mr. Uhl to find someone to abate the floors at a lower price than the bids he received. Mr. Uhl stated he found Paul's Handyman Service in the Big Nickel, online. When Mr. Uhl met with Paul Duminie, of Paul's Handyman Service, Mr. Uhl asked Mr. Duminie if he could remove the linoleum/ vinyl floors but never checked the credentials of Mr. Duminie to determine if he was certified to abate asbestos. A bid of \$3200.00 was agreed upon by the two parties to remove the sink, toilet, cabinets, abate asbestos, subfloor disposal, including any permits or fees.

On April 26, 2013, \$3200.00 was transferred from Daniel Pearson to Thomas R. Lee Jr. via a Paypal account. According to Mr. Uhl, he did not have a Paypal account for Mr. Pearson to transfer money to, therefore he used an "acquaintance," Thomas R. Lee Jr.'s Paypal account. According to a hand written receipt and Mr. Uhl, \$1600.00 was paid to Mr. Duminie when he started the work on April 26, 2013 and \$1600.00 was paid upon completion of the work on May 3, 2013. Mr. Uhl stated that Mr. Duminie hired an additional worker by the name of Jabour Clark to help with the demolition. During my interview regarding the events between April 26, 2013 and May 3, 2013, Mr. Duminie stated he only removed and dumped the linoleum/vinyl floors and the cabinets. He stated he was paid less than \$900.00 to remove these items and was unaware that the floors contained asbestos. Mr. Duminie stated he was not certified to abate asbestos. He stated that Mr. Uhl hired two other workers, to help with the demolition but could not produce names.

July 16, 2013

Environmental Inspection and Control Services was hired by Dan Pearson to conduct final inspection and final clearance air monitoring following removal of linoleum/ vinyl flooring and mastic from the kitchen, entry and bathroom. The report indicated that the airborne fiber counts were well below the clearance air level of 0.01 f/cc, making the area "safe" to reoccupy according EICS.

October 14, 2013

John Marten of Bison Construction obtained an Acknowledgement of Asbestos Assessment (ASB13-0873) in order to complete the remodel at 3917 Clear Acre Lane #158. At this time, WCAQM realized that initial abatement paperwork was not filed with the Division indicating an abatement was going to take place.

It has been determined that Dan Pearson, the owner of the property, Roy Michael Uhl, the property manager and Paul Duminie, the owner of Paul's Handyman Service were all responsible for the asbestos abatement violations. All three individuals were issued a Notice of Violation.

Enforcement Activities

Warning Citation..:	Citation Number: 5389
NOV.....: 11/05/2013	NOV Number....: 0
	Case Number.....: 1138
Settlement.....:	Amount.....: \$0.00
Appealed.....:	
Upheld.....:	Amount.....: \$0.00

Status Information

Initialized By.....: MAMES	Completed Date...:
Date Assigned.....: 10/14/2013	Completed By.....:

Complaint Investigation Report

Asbestos Abatement done without Proper Notification

10/17/13

Called Dan Pearson, property owner, and he indicated all of the work was managed by Roy Uhl, the Property Manager. Mr. Pearson stated that a check was issued to Roy Uhl to manage and complete the work. He stated that the check was issued to pay Paul's Handyman Service for the work completed at 3917 Clear Acre Lane in Reno, NV.

Spoke with Roy Uhl over the phone. Mr. Uhl stated that Paul's Handyman Service completed all of the work at 3917 Clear Acre Lane. He stated that Paul Duminie, owner of Paul's Handyman Service showed him a business license for Reno/Sparks and certifications for asbestos removal. I asked Mr. Uhl how he paid Mr. Duminie for the demolition work at 3917 Clear Acre Lane. He stated that Mr. Duminie did not have a checking account and therefore he had to pay him in cash. Mr. Uhl stated that he was uncomfortable giving Mr. Duminie cash for the work; therefore he set up a Paypal account payment from Dan Pearson, the owner of the property. I then asked Mr. Uhl if the payment came from Mr. Pearson's Paypal account to his Paypal account. Mr. Uhl stated that he did not have a Paypal account, therefore he used the Paypal account of an acquaintance of his, but he did not provide his name.

12:15 p.m.

Called City of Reno Business Licensing and spoke with Lucy regarding Paul's Handyman Service. She provided the following information:

Paul's Handyman Service

9775 Red Rock Road
Reno, NV 89506
(775) 378-9314
License# A122765
Expires: May 31, 2014

10/18/13

9:00 a.m.

I contacted John Rosa, Investigator with State of Nevada Contractors Board, and coordinated to meet with him outside of Paul Duminie's residence before meeting with Mr. Duminie. Mr. Rosa and I briefly discussed and shared information that we gathered regarding the work conducted at 3917 Clear Acre Lane. Mr. Rosa and I then met with Paul Duminie, owner of Paul's Handyman Service, and Paul's wife Cindy Clark, inside Mr. Duminie's residence. During our questioning, Mr. Duminie admitted to removing the linoleum in the kitchen and the bathroom and removing cabinets in the kitchen. Mr. Duminie stated he was not informed of any asbestos containing materials in the apartment. When asked about the disposal of the linoleum flooring, Mr. Duminie stated he had disposed of the material at the dump. Mr. Duminie stated that he is not certified in asbestos abatement. When asked about the lightweight

concrete floor removal under the linoleum, Mr. Duminie stated there were two other laborers present during the demolition which were hired by the Property Manager, Roy Michael Uhl, to assist in other demolition activities. Mr. Duminie stated that they one of the laborers went as far as asking him for money for the bus so that he could return home at the end of the day. Mr. Duminie stated months after the work was complete, Mr. Uhl, contacted him to produce an official receipt for the work but Mr. Duminie stated that he only used receipts with carbon copies from a receipt book.

3:00 p.m.

I met with John Rosa at the residence of Thomas Lee, the Paypal account holder and acquaintance of Roy Uhl. We asked him questions regarding the work completed at 3917 Clear Acre Lane. When asked about his role in the project, he stated that he had the Paypal account used to pay Paul's Handyman Service for the work. He stated that he was at the job site a few times, one of the times being the time when he handed the money to Roy Uhl. When asked if the full \$3200.00 was paid to Paul's Handyman Service, he stated that he witnessed all of the money handed from Roy Uhl to Paul Duminie. He stated he had never seen the computer generated receipt provided by Daniel Pearson, the owner of the property. When asked if there were any other people working at the job site, he stated that there were a couple of other people, but gave no specifics.

10/22/30

10:40 a.m.

I called Servpro of Reno East/Central Sparks to discuss the work conducted at 3917 Clear Acre Lane Apt. 158. I spoke with Mike Grashuis about their involvement with the cleanup and restoration at the apartment. I asked Mr. Grashuis if it would be alright if I came by their business to discuss the matter further and he agreed to meet me immediately. Mr. Grashuis provided a job diary for the work conducted at 3917 Clearacre Lane # 158. Mr. Grashuis stated that they were called to the apartment by Michelle, the tenant, on March 4th due to a leak from the bathroom that had spread to the living room, hallway, kitchen and entryway. Servpro arrived at the house on 3/4/13 at 5:15 p.m. to start drying the apartment. At that point, Adaptive Environmental Consulting was called to the apartment to conduct a "Preliminary Asbestos Inspection Report" and take samples. According to the report, 4 samples were taken to be analyzed for asbestos: drywall from the bathroom and hall and vinyl from the kitchen and bathroom floor. The vinyl flooring samples were the only samples which came back positive for asbestos. Mr. Grashuis stated that since the vinyl floors did contain asbestos, they did not conduct any demolition in those areas associated with the floor. Mr. Grashuis stated that they did remove lower sections of drywall throughout the flooded area since it did not contain asbestos in order to dry out any of the affected structure. In addition, Mr. Grashuis said that Servpro removed the carpet and pad in the hallway and the living room, and the gypcrete flooring in the living room (approximately 70 square feet) in order to dry out the room appropriately. I asked him if the floors were tested for asbestos before removing them and he said that they were not. Mr. Grashuis stated that Servpro was not able to completely dry the floors in the entryway, bathroom and kitchen without removing the linoleum so he suggested a few certified vendors to Dan Pearson, the owner, to have the ACM removed, and in one case, provided an estimate to Mr. Pearson. Mr. Grashuis then asked Mr. Pearson which vendor he was going to use to remove the ACM and Mr. Pearson would not give him an answer. Mr. Grashuis then stated that once the hallway and living room were dry, there was no more work for Servpro at the apartment to complete since the vinyl floor was still present, so they pulled out of the residence. I thanked Mr. Grashuis for his information and left Servpro's location.

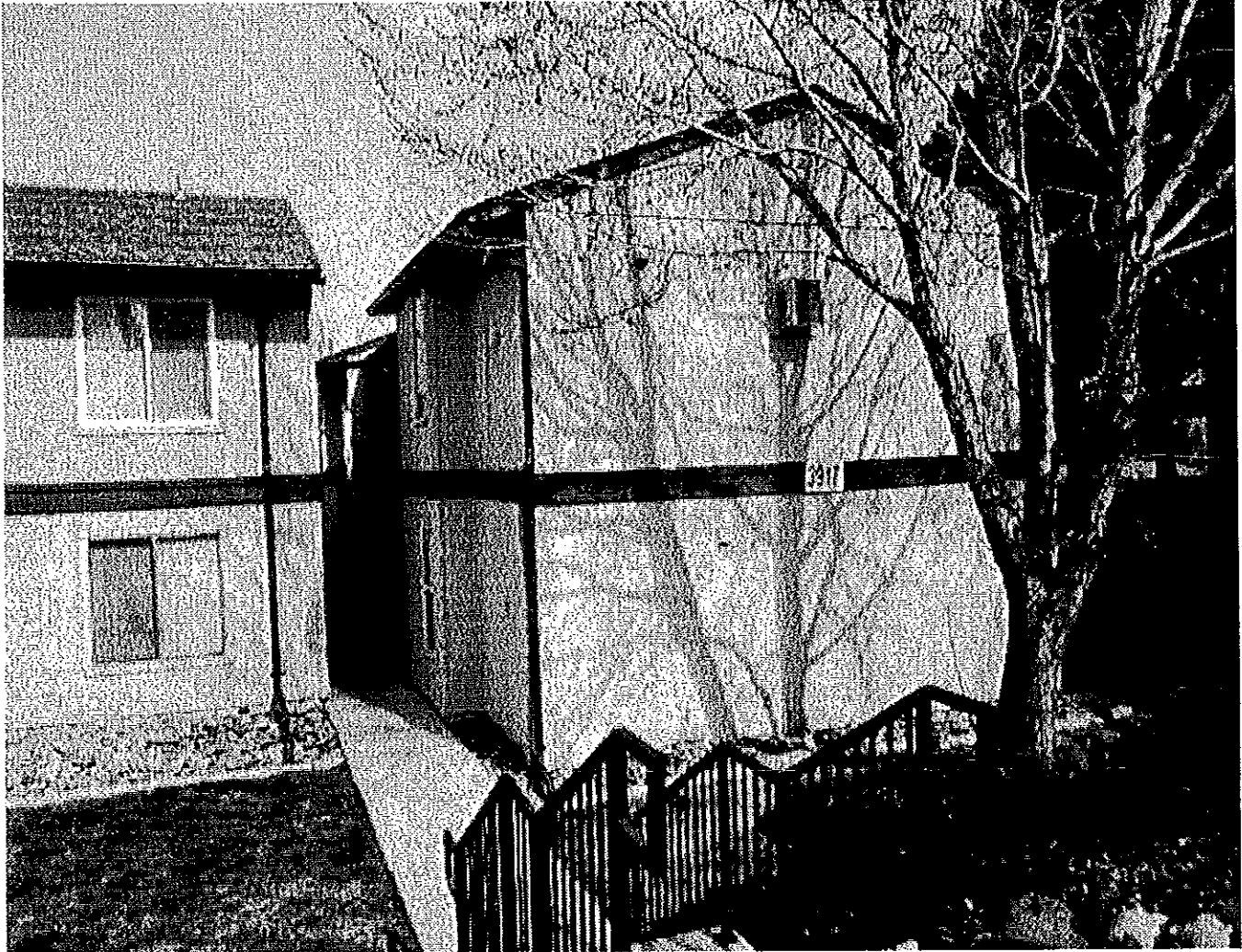
10/23/13

2:00 p.m.

I met with John Rosa, Investigator with the State Contractors Board and Michael Roy Uhl, Property Manager at 3917 Clear Acre Lane at the State Contractors Board. Mr. Uhl stated he found Paul's Handyman Service in the Big Nickel online. Mr. Uhl stated that several bids to abate asbestos were provided to, Daniel Pearson, the owner of the building, but that Safeco, the insurer of the building would not pay for asbestos testing, abatement and final air clearances. It was Mr. Uhl's assumption that Mr. Pearson wanted to have the abatement completed at a lower price because of the lack of insurance assistance. Mr. Uhl provided photographs of Paul's Handyman Service's business licenses for The City of Sparks and Reno. When I asked Mr. Uhl about verifying Paul's Handyman Service's ability to abate asbestos, Mr. Uhl stated that Mr. Duminie stated that he was certified, but did not provide any credentials. Mr. Uhl's proof that Mr. Duminie completed all of the demolition work at 3917 Clear Acre was a hand written receipt with Mr. Duminie's signature indicating he received half of the agreed upon \$3200.00 on April 26, 2013 and received the final payment on May 3, 2013. When asked about the association with Thomas Lee, the holder of the Paypal account, he stated that Mr. Lee was an acquaintance and past client of Mr. Uhl's. Mr. Uhl was then asked if there were any other individuals at the job site with Mr. Duminie and he stated that Mr. Duminie hired Jabour Clark to help with the demolition. When asked about the computer generated invoice provided by Daniel Pearson, he stated that a cleaner invoice was necessary for the insurance company so Mr. Duminie met with Mr. Uhl at Office Depot on North McCarran to produce the receipt. When asked about the address and phone number of Paul's Handyman Service on the receipt he stated that the address was the address of Mr. Uhl's storage unit on Wrondel Lane and the phone number was the number of Thomas Lee, the Paypal account holder.

PHOTOGRAPHS TAKEN BY CHRIS GUELLER, PROVIDED BY
SAFECO INSURANCE
RE: WORK PERFORMED AT 3917 CLEAR ACRE LANE, RENO NV 89512

DATED SEPTEMBER 9, 2013



27 087
Side of unit

Date Taken: 3/7/2013

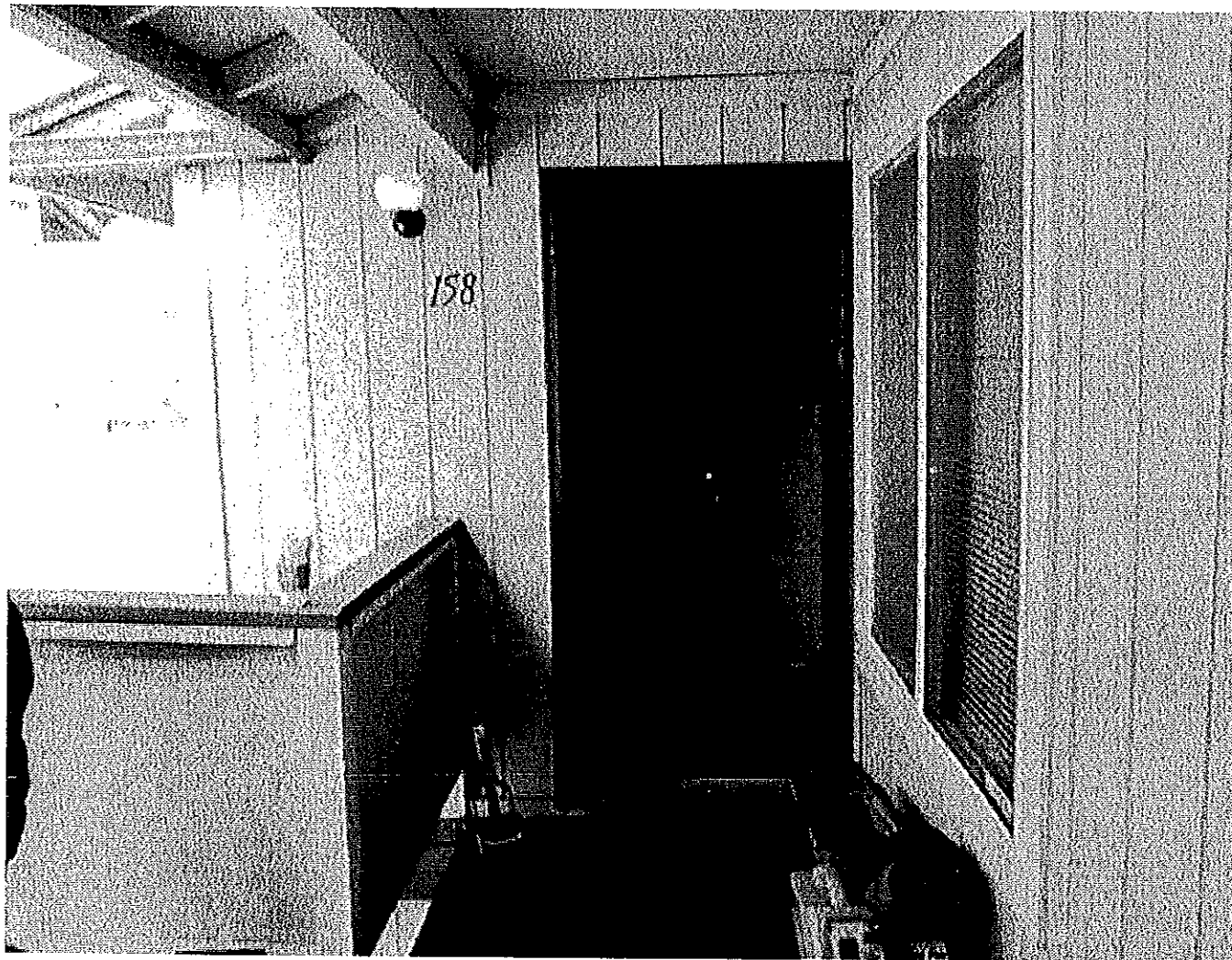
Taken By: Chris Gueller



28 089
Back of unit

Date Taken: 3/7/2013

Taken By: Chris Gueller

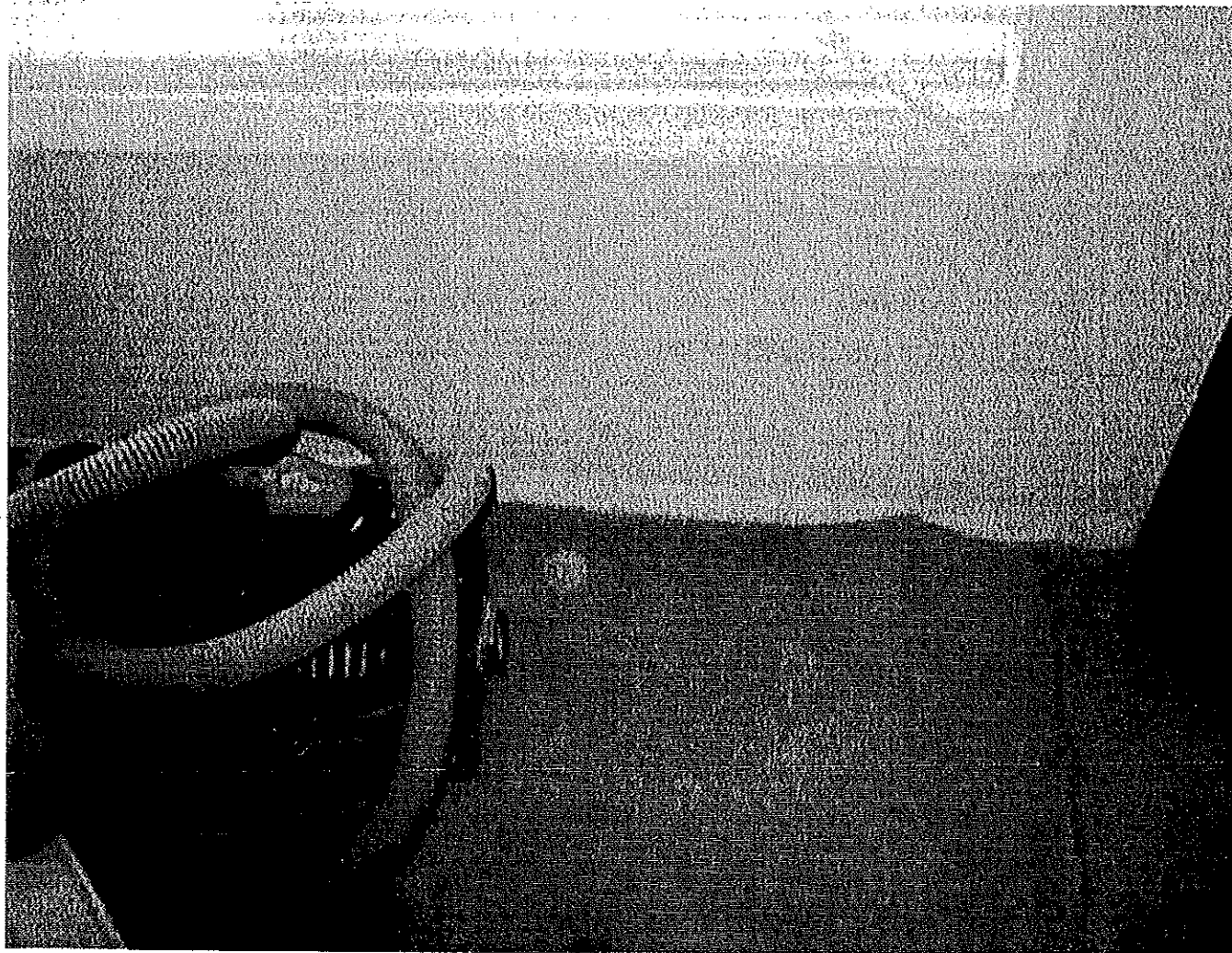


1

Date Taken: 3/7/2013

Taken By: Chris Gueller

Front of insured unit



2

027

Date Taken: 3/7/2013

Taken By: Chris Gueller

Drywall ready to be cut for dryout



3

028

Date Taken: 3/7/2013

Taken By: Chris Gueller

1 3/4" floor leveling compound installed after drywall



4

029

Date Taken: 3/7/2013

Taken By: Chris Gueller

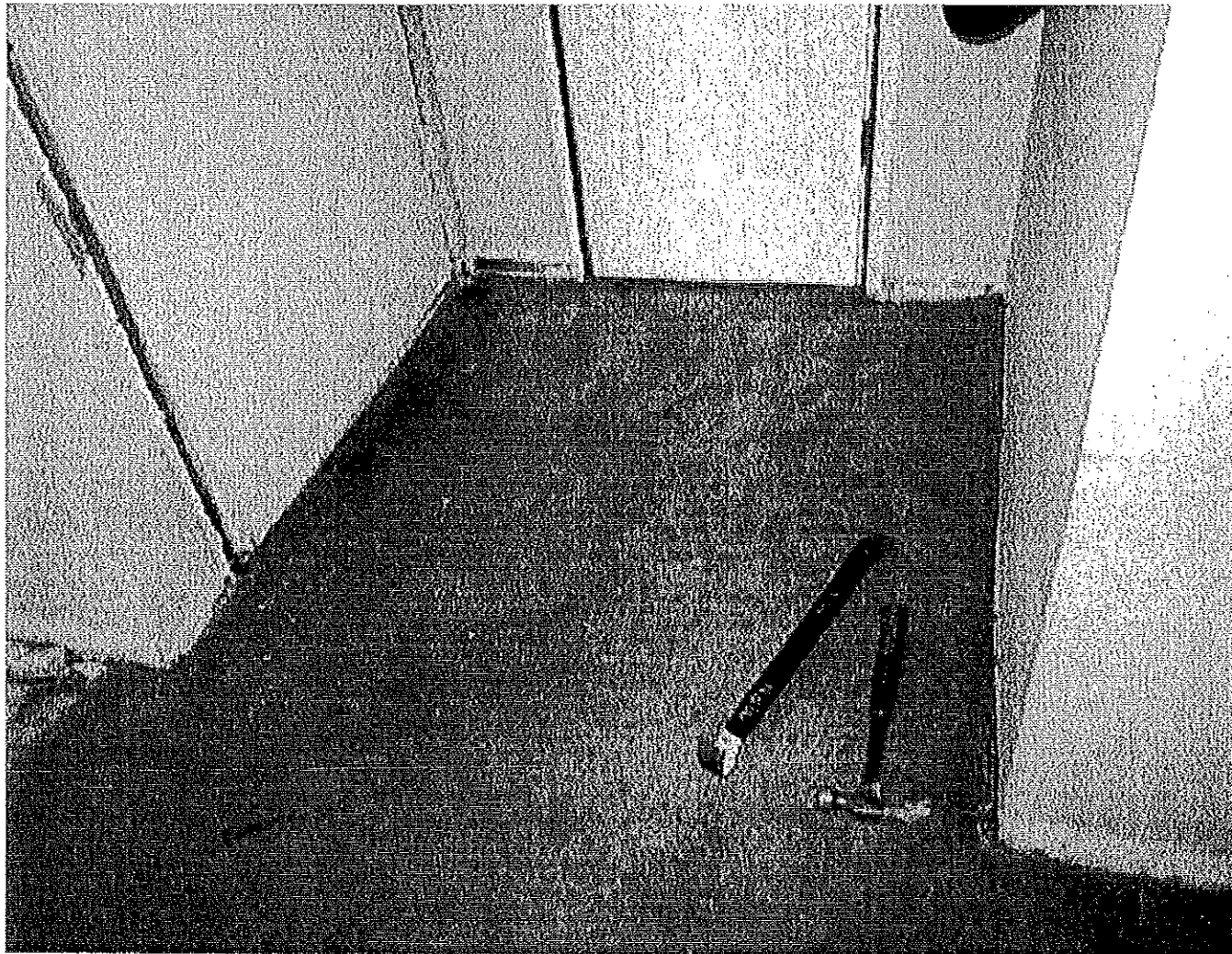
1 3/4" floor leveling compound installed after drywall



5 031
Utility room

Date Taken: 3/7/2013

Taken By: Chris Gueller



6 032
Entry hallway

Date Taken: 3/7/2013

Taken By: Chris Gueller



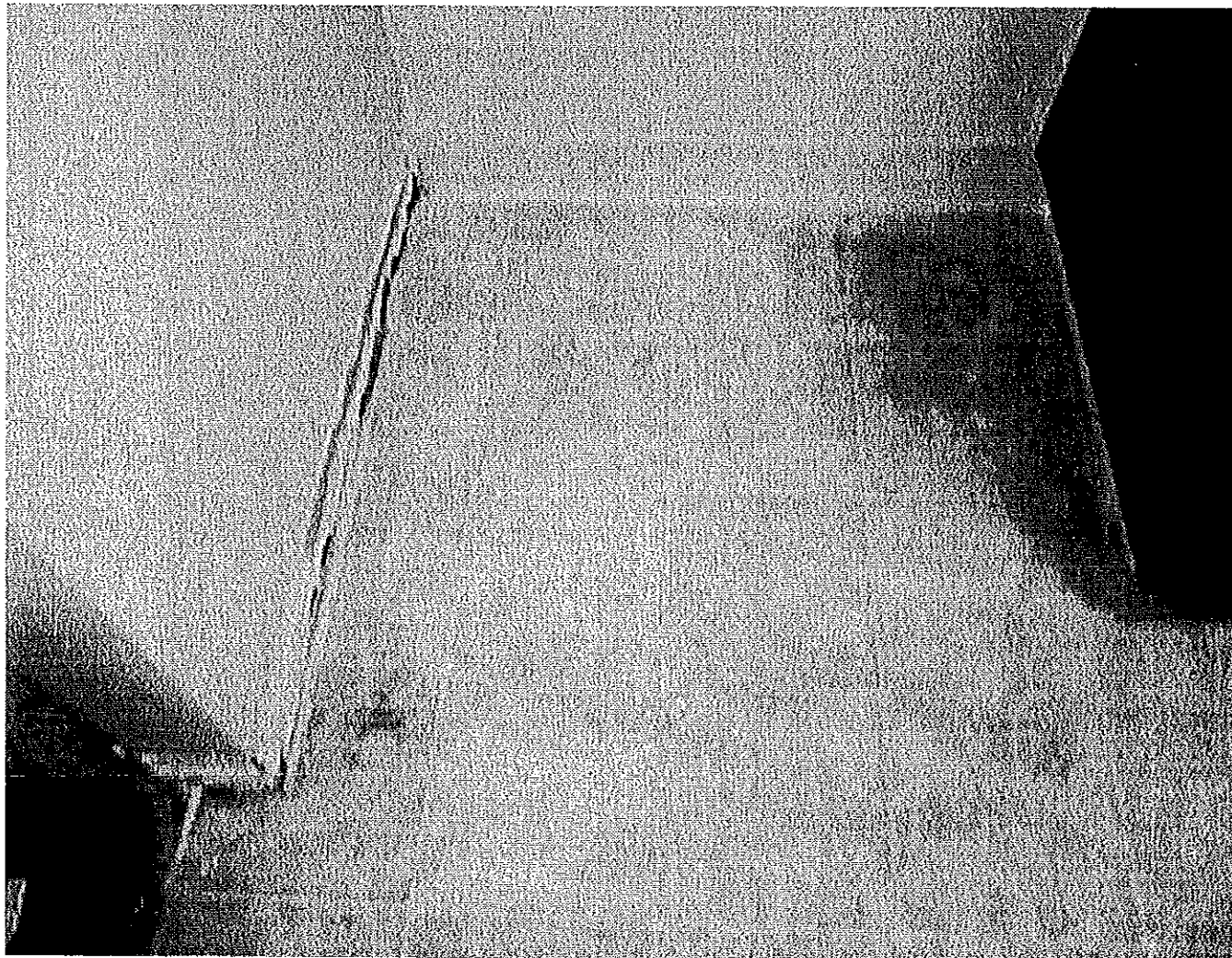
7

033

Date Taken: 3/7/2013

Taken By: Chris Gueller

Kitchen flooring



8 034 Date Taken: 3/7/2013 Taken By: Chris Gueller
Damage to kitchen flooring



9 036
Hallway

Date Taken: 3/7/2013

Taken By: Chris Gueller



10 037
Bathroom floor

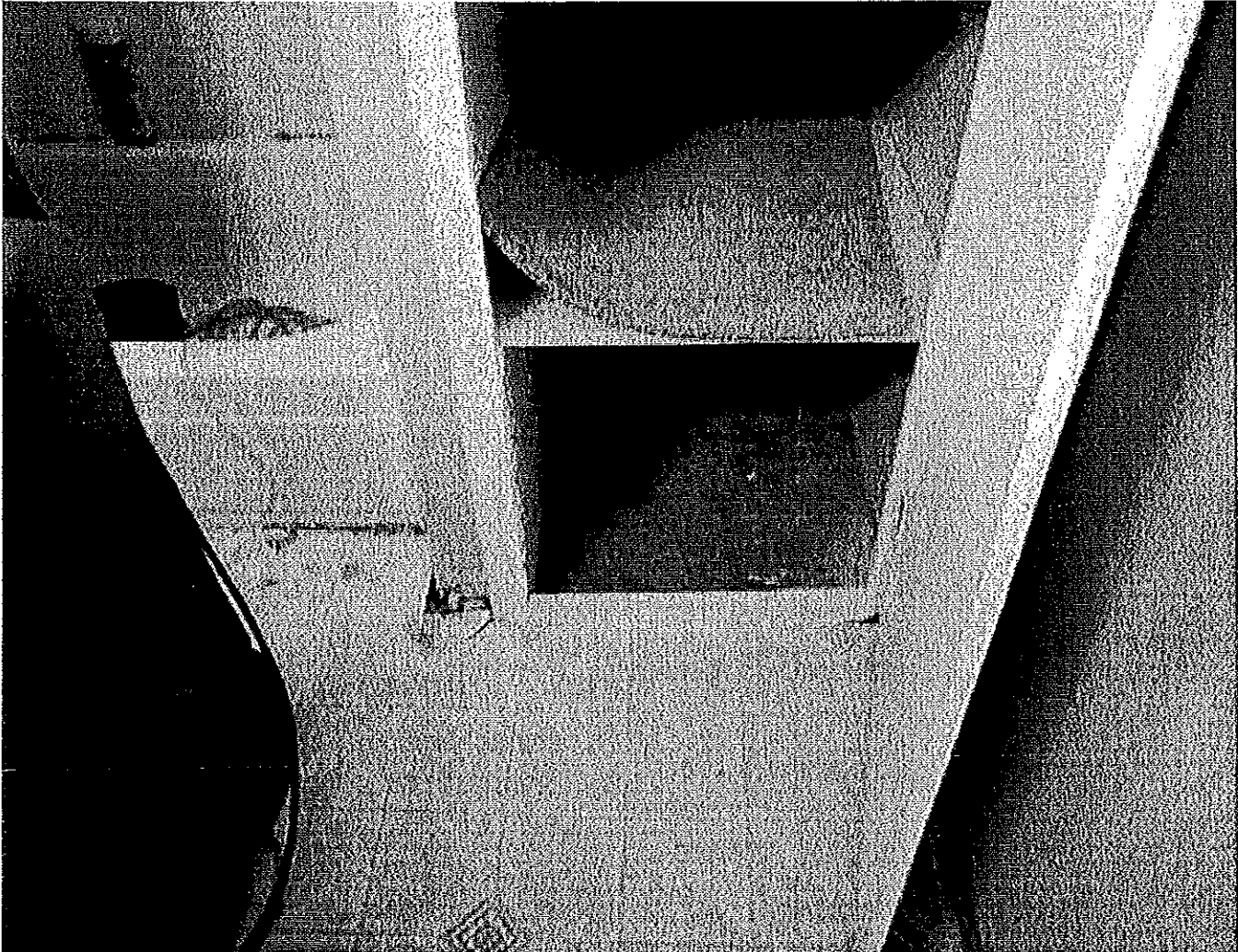
Date Taken: 3/7/2013

Taken By: Chris Gueller

Safeco

Insurance^{1st}
Member of Liberty Mutual Group

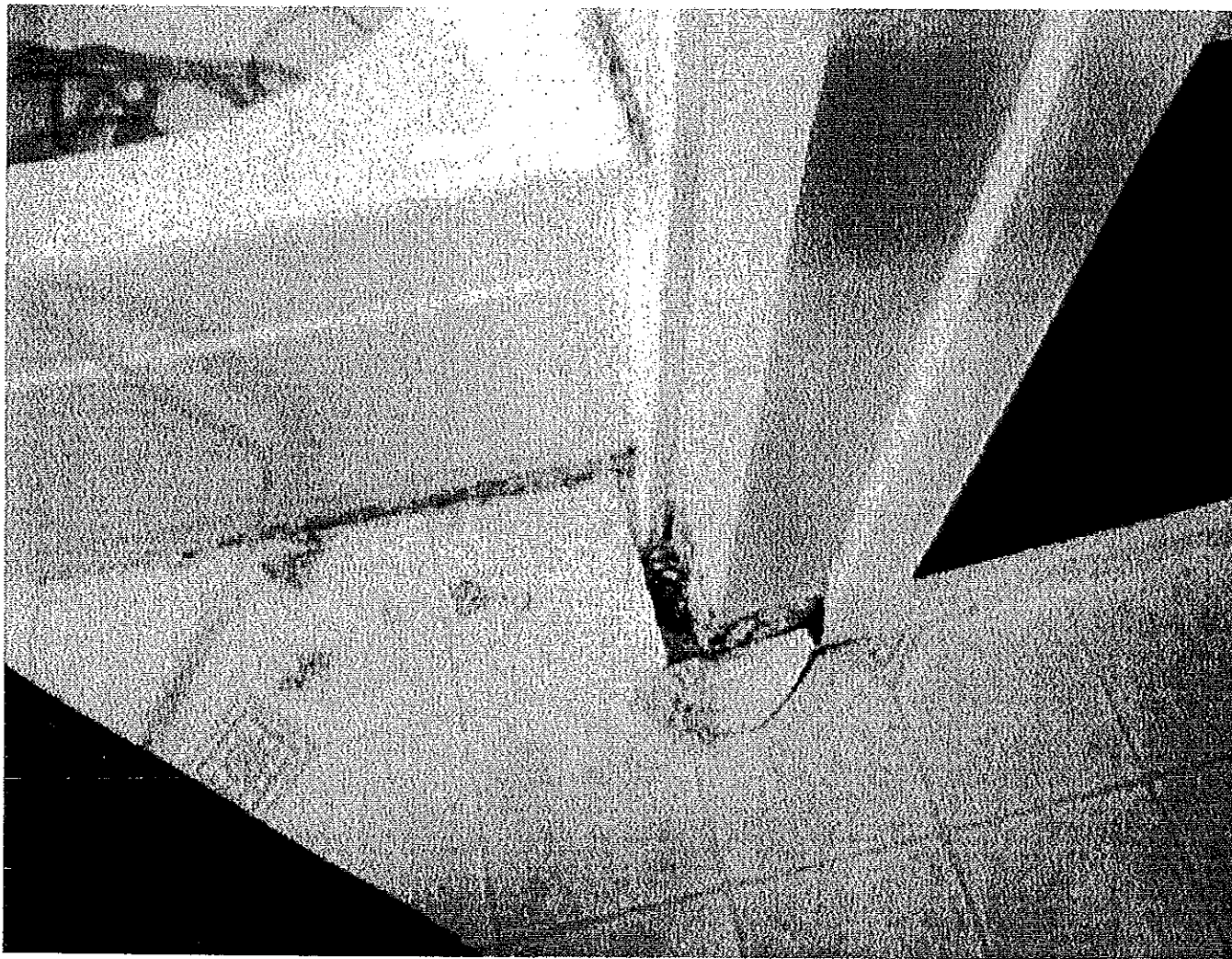
P.O. Box 515097
Los Angeles, CA 90051-5097
Phone: 1-800-332-3226
Fax: 1-888-268-8840
Document Submission: prpclm@safeco.com



11 038
Bathroom closet

Date Taken: 3/7/2013

Taken By: Chris Gueller

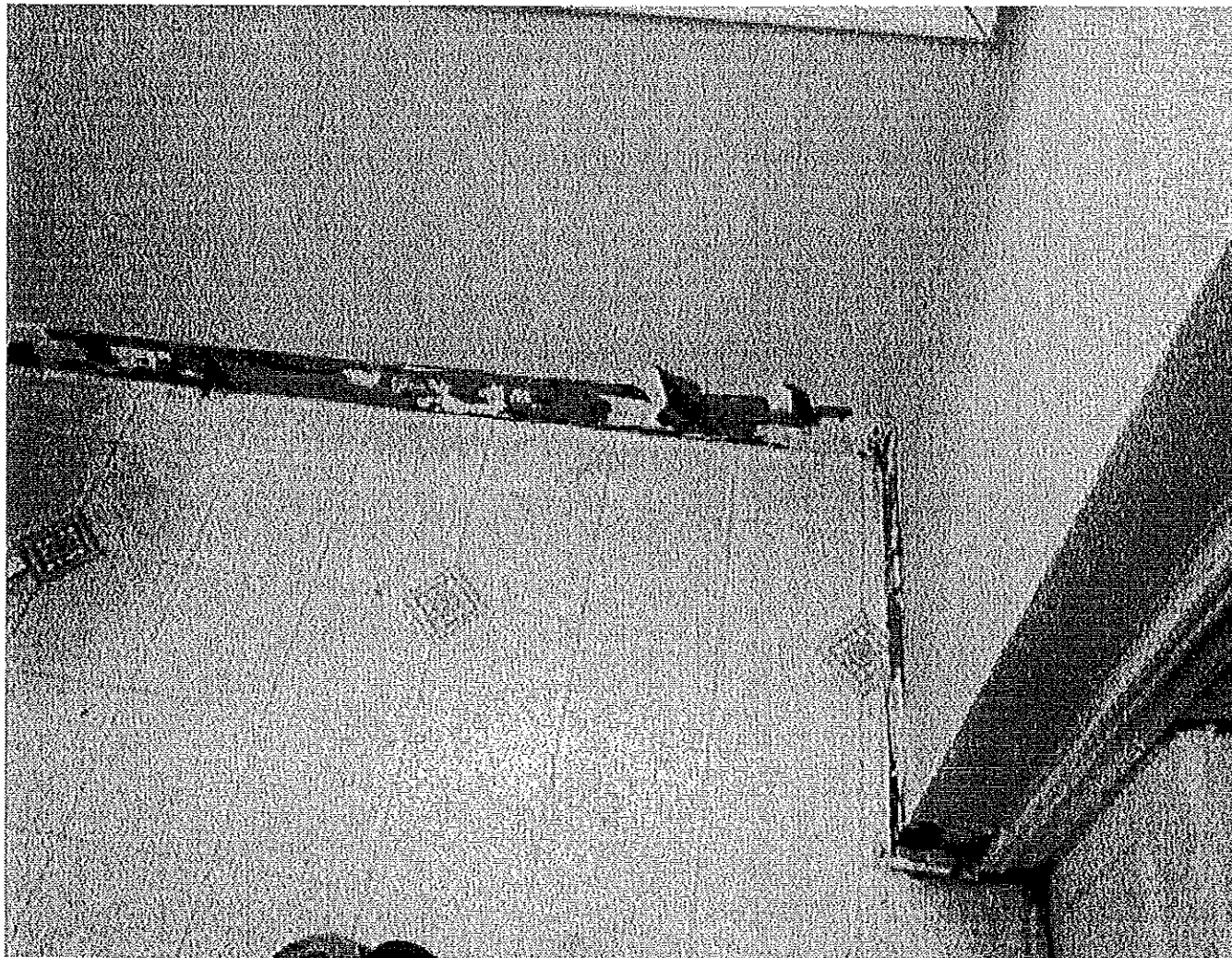


12 039

Date Taken: 3/7/2013

Taken By: Chris Gueller

Damage to bathroom floor



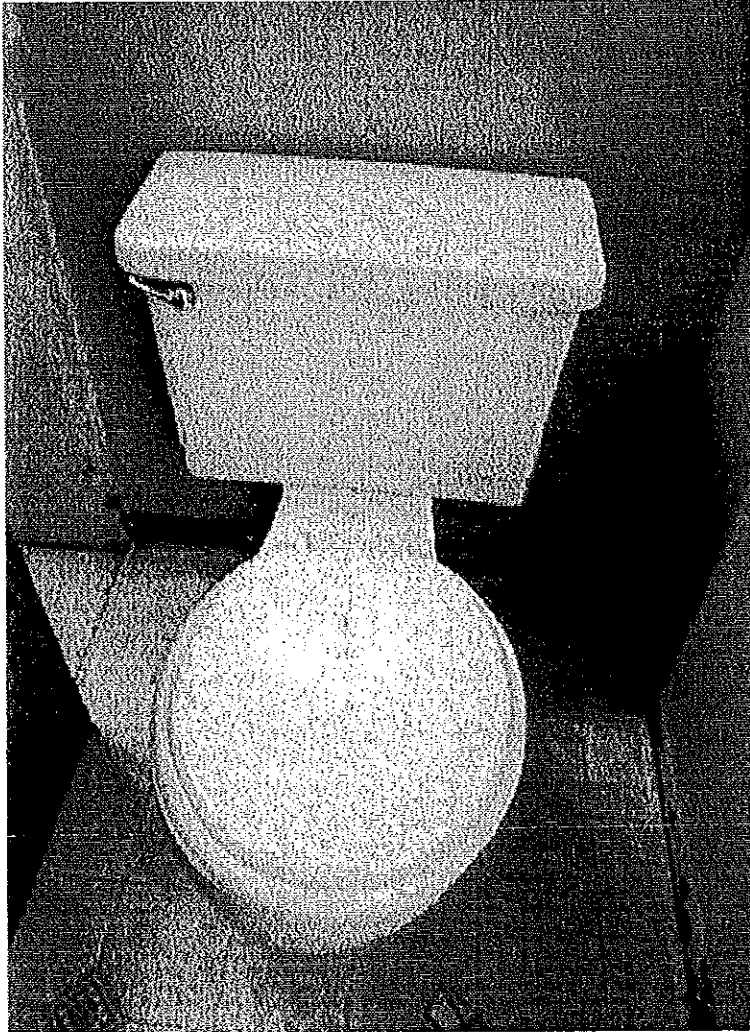
13

041

Date Taken: 3/7/2013

Taken By: Chris Gueller

Damage to bathroom floor and drywall



14

043

Date Taken: 3/7/2013

Taken By: Chris Gueller

Source of leak toilet seal between base and tank

Safeco

Insurance
Member of Liberty Mutual Group

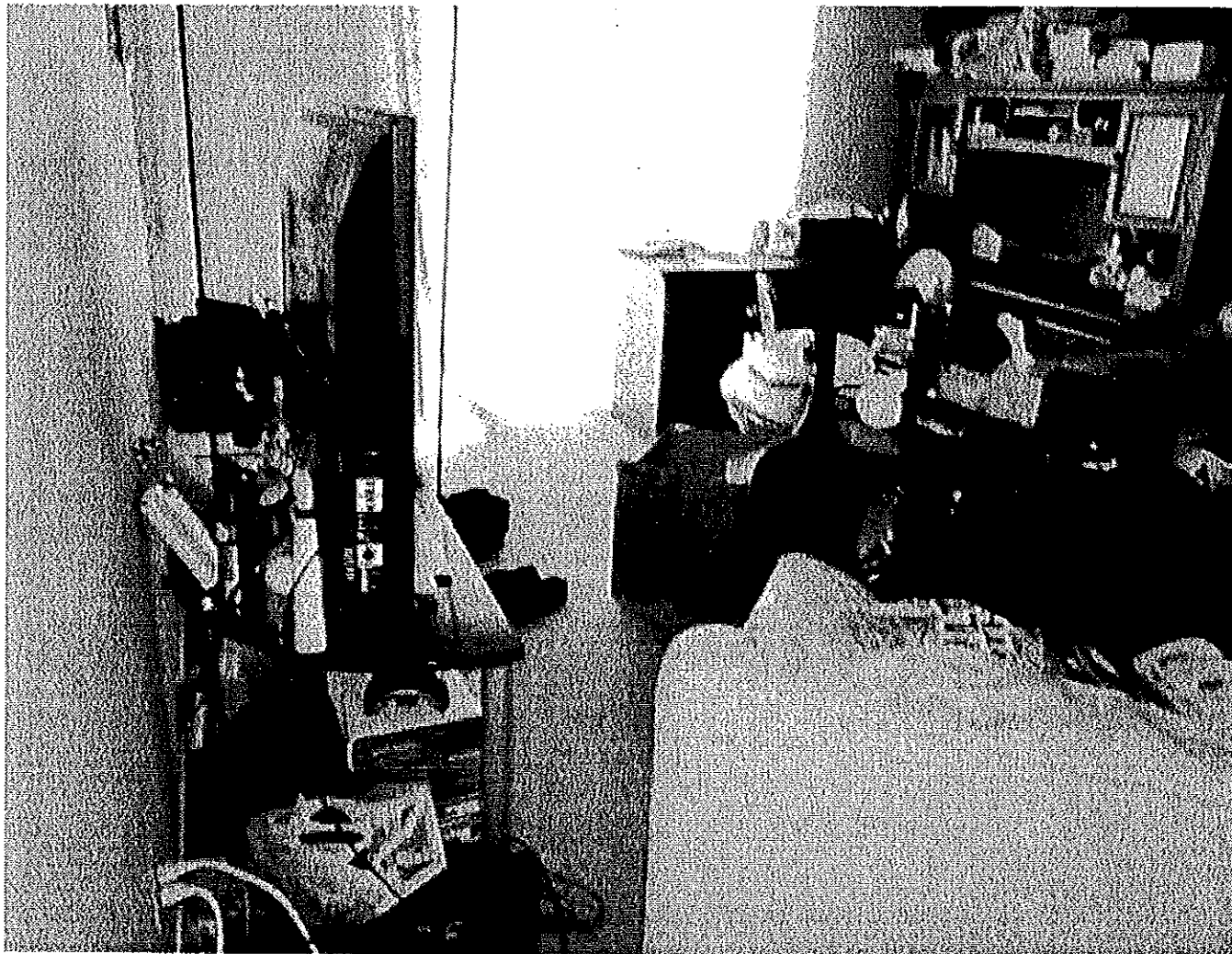
P.O. Box 515097
Los Angeles, CA 90051-5097
Phone: 1-800-332-3226
Fax: 1-888-268-8840
Document Submission: prpclm@safeco.com



15 044
Vanity removed

Date Taken: 3/7/2013

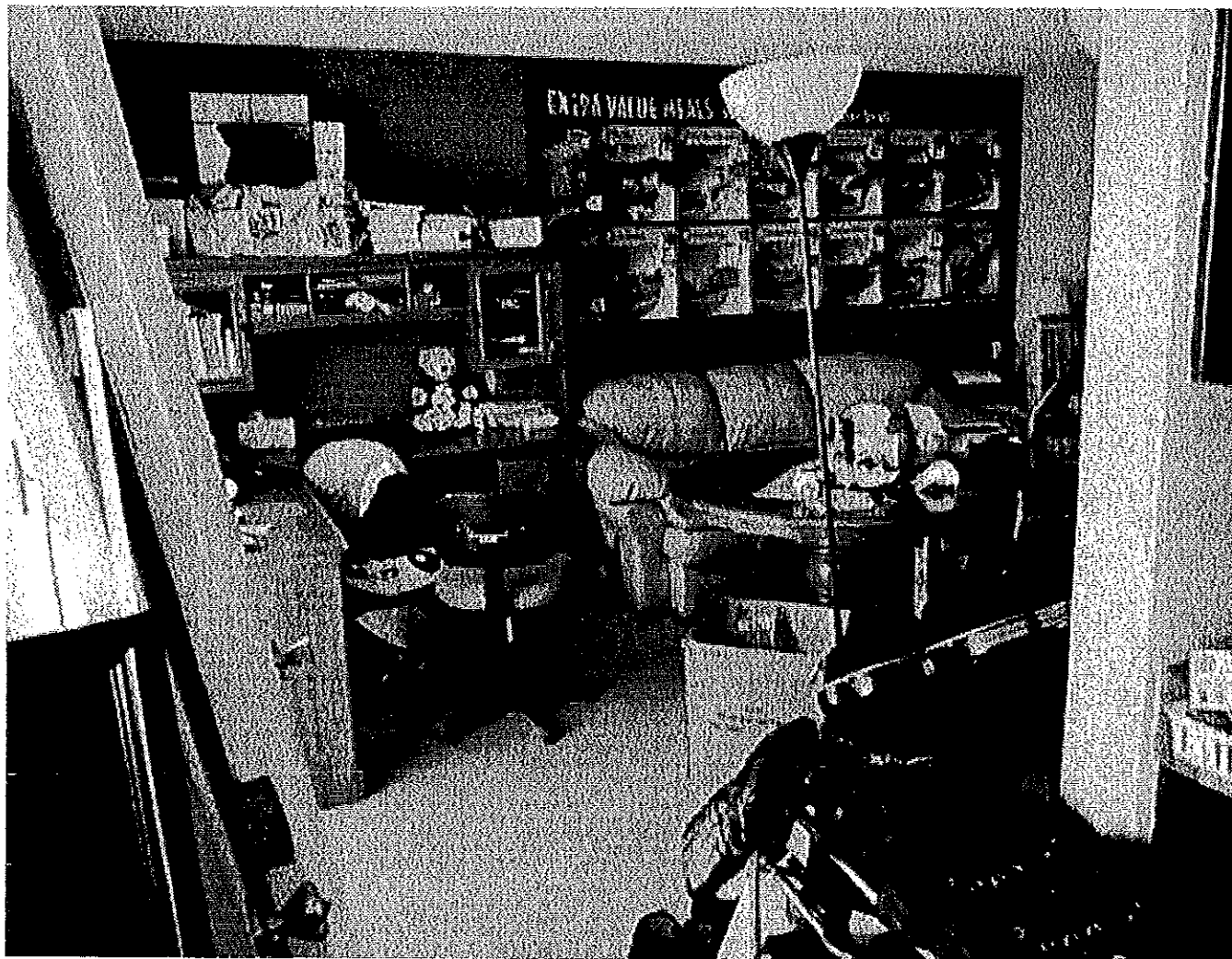
Taken By: Chris Gueller



16 050
Living room

Date Taken: 3/7/2013

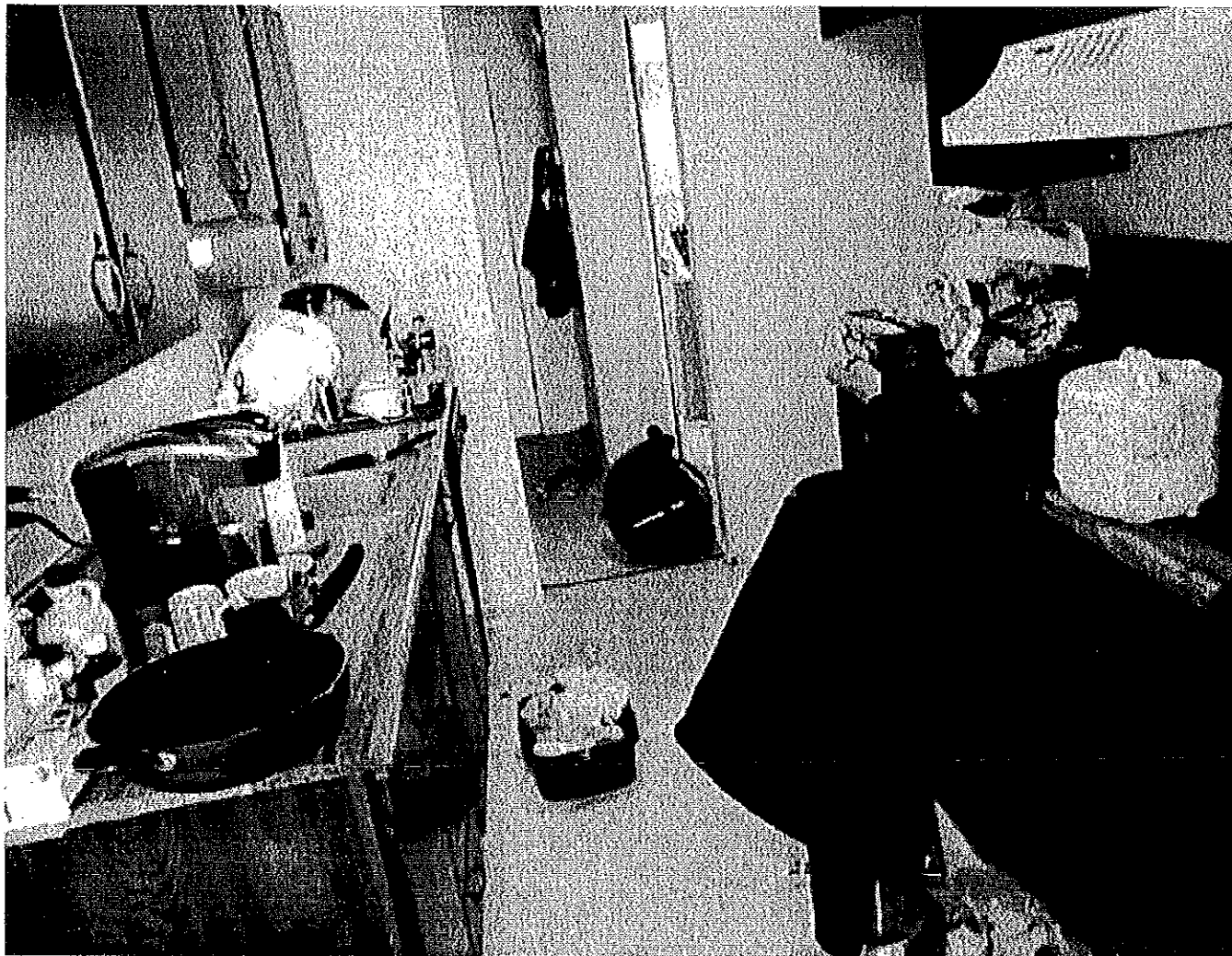
Taken By: Chris Gueller



17 051
Living room

Date Taken: 3/7/2013

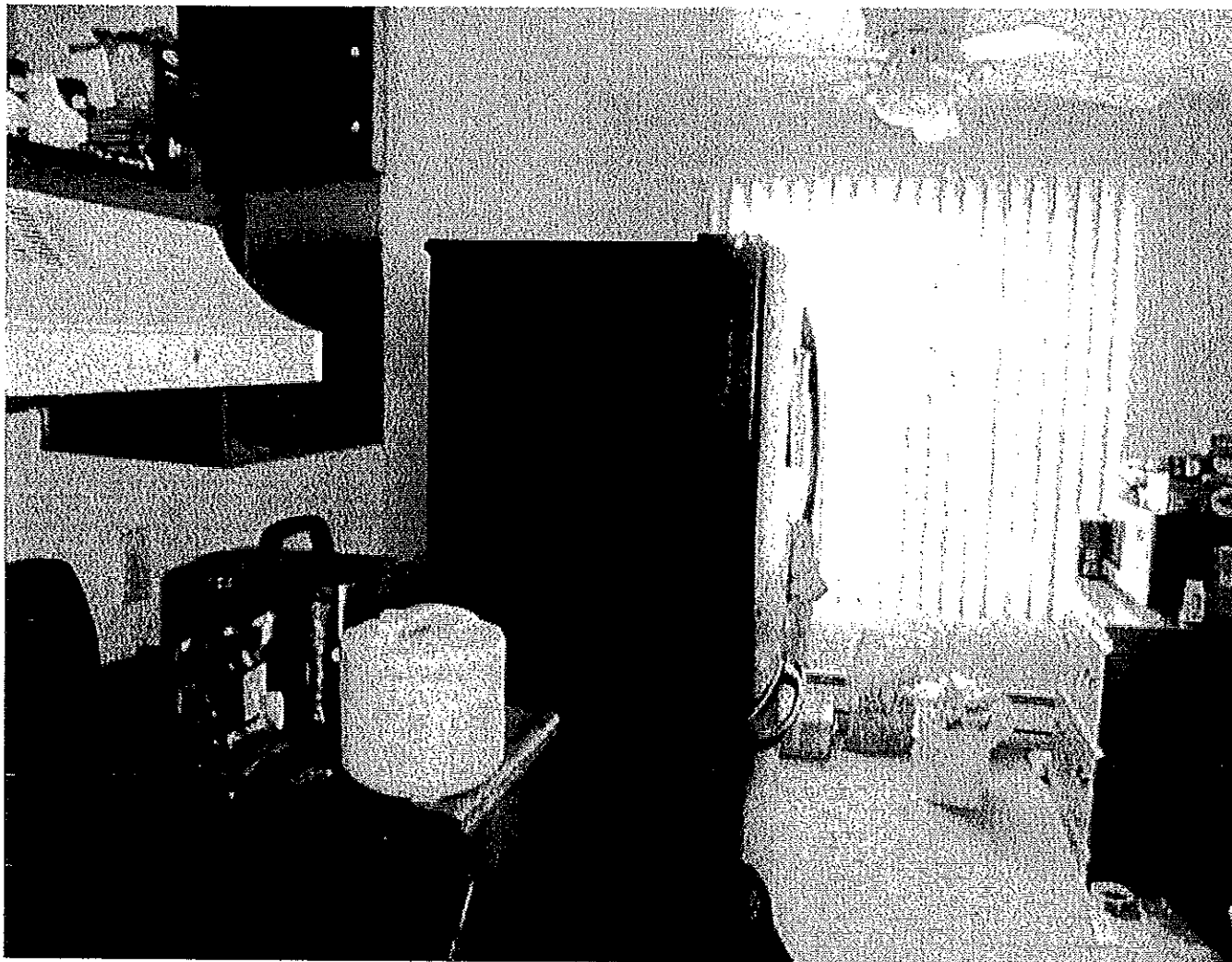
Taken By: Chris Gueller



18 052
Kitchen

Date Taken: 3/7/2013

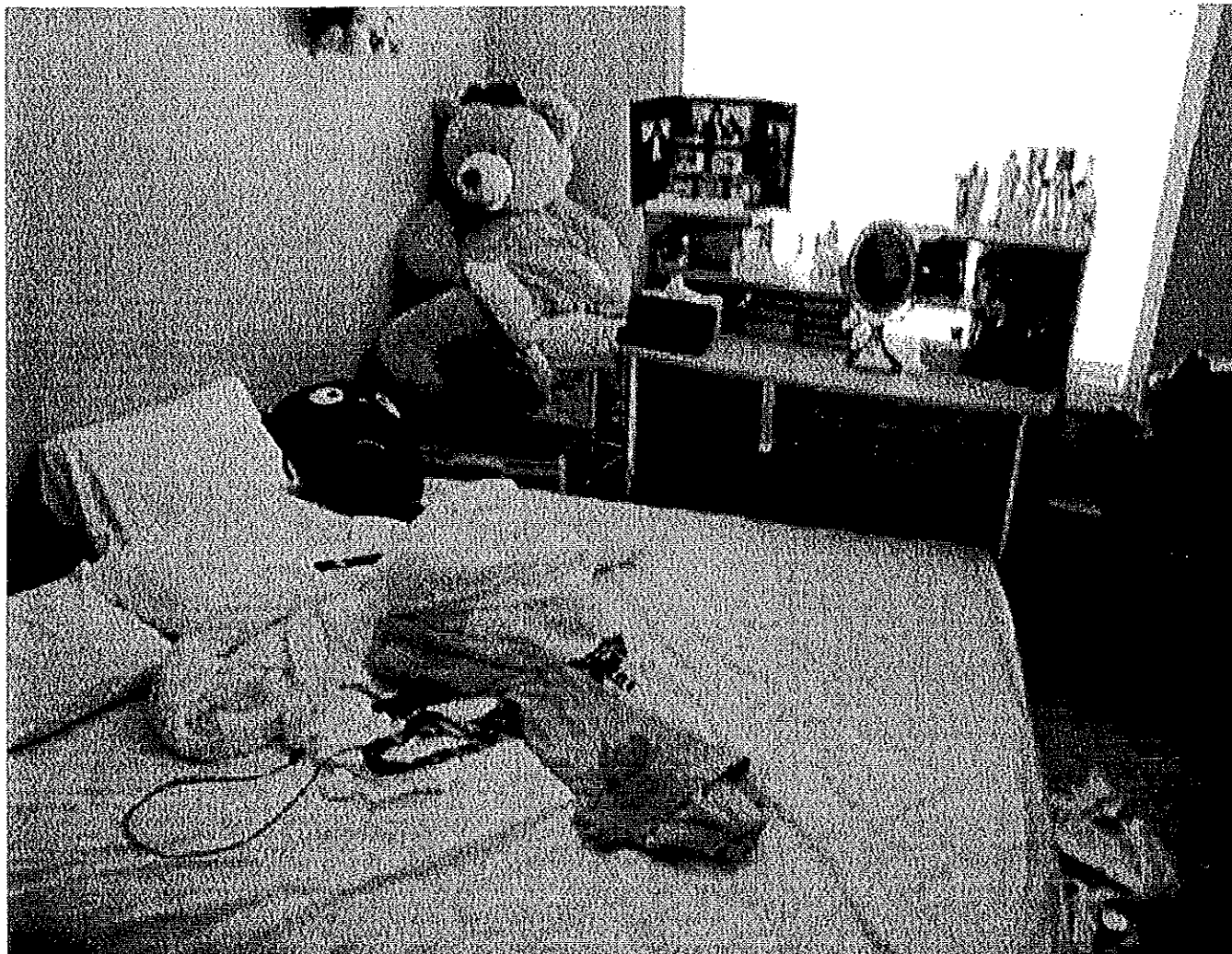
Taken By: Chris Gueller



19 058
Dining room

Date Taken: 3/7/2013

Taken By: Chris Gueller



20 064
Bedroom

Date Taken: 3/7/2013

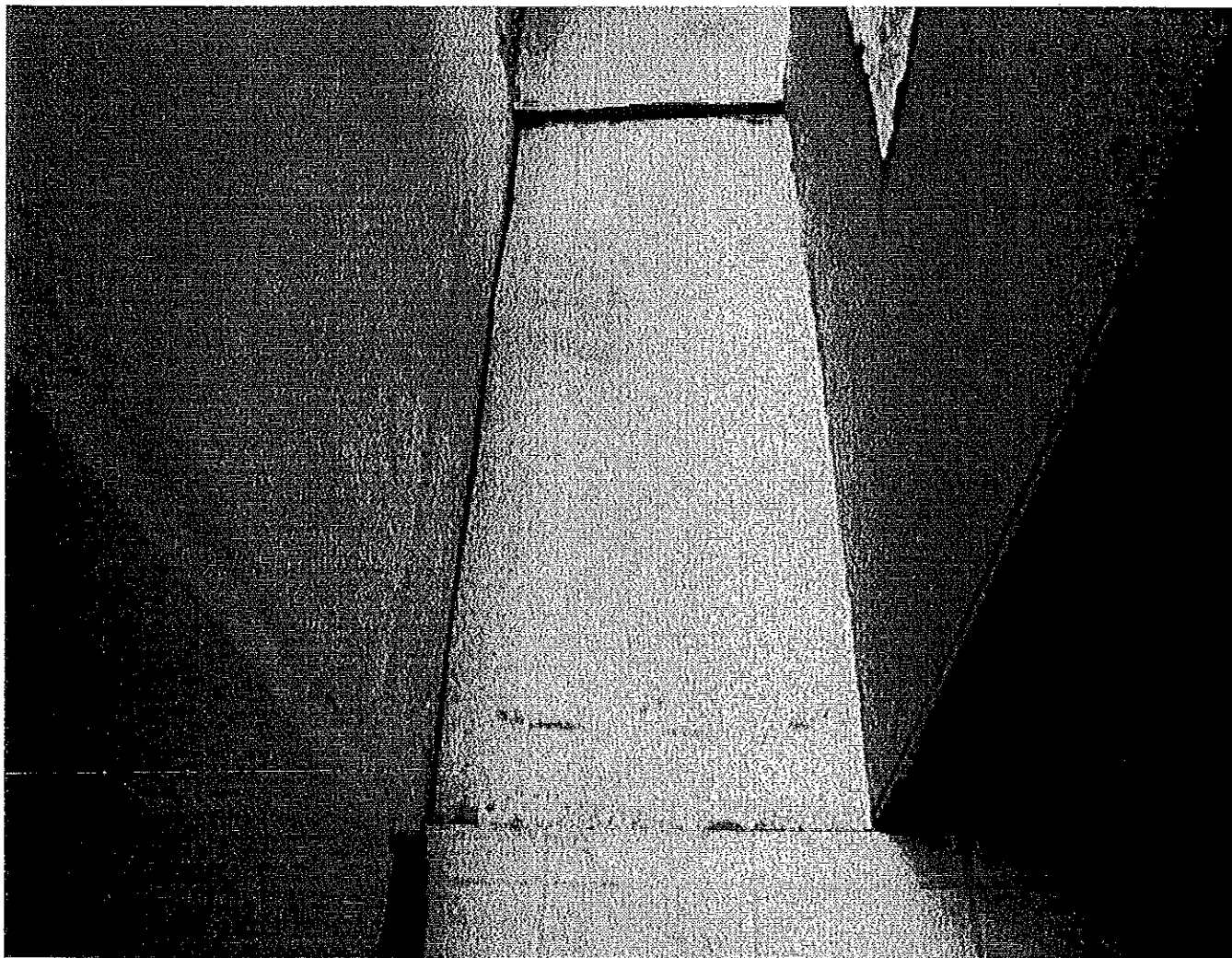
Taken By: Chris Gueller



21 067
Walk- in closet

Date Taken: 3/7/2013

Taken By: Chris Gueller



22

071

Date Taken: 3/7/2013

Taken By: Chris Gueller

Prior layer of flooring, tested positive for asbestos and will have to be removed prior to repairs



23

074

Date Taken: 3/7/2013

Taken By: Chris Gueller

Source of leak toilet seal



24 081
Bedroom

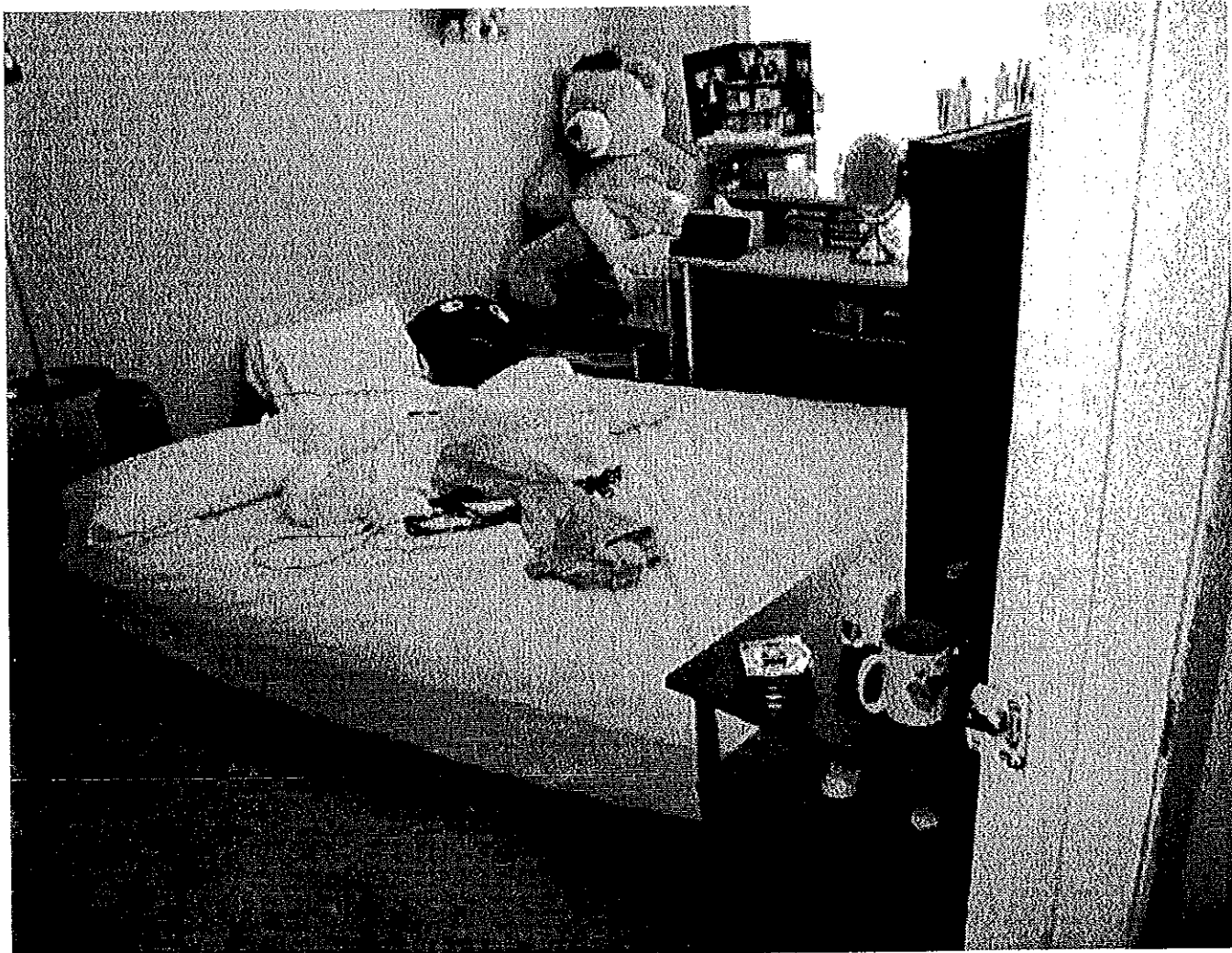
Date Taken: 3/7/2013

Taken By: Chris Gueller

Safeco

Insurance^{USA}
Member of Safeco Group

P.O. Box 515097
Los Angeles, CA 90051-5097
Phone: 1-800-332-3226
Fax: 1-888-268-8840
Document Submission: prplm@safeco.com



25 082
Bedroom

Date Taken: 3/7/2013

Taken By: Chris Gueller



26

085

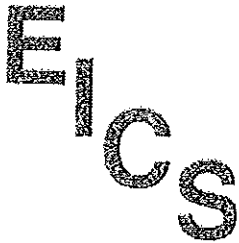
Date Taken: 3/7/2013

Taken By: Chris Gueller

Exterior entry, insured is upper unit

ENVIRONMENTAL INSPECTION & CONTROL SERVICES - ASBESTOS AIR SAMPLING
ASSESSMENT
DATED JULY 16, 2013
AND
ASBESTOS TEM LABORATORIES INC - FINAL CLEARANCE LAB ANALYTICAL RESULTS
DATED JULY 12, 2013

FOR THE PROPERTY LOCATED AT 3917 CLEAR ACRE, RENO 89512



Environmental Inspection & Control Services

July 16, 2013

CLIENT

Mr. Dan Pearson
11007 Via Temprano
San Diego, CA 92124

PROJECT LOCATION

3917 Clearacre Lane
Reno, NV

PURPOSE OF INSPECTION

Final inspection and clearance air monitoring following removal of non-friable asbestos containing material

REFERENCE

Asbestos TEM Laboratories report 122833
Exhibit A

Background

EICS was engaged by the client to perform the final inspection and clearance air monitoring following removal of resilient flooring with asbestos containing mastic from the kitchen, entry, and bathroom at the above noted location. The initial asbestos inspection was performed by an un-named asbestos consultant. The abatement services were provided by an un-named contractor. The final inspection services were provided by Lawrence G. Thir, owner and senior hygienist of EICS on July 12, 2013. The apartment was not occupied at the time of inspection.

Inspection

I visually inspected the work area. I found that all the resilient flooring had been removed from the work area along with the particle board underlayment and the lightweight concrete fire barrier. The remaining subfloor was generally clean and free of residual flooring and mastic. I set and calibrated five high volume air sampling pumps with 25 mm pcm cassettes. The air was agitated in the containment with a small fan for one minute. After collecting approximately 1200 liters of air, the pumps were re-calibrated. The pre-numbered cassettes were sealed, labeled, and logged on a chain of custody. They were taken directly to Asbestos TEM Laboratories in Sparks, NV for analysis by phase contrast microscopy (PCM) using NIOSH method 7400.

Laboratory results

The lab report indicates the airborne fiber counts within the contained work area were well below the clearance air level of .01 f/cc, as established by NV DEISH and USEPA.

Summary

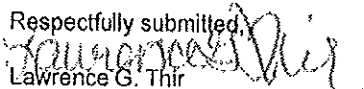
The removal of the acm mastic was accomplished without causing it to become friable and airborne. The work area should be considered safe to re-occupy.

Limitation

Information provided by the property manager and client is considered reliable. Pre-abatement inspection and sampling were not performed by EICS.

Thank you for the opportunity to be of service. If you have any questions, please call me at (775)786-2800 or 742-2794.

Respectfully submitted,


Lawrence G. Thir
EICS IJPM0080



ASBESTOS TEM LABORATORIES, INC.

1330 Freeport Blvd., Unit #104 • Sparks, NV 89431 • Ph: (775) 359-3377 • Fax: (775) 359-2798
Home offices at: 530 Bancroft Way • Berkeley, CA 94710 • Ph: (510) 704-8930 • Fax: (510) 704-8429

*** AIR SAMPLE SUBMISSION FORM / CHAIN-OF-CUSTODY REPORT ***

Company: EMC PCNM TEM LEAD

Address: 2400 Wash St 503 2 hr 4 hr 8 hr 24 hr 2 Day 3 Day

City-State-Zip: Yuba CA 95902 Job Site: 3417 Chicago Ct - Yuba

Contact Person: LABEY THIA Job no.: 11313-4 P.O. #: _____

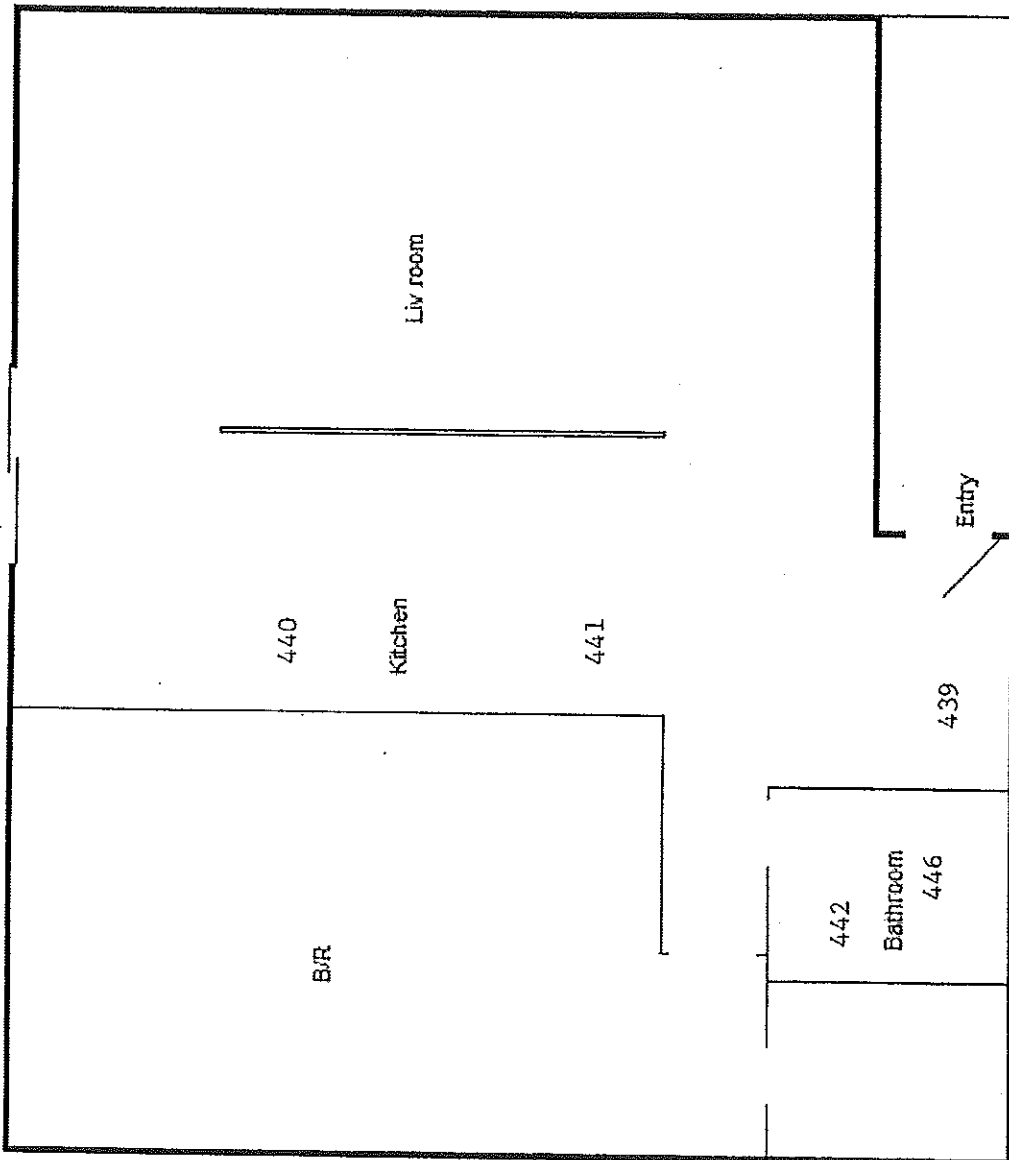
Email: _____ Phone: _____ Fax: _____

Sample Number	Sample Type	Time ON	Time OFF	Total Time (min)	Flow Rate (lpm)	ON	OFF	Average	Volume (l)	Location / Description
4402	ATMOSP	11:56	4:00		10	4:4	10			BATHROOM
4403		11:57	4:00		10	4:4	10			BATHROOM
4404		11:57	4:01		10	4:4	10			BATHROOM
4405		11:58	4:02		10	4:4	10			KITCHEN
4406		11:59	4:02		10	4:4	10			KITCHEN

Special instructions: Call 775-359-3377 or 510-704-8930

Relinquished by <u>Thia Labey</u>	Date / Time <u>7-17-13</u>	Received by <u>Sue Ehrlich, Greg Hanes / ATEM</u>	Date / Time <u>7/22/13</u>
Name/Company <u>Asbestos TEM Laboratories, Inc.</u>	Name/Company <u>Asbestos TEM Laboratories, Inc.</u>	Signature <u>Dave Ehrlich</u>	Signature <u>Greg Hanes</u>
Signature <u>Thia Labey</u>	Signature <u>Dave Ehrlich</u>	Name/Company <u>Asbestos TEM Laboratories, Inc.</u>	Name/Company <u>Asbestos TEM Laboratories, Inc.</u>
Name/Company <u>Asbestos TEM Laboratories, Inc.</u>	Name/Company <u>Asbestos TEM Laboratories, Inc.</u>	Signature <u>Dave Ehrlich</u>	Signature <u>Greg Hanes</u>

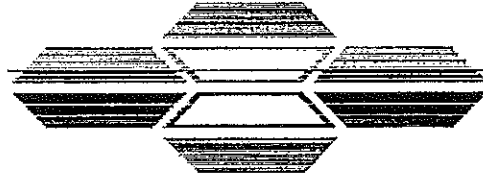
Exh A



3917 Clearacre Ln. Reno, NV Clearance air sampling
Locations 7/12/13

Lawrence G. Thir
Lawrence G. Thir

EICS UPM0080



ASBESTOS TEM LABORATORIES, INC.

**NIOSH 7400 Method
Phase Contrast Microscopy
Analytical Report**

Report No.: 122833

1350 Freeport Blvd.
Sparks, NV 89431
(775) 3598-3377
FAX (775) 359-2798

With Main Office Located at:
630 Bancroft Way, Berkeley CA 94710
Ph. (510) 704-8930 Fax (510) 704-8929



ASBESTOS TEM LABORATORIES, INC

Jul/15/2013

Mr. Larry Thir
E.I.C.S.
2900 Vassar Street, #503
Reno, NV 89502

RE: LABORATORY REPORT # 122833

Phase contrast microscopy analytical results for 5 air sample(s).
Job Site: 3917 Clearacre Lane
Job No.: 71213-4

Enclosed please find the analytical results for one or more air samples submitted for phase contrast microscopy (PCM) analysis. All analysts participate in the American Industrial Hygiene Association (AIHA) Asbestos Analyst Registry Registry proficiency testing program.

Prior to analysis, air sample cassettes are logged-in and all data pertinent to the sample is recorded into a computer based laboratory information management system. The samples are checked for damage or disruption of any chain-of-custody seals. A unique laboratory ID number is assigned to each sample. A hard copy log-in sheet containing all pertinent information concerning the sample is generated. This and all other relevant paper work are kept with the sample throughout the analytical procedures to assure proper sample tracking.

After sample login is complete, the air samples are analyzed as follows: Air filters are individually removed from the cassette holders, a quarter section is separated and placed onto a glass microscope slide. The filter section is collapsed using a "QuikFix" acetone vaporizer. A drop of Triacetin is added and a coverslip is emplaced over the filter. The slide is then placed under an Olympus CH-2 or Meiji ML-POL Phase Contrast Microscope. Fibers are counted until either 100 fibers are counted in a minimum of 20 fields or 100 fields total are observed. Analytical results are calculated according to NIOSH 7400 protocols. Data is then compiled into a standard report format and subjected to a quality assurance review before the information is released to the client.

Sincerely Yours,

A handwritten signature in black ink, appearing to read "Larry Thir", is written over a light blue horizontal line.

Laboratory Analyst
ASBESTOS TEM LABORATORIES, INC.

1350 FREEPORT BLVD., UNIT 104 • SPARKS, NV 89431 • (775) 359-3377 • FAX (775) 359-2798

With Main Office in Berkeley, CA Ph. (510) 704-8930 Fax(510) 704-8929

PHASE CONTRAST MICROSCOPY ANALYTICAL REPORT

NIOSH 7400 Method

Page: 1 of 1

Contact: Mr. Larry Thir

Samples Submitted: 5

Report No.: 122833

Address: E.I.C.S.
2900 Vassar Street, #503
Reno, NV 89502

Samples Processed: 5

Date Submitted: Jul-12-13

Date Reported: Jul-15-13

Job Site / No. 3917 Clearacre Lane
71213-4

SAMPLE ID	FIBERS per CC	95% UCL	FIBERS per FIELDS	FIBERS per FILTER	LOCATION / DESCRIPTION
442. Lab ID # 875-02200-001	0.0024	0.0038	$\frac{12.0}{100}$	5885	Clearance, Bathroom Volume(L) Pump Time(Min) Flow Rate(LPM) 2427.8 244 9.950
446. Lab ID # 875-02200-002	0.0018	0.0030	$\frac{9.0}{100}$	4414	Clearance, Bathroom Volume(L) Pump Time(Min) Flow Rate(LPM) 2442.2 243 10.05
439. Lab ID # 875-02200-003	0.0026	0.0041	$\frac{13.0}{100}$	6376	Clearance, Entry Volume(L) Pump Time(Min) Flow Rate(LPM) 2415.6 244 9.9
440. Lab ID # 875-02200-004	0.0014	0.0024	$\frac{7.0}{100}$	3433	Clearance, Kitchen Volume(L) Pump Time(Min) Flow Rate(LPM) 2440 244 10.00
441. Lab ID # 875-02200-005	0.0020	0.0033	$\frac{10.0}{100}$	4904	Clearance, Kitchen Volume(L) Pump Time(Min) Flow Rate(LPM) 2405.7 243 9.9
Lab ID #					Volume(L) Pump Time(Min) Flow Rate(LPM)
Lab ID #					Volume(L) Pump Time(Min) Flow Rate(LPM)
Lab ID #					Volume(L) Pump Time(Min) Flow Rate(LPM)
Lab ID #					Volume(L) Pump Time(Min) Flow Rate(LPM)
Lab ID #					Volume(L) Pump Time(Min) Flow Rate(LPM)

Detection Limit = 7 Fibers/MM2

Laboratory Analyst 

Greg Hanes

ASBESTOS TEM LABORATORIES, INC.

1350 Freeport Blvd., Sparks, NV 89431

(775) 359-3377

With Main Office in Berkeley, CA (510) 704-8930



INSPECTION RESULTS

ASBESTOS FINDINGS

ASBESTOS WAS IDENTIFIED ">1% ACM was identified in the sampled building components."

INSPECTION GENERAL INFORMATION

PROPERTY ADDRESS	3917 Clearacre Ln. #158
CITY	Reno
STATE	Nevada
ZIP	89512
CLIENT	Dan Pearson
INSPECTION DATE	03/04/2013
REPORT DATE	04/30/2013
INSURANCE COMPANY	SAFECO Insurance
REMEDIATION COMPANY / CONTRACTOR	Servpro Reno East Central Sparks
ADAPTIVE ENVIRONMENTAL OFFICE LOCATION	5515 Twin Creeks Dr. Reno, NV 89523
SUPERVISING SITE INSPECTOR	Robert Augspurger License #IM1564 (775) 813-4600 roba@adaptivenv.com



PROPRIETARY NOTICE

This report contains CONFIDENTIAL INFORMATION and is for the sole use of the named Client. Any unauthorized use of AEC's work product or data will be at the unauthorized user's sole risk and liability regardless of the manner third party obtained or became beneficiary to AEC's report. No warranties or representations, expressed, implied or written no matter the context, are made to any third party whatsoever.

Delivery of this work product to Client or Client's representative fulfills all AEC engagement obligations and confirms Client's payment obligation for AEC services if payment has not been tendered. Absent a written estimate or fee engagement Client is responsible for payment per current AEC published service fee rates. Error or delay invoicing does not negate Client payment obligations. Use of this report, by Client or any party, is only authorized after payment for AEC services has tendered in full to AEC or after AEC has issued a release letter or statement permitting work product usage to Client. Report usage is revocable at any time by AEC pending payment.

Client agrees through work product acceptance any subsequent AEC work beyond that of this published document and related survey, including though not limited to, additional surveys, site visits, post remediation or post dry down surveys, subsequent letter or work product production, data or file reviews or supplemental work product production and delivery are considered separate billable events to the initial engagement and will be billed by AEC according to current service fee rates.

Acceptance of this work product without written and documentable notification by Client to AEC refusing such subsequent billable services, prior to service request, is considered authorization by Client to all such services when requested by Client, Client representative, Client fiduciary or Client third party contracting group including that of Client's or site performing general contractor, handyman or remediation contractor.



RELIANCE AND WARRANTY STATEMENT

Upon work product delivery, Client accepts AEC's survey and all work product is limited by the terms and conditions stated within this published work product, this statement and other AEC published work product. Further, Client accepts AEC made every reasonable attempt to locate asbestos containing material (ACM) in the inspected areas. Areas not readily accessible, including though not limited to, areas within mechanical equipment, within HVAC duct systems, behind locked doors, above ceiling systems, inside drainage and/or sanitary pipes, behind wall chases and wall board product and areas deemed hazardous for entry as determined by AEC personnel are considered "inaccessible" and as such not evaluated, not considered for sampling and not included within this report. Any conditions or materials that could not be visually identified on the surface were not inspected and may differ from those conditions or materials noted. It was not within the scope of the inspection to remove surface materials to investigate portions of the structure or materials that lay beneath the surface.

AEC represents to the Client that it has used a degree of care and skill ordinarily exercised by like qualified independent environmental professionals (IEP) given Client or survey limitations and known Subject Property conditions in the preparation of AEC work product, the completion of AEC surveys and in the assembling of data and information related thereto. No warranty or guarantee concerning the findings or conclusions beyond that stated wherein this "Statement" is intended or offered. AEC makes no warranty, nor can any company, that all potential asbestos containing materials were identified, sampled and reported with the Subject Property. AEC is not responsible for changes in state of industry.

AEC is not responsible for consequences or conditions that were intentionally or unintentionally concealed or withheld from AEC, overlooked or not evaluated by AEC or not fully disclosed to AEC at any time prior to, during or after the conducted inspection. Further, AEC makes no warranty whatsoever with respect to any condition, asbestos, lead, microbial or other, for areas outside the limited inspection area(s) or for any area(s) AEC opines were not readily observable or assessable whether within the limited assessment area(s) or not. All non-inspection listed areas or areas outside AEC opined readily accessible or observable areas were not considered in the production of AEC work product. Reference to such limited areas may not be so directly noted in this report though are available at request.

AEC considers information provided by Client and third parties truthful and accurate for work product purposes. AEC is not responsible to independently verify any information provided and may rely on information absent actual knowledge to the contrary and to the extent that the information appears reasonable to AEC personnel.



INSPECTION OBJECTIVE & GENERAL SCOPE

AEC's Inspection and this published work product are designed to provide information to assist the Client solely with the determination that inspected areas within or at the Subject Property, and as observed and sampled by AEC, either likely support ACM within sampled products.

In general, AEC's Inspection consists of a listed area walk-through visual inspection, review of available and provided documents and interviews with Subject Property knowledgeable parties when present at the time of the Inspection and a listing of readily identified suspect asbestos containing materials. Unless noted specifically within this report all sample data collection was directed by Client with regards to to-be sampled areas and potential established site work actions.

Client is advised the completed Inspection is not considered sufficient in detail and scope to serve as an all-inclusive and comprehensive Subject Property asbestos inspection to identify all areas of potential ACM or TAM. Such a comprehensive inspection requires unrestraint intrusive and invasive investigation of all Subject Property building products and areas, including opening of all building cavities, coupled with non-restricted asbestos sampling.

If additional information related to the Subject Property, or the completed inspection, should be considered by AEC or if additional site actions, including that of additional product sampling, should be considered within this work product or is required for site actions or should any additional site information not presented in this report be available by any party please contact AEC as such additional information may alter Subject Property findings, conclusions and when provided limited site action plan.

Both the inspection and this report are designed to aid the client or their representative in locating ACM. Under no circumstances is this report to be used as a bidding document or as a project specification document since it does not have all of the components required to serve as such. The quantities of ACM's identified in this report are estimates only and it should be the responsibility of the abatement contractor to calculate actual ACM quantities and develop removal costs accordingly.



BUILDING INFORMATION

FRONT DOOR FACES	South
PROPERTY AGE	Pre 1980
PROPERTY TYPE	Residential (multi family)
REASON FOR INSPECTION	Water Loss

ASBESTOS SAMPLING INFORMATION

SCOPE OF WORK TO BE PERFORMED

Possible drywall flood cut and flooring removal in the entry, guest bath, kitchen, living room and bedroom.

PARTY WHO IDENTIFIED SCOPE

AEC was not engaged by client to establish the scope of the work to be performed at the property. Subsequently the client or client's representative established the work scope and conveyed that information to AEC so that AEC could establish a proper sampling protocol.

NUMBER OF SAMPLES COLLECTED 4

LABORATORY DATA

Please see the SPECIFIC SAMPLING INFORMATION section of this report and the attached lab results for specifics on sample data and please contact AEC if additional explanations are needed to interpret sample data. Please see attached data for specifics on sample analysis methodology and contact AEC if additional explanations about applied methodology are needed.

POTENTIAL NON-SAMPLED ACM

In the event suspect or potential non-sampled ACM or TAM products are uncovered during Subject Property actions, suspected non-sampled material is not to be disturbed and AEC is to be immediately contacted. Likewise, if questions exist about collected sampling or the extent of potential identified ACM, TAM or ND products AEC is to be contacted and prior to any product disturbance or work start. Application of regulatory requirements with regards to site data as well as review and application of site data, as collected or not collected, to the Subject Property and pending work product is the responsibility, liability and sole peril of Client or associated site work party (parties).

HOMOGENEOUS CONSIDERATIONS

All vinyl flooring within the specified area should be considered ACM.

HOMOGENEOUS STATEMENT

In limited sampling situations such as this if a building material that is of like kind to another shows positive results for ACM then all other building materials in the property that are like kind must be considered ACM no matter their sampling results. If the homogeneous consideration is to not be followed, client must contact AEC for additional sampling or approval.



ASBESTOS SAMPLING DATA

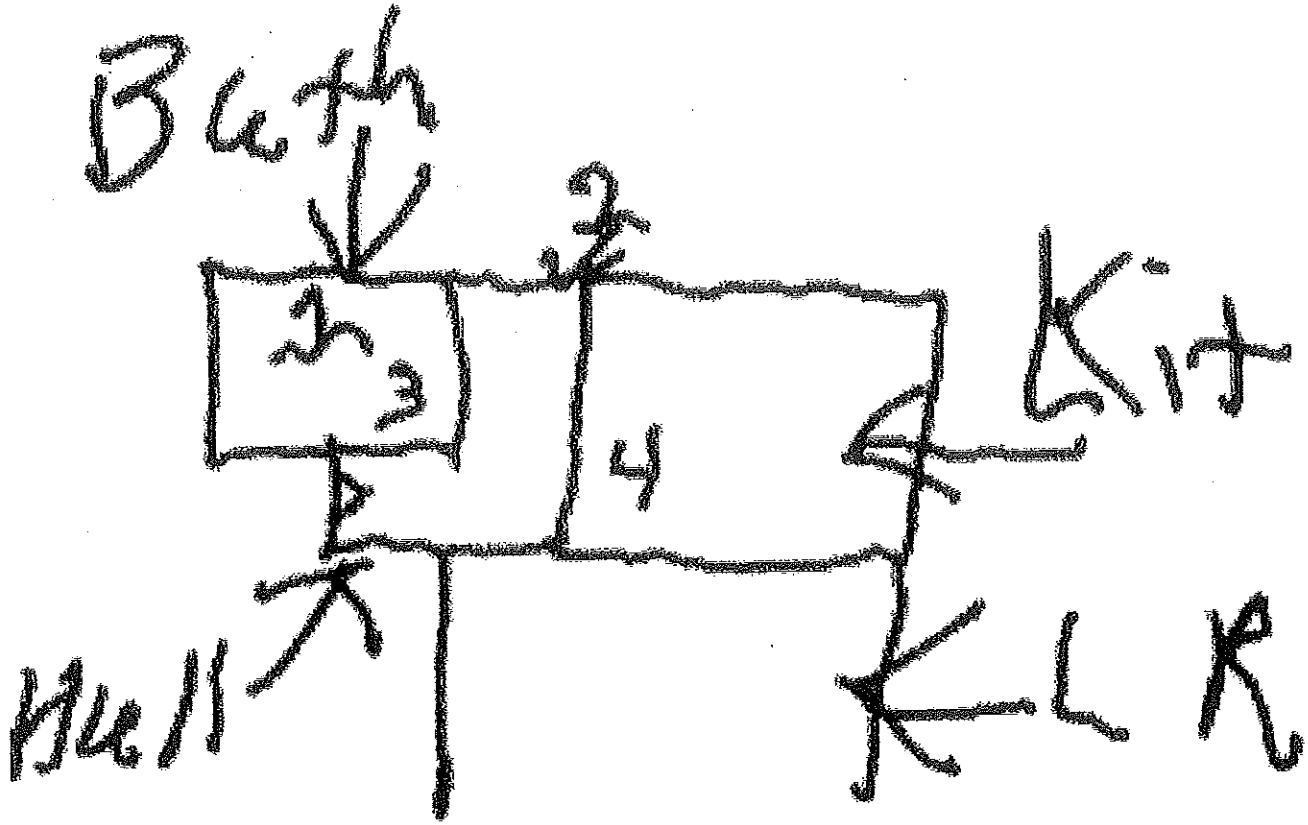
IDENTIFICATION	Sample #1
SAMPLE TYPE	DWS "drywall system"
ACM LAYER(S)	None Detected "ND"
ROOM	Guest Bathroom
LOCATION IN ROOM	North Wall
IDENTIFICATION	Sample #2
SAMPLE TYPE	DWS "drywall system"
ACM LAYER(S)	None Detected "ND"
ROOM	Hallway
LOCATION IN ROOM	SE Corner



IDENTIFICATION	Sample #3
SAMPLE TYPE	VFS "vinyl floor system"
ACM LAYER(S)	Sheet Floor Backing
% ACM IDENTIFIED IN LAYER	Greater than 10%
ROOM	Guest Bathroom
LOCATION IN ROOM	Floor
IDENTIFICATION	Sample #4
SAMPLE TYPE	VFS "vinyl floor system"
ACM LAYER(S)	Sheet Floor Backing
% ACM IDENTIFIED IN LAYER	Greater than 10%
ROOM	Kitchen
LOCATION IN ROOM	Floor



SKETCH





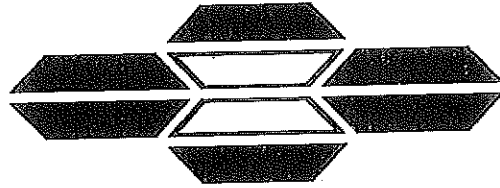
DISCLAIMER STATEMENT

The results, findings, conclusions and recommendations expressed in this report are based only on conditions noted during the inspection within inspection listed areas and sampling was completed per engagement and AEC sample locations and sample frequency were based on AEC's observations and the assumption that like materials in the same area are homogeneous in content.

This report is designed to aid the building owner or Client in locating ACM or TAM within the Subject Property and sampling analysis can present false negatives, false positives, be under reported or over reported. AEC recommends all suspect ACM is collected per established guidelines and when sampling is not collected accordingly (AHERA 3-5-7) sampling errors can increase and such potential errors are accepted by Client and all associated site parties in full that rely on the completed inspection or this report and all such parties accept such increased liability is at their own peril and risk. AEC's sampling strategy is established in accordance to client limitations, including potential cost restraints, typically involving insurance company limits regarding the use of their estimating software. AEC is advising client that typical insurance company budget protocols inhibit what would be considered AHERA based sampling protocols and AEC operates with this knowledge in mind and if client is in expectation of AHERA based sampling additional direction should be provided to AEC. As such AEC excersizes the greatest degree of skill and professional knowledge for all sampling scenarios.

AEC, in some instances, may be asked to render expert opinion, suggestions or recommendations based on invalid statistical data, incomplete information or intentionally misleading information. Client is advised such opinions, suggestions or recommendations carry extreme limitations in use and reliance and may at times exacerbate Subject Property conditions, create false or inaccurate Subject Property assumptions and reliance or may result in breaches in federal, state and/or local regulations.

AEC is not responsible for any property devaluation based on identified issues, completed work or public perception. In no event will AEC be liable for damages of any kind, including though not limited to, special, indirect, incidental, punitive or consequential regardless of the form or type, including though not limited to, contractual, tort or product liability related to or arising from the an AEC survey, AEC work product or actions undertaken by site parties or any third party arising from this AEC surveys or work product in any form or manner except as expressly provided herein or within a written engagement agreement. AEC disclaims any and all representations and warranties of any kind or nature related to the completed survey, site findings, published work product or the accuracy of collected site data, analysis or information provided when such information is provided by any third party and is considered inaccurate, incomplete or fraudulent.



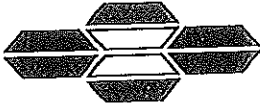
ASBESTOS TEM LABORATORIES, INC.

**EPA Method 600/R-93/116
Polarized Light Microscopy
Analytical Report**

Report No. 121836

1350 Freeport Blvd., Unit 104
Sparks, NV 89431
(775) 359-3377
FAX (775) 359-2798

With Main Office Located At:
630 Bancroft Way, Berkeley, CA 94710
Ph. (510) 704-8930. Fax (510) 704-8929



ASBESTOS TEM LABORATORIES, INC

Accredited by
U.S. Dept. of Commerce
NVLAP[®]
NVLAP Lab Code 200104-0

Mar-05-13

Mr. Rob Augspurger
Adaptive Environmental
5515 Twin Creeks Drive
Reno, NV 89523

RE: LABORATORY JOB # 9026-128
Polarized light microscopy analytical results for 4 bulk sample(s) with 4 sample split(s)
Job Site: 3917 Clear Acre Lane #158
Job No.:
Report No.: 121836

Enclosed please find the bulk material analytical results for one or more samples submitted for asbestos analysis. The analyses were performed in accordance with EPA Method 600/R-93/116 or 600/M4-82-020 for the determination of asbestos in bulk building materials by polarized light microscopy (PLM). Please note that while PLM analysis is commonly performed on non-friable and fine grained materials such as floor tiles and dust, the EPA method recognizes that PLM is subject to limitations. In these situations, accurate results may only be obtainable through the use of more sophisticated and accurate techniques such as transmission electron microscopy (TEM) or X-ray diffraction (XRD).

Prior to analysis, samples are logged-in and all data pertinent to the sample recorded. The samples are checked for damage or disruption of any chain-of-custody seals. A unique laboratory ID number is assigned to each sample. A hard copy log-in sheet containing all pertinent information concerning the sample is generated. This and all other relevant paper work are kept with the sample throughout the analytical procedures to assure proper analysis.

Each sample is opened in a class 100 HEPA negative air hood. A representative sampling of the material is selected and placed onto a glass microscope slide containing a drop of refractive index oil. The glass slide is placed under a polarizing light microscope where standard mineralogical techniques are used to analyze and quantify the various materials present, including asbestos. The data is then compiled into standard report format and subjected to a thorough quality assurance check before the information is released to the client.

For possible future reference, samples are normally kept on file for one year.

Sincerely Yours,

Laboratory Analyst
ASBESTOS TEM LABORATORIES, INC.

--- These results relate only to the samples tested and must not be reproduced, except in full, with the approval of the laboratory. This report must not be used to claim product endorsement by NVLAP or any other agency of the U.S. Government. ---



POLARIZED LIGHT MICROSCOPY

ANALYTICAL REPORT

EPA Method 600/R-93/116 or 600/M4-82-020

Contact: Mr. Rob Augspurger	Samples Indicated: 4	Report No. 121836
Address: Adaptive Environmental 5515 Twin Creeks Drive Reno, NV 89523	Reg. Samples Analyzed: 4	Date Submitted: Mar-05-13
	Split Layers Analyzed: 4	Date Reported: Mar-05-13
	Job Site / No. 3917 Clear Acre Lane #158	

SAMPLE ID	ASBESTOS % TYPE	OTHER DATA	DESCRIPTION
		1) Non-Asbestos Fibers 2) Matrix Materials 3) Date/Time Collected 4) Date Analyzed	FIELD LAB
1. Lab ID # 9026-00128-001A	None Detected	1) <1% Cellulose 2) 100-100% Paint, Calc, Other m.p. 3) 4) Mar-05-13	Drywall System, Bathroom North Wall Texture-White
1. Lab ID # 9026-00128-001B	None Detected	1) 5-10% Cellulose 2) 90-95% Gyp, Other m.p. 3) 4) Mar-05-13	Drywall System, Bathroom North Wall Drywall-White/Tan
2. Lab ID # 9026-00128-002A	None Detected	1) 1-5% Cellulose 2) 95-99% Calc, Other m.p. 3) 4) Mar-05-13	Drywall System, Hall Southeast Corner Texture-White
2. Lab ID # 9026-00128-002B	None Detected	1) 5-10% Cellulose 2) 90-95% Gyp, Other m.p. 3) 4) Mar-05-13	Drywall System, Hall Southeast Corner Drywall-White/Tan
3. Lab ID # 9026-00128-003A	20-30% Chrysotile	1) 10-20% Cellulose 2) 50-70% Plast, Gyp, Other m.p. 3) 4) Mar-05-13	Vinyl Floor System, Bathroom Floor Sheet Floor/Backing-White/Grey
3. Lab ID # 9026-00128-003B	None Detected	1) 1-5% Cellulose 2) 95-99% Gyp, Calc, Other m.p. 3) 4) Mar-05-13	Vinyl Floor System, Bathroom Floor Mastic-Yellow
4. Lab ID # 9026-00128-004A	20-30% Chrysotile	1) 10-20% Cellulose 2) 50-70% Plast, Gyp, Other m.p. 3) 4) Mar-05-13	Vinyl Floor System, Kitchen Floor Sheet Floor/Backing-Brown/Grey
4. Lab ID # 9026-00128-004B	None Detected	1) 1-5% Cellulose 2) 95-99% Gyp, Calc, Other m.p. 3) 4) Mar-05-13	Vinyl Floor System, Kitchen Floor Mastic-Yellow
Lab ID #		1) 2) 3) 4)	
Lab ID #		1) 2) 3) 4)	

Detection Limit of Method is Estimated to be 1% Asbestos Using a Visual Area Estimation Technique

Laboratory Analyst

Greg Hanes

EMAIL RESULTS TO:

Contact: Rob Augspurger
 Email: roba@adaptiveenv.com
 Phone: 775-813-4600
 EM Lab ID# 25333 - If Applicable

CHAIN OF CUSTODY

ADAPTIVE ENVIRONMENTAL CONSULTING OF RENO - AKA: AEC RENO
ADDRESS: 5515 TWIN CREEKS DRIVE, RENO, NV 89523
 Corporate Office: 3990 Trapani Place, Las Vegas, NV 89141 - Contact: Chris Guskick - 702.987.3457

Project Name: 3917 Clear Acre Ln. #158 Project Zip: 89512

Project Description: Residential Multi Family Sample Date & Time: 7/4/13 7pm

Turnaround Time: 2 Hour () 4 Hour () 8 Hour () 24 Hour () Same Business Day () 2 Day () Weekend/Holiday () Other: _____

Special Instructions: _____

Sample ID	Description	Location	Type	Analysis	Volume	Hold
1	DWS	Bath NW wall	B	PLM		
2	DWS	Hall SE Corner				
3	VFS	Bath Floor				
4	VFS	Kitchen Floor				

Sample Description Abbreviations: DWS - Drywall System VFS - Vinyl Floor System ACS - Acoustic Ceiling System PWS - Plaster Wall System Other: _____

Sample Type Codes: T - Tape SW - Swab B - Bulk D - Dust C - Clearance LD - Lead ST - Spore Trap (A - Air / WC - Wall Cavity)

Sample Analysis Codes: PLM - Polarized Light Microscopy PCM - Phase Contrast Microscopy PSTA - Fungi Spore Trap Analysis

Date: 7/4/13 Time: 7:35pm Samples Relinquished By: [Signature] Date & Time Received: 3/5/13 Drop Box 8:30 AM

Date: _____ Time: _____ Samples Relinquished By: _____ Date & Time Received: _____

POTENTIAL PROCESSING LABORATORIES

Asbestos TEM Laboratories - 1350 Freepoint Blvd., #104, Sparks, NV 89431 - Lab Manager: Sue Ehrlich - PH: 775.359.3377

EMLab P&K - 1501 West Knudsen Drive, Phoenix AZ 85027 - PH: 800.651.4802

EMLab P&K - 5473 Kearney Villa Road, #130, San Diego CA 92123 - PH: 866.465.6553

EMLab P&K - 6501 NW 5th Way, #2850, Ft Lauderdale, FL 33309 - PH: 877.711.8400

EMLab P&K - Project Manager: Shannon Nast - PH: 623.298.1056

DOCUMENTATION PROVIDED BY JOHN MARTEN
OF BISON CONSTRUCTION
RE: WORK PERFORMED AT 3917 CLEAR ACRE LANE, RENO NV 89512

DATED OCTOBER 19, 2013

Documents Provided By:
John Marten
Of Bison Construction

COPY

ACKNOWLEDGMENT OF ASBESTOS ASSESSMENT
Washoe County Air Quality Management Division

Permit Number: ASB13-0873

Phone: 618 218-9305

Property Owner: DAN PEARSON

Property Being Evaluated: WILDCREEK GARDEN CONDOMINIUMS UNIT 158

Address: 3917 CLEAR ACRE LN RENO

<u>TYPE OF PROJECT</u>	-	<u>TYPE OF PROPERTY</u>	-	<u>PROPERTY BEING ASSESSED</u>
RENO		NON-RES		PARTIAL*

FILING FEE: \$62.00

*Note: If this project is a partial renovation and additional work is to be conducted later, additional asbestos assessment(s) will be required unless this assessment covers all pertinent representative asbestos suspected materials throughout the building.

General Contractor:
BISON CONSTRUCTION
JOHN MARTEN
455 N US 395
WASHOE VALLEY, NV 89704

Consultant or Assessment Company:
EICS

2900 VASSAR #503
RENO, NV 89502

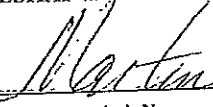
Abatement Contractor:
UNK

Assessment Results: ACM PRESENT

Abatement Completed:

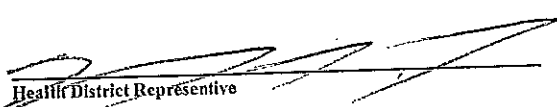
** Note: If asbestos present, abatement must be conducted in accordance with NESHAP and OSHA regulations before renovation or demolition work may proceed.

10-DAY NOTIFICATION MANDATORY FOR DEMOLITION


Owner / Representative's Name

Comments:

Tenant improvement for current owner, Dan Pearson, improvement includes repair of walls do to water damage. Sampling detected ACM in floor tile mastic (20-30% chrysotile). Abatement dates unknown final air clearance completed July 12, 2013. Use best management practices for dust control, and dispose of all waste properly.


Health District Representative

10/14/13
Date

Signature on this asbestos assessment document does NOT constitute full Health District approval for this project. Any additional Health permits such as are required for bar or restaurant operations, underground storage tanks, hazardous material disposal or air pollution sources must be obtained separately.

Signature by the Washoe County Health District does not warrant, nor should this report be taken to warrant, that asbestos was or was not present on stated property. Exposure to even small amounts of airborne asbestos fibers may cause cancer. For this reason the Health District recommends that all asbestos handling and abatement work be performed by certified asbestos contractors.

DAN PERKINSON
619-218-9305

3820 PRO

WATER DAMAGE DEMO
18-24" DRYWALL &
FLOORING

Paul's Handyman Service

775-337-9207

2798 Remondel Way #269

Reno Nevada 89502

#158

DOCUMENTATION PROVIDED TO AQM
FROM DANIEL PEARSON
RE: PAUL'S HANDYMAN SERVICE (PAUL DUMINIE)
PROPERTY LOCATED AT 3917 CLEAR ACRE LANE UNIT #158, RENO NV 89506

Documents Provided By:
Daniel Pearson

Restori, Joshua

From: Dan Pearson [danp203@gmail.com]
Sent: Tuesday, October 15, 2013 12:55 PM
To: Restori, Joshua
Cc: Roy Uhl
Subject: Asbestos-related documentation
Attachments: EICS Asbestos Air Clearance 3917 Clearacre invoice.pdf; Pauls Handyman Asbestos Abatement Receipt.docx

Hi John, here are all of the documents that I have that are related to the recent abatement of my condo at 3917 Clear Acre Lane #158. I'm also CCing my property manager, Roy Uhl. I don't seem to have the report that states the need for initial abatement, but SERVPRO, the company that did the initial demolition after the flooding provided that and should have that on record if needed. Any questions, please let me know.

--

- Dan

**PAID ACCOUNT: RECEIPT OF
PAYMENT**

Paul's Handyman Service

There's no job to small - I have time for them all!!!

Mailing Address:
2790 Wrondel Way, #269
Reno, Nevada 89502
Phone 7753379207

RECEIPT #UP158
DATE: 4/26/2013

TO:
Daniel Pearson
c/o R. Michael Uhl
3917 Clear Acre Lane, Apt. 158
Reno, NV 89512
7756225109

FOR:
Abatement/Demolition
P.O.# 3917158DP89512

DESCRIPTION	HOURS	RATE	AMOUNT
Asbestos Abatement: Preparation: filters, venting, cleanup, Tear Down, etc.	9.3	60.00	560.00
2" Light Weight concrete Asbestos abatement: Entry, Kitchen, Bathroom	10.00	60.00	600.00
Abatement Miscellaneous			300.00
Toilet Detach	1.5	60.00	90.00
Range removal	.50	14.00	14.50
Refrigerator removal	.50	15.00	15.50
Dishwasher Detach	1.5	60.00	90.00
Garbage Disposal Detach	1.0	30.00	30.00
Kitchen Cabinets Detach	.50	60.00	30.00
Bathroom Vanity Detach	.50	60.00	30.00
½" Particle Board Removal: Entry, Kitchen, Dining, Bathroom	7.0	60.00	420.00
General labor/cleanup preparation for rebuild	10.00	60.00	600.00
Disposal: Kitchen cabinets, toilet, miscellaneous materials from demo work			315.00
15% waste added for flooring material (general demolition work non-abatement)			105.00
TOTAL			3,200.00

THANK YOU FOR YOUR BUSINESS!

EICS, LLC

2900 Vassar St. #503
Reno, NV 89502

Invoice

Date	Invoice #
7/12/2013	3878

Bill To
MR DAN PEARSON 11007 VIA TEMPRANO SAN DIEGO, CA 92124

P.O. No.	Terms	Due Date
3917 CLEARACRE	Net 15	7/27/2013

Item	Description	Qty	Rate	Serviced	Amount
FINAL INSPE...	7/12/13-FINAL INSPECTION FOLLOWING REMOVAL OF NON-FRIABLE ASBESTOS CONTAINING MATERIALS, CLEARANCE AIR MONITORING, 5 PCM LAB ANALYSES, REPORT	1	325.00		325.00
<i>THANKS DAN! LT</i>				Total	\$325.00

Phone #	Fax #
775 786-2800	775 786-9599

STATEMENT

From Don Pearson c/o Ray Uhl

3917 Clear Ave, Apt. 158 - Reno 89512

April 26th

2013

To Paul's Handyman Service

Address 9775 Red Rock Rd

City Reno, NV 89508

Terms 50% Down Start of Demo/Abatement

	Demolition: Cabinets, toilet sinks, removal with Asbestos Abatement Subfloor disposal to include permits, + fees.					
						\$3,200 ⁰⁰
	Paul Duminic	RCVD	-			1,600 ⁰⁰
						\$1,600 ⁰⁰

STATEMENT

From DAN PEARSON c/o Roy Uhl
3917 Clear Ace Ln, Apt. 158

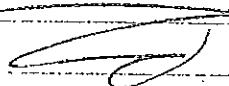
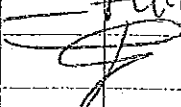
May 3rd 2013

To Paul's Handy/Man Service

Address 9775 RED ROCK RD

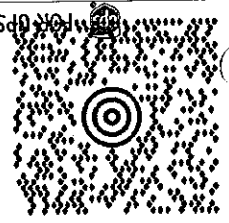
City RENO, NV 89508

Terms Paid-in Full for DEMO/ABATEMENT

	Demolition of	<FWD>	1600 ⁰⁰
	Asbestos		
	Abatement		
	with disposal		
	permit & F&S		
			
	Paul Duminie (paid)		\$1,600
			Paid-in-Full
			

LTR 1 OF TWO SHIPPINGS

FROM:
172300/170360
(775) 328-2296
WASHOE COUNTY AQMD
1001 E. 9TH STREET
RENO NV 89520-0027



NV 895 9-02

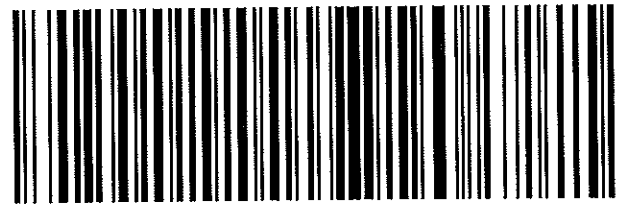


SHIP TO:
PAUL DUMINIE
PAUL'S HANDYMAN SERVICE
9775 RED ROCK ROAD
RENO NV 89506

UPS NEXT DAY AIR

1

TRACKING #: 1Z 996 21E 24 5762 6505



BILLING: P/P
SIGNATURE REQUIRED

WS 16.0.31 45.0A 10/2013

Fold here and place in label pouch.

DOCUMENTATION PROVIDED TO AQM
FROM SERVPRO OF RENO EAST/CENTRAL SPARKS
RE: PAUL'S HANDYMAN SERVICE (PAUL DUMINIE)
PROPERTY LOCATED AT 3917 CLEAR ACRE LANE UNIT #158, RENO NV 89506

Documents Provided By:
Servpro of Reno East/Central Sparks



March 15, 2013

Proposal submitted to:				Work To Be Performed At:			
Name:	Dan Pearson			Name:	Condo		
Address:				Address:	3917 Clear Acre #158		
City, State:		Zip		City, State	Reno, Nevada		89512
Phone:	619-218-9305	Fax		Phone:			
Contact:	p			Contact:			

E-Mail: DAN203@gmail.com

BID PROPOSAL

We propose to furnish all labor, equipment, materials, personnel air monitoring, laboratory fees, disposal permits/fees, asbestos notifications and special asbestos liability insurance necessary for the safe and proper removal of approximately 125 square feet of sheet flooring underlayment and another layer of sheet flooring and 2" of light concrete. All cabinets in the Bathroom and Kitchen cabinets and appliances must be removed prior to our mobilization to site

BID PRICE: \$ 4,689.00 (Note: this proposal does not include 3rd party clearance testing,)

All invoices are due and payable upon receipt. A service charge of 18.00% per annum will be computed on all amounts overdue. We accept VISA, MASTERCARD & DISCOVER cards up to \$ 5,000.00 per project.

Due to the "sealed containment" requirement for abatement work, we cannot be held responsible for damaged finishes where tape must be attached. All workers are EPA/AHERA certified and DEISH LICENSED. All work will be performed in full compliance with local, state and federal regulations. EPA and DEISH may require a 10 day notification period.

Owner Responsibilities:

1. Additional cost of any third party project monitoring or final air clearance tests.
2. Furnish power and water within 50 feet of each work area.
3. Owner responsible for securing any City and/or County building permits.
4. Owner responsible for moving any and all furniture from work area
5. If insurance company is involved, owner/agent authorizes said insurance company to pay Advance Installations, Inc. directly.

Respectfully,
Tom S. Davis
 Estimator Project Manager

TSD: oe

Acceptance of proposal _____ Date _____

AUTHORIZATION: I, the waste generator, by signing above, authorize Advance Installations, Inc. to act as my agent for the coordination of project waste disposal.

P.O. Box 2163 Sparks, Nevada 89432-2163
 (775) 359-1468 FAX (775) 359-1484
 Contractor's Lic. NV #033627 NV #0027501 CA #649749
 License Limit \$10 Million

*mailed 3-15-13
 4:22pm*



Job # _____

Customer Name: Dan Pearson
 Loss Address: 3917 Clearacre Lane # 158
 City: Reno State: NV Zip: 89512
 Date of Loss: 3/4/2013 2:30:00 PM SERVPRO Job #: _____
 Insurance / Client: _____ Claims Professional: _____

Date	Time	Initials	Notes
3/4/13	5:15 pm	MN	<p>Arrived at 5:15 pm with four techs. Tenant let us in. According to the plumber a "Seal" gave out in the toilet and caused it to over flow for a few hours. Seven ^{Six} 7 separate Areas are affected. Bath RM, ¹ Closet, ² Hallway, ³ Entry, ⁴ living RM, ⁵ and ⁶ kitchen, and ⁷ Master Bed RM. Structure was built in 1979 so we had an IH come by and take samples of Drywall and linolium. All Areas have particle Board, even under the Carpet. The Bath RM has old linolium under new particle Board, so does the kitchen and Entry. Every Room has $\frac{1}{4}$" thick gyprocete under all of the laminate end of particle Board. The gyprocete is all cracked and was poured after the Drywall was hung which means drying without holes will be impossible. Tonight we removed affected Base board, particle Board pad, and particle Board from the hall, living RM, Entry, and Master Bed RM. All other areas we only removed Base Board. The vanity was also detached in the Bath RM. I spoke to Dan Pearson earlier today but that was before I discovered the gyprocete. We are setting some eqpt drying equipment tonight</p>

After we finished the more groceries
I already checked the apartment Below but the tenant was not
home. The concern is water may have come through his ceiling
but we won't know until we get into the unit. I called Dan
again but didn't get an answer. After monitoring we left at 8:15 p.m.
The key is in the lock box on the door.

Job Diary – Pearson

3.5.13, 730PM, MRN

I returned to monitor at 7:30 PM. I noticed that the note I left on the apartment's door below apartment 158 was missing. Either water did not go through their ceiling or they are not interested in having it checked because no one called me. I went back upstairs and monitored Apt. 158. The carpet dried out in the hall, entry, living room, and master bedroom. All of the drywall and particle board is still wet. We received test results earlier today. There is no asbestos in the drywall but all of the vinyl is hot. We tried calling the insurance adjuster but only got a voice mail. We are planning on removing the gypcrete in the hall, entry, master bedroom, and living room including a two foot flood cut. An abatement team will have to remove the flooring in the kitchen and bath. We will call the adjuster again in the morning. After monitoring, I left at 8PM.

3.6.13, 121PM, MRN

Craig Leymes called me and we discussed the Pearson job. I told Craig about the asbestos results and about all of the demo that needs to be done. Safeco does not have asbestos testing or asbestos abatement coverage. Craig said we could do all of the demo necessary to get the structure dry, he just won't pay for the asbestos abatement. Craig said he would mail Pearson a letter stating that. I told Craig that I would let Pearson know.

3.6.13, 345PM, MRN

I returned to monitor at 345PM with one other tech. Ian Hass from the apartment below left a note on the door. I took a photo of the note and placed it in the office folder. Mr. Hass wanted me to call him and to give him Mr. Pearson's name, number, insurance info. I called Dan and explained to him about all of the work that needed to be done and that he would have to pay for the abatement. We agreed that Servpro would do everything we could without disturbing the kitchen, entry, and bathroom vinyl. After we are finished, we would call Pearson back. Pearson will hire someone to pull the kitchen, entry, and bathroom floors. After the abatement he will call us back and we would dry the subfloor if needed. I also told Pearson about the note and that I was going to call Ian, Pearson said ok. I called Ian and gave him Pearson's info like he asked for. He also said that his bathroom ceiling, bathroom walls, living room ceiling, and living room walls were wet. I asked if I could come by to look at them, he said he wouldn't be available until Thursday around 4PM. I told him that we would come by and look at his apartment. After hanging up, I monitored and left at 430PM.

3.7.13, 10AM, MRN

I arrived today with one tech. When we arrived, the field adjuster from Safeco was there. We told him what we were planning on doing and he was fine with it. I asked him what we were going to do about

the downstairs apartment. He didn't have an answer but said to scope it and get back with Craig Leymes when I do. After the adjuster was finished we started the demo. We did flood cuts in the affected areas. There is still two inches of drywall pinched between the gypcrete and the sill plate in the entry, bathroom, and kitchen. The remaining drywall on those three areas will be removed when the abatement company removes the floors. The gypcrete turned out to be more like concrete since it had aggregate in it. The concrete floor was fragmented because when someone laid particle board over it, they drove nails through the concrete which caused it to crack. We used pry bars to break up the pieces and placed them in garbage bags. We removed concrete until we reached dry sub floor which went a few feet beyond where it was original dry on top. Tomorrow we are going to have to square up the missing floor with diamond tipped blade. We removed the concrete from the hallway, master bedroom, and living room. We placed plastic in some of the door ways to minimize dust and had an air scrubber running during the demo. We will return tomorrow to square up the cuts we made and to clean up a little more. I removed the air movers from the kitchen, bathroom, and entry since there no longer is any drywall to dry and we can't dry through the vinyl. At around 4pm I went downstairs and scoped Ian's apartment. Ian's bathroom, hallway, entry, and living room walls and floors are wet. There is also so wet carpet in the living room carpet. My concern is that the water may be about to become category three. We are going to have to make arrangements for the apartment to be tested for asbestos. I left a warning sign on apartment 158's door stating that the floors are now Un-even and that anyone entering must use caution. We cleaned up and left at 5PM.

3.8.13, MRN, 10AM

I returned with two techs to finish the demo. After moving some of the tenant's contents we set containment in the bedroom, living room, kitchen, and bathroom. Cutting concrete with a dry saw creates a lot of dust and we didn't want to ruin the tenant's personal possessions. After setting containment we used the skill saw to cut square angles in the concrete. Next we bagged the pieces and cleaned up the dust within the containment. After the concrete was squared up, we removed the remaining two inches of wet drywall through all of the areas that still had drywall trapped between the sill plate and concrete. We didn't want to be responsible for leaving wet drywall behind. After removing the containment and cleaning up the work area we sprayed an anti-microbial on the newly exposed floor and walls. I called Dan Pearson and left him a voicemail. Ian came by and asked if I heard from the adjuster about his water damaged apartment. Our production did speak with the insurance company earlier today and Safeco wanted to see if the HOA would be willing to pay for apartment's 157's water damage. We are waiting to hear from the HOA. After resetting equipment, we left at 430PM.

3.9.13

I returned to monitor with one other tech. The floors that no longer had the concrete were now dry. We removed the equipment and relay the hallway/entry carpet. I placed red duct tape along the edges of where the floor height differentials were. After cleaning up, I left Dan Pearson another voice mail and we left at 1030AM. The subfloor under the bathroom, kitchen, and entry are still wet. We cannot dry these areas until the home owner has the vinyl abated. In the meantime, we have done everything that we could have done. I left the lock box on the door.

4/23/2013

Dan Pearson
3917 Clearacre Ln. #158
Reno, NV 89512

Dan Pearson
3917 Clearacre Ln. #158
Reno, NV 89512

Servpro of Reno East/Central Sparks 9944
4750 Longley Lane #203
Reno, NV 89502
(775) 827-9944
EIN: 27-5007763

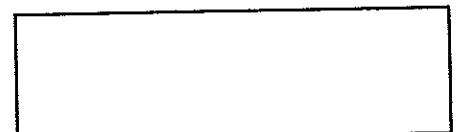
PAID
05/01/2013

JOB DATE	REP	SOURCE	TERMS
4/23/2013			Due on Receipt

Residential water damage restoration.
Sales Tax

621.63
0.00

\$621.63



4/18/2013

Dan Pearson
3917 Clearacre Ln. #158
Reno, NV 89512

Dan Pearson
3917 Clearacre Ln. #158
Reno, NV 89512

Servpro of Reno East/Central Sparks 9944
4750 Longley Lane #203
Reno, NV 89502
(775) 827-9944
EIN: 27-5007763

PAID
06/12/2013

JOB DATE	REP	SOURCE	TERMS
4/18/2013			Due on Receipt

Residential water damage restoration.

1,710.62

Sales Tax

0.00

\$1,710.62



DOCUMENTATION PROVIDED TO AQM
FROM MR R MICHAEL UHL
RE: PAUL'S HANDYMAN SERVICE (PAUL DUMINIE)
PROPERTY LOCATED AT 3917 CLEAR ACRE LANE UNIT #158, RENO NV 89506

Documents Provided By:

R. Michael Uhl

Transaction Details

Charge From Credit Card (Unique Transaction ID # 3XP520102B516445H)

Original Transaction				
Date	Type	Status	Details	Amount
Apr 25, 2013	Payment To THOMAS R Lee JR	Completed	Details	-\$3,200.00 USD

Related Transaction				
Date	Type	Status	Details	Amount
Apr 26, 2013	Charge From Credit Card	Completed	...	\$3,200.00 USD

Total amount: \$3,200.00 USD
 Fee amount: \$0.00 USD
 Net amount: \$3,200.00 USD

Date: Apr 26, 2013
 Time: 12:41:08 PDT
 Status: Completed

Your transfer from your credit card to your PayPal account is complete.

Subject: Credit Card
 Funding Type: Credit Card
 Transfer from: Visa Credit Card XXXX-XXXX-XXXX-5576

This transaction will appear on your bill as "PAYPAL *LEERUSTY05".

[Return to History](#)



Transaction Details

Payment Sent (Unique Transaction ID # 7N752734K06100616)

Original Transaction				
Date	Type	Status	Details	Amount
Apr 26, 2013	Payment To THOMAS R Lee JR	Completed	...	-\$3,200.00 USD

Related Transaction				
Date	Type	Status	Details	Amount
Apr 26, 2013	Charge From Credit Card	Completed	Details	\$3,200.00 USD

Sent to: THOMAS R Lee JR (The recipient of this payment is Verified)

Email: leerusty05@gmail.com

Amount sent: -\$3,200.00 USD

Fee amount: \$0.00 USD

Net amount: -\$3,200.00 USD

Date: Apr 26, 2013

Time: 12:41:08 PDT

Status: Completed

Subject: You have sent \$3,200.00 USD to THOMAS R Lee JR with PayPal

Funding Type: Credit Card

Funding Source: \$3,200.00 USD - Visa Credit Card XXXX-XXXX-XXXX-5576

This transaction will appear on your bill as "PAYPAL *LEERUSTY05".

[Return to History](#)

COPY OF BUSINESS CARDS PROVIDED TO AQM
FROM PAUL'S HANDYMAN SERVICE (MR PAUL DUMINIE);
MR ROY MICHAEL UHL
AND MR MIKE CRASHUIS, SERVPRO
RE: PAUL'S HANDYMAN SERVICE (PAUL DUMINIE)
PROPERTY LOCATED AT 3917 CLEAR ACRE LANE UNIT #158, RENO NV 89506



Paul Duminie
Owner

775-378-9314

Available 24/7

*There's no job too small -
I have time for them all!!!*

Life Unleashed
Service Animal Support
Advocacy
and Placement

Roy Michael Uhl
Care Manager/Advocate
rmuhl.lifeunleashed@gmail.com

2790 Wrondel Way
P.O. Box 269
Reno, NV 89502 775.622.5854

SERVPRO
Fire & Water - Cleanup & Restoration™

Independently Owned and Operated

IICRC
Institute of Inspection, Cleaning & Restoration Certification

Mike Grashuis
Owner

SERVPRO® of Reno East/Central Sparks
4750 Longley Lane
Suite 203
Reno, NV 89502

Bus: (775) 827-9944
Fax: (775) 827-9945
mgrashuis@servpro9944.net
servprorenoeastcentralsparks.com

Like it never even happened.®

COPY OF BUSINESS LICENSE ISSUED TO
PAUL DUMINIE HANDYMAN (MR PAUL DUMINIE);
RE: VIOLATION FOR PAUL'S HANDYMAN SERVICE
PROPERTY LOCATED AT 3917 CLEAR ACRE LANE UNIT #158, RENO NV 89506

LICENSE - NOT TRANSFERABLE
POST IN A CONSPICUOUS PLACE

YEAR LICENSE VALID

FROM 06/01/2012 TO 05/31/2013



COUNTY OF
WASHOE
NEVADA

LICENSE FEE PAID

\$75.00

LICENSE NUMBER

038467 B1202397

LICENSE TYPE

B1

This license is not transferred or assigned. It is valid only at the address and location shown below.

THIS CERTIFIES THAT
IN THE NAME OF
LOCATED AT

PAUL DUMENIE HANDYMAN
PAUL DUMENIE
9775 RED ROCK RD

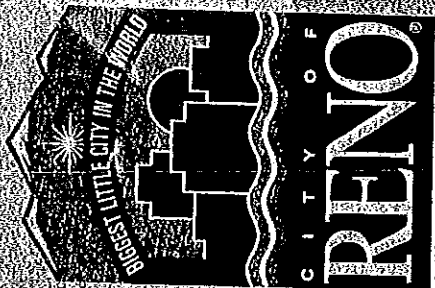
PAUL DUMENIE HANDYMAN
PAUL DUMENIE
9775 RED ROCK RD
RENO NV 89508

This license certifies that the name above has paid the required fees to the license collector of Washoe County and is hereby authorized to conduct business and is subject to the provisions of law.

LICENSE # 122765

EXPIRATION DATE 05/31/2013

RENO, WASHOE CO., NEVADA



THIS LICENSE MUST BE PLACED
IN A CONSPICUOUS PLACE

EFFECTIVE DATE 05/01/2012

BUSINESS CLASSIFICATION Maintenance/Handyman

BUSINESS LOCATION 9775 Red Rock Rd

NAME OF BUSINESS Paul Dunning Handyman

LICENSEE NAME AND ADDRESS Paul Dunning
9775 Red Rock Rd
RENO NV 89506

THIS LICENSE EXPIRES AS SPECIFIED
ABOVE

LICENSEE BUSINESS TO BE
CONDUCTED IN CONFORMITY WITH
AND SUBJECT TO THE PROVISIONS
OF THE ORDINANCES OF THE STATE
OF NEVADA

Paul Dunning
SIGNATURE
City of Reno



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: February 27, 2014

DATE: February 14, 2014

TO: District Board of Health

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

THROUGH: Eileen Stickney, Administrative Health Services Officer
775-328-2417, estickney@washoecounty.us

SUBJECT: Termination of Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District with an effective date of March 31, 2014 for the Hazardous Materials Grant Program, IO 10022.

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.

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

BACKGROUND

Environmental Health Services has maintained and renewed an interlocal agreement with the Nevada Division of Environmental Protection to complete Targeted Sector Inspections within Washoe County to determine compliance with hazardous waste rules and disposal requirements. Staff has determined the on-going hazardous waste and Targeted Sector Inspection Project no longer serves the community in an effective manner and lacks a true public health component. Current facilities inspected tend to be either out of business or a non-generators of waste while funding of the contract continues to decrease over time. Therefore, staff believes ending this contract will allow management to utilize current staff resources in other areas of the waste management program where their work may be more effective and productive to protecting public health and the environment.

PREVIOUS ACTION

The Washoe County District Board of Health approved the Interlocal Contract for the period July 1, 2013 through June 30, 2015 in the total amount of \$100,000 on March 12, 2013.

FISCAL IMPACT

Should the Board approve the termination of this Interlocal Contract, there is a fiscal impact to the program of a reduction of \$12,500 for FY14 and \$50,000 for FY15. Staff activities will be reassigned to other non-locally funded activities, primarily solid waste activities funded from the Tire Fund, IO-20269. There will not be a fiscal impact to the general fund.

RECOMMENDATION

Staff recommends that the District Board of Health terminate Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District with an effective date of March 31, 2014 for the Hazardous Materials Grant Program, IO 10022.

POSSIBLE MOTION

Move to terminate Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District with an effective date of March 31, 2014 for the Hazardous Materials Grant Program, IO 10022.



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: February 27, 2014

DATE: February 14, 2014
TO: District Board of Health
FROM: Erin Dixon, Fiscal Compliance Officer, Washoe County Health District
 775-328-2419, edixon@washoecounty.us
THROUGH: Eileen Stickney, Administrative Health Services Officer, Washoe County Health District, 775-328-2417, estickney@washoecounty.us

SUBJECT: Approval of Assistance Amendment B from the U.S. Environmental Protection Agency (EPA) for the period of 4/1/2008 – 3/31/2014 in the total amount of \$646,496 for the Air Quality Management, EPA Air Pollution Control Program, PM 2.5 Program; approve amendments totaling an increase of \$47,917 in both revenue and expense to the FY14 Air Quality Management, EPA Air Pollution Control Program, PM 2.5 Program, IO 10021.

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 receives a Grant Agreement from the EPA, which provides for grant funding for the on-going Air Pollution Control Program, PM 2.5 Program, IO 10021. A copy of Assistance Amendment B is attached.

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

PREVIOUS ACTION

There has been no previous action this fiscal year.

BACKGROUND

Assistance Amendment B was received on January 14, 2014 which provided an additional \$13,000 to monitor fine particulate matter with the diameter equal to or smaller than 2.5 micrometers (PM 2.5).

The Assistance Amendment B period is 4/1/2008 – 3/31/2014 in the total amount of \$646,496. There were two grant years where a total of \$34,917 was not spent (\$15,102 in grant year 08-09 and \$19,815 in grant year 12-13). A total of \$47,917 in budget amendment is necessary to align FY14 budget with Assistance Amendment B.

Air Quality Management staff monitor PM 2.5 with support from funding from multiple sources, including EPA, DMV (Department of Motor Vehicles) and local funds. This one time enhancement will provide a short term increase in staff time on IO 10021.

FISCAL IMPACT

Should the Board approve these budget amendments, the adopted FY 14 budget will be **increased by \$47,917.00** in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-10021-431100	Federal Revenue	\$47,917.00
2002-IO-10021-701110	Base Salaries	\$11,080.48
-701300	Overtime	\$216.68
-705110	Group Insurance	\$1,809.53
-705210	Retirement	\$2,991.24
-705230	Medicare	\$160.30
-710300	Operating Supplies	\$1,558.77
-711504	Equipment Non Capital	\$2,500
-781004	Equipment Capital	\$27,600
	Total Expenditures	\$47,917.00

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve Approval of Assistance Amendment B from the U.S. Environmental Protection Agency (EPA) for the period of 4/1/2008 – 3/31/2014 in the total amount of \$646,496 for the Air Quality Management, EPA Air Pollution Control Program, PM 2.5 Program; approve amendments totaling an increase of \$47,917 in both revenue and expense to the FY14 Air Quality Management, EPA Air Pollution Control Program, PM 2.5 Program, IO 10021.

POSSIBLE MOTION

Move to approve Assistance Amendment B from the U.S. Environmental Protection Agency (EPA) for the period of 4/1/2008 – 3/31/2014 in the total amount of \$646,496 for the Air Quality Management, EPA Air Pollution Control Program, PM 2.5 Program; approve amendments totaling an increase of \$47,917 in both revenue and expense to the FY14 Air Quality Management, EPA Air Pollution Control Program, PM 2.5 Program, IO 10021.

	U.S. ENVIRONMENTAL PROTECTION AGENCY Assistance Amendment	GRANT NUMBER (FAIN): 98963101 MODIFICATION NUMBER: B PROGRAM CODE: PM	DATE OF AWARD 01/07/2014
		TYPE OF ACTION Augmentation: Increase	MAILING DATE 01/14/2014
		PAYMENT METHOD: Advance	ACH# 90104
		Send Payment Request to: Las Vegas Finance Center, Fax (702) 798-2423	
RECIPIENT TYPE: County		PAYEE: Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520	
RECIPIENT: Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520 EIN: 88-6000138		Send Payment Request to: Las Vegas Finance Center, Fax (702) 798-2423	
PROJECT MANAGER Erin Dixon P.O. Box 11130 Reno, NV 89520 E-Mail: edixon@washoecounty.us Phone: 775-328-2419		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 PM2.5 Monitoring Network This assistance amendment increases the federal funding by \$13,000, from \$633,496, to the revised total approved assistance amount of \$646,496. The purpose of this grant amendment is to provide current year funding to the Washoe County Department of Health (WCDHD) to monitor fine particulate matter with the diameter equal to or smaller than 2.5 micrometers (PM 2.5) in order to determine compliance with the PM 2.5 National Ambient Air Quality Standards and determine deductions in air emissions. Administrative and programmatic terms and conditions numbered 1 through 18 and P1 through P3, remain in full force and effect (Refer to applicable terms and conditions as reflected in agreement, PM-989631-01-A). In addition, condition P4 (below) is added: P4. EPA may terminate the assistance agreement for failure to make sufficient progress so as to reasonably ensure completion of the project within the project period, including any extensions. EPA will measure sufficient progress by examining the performance required under the work plan in conjunction with the milestone schedule, the time remaining for performance within the project period, and/or the availability of funds necessary to complete the project.			
BUDGET PERIOD 04/01/2008 - 03/31/2014	PROJECT PERIOD 04/01/2008 - 03/31/2014	TOTAL BUDGET PERIOD COST \$646,496.00	TOTAL PROJECT PERIOD COST \$646,496.00
NOTICE OF AWARD			
Based on your Application dated 11/26/2013 including all modifications and amendments, the United States acting by and through the US Environmental Protection Agency (EPA) hereby awards \$13,000. EPA agrees to cost-share <u>100.00%</u> of all approved budget period costs incurred, up to and not exceeding total federal funding of \$646,496. Recipient's signature is not required on this agreement. The recipient demonstrates its commitment to carry out this award by either: 1) drawing down funds within 21 days after the EPA award or amendment mailing date; or 2) not filing a notice of disagreement with the award terms and conditions within 21 days after the EPA award or amendment mailing date. If the recipient disagrees with the terms and conditions specified in this award, the authorized representative of the recipient must furnish a notice of disagreement to the EPA Award Official within 21 days after the EPA award or amendment mailing date. In case of disagreement, and until the disagreement is resolved, the recipient should not draw down on the funds provided by this award/amendment, and any costs incurred by the recipient are at its own risk. This agreement is subject to applicable EPA 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			
Digital signature applied by EPA Award Official for Denise Zvanovec - Grants Management Officer Cheryl Filart - Award Official delegate			DATE 01/07/2014

EPA Funding Information

FUNDS	FORMER AWARD	THIS ACTION	AMENDED TOTAL
EPA Amount This Action	\$ 335,200	\$ 13,000	\$ 348,200
EPA In-Kind Amount	\$ 298,296	\$	\$ 298,296
Unexpended Prior Year Balance	\$ 0	\$	\$ 0
Other Federal Funds	\$ 0	\$	\$ 0
Recipient Contribution	\$ 0	\$	\$ 0
State Contribution	\$ 0	\$	\$ 0
Local Contribution	\$ 0	\$	\$ 0
Other Contribution	\$ 0	\$	\$ 0
Allowable Project Cost	\$ 633,496	\$ 13,000	\$ 646,496

Assistance Program (CFDA)	Statutory Authority	Regulatory Authority
66.034 - Surveys-Studies-Investigations-Demonstrations and Special Purpose Activities relating to the Clean Air Act	Clean Air Act: Sec. 103	40 CFR PART 31

Fiscal									
Site Name	Req No	FY	Approp. Code	Budget Organization	PRC	Object Class	Site/Project	Cost Organization	Obligation / Deobligation
-	1409M4S005	13	E1	09M4	102A04XPM	4112			13,000
									13,000

Budget Summary Page

Table A - Object Class Category (Non-construction)	Total Approved Allowable Budget Period Cost
1. Personnel	\$163,719
2. Fringe Benefits	\$61,881
3. Travel	\$4,000
4. Equipment	\$92,000
5. Supplies	\$6,600
6. Contractual	\$318,296
7. Construction	\$0
8. Other	\$0
9. Total Direct Charges	\$646,496
10. Indirect Costs: % Base	\$0
11. Total (Share: Recipient 0.00 % Federal 100.00 %.)	\$646,496
12. Total Approved Assistance Amount	\$348,200
13. Program Income	\$0
14. Total EPA Amount Awarded This Action	\$13,000
15. Total EPA Amount Awarded To Date	\$646,496

Table B - Program Element Classification (Non-construction)	Total Approved Allowable Budget Period Cost
1. Table A, Line 6 Contractual includes	\$
2. in-kind contractor support through	\$
3. an EPA-HQ national contract.	\$
4.	\$
5.	\$
6. Table A, Line 12, reflects total available	\$
7. drawdown amount.	\$
8.	\$
9.	\$
10.	\$
11. Total (Share: Recip % Fed %)	\$
12. Total Approved Assistance Amount	\$



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: February 27, 2014

DATE: February 14, 2014
TO: District Board of Health
FROM: Erin Dixon, Fiscal Compliance Officer, Washoe County Health District
 775-328-2419, edixon@washoecounty.us
THROUGH: Eileen Stickney, Administrative Health Services Officer
SUBJECT: Approve amendments totaling an increase of \$61,951.96 in both revenue and expense to the FY14 Advancing Conformance with the Voluntary National Retail Food Regulatory Grant Program (VNRFRPS), IO 11088.

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.

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

PREVIOUS ACTION

There has been no previous action this fiscal year.

BACKGROUND

The Washoe County Health District (District) received a Notice of Grant Award from U.S. Department of Health and Human Services, Food and Drug Administration in the amount of \$346,500 (\$69,300 per year), for the period September 12, 2012 through June 30, 2017 in support of the VNRFRPS Grant Program, IO 11088. The program did not expend all Year 1 funds and carried forward \$50,620 for a total FY 14 award of \$124,982. A copy of the Cooperative Agreement is attached.

To align the combined award with the FY14 adopted budget, additional adjustments are required. The difference in the FY14 original award (\$69,300 minus indirect costs of \$6,300) and FY14 adopted budget (\$51,668.04) of \$11,331.96 will also be included for a total adjustment of \$61,951.96.

FISCAL IMPACT

Should the Board approve these budget amendments, the adopted FY14 budget will be **increased by \$61,591.96** in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-11088-431100	Federal Revenue	\$61,951.96
-701130	Pooled Positions	(\$36,108.04)
-710508	Telephone	\$360
-710360	Postage	\$2,530
-710546	Advertising	\$2,530
-711210	Travel	\$1,740
-710100	Professional Services	\$90,900
	Total Expenditures	\$61,951.96

The difference between the carry forward award of \$55,682 and the budget amendment of \$50,620 is \$5,062 which will be collected in indirect revenue. No budget adjustment is needed for the indirect revenue.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve amendments totaling an increase of \$61,951.96 in both revenue and expense to the FY14 Advancing Conformance with the Voluntary National Retail Food Regulatory Grant Program (VNRFRPS), IO 11088.

POSSIBLE MOTION

Move to approve amendments totaling an increase of \$61,951.96 in both revenue and expense to the FY14 Advancing Conformance with the Voluntary National Retail Food Regulatory Grant Program (VNRFRPS), IO 11088.



Grant Number: 5U18FD004668-02

Principal Investigator(s):
Tony Macaluso

Project Title: Limited Competition: Advancing Conformance with the Voluntary National Retail Fo

Mr. Macaluso, Tony
Environmental Health Specialist Supervisor
PO Box 11130
Reno, NV 895200027

Award e-mailed to: genfield@washoecounty.us

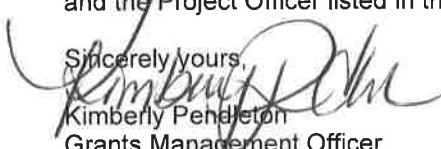
Budget Period: 07/01/2013 – 06/30/2014
Project Period: 09/12/2012 – 06/30/2017

Dear Business Official:

The Food and Drug Administration hereby awards a grant in the amount of \$69,300 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to COUNTY OF WASHOE in support of the above referenced project. This award is pursuant to the authority of PHS Act, Sec 1706.42 USC 300u-5, as amended; Sec 2(d), PL 98-551 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the Grants Management Specialist and the Project Officer listed in the terms and conditions.

Sincerely yours,

Kimberly Pendleton
Grants Management Officer
Office of Acquisitions & Grants Services
Division of Acquisition Support and Grants
Grants & Assistance Team
FOOD AND DRUG ADMINISTRATION

See additional information below

SECTION I – AWARD DATA – 5U18FD004668-02

Award Calculation (U.S. Dollars)

Salaries and Wages	\$15,560
Personnel Costs (Subtotal)	\$15,560
Travel Costs	\$1,740
Other Costs	\$15,420
Consortium/Contractual Cost	\$80,900

Federal Direct Costs	\$113,620
Federal F&A Costs	\$11,362
Approved Budget	\$124,982
Federal Share	\$124,982
Less Unobligated Balance	\$55,682
TOTAL FEDERAL AWARD AMOUNT	\$69,300

AMOUNT OF THIS ACTION (FEDERAL SHARE) \$69,300

SUMMARY TOTALS FOR ALL YEARS			
YR	THIS AWARD	CUMULATIVE TOTALS	
2	69,300	69,300	69,300
3	69,300	69,300	69,300
4	69,300	69,300	69,300
5	69,300	69,300	69,300

* Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

CFDA Number: 93.103
 EIN: 1886000138A1
 Document Number: UFD004668A
 Fiscal Year: 2013

	IC	CAN	02	03	04	05
FD		6990928	\$69,300	\$69,300	\$69,300	\$69,300

* Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

FDA Administrative Data:

PCC: / OC: 4141 / Processed: ERAAPPS 07/30/2013

SECTION II – PAYMENT/HOTLINE INFORMATION – 5U18FD004668-02

PHS policy requires that you be informed that the DHHS Inspector General maintains a toll free telephone number (800-368-5779) for receiving information concerning fraud, waste and abuse under the grants and cooperative agreements. Such reports will be kept confidential and callers may decline to give their names if they choose to remain anonymous.

Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Federal Assistance Financing (DFAF), Office of the Deputy Assistant Secretary, Finance, which will forward instructions for obtaining payments. Inquiries regarding the payment should be directed to:

Division of Federal Assistance Financing
DASP/DASF/OS/DHHS
P.O. Box 6021
Rockville, MD 20852
Telephone Number: 877-614-5533

Grantees are asked to register in the Central Contractor Registration (CCR) database. Information about CCR is available at http://www.grants.gov/applicants/register_ccr.jsp. This registration will be required as electronic grant processing is implemented.

SECTION III – TERMS AND CONDITIONS – 5U18FD004668-02

This award is based on the application submitted to, and as approved by, FDA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Grant Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The PHS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. An annual Financial Status Report (SF-269) is required. An original and two copies of this report must be submitted to the FDA Grants Management Officer within 90 days after the expiration date of the budget period.
- f. A Final Program Report, Financial Status Report and Invention Statement must be submitted within 90 days after the expiration date of the project period.
- g. This award notice, including the terms and conditions cited below.

Treatment of Program Income: Additional Costs

SECTION IV – FD Special Terms and Condition – 5U18FD004668-02

Voluntary Retail Standards Conditions of the Award

Special conditions:

Grant recipients are required to attend Strategic Planning training and submit a revised strategic plan based on the training. More details on this requirement will be provided by Office of Partnerships in the near future.

Provide funding certification of the current year's budget for the retail foods regulatory program to demonstrate that these funds have supplemented, and not replaced, State allocations. If a decrease in allocations does occur during the cooperative agreement, a detailed justification must be provided to FDA for approval.

Facilities, work, training, and other expenses reimbursed under other funding mechanisms must remain distinct and separate from the cooperative agreement.

Agree to share strategies, documents, and other resources developed using cooperative agreement funds with other programs to advance conformance with the Retail Standards and reduce the occurrence of contributing risk factors associated with foodborne illness. Grantees may be asked to provide summaries of projects that may be publicly shared.

Contribute to the continuous improvement and advancement of the Retail Standards. Contributions may include participation in committee meetings, presentations, promotion of new strategies, and sharing of resources.

Future funding will be dependent on recommendations from the Project Officer. The scope of the recommendation will confirm that acceptable progress has been made in advancing conformance with the Retail Standards, continued compliance with all FDA regulatory requirements, and, if necessary, a corrective action plan has been implemented.

Funding restrictions:

These awards may only be used for advancing conformance with the Retail Standards and other projects that support the intended outcomes of the cooperative agreement program.

Allowable costs include:

- 1) Audiovisual materials such as videotapes, DVDs, public service announcements, etc.
- 2) Consultant services
- 3) Employee salaries, wages and fringe benefits
- 4) Rental, purchasing, calibration, and maintenance of supplies and equipment
- 5) Indirect costs
- 6) Recruitment costs for hiring new employees
- 7) Registration fees
- 8) Purchase or development of IT equipment, software, and support
- 9) Shipping and mailing of equipment and supplies
- 10) Travel
- 11) Speaker fees
- 12) Subcontracting to third parties (other than local/county/tribal agencies) is allowed but limited to 10% of each year's award.

Non-allowable costs:

- 1) Facilities, work, and training reimbursed under other funding mechanisms must remain distinct and separate from the cooperative agreement. The State must be able to account separately for fund expenditures, including employee salaries, wages, and benefits, under the food safety inspection contracts and other funding mechanisms and these cooperative agreements.
- 2) Vehicle purchases are not permitted.
- 3) Cooperative agreement funds may not be utilized for new building construction; however, remodeling of existing facilities is allowed, provided that remodeling costs do not exceed 10% of the grant award amount.
- 4) Please also refer to the HHS Grants Policy Statement for additional information regarding costs.

Reporting requirements:

When multiple years are involved, awardees will be required to submit the Non-Competing Continuation Grant Progress Report (PHS 2590) annually and financial statements as required in the HHS Grants Policy Statement.

A final progress report, invention statement, and the expenditure data portion of the Federal Financial Report are required for closeout of an award, as described in the HHS Grants Policy Statement.

The Federal Funding Accountability and Transparency Act of 2006 (Transparency Act), includes a requirement for awardees of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later. All awardees of applicable HHS grants and cooperative agreements are required to report to the Federal Subaward Reporting System (FSRS) available at www.fsrs.gov on all subawards over \$25,000. See the HHS Grants Policy Statement for additional information on this reporting requirement.

Mid-year progress reports must contain the elements below as applicable to their proposal and award, but are not limited to, the following:

1. Detailed progress report on the grantee meeting the project milestones identified in the proposal.
2. Status report on the hiring and training of food program personnel

3. Status report on the operational readiness of equipment, supplies, software, and other purchases using cooperative agreement funds.
4. Certification of current appropriation funding levels for the retail food regulatory program.
5. A strategic plan that accurately reflects when specific objectives and tasks have been, or will be, completed and/or implemented and when new objectives and tasks are identified to advance conformance with the Retail Program Standards. The strategic plan should include timeframes, responsible personnel, and other required resources.
6. Description of program improvements in achieving conformance with the Retail Program Standards and promoting more effective control of foodborne illness risk factors in.
7. Cooperative agreement project point of contact (including mailing address, telephone number, and email address) and designation of key personnel working on project.
8. Estimated unobligated balance, funds expended, and funds remaining on this project.
9. Any pending issues, concerns, or challenges encountered in accomplishing the planned work. Provide corrective actions and proposed solutions. Identify any additional support that can be provided by FDA.

The final program progress report must provide full written documentation of the entire project and summaries of accomplishments and goals, as described in the grant application. The documentation must be in a form and contain sufficient detail such that other agencies could reproduce the final project. The final program progress report should also detail the strategy to continue advancing conformance with the Retail Program Standards (current and future versions).

Monitoring Activities

The ORA Project Officer and Technical Advisor will monitor award recipients periodically. The monitoring may be in the form of face-to-face meetings, telephone conversations, e-mails, or written correspondence between the project officer/grants management officer and the principal investigator. Periodic site visits with officials of the recipient organization will occur, including program assessments and audits. The results of these monitoring activities will be recorded in the official cooperative agreement file and will be made available to the grant recipient, upon request, consistent with applicable disclosure statutes and FDA disclosure regulations. Also, the grantee organization must comply with all special terms and conditions of the cooperative agreement, including those which state that future funding of the project will depend on recommendations from the Project Officer and Technical Advisor.

The scope of the recommendation will confirm that:

- (1) There has been acceptable progress on the project;
- (2) there is continued compliance with all FDA regulatory requirements; and
- (3) if necessary, there is an indication that corrective action has taken place.

All formal correspondence/reports regarding the grant should be signed by an authorized institutional official and the Principal Investigator and should be sent to the attention of the grants management specialist, unless otherwise directed.

Failure to comply with the above stated Standard and Special Terms and Conditions could result in the suspension or termination of this grant project.

THE EXPANDED AUTHORITIES DO NOT APPLY TO THIS GRANT.

Project Officer, Wendy Campbell for inquiries and questions regarding programmatic aspects or concerns: Phone 615-310-0483/E-mail: Wendy.Campbell@fda.hhs.gov

Grants Management Specialist, Dan Lukash for inquiries and questions regarding administrative matters or financial concerns: Phone: 301-827-6771/E-mail: daniel.lukash@fda.hhs.gov

Direct inquiries regarding scientific programmatic issues to the official listed below.

Direct inquiries regarding fiscal and/or administrative matters to the grants management specialist listed below.

All formal correspondence/reports regarding the grant should be signed by an authorized institutional official and the Principal Investigator and should be sent to the attention of the grants management specialist, unless otherwise explicitly directed.

STAFF CONTACTS

Grants Management Specialist: Daniel Lukash

SPREADSHEET SUMMARY

GRANT NUMBER: 5U18FD004668-02

INSTITUTION: COUNTY OF WASHOE

<i>Budget</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>
Salaries and Wages	\$15,560			
Personnel Costs (Subtotal)	\$15,560			
Travel Costs	\$1,740			
Other Costs	\$15,420			
Consortium/Contractual Cost	\$80,900			
TOTAL FEDERAL DC	\$113,620	\$63,000	\$63,000	\$63,000
TOTAL FEDERAL F&A	\$11,362	\$6,300	\$6,300	\$6,300
TOTAL COST	\$69,300	\$69,300	\$69,300	\$69,300



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: February 27, 2014

DATE: December 18, 2013

TO: District Board of Health

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

THROUGH: Eileen Stickney, Administrative Health Services Officer, Washoe County Health District, 775-328-2417, estickney@washoecounty.us

SUBJECT: Approve Notice of Subgrant Award for the period August 1, 2013 through July 31, 2014 in the total amount of \$136,833 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity (ELC) Affordable Care Act Federal Carry Forward Grant Program, IO TBA; Approve amendments totaling a net increase of \$13,396 in both revenue and expenses to the adopted FY 14 ELC – Carry Forward Grant budget, IO TBA; and if approved, 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 Division of Public and Behavioral Health for the period August 1, 2013 through July 31, 2014 in the total amount of \$136,833 in support of the Epidemiology and Laboratory Capacity Grant Program. A copy of Subgrant Award is attached.

District Board of Health strategic priority: Experience a low rate of communicable diseases.

BCC Strategic Objective supported by this item: Safe, secure and 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 FY14 Base ELC Grant Program (IO 10984) on September 26, 2013.

BACKGROUND

The Washoe County Health District is in receipt of an award from the State of Nevada Division of Public and Behavioral Health that allows us to carry forward the scope of work and funding of the Epidemiology and Laboratory Capacity Program – Building and Strengthening Epidemiology, grant 3U50CI000900-02S2, HD 13095 from the CDC. The award amount for the ELC grant (HD 13095) is \$136,833. The amount available to spend for the carry forward (unspent funds) is \$15,194.

Carry forward funding is not sustainable. As such, the Washoe County Health District will utilize this one-time funding of \$15,194 to partially support personnel expenditures associated with an existing Epidemiologist (pc#70002290), purchase a laser printer and recover indirect costs. Staff will override their time to the new internal order which will result in personnel savings in cost center 171700. These savings will help cover the unbudgeted increase in personnel costs associated with the cost of living increase approved by the Washoe Board of County Commissioners.

FISCAL IMPACT

This award was not anticipated in the FY14 budget. A budget amendment in the total amount of \$13,396 is necessary to bring the Award into alignment with the program budget.

Should the Board approve these budget amendments, the total adopted FY14 budget will be **increased by \$13,396** by adjustments to the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-TBA-431100	Federal Grants	\$13,396
2002-IO-TBA-701110	Base Salaries	8,769
2002-IO-TBA-705110	Group Insurance	1,240
2002-IO-TBA-705210	Retirement	2,251
2002-IO-TBA-705230	Medicare	122
2002-IO-TBA-711504	Equipment nonCapital	1,014
	Total Expenditures	\$13,396

The difference between the carry forward amount of \$15,194 and the budget amendment is \$1,798 which will be collected in indirect revenue. No budget adjustment is needed for the indirect revenue.

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

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve the Notice of Subgrant Award for the period August 1, 2013 through July 31, 2014 in the total amount of \$136,833 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity (ELC) Affordable Care Act Federal Carry Forward Grant Program, IO TBA; Approve amendments totaling a net increase of \$13,396 in both revenue and expenses to the adopted FY 14 ELC – Carry Forward Grant budget, IO TBA; and if approved, and if approved authorize the Chairman to execute.



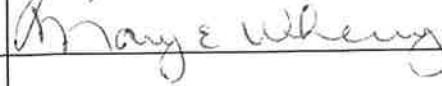

POSSIBLE MOTION

Move to approve the Notice of Subgrant Award for the period August 1, 2013 through July 31, 2014 in the total amount of \$136,833 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity (ELC) Affordable Care Act Federal Carry Forward Grant Program, IO TBA; Approve amendments totaling a net increase of \$13,396 in both revenue and expenses to the adopted FY 14 ELC – Carry Forward Grant budget, IO TBA; and if approved, and if approved authorize the Chairman to execute.

Department of Health and Human Services
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
 (hereinafter referred to as the DIVISION)

Division #: S14224
 Budget Account #: 3219
 Category#: 16
 GL #: 8516
 Job Number: 9352112H

NOTICE OF SUBGRANT AWARD

Program Name: Office of Public Health Informatics and Epidemiology Community Services Section Division of Public and Behavioral Health	Subgrantee Name: Washoe County Health District (WCHD)																					
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street Reno, NV 89502																					
Subgrant Period: August 1, 2013 through July 31, 2014	Subgrantee's EIN#: 88-6000138 Vendor#: T41107900 T402B3400Q Dun & Bradstreet#: 73-786-998																					
Reason for Award: This award is to carry on the scope of work and funding of the <i>Epidemiology and Laboratory Capacity (ELC) Program - Building and Strengthening Epidemiology</i> , grant 3U50CI000900-02S2, HD13095 from the CDC. The WCHD will use these funds to complete health information system development and exchange activities.																						
County(ies) to be served: () Statewide (X) Specific county or counties: Washoe County																						
Approved Budget Categories: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">1. Personnel</td> <td style="width:15%; text-align: right;">\$ 111,611</td> <td rowspan="7" style="width:55%; vertical-align: top; padding-left: 20px;"> Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work. </td> </tr> <tr> <td>2. Travel</td> <td style="text-align: right;">\$ 6,969</td> </tr> <tr> <td>3. Operating</td> <td style="text-align: right;">\$ 979</td> </tr> <tr> <td>4. Equipment</td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td>5. Contractual/Consultant</td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td>6. Other</td> <td style="text-align: right;">\$ 800</td> </tr> <tr> <td>7. Indirect</td> <td style="text-align: right;">\$ 16,474</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total Cost</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">\$ 136,833</td> <td></td> </tr> </table>		1. Personnel	\$ 111,611	Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.	2. Travel	\$ 6,969	3. Operating	\$ 979	4. Equipment	\$ -	5. Contractual/Consultant	\$ -	6. Other	\$ 800	7. Indirect	\$ 16,474	Total Cost			\$ 136,833		
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6. Other	\$ 800																					
7. Indirect	\$ 16,474																					
Total Cost																						
\$ 136,833																						
Disbursement of funds will be as follows: Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$136,833.00 during the subgrant period.																						
Source of Funds: 1. Centers for Disease Control and Prevention	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">% of Funds:</td> <td style="text-align: center;">CFDA#:</td> <td style="text-align: center;">Federal Grant #:</td> </tr> <tr> <td style="text-align: center;">100%</td> <td style="text-align: center;">93.521</td> <td style="text-align: center;">3U50CI000900-02S2</td> </tr> </table>	% of Funds:	CFDA#:	Federal Grant #:	100%	93.521	3U50CI000900-02S2															
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100%	93.521	3U50CI000900-02S2																				
Terms and Conditions In accepting these grant funds, it is understood that: <ol style="list-style-type: none"> 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 through E of this subgrant award. 																						
Washoe County Health District	Signature 	Date 12-19-13																				
Judy DuMonte Program Manager		10-11-2013																				
Mary Wherry Deputy Administrator		10.14.13																				
Richard Whitley, MS Administrator, Division of Public and Behavioral Health																						

pay 10/17

AS 10/17 call to [unclear]

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

As a condition of receiving subgranted funds from the Nevada Division of Public and Behavioral Health, 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 Division of Public and Behavioral Health.
2. Subgrantee agrees to submit reimbursement requests for only expenditures approved in the spending plan. Any additional expenditures beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Division of Public and Behavioral Health, may result in denial of reimbursement.
3. Approval of subgrant budget by the Division of Public and Behavioral Health constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Division of Public and Behavioral Health 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 Division of Public and Behavioral Health. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Division of Public and Behavioral Health.
 - 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 Division of Public and Behavioral Health 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 offeror 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 thereunder 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 Division of Public and Behavioral Health, 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. Division of Public and Behavioral Health subgrants are subject to inspection and audit by representatives of the Division of Public and Behavioral Health, 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 Division of Public and Behavioral Health (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 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH, 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.**

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

Description of services, scope of work, deliverables and reimbursement

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

- The Senior Epidemiologist will assist with communicable disease reporting, tracking, follow up, and analysis. Support to include sample size determination, data collection instrument development, analytical statistical analyses, report review, epidemiological software training, development, and implementation, outbreak response timeliness evaluation for Nevada Division of Public and Behavioral Health.
- The WCHD will submit written progress reports to the Nevada Division of Public and Behavioral Health electronically as required for the grant progress and annual reports. This report must have updates on current project progress as well as the future funding year project proposal and budget.
- Additional information may be requested by the Nevada Division of Public and Behavioral Health, 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 Division of Public and Behavioral Health through Grant Number 3U50CI000900-02S2 from Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada Division of Public and Behavioral Health nor Centers for Disease Control and Prevention (CDC)."
- Any activities performed under this subgrant shall acknowledge the funding was provided through the Nevada Division of Public and Behavioral Health by Grant Number 3U50CI000900-02S2 from the Centers for Disease Control and Prevention.
- Report detailed influenza data to include age of individual, date tested, type of test, subtyping of influenza (A, B) if available, and county of residence to the Nevada Division of Public and Behavioral Health on a weekly basis.

(continued on next page)

Subgrantee agrees to adhere to the following budget:

1. Personnel	\$ 111,611	To cover the salary and fringe for Lei Chen, Senior Epidemiologist
2. Travel	\$ 6,969	Local travel and to allow WCHD staff to attend the following out-of-state trainings/travel: CSTE Conference, West Coast Epi Conference, Epi In Action Course, Public Health Surveillance Course, and other related conferences/trainings.
3. Operating	\$ 979	To cover purchase of reference books and materials
4. Equipment	\$ 0	
5. Contractual/Consultant	\$ 0	
6. Other	\$ 800	To cover subscriptions to the Journal of Infectious Diseases, Journal of Clinical Infectious Diseases, etc.
7. Indirect	\$ 16,474	Calculated at 20% of salary only
Total Cost	\$ 136,833	

- Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.
- 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.
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

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

The Nevada Division of Public and Behavioral Health 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 \$136,833, for the entire subgrant period.
- Provide technical assistance, upon request from the Subgrantee.
- The Nevada Division of Public and Behavioral Health reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Nevada Division of Public and Behavioral Health.
- The Nevada Division of Public and Behavioral Health reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division of Public and Behavioral Health.

Both parties agree:

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

Reallocating funds to another subgrantee or funding recipient to address other identified Nevada Division of Public and Behavioral Health priorities, by removing it from this agreement through a subgrant amendment.

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

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

**DIVISION OF PUBLIC AND
BEHAVIORAL HEALTH**

NOTICE OF SUBGRANT AWARD
SECTION C
Financial Reporting Requirements

- '0° A Request for Reimbursement is due on a monthly or quarterly basis, based on the terms of the subgrant agreement, no later than the 15th of the month.
- '0° Reimbursement is based on actual expenditures incurred during the period being reported.
- '0° Payment will not be processed without all reporting being current.
- '0° Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.

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

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

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

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

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

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

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

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

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

Nevada Department of Health and Human Services

PUBLIC and BEHAVIORAL HEALTH

Division # S14224
 Bureau Program # 3219/16
 GL # 8516
 Draw #: _____

REQUEST FOR REIMBURSEMENT

Program Name: Office of Public Health Informatics and Epidemiology Nevada Division of Public and Behavioral Health	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street Reno, NV 89502
Subgrant Period: August 1, 2013 through July 31, 2014	Subgrantee EIN#: 88-6000138 Subgrantee Vendor#: <i>T40283 fax</i> T41107900

FINANCIAL REPORT AND REQUEST FOR FUNDS

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

Month(s): _____ **Calendar Year:** _____

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year To Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$ 111,611	\$ 0	\$ 0	\$ 0	\$ 111,611	0%
2 Travel	\$ 6,969	\$ 0	\$ 0	\$ 0	\$ 6,969	0%
3 Operating	\$ 979	\$ 0	\$ 0	\$ 0	\$ 979	0%
4 Equipment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	-
5 Contract/Consultant	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	-
6 Other	\$ 800	\$ 0	\$ 0	\$ 0	\$ 800	0%
7 Indirect	\$ 16,474	\$ 0	\$ 0	\$ 0	\$ 16,474	0%
8 Total	\$ 136,833	\$ 0	\$ 0	\$ 0	\$ 136,833	0%

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

Authorized Signature _____ Title _____ Date _____

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

FOR DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

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

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

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

**NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH, 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 NO
3. When does your fiscal year end? June 30, 2014
4. Official name of organization? Washoe County Health District
5. How often is your organization audited? Annually
6. When was your last audit performed? FY12 - Accepted by BCC 11/13/12
FY13 - in process
7. What time period did it cover? 7/1/12 - 6/30/13
8. Which accounting firm conducted the audit? Kafoury, Armstrong & Co

SIGNATURE

TITLE

DATE

SECTION E

BUSINESS ASSOCIATE ADDENDUM

BETWEEN

Nevada Division of Public and Behavioral Health
Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District
Hereinafter referred to as the "Business Associate".

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

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

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

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

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

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

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

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

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

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

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

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

Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.

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

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

1. **Permitted Uses and Disclosures:**

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

2. **Prohibited Uses and Disclosures:**

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

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

IV. OBLIGATIONS OF COVERED ENTITY

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

V. TERM AND TERMINATION

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

VI. MISCELLANEOUS

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

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

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

COVERED ENTITY

BUSINESS ASSOCIATE

Division of Public and Behavioral Health
(Enter Division Name)

Washoe County Health District
(Enter Business Name)

4150 Technology Way
(Enter Division Address)

1001 E. 9th Street
(Enter Business Address)

Carson City, NV 89706
(Enter Division City, State and Zip Code)

Reno, NV 89512
(Enter Business City, State and Zip Code)

775-684-4200
(Enter Division Phone Number)

(775) 328-2400
(Enter Business Phone Number)

775-684-4211
(Enter Division Fax Number)

(775) 328-3752
(Enter Business Fax Number)

(Authorized Signature)

(Authorized Signature)

Richard Whitley
(Print Name)

(Print Name)

Administrator
(Title)

(Title)



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: February 27, 2014

DATE: February 18, 2014

TO: District Board of Health

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

THROUGH: Eileen Stickney, Administrative Health Services Officer, Washoe County Health District, 775-328-2417, estickney@washoecounty.us

SUBJECT: Approval of Subgrant Amendment #3 from the Division of Public and Behavioral Health in the amount of \$760,946 for the budget period July 1, 2013 through June 30, 2014 (BP2) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness 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 Subgrant Amendment #3 from the Division of Public and Behavioral Health for the period July 1, 2013 through June 30, 2014 in the amount of \$760,946 in support of the CDC Public Health Preparedness Grant Program. A copy of Subgrant Amendment #3 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.

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 in the amount of \$665,000 for the period July 1, 2012 to June 30, 2013 in support of the CDC Public Health Preparedness Program at their August 23, 2012 meeting. The Board approved Subgrant Amendment #1 (Scope of Work) on October 25, 2012. Subgrant Amendment #2 in the amount of \$1,045,473 and budget amendment in the amount of \$128,275 was approved on September 26, 2013.

BACKGROUND

The Nevada State Health Division has awarded the Public Health Preparedness Program the second half of funding for the period January 1, 2014 through June 30, 2014 in the amount of \$380,473.

FISCAL IMPACT

There is no additional fiscal impact should the Board accept Subgrant Amendment #3.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve Subgrant Amendment #3 from the Division of Public and Behavioral Health in the amount of \$760,946 for the budget period July 1, 2013 through June 30, 2014 (BP2) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; and if approved authorize the Chairman to execute.

POSSIBLE MOTION

Move to approve Subgrant Amendment #3 from the Division of Public and Behavioral Health in the amount of \$760,946 for the budget period July 1, 2013 through June 30, 2014 (BP2) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; and if approved authorize the Chairman to execute.

Department of Health and Human Services

Division Public & Behavioral Health

(hereinafter referred to as the DIVISION)

Division #: 13015-3
 Program #: CDC08-13
 Budget Account #: 3218
 Category #: 22
 GL #: 8516
 Job #: 9306913

SUBGRANT AMENDMENT #3

Program Name: Public Health Preparedness Health Planning & Emergency Response Division Public & Behavioral Health	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street Reno, NV 89520
Subgrant Period: July 1, 2012 through June 30, 2017	Subgrantee's EIN#: 88-6000138
Subgrant Budget Period: July 1, 2013 through June 30, 2014	Vendor#: T40283400Q Dun & Bradstreet#: 073786998

Source of Funds:	% of Funds:	CFDA#:	Federal Grant #:
1. Center for Disease Control and Prevention	100%	93.069	5U90TP000534-02

Amendment #3:
 The purpose of this amendment is to increase the funding by \$380,473.00 to cover expenses incurred during six months of Budget Period 2 (January 1, 2014 through June 30, 2014). The total for Budget Period 2 subgrant award is \$760,946.00.

	Budget BP2 (7/1/13-12/31/13)	Amendment #3 Budget Increase (1/1/14-6/30/14)	BP2 Budget Total (7/1/13-6/30/14)
1. Personnel	\$ 269,172.50	\$ 269,172.50	\$ 538,345.00
2. Contractual/Consultant	\$ 57,112.00	\$ 57,112.00	\$ 114,224.00
3. Travel	\$ 5,062.00	\$ 5,062.00	\$ 10,124.00
4. Equipment	\$ 0.00	\$ 0.00	\$ 0.00
5. Supplies	\$ 2,625.00	\$ 2,625.00	\$ 5,250.00
6. Other	\$ 6,125.50	\$ 6,125.50	\$ 12,251.00
7. Indirect	\$ 40,376.00	\$ 40,376.00	\$ 80,752.00
Total Cost	\$ 380,473.00	\$ 380,473.00	\$ 760,946.00

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

Authorized Sub-grantee Official Title	Signature	Date
Erin Seward Health Program Manager II, PHP	<i>Erin Seward</i>	1/7/14
Chad Westom Bureau Chief	<i>Chad Westom</i>	1.7.14
Richard Whitley, MS Administrator, Division of Public and Behavioral Health	<i>[Signature]</i>	1-13-14

FOR
1/13/14

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

SECTION A
Assurances

- All original terms and conditions remain unchanged.

SECTION B

- Description of services, scope of work, and deliverables for Budget Period 2 (BP2) remains unchanged from Amendment #2.

Subgrantee agrees to adhere to the following total budget for BP2 (July 1, 2013 – June 30, 2014):

1. Personnel	\$ 538,345	
		\$ 114,261 Director, Epidemiology and Public Health Prep 75%
		\$ 60,297 Public Health Preparedness Manager 70%
		\$ 28,874 Administrative Secretary 50%
		\$ 55,170 Public Health Emergency Response Coordinator 95%
		\$ 50,875 Health Educator II 75%
		\$ 43,316 Public Information Officer 65%
		\$ 3,780 Public Health Emergency Response Coordinator 5%
		\$ 25,538 MRC Program Coordinator 50%
		\$ 4,355 Epidemiologist - Intermittent Hrly Position 100%
		\$ 500 PHP staff overtime
		\$ 151,379 Fringe Benefits (39.12%).
2. Contractual/ Contract Services	\$ 114,224	
		\$ 540 Translation/Interpretation Services
		\$ 27,309 Temporary Services
		\$ 30,000 Public Information/Public Warning Consultant
		\$ 7,980 Media Buy Consultant
		\$ 35,000 Training In Person
		\$ 5,500 On-line Training support for WCHD staff
		\$ 5,000 Summit Support
		\$ 200 Survey Monkey
		\$ 2,695 Media Tracking
3. Travel	\$ 10,124	In-State and Out-of-State Travel in accordance with Federal GSA Rates Travel to attend training and conferences in support of accomplishing grant objectives in public health such as but not limited to:
		\$ 3,550 In-State Travel: Partners Mtg in Las Vegas – 2 staff Airfare (\$410x2)=\$820 + Meals & Mileage(\$110 x 2)= \$220 Epidemiology Class @ UNR – 4 staff = \$2,510
		\$ 6,574 Out of State Travel: NACCHO Summit, Atlanta, GA --3 staff / 4 days Airfare (\$750 x 3)=\$2,250+Per Diem & mileage = \$4,324
4. Equipment	\$ 0	
5. Supplies	\$ 5,250	Office Supplies (\$5,000) and Operating Supplies (\$250).
6. Other	\$ 12,251	Telephone Services (\$5,000); Postage (\$50); Copy Machine (\$250); Printing (\$300); Books, Publications & Subscriptions (\$825); Membership Dues (\$635); Educational Supplies (\$500); Equipment Repair (\$500); Minor Furniture and Equipment (\$250); Rental Space/Meeting (\$1,500); Incentives (\$250); Rental Space – Antiviral Storage (\$500); Equipment Services – Vehicle asset Management Fee (\$1,080); Operating and

Maintenance (\$50); Fuel Charge (for truck) (\$25) and Satellite phones (\$536).

7. Indirect \$ 80,752 15.0% Direct Costs excluding capital expenditures, sub-awards and flow through funds.

Total Cost \$ 760,946

- The maximum approved funding under this subgrant has increased by \$380,473.00 for 6 months of BP2 which covers January 1, 2014 through June 30, 2014 for a total of \$760,946 for BP2.
- As stated in Section B of Notice of Subgrant Award the subgrantee is limited to a 10% funding adjustment without prior approval. Due to the delays in Budget Period 2 funding award, we have removed the allowable limit on funding adjustments for Budget Period 2 only as long as these adjustments do not impact the ability to complete the agreed Scope of Work for Budget Period 2. Written request to redirect is needed for tracking purposes only. As originally stated in the subgrant Section B, changes to the Scope of Work cannot be made without prior approval from the Division of Public and Behavioral Health and the federal funding agency.
- During BP2 WCHD may submit a written request for carry-over of unexpended funding into the next budget period. The carry-over request may not exceed 10% of the current budget period awarded amount or a total equal to or less than \$76,094.60. The request to carry-over must be submitted by April 30, 2014 and include a breakdown of estimated carry-over funding by category and by capability, reason or barriers which resulted in the carry-over and the planned scope of work to be completed with these carry-over funds. Please note that a Carry-Over request is not a guarantee.
- Subgrantee agrees to cost share/match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The total Cost Sharing/Match for BP2 will increase by \$38,047.30 for a grand total Cost Sharing/Match for BP2 of \$76,094.60. Documentation of match, including methods and sources must be available upon request of Division Public & Behavioral Health. Subgrantee will sign attached Match Certification (Attachment 1).

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

Request for Reimbursement form

- ∞ A Request for Reimbursement is due on a **monthly** basis, based on the terms of the subgrant agreement, no later than the **30th** 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 and without the Reimbursement Worksheet.
- ∞ 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.

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

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

Nevada Department of Health and Human Services

**Division Public & Behavioral Health
Public Health Preparedness Program**

Division # 13015-3

Program # CDC08-13

GL # 8516

Job #: 9306913

Draw #: _____

Budget Period 2

REQUEST FOR REIMBURSEMENT

Program Name: Public Health Preparedness Health Planning & Emergency Response Nevada State Health Division	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 200 Carson City, NV 89706	Address: 1001 East Ninth Street Reno, NV 89520
Subgrant Period: July 1, 2012 through June 30, 2017 Subgrant Budget Period: July 1, 2013 through June 30, 2014	Subgrantee EIN #: 88-6000138 Subgrantee Vendor #: T40283400Q Dun & Bradstreet #: 73786998

FINANCIAL REPORT AND REQUEST FOR FUNDS

(report in dollars and cents; must be accompanied by expenditure report/back-up)

Month(s): _____ **Calendar Year:** _____

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year To Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$ 538,345.00	\$ 215,241.90	\$ 0.00	\$ 215,241.90	\$ 323,103.10	40%
2 Contract/Consultant	\$ 114,224.00	\$ 7,688.42	\$ 0.00	\$ 7,688.42	\$ 106,535.58	7%
3 Travel	\$ 10,124.00	\$ 965.12	\$ 0.00	\$ 965.12	\$ 9,158.88	10%
4 Supplies	\$ 5,250.00	\$ 1,800.22	\$ 0.00	\$ 1,800.22	\$ 3,449.78	34%
5 Equipment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
6 Other	\$ 12,251.00	\$ 7,609.03	\$ 0.00	\$ 7,609.03	\$ 4,641.97	62%
7 Indirect	\$ 80,752.00	\$ 23,131.65	\$ 0.00	\$ 23,131.65	\$ 57,620.35	0%
8 Total	\$ 760,946.00	\$ 256,436.34	\$ 0.00	\$ 256,436.34	\$ 504,509.66	34%

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

Authorized Signature _____ Title _____ Date _____

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

FOR HEALTH DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

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

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

ATTACHMENT 1

CDC08-13

Nevada State / Division Public & Behavioral Health
Public Health Preparedness Program
Match Certification

Date: _____

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: HPP and PHEP Cooperative Agreement _____

Project Grant #: 5U90TP000534-02 _____

Duration: From: January 1, 2014 To: June 30, 2014

Total cost sharing/matching cost contribution: \$38,047.30/ Percentage: 10% _____

Source of cost sharing/matching cost contribution:

Name: _____

Account # (if applicable): _____

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

Washoe County Health District

Name and Title
(Funding Recipient)

Signature

Date



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: February 27, 2014

DATE: February 18, 2014

TO: District Board of Health

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

THROUGH: Eileen Stickney, Administrative Health Services Officer, Washoe County Health District, 775-328-2417, estickney@washoecounty.us

SUBJECT: **Approval of Subgrant Amendment #3 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period January 1, 2012 through December 31, 2014, in the amount of \$317,061 (reduced from \$389,206), in support of the HIV Prevention Grant Program, IO 10013; 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 Amendment #2 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of \$317,061, for the period January 1, 2013 through December 31, 2014 in support of the HIV Prevention program, IO 10013. A copy of Amendment #3 is attached.

District Board of Health strategic priority supported by this item: Experience a low rate of communicable disease.

Approval of Amendment #3 also supports the District's Community & Clinical Health Services Division Sexual Health program's mission to provide comprehensive prevention education, treatment, and surveillance activities in Washoe County that reduce the incidence of STD infection including HIV. The Sexual Health Program emphasizes strategies that empower individuals to decrease risk-related behaviors, thereby decreasing the incidence of new STD and HIV infections in the community.

PREVIOUS ACTION

The District Board of Health approved the following:

- 1) Notice of Subgrant Award in the amount of \$486,542 (per calendar year) in support of the HIV Prevention Program on February 23, 2012 for the period January 1, 2012 through December 31, 2013. 2)
- 2) Subgrant Amendment #1 for the period January 1, 2012 through December 31, 2014 in the amount of \$460,145 was approved on March 28, 2013.

- 3) The retroactive approval of District Health Officer acceptance of Subgrant Amendment #2 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period January 1, 2012 through December 31, 2014, in the amount of \$389,206 (reduced from \$460,145),

BACKGROUND

The Subgrant has been adjusted to reduce funding from \$389,206 to \$317,061 for calendar year 2014.

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

FISCAL IMPACT

This is a calendar year grant and sufficient budget authority exists through June 30, 2014. As such, no budget amendment is necessary.

RECOMMENDATION

Staff recommends that the District Board of Health approve Subgrant Amendment #3 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period January 1, 2012 through December 31, 2014, in the amount of \$317,061 (reduced from \$389,206), in support of the HIV Prevention Grant Program, IO 10013; and if approved authorize the Chairman to execute.

POSSIBLE MOTION

Move to approve Subgrant Amendment #3 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period January 1, 2012 through December 31, 2014, in the amount of \$317,061 (reduced from \$389,206), in support of the HIV Prevention Grant Program, IO 10013; and if approved authorize the Chairman to execute.

Nevada Department of Health and Human Services
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
 (hereinafter referred to as the DIVISION)

Amendment #: 12132-3

Budget Account # 3215
 Category #: 15
 GL #: 8503
 Job Number: 9394013


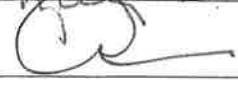
SUBGRANT AMENDMENT #3

Program Name: HIV Prevention Program Bureau of Child, Family & Community Wellness Division of Public and Behavioral Health		Subgrantee Name: Washoe County Health District Attn: Eileen Stickney	
Address: 4150 Technology Way, Suite #106 Carson City, NV 89706-2009		Address: P. O. Box 11130 Reno, NV 89520-0027	
Original Subgrant Period: January 1, 2012 – December 31, 2014		Subgrantee EIN#: 88-60000138 Subgrantee Vendor#: T40283400Q Dun & Bradstreet #: 73786998	
Source of Funds: 1. Centers for Disease Control and Prevention (CDC)	% of Funds: 100%	CFDA#: 93.940	Federal Grant #: 5U62PS003654-02

Amendment #3: The purpose of this amendment is to reduce funding by \$72,145 due to a budget reduction by the Centers for Disease Control and Prevention (CDC). Additionally, this subgrant amends the Scope of Work to require the subgrantee to meet a overall 1% HIV positivity rate and reduces the HIV testing requirement to 2,000 HIV tests annually. Total reimbursement will not exceed **\$317,061** per year.

Budget Categories	From	Reduction of funds	To
Personnel	\$290,280	(\$41,973)	\$248,307
Travel	\$3,300	(\$1,500)	\$1,800
Operating	\$4,704	<0>	\$4,704
Supplies	\$16,000	(\$7,950)	\$8,050
Contractual	<0>	<0>	<0>
Other	\$49,560	(\$17,119)	\$32,441
Indirect	\$25,362	(\$3,603)	\$21,759
Total Cost	\$389,206	(\$72,145)	\$317,061

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

	Signature	Date
Washoe County Health Dist Lyell S. Collins, MBA Program Manager		12/30/13
Christine Mackie Deputy Bureau Chief		12/30/13
Richard Whitley, MS Administrator, Division of Public and Behavioral Health		

12/13 by 1/4/14



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: February 27, 2014

DATE: February 18, 2014

TO: District Board of Health

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

THROUGH: Eileen Stickney, Administrative Health Services Officer, Washoe County Health District, 775-328-2417, estickney@washoecounty.us

SUBJECT: Approval of Subgrant Amendment #3 from the Division of Public and Behavioral Health in the amount of \$438,693.00 for the budget period July 1, 2013 through June 30, 2014 (BP2) in support of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness 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 Subgrant Amendment #3 from the Nevada State Health Division for the period July 1, 2013 through June 30, 2014 in the amount of \$438,693 in support of the Public Health Preparedness ASPR Grant Program. A copy of the Subgrant Amendment #3 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.

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 in the amount of \$404,044 for the period July 1, 2012 to June 30, 2013 in support of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program at their August 23, 2012 meeting. The Board approved Subgrant Amendment #1 (Scope of Work only) on November 15, 2012. Subgrant Amendment #2 in the total amount of \$623,386.50 and a budget amendment in the amount of \$37,058 on September 26, 2013.

BACKGROUND

The Nevada State Health Division has awarded the Public Health Preparedness Program the second half of funding for the period January 1, 2014 through June 30, 2014 in the amount of \$219,346.50.

FISCAL IMPACT

There is no additional fiscal impact should the Board accept Subgrant Amendment #3.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve Subgrant Amendment #3 from the Division of Public and Behavioral Health in the amount of \$438,693.00 for the budget period July 1, 2013 through June 30, 2014 in support of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program; and if approved authorize the Chairman to execute.

POSSIBLE MOTION

Move to approve Subgrant Amendment #3 from the Division of Public and Behavioral Health in the amount of \$438,693.00 for the budget period July 1, 2013 through June 30, 2014 in support of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program; and if approved authorize the Chairman to execute.

Department of Health and Human Services

Division Public & Behavioral Health

(hereinafter referred to as the DIVISION)

Division #: 13008-3

Program #: ASPR07-13

Budget Account #: 3218

Category #: 23

GL #: 8516

Job #: 9388913

SUBGRANT AMENDMENT #3

Program Name: Public Health Preparedness Health Planning & Emergency Response Division Public & Behavioral Health	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street Reno, NV 89520
Subgrant Period: July 1, 2012 through June 30, 2017 Subgrant Budget Period: July 1, 2013 through June 30, 2014	Subgrantee's EIN#: 88-6000138 Vendor#: T40283400Q Dun & Bradstreet#: 073786998

Source of Funds:	% of Funds:	CFDA#:	Federal Grant #:
1. ASPR Hospital Preparedness Program	100%	93.889	5U90TP000534-02

Amendment #3:
The purpose of this amendment is to increase the funding by \$219,346.50 to cover expenses incurred during six months of Budget Period 2 (January 1, 2014 through June 30, 2014). The total for Budget Period 2 subgrant award is now \$438,693.00.

	Budget BP2 (7/1/13-12/31/13)	Amendment #3 Budget Increase (1/1/14-6/30/14)	BP2 Budget Total (7/1/13-6/30/14)
1. Personnel	\$ 139,421.00	\$ 139,421.00	\$ 278,842.00
2. Contractual/Consultant	\$ 32,017.00	\$ 32,017.00	\$ 64,034.00
3. Travel	\$ 7,862.50	\$ 7,862.50	\$ 15,725.00
4. Equipment	\$ 14,303.00	\$ 14,303.00	\$ 28,606.00
5. Supplies	\$ 1,125.00	\$ 1,125.00	\$ 2,250.00
6. Other	\$ 3,705.00	\$ 3,705.00	\$ 7,410.00
7. Indirect	\$ 20,913.00	\$ 20,913.00	\$ 41,826.00
Total Cost	\$ 219,346.50	\$ 219,346.50	\$ 438,693.00

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

Authorized Sub-grantee Official Title	Signature	Date
Erin Seward Health Program Manager II, PHP	<i>Erin Seward</i>	1/7/14
Chad Westom Bureau Chief	<i>Chad Westom</i>	1.7.14
Richard Whitley, MS Administrator, Division of Public and Behavioral Health	<i>Valpers for R Whitley</i>	1/15/14

pon 1/13/14
address 1/14/14

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

SECTION A

Assurances

- All original terms and conditions remain unchanged.

SECTION B

- Description of services, scope of work, and deliverables for Budget Period 2 (BP2) remains unchanged from Amendment #2.

Subgrantee agrees to adhere to the following total budget for BP2 (July 1, 2013 – June 30, 2014):

1. Personnel	\$ 278,842	<table border="0" style="margin-left: 20px;"> <tr><td>\$ 7,617</td><td>Director, Epidemiology & Health Preparedness</td><td style="text-align: right;">5%</td></tr> <tr><td>\$ 25,842</td><td>Public Health Preparedness Manager</td><td style="text-align: right;">30%</td></tr> <tr><td>\$ 28,874</td><td>Administrative Secretary</td><td style="text-align: right;">50%</td></tr> <tr><td>\$ 71,825</td><td>Public Health Emergency Response Coordinator</td><td style="text-align: right;">95%</td></tr> <tr><td>\$ 16,958</td><td>Health Educator II</td><td style="text-align: right;">25%</td></tr> <tr><td>\$ 25,538</td><td>MRC Program Coordinator</td><td style="text-align: right;">50%</td></tr> <tr><td>\$ 3,332</td><td>Public Information Officer</td><td style="text-align: right;">5%</td></tr> <tr><td>\$ 2,904</td><td>Public Health Emergency Response Coordinator</td><td style="text-align: right;">5%</td></tr> <tr><td>\$ 21,434</td><td>Environmental Health Specialist (Overtime)</td><td></td></tr> <tr><td>\$ 74,518</td><td>Fringe Benefits (40.744%)</td><td></td></tr> </table>	\$ 7,617	Director, Epidemiology & Health Preparedness	5%	\$ 25,842	Public Health Preparedness Manager	30%	\$ 28,874	Administrative Secretary	50%	\$ 71,825	Public Health Emergency Response Coordinator	95%	\$ 16,958	Health Educator II	25%	\$ 25,538	MRC Program Coordinator	50%	\$ 3,332	Public Information Officer	5%	\$ 2,904	Public Health Emergency Response Coordinator	5%	\$ 21,434	Environmental Health Specialist (Overtime)		\$ 74,518	Fringe Benefits (40.744%)	
\$ 7,617	Director, Epidemiology & Health Preparedness	5%																														
\$ 25,842	Public Health Preparedness Manager	30%																														
\$ 28,874	Administrative Secretary	50%																														
\$ 71,825	Public Health Emergency Response Coordinator	95%																														
\$ 16,958	Health Educator II	25%																														
\$ 25,538	MRC Program Coordinator	50%																														
\$ 3,332	Public Information Officer	5%																														
\$ 2,904	Public Health Emergency Response Coordinator	5%																														
\$ 21,434	Environmental Health Specialist (Overtime)																															
\$ 74,518	Fringe Benefits (40.744%)																															
2. Contractual/ Contract Services	\$ 64,034	Part-Time Clerical Assistant, Translation/Interpretation Services, Consultant/Contract Services: MRC Training Classes, Northern Nevada Disaster Victim Recovery Team Project (NNDVRT), Continuity of Operations Planning (COOP) Project, NNDVRT Training, Call Center Training and Media Buy.																														
3. Travel	\$ 15,725	In State Travel and Out of State Travel -- In compliance with Federal GSA rates Health Educator to attend Leadership Training (\$2,500); PHP staff to attend Partners Mtg in Las Vegas (\$2,300); Health Educator to attend Nevada Public Health Association annual meeting (\$175); PHP staff to attend ASPR Conf, PHP Conf and MRC Conf (\$7,750 – includes registration fees) and NNDVRT project travel for table top (\$3,000).																														
4. Equipment	\$ 28,606	WebEOC Annual Maint. Fee for WCHD Instance (\$9,000), WebEOC Annual Maint. Fee for WCHD Resource Manager (\$3,000), Air Purifier Systems (\$2,382), Prox Reader and installation (\$2,224), and Medical Examiner Equipment (\$12,000).																														
5. Supplies	\$ 2,250	Office Supplies (\$2000) and Operating Supplies (\$250)																														
6. Other	\$ 7,410	Telephone Services (\$2,160), Postage (\$50), Copy Machine (\$200), Educational Supplies (\$2,250), MRC Program Supplies (\$750), Rental Space / Meeting room (\$800), and Printing (\$1,200).																														
7. Indirect	<u>\$ 41,826</u>	Indirect Costs (15%)																														
Total Cost	\$ 438,693																															

- The maximum approved funding under this subgrant has increased by \$219,346.50 for 6 months of BP2 which covers January 1, 2014 through June 30, 2014 for a total award of \$438,693 for BP2.
- As stated in Section B of Notice of Subgrant Award the subgrantee is limited to a 10% funding adjustment without prior approval. Due to the delays in Budget Period 2 funding award, we have removed the allowable limit on funding adjustments for Budget Period 2 only as long as these adjustments do not impact the ability to complete the agreed Scope of Work for Budget Period 2. Written request to redirect is needed for tracking purposes only. As originally stated in the subgrant Section B, changes to the Scope of Work cannot be made without prior approval from the Division of Public and Behavioral Health and the federal funding agency.
- During BP2 WCHD may submit a written request for carry-over of unexpended funding into the next budget period. The carry-over request may not exceed 10% of the current budget period awarded amount or a total equal to or less than \$43,869.30. The request to carry-over must be submitted by April 30, 2014 and include a breakdown of estimated carry-over funding by category and by capability, reason or barriers which resulted in the carry-over and the planned scope of work to be completed with these carry-over funds. Please note that a Carry-Over request is not a guarantee.
- Subgrantee agrees to cost share/match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The total Cost Sharing/Match for BP2 will increase by \$21,934.65 for a grand total Cost Sharing/Match for BP2 of \$43,869.30. Documentation of match, including methods and sources must be available upon request of Division Public & Behavioral Health. Subgrantee will sign attached Match Certification (Attachment 1).

DIVISION PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD
SECTION C
Financial Reporting Requirements

Request for Reimbursement form

- ☞ A Request for Reimbursement is due on a **monthly** basis, based on the terms of the subgrant agreement, no later than the **30th** 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 and without the Reimbursement Worksheet.
- ☞ 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.

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

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

Nevada Department of Health and Human Services

Division Public & Behavioral Health

Public Health Preparedness Program

Division #: 13008-3

Program #: ASPR07-13

GL #: 8516

Job #: 9388913

Draw #: _____

BUDGET PERIOD 2

REQUEST FOR REIMBURSEMENT

Program Name: Public Health Preparedness Health Planning & Emergency Response Nevada State Health Division	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 200 Carson City, NV 89706	Address: 1001 East Ninth Street Reno, NV 89520
Subgrant Period: July 1, 2012 through June 30, 2017	Subgrantee EIN #: 88-6000138
Subgrant Budget Period: July 1, 2013 through June 30, 2014	Subgrantee Vendor #: T40283400Q
	Dun & Bradstreet #: 073786998

FINANCIAL REPORT AND REQUEST FOR FUNDS

(report in dollars and cents; must be accompanied by expenditure report/back-up)

Month(s): _____

Calendar Year: _____

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year To Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$ 278,842.00	\$ 108,744.20	\$ 0.00	\$ 108,744.20	\$ 170,097.80	39%
2 Contract/Consultant	\$ 64,034.00	\$ 426.02	\$ 0.00	\$ 426.02	\$ 63,607.98	0%
3 Travel	\$ 15,725.00	\$ 684.89	\$ 0.00	\$ 684.89	\$ 15,040.11	4%
4 Supplies	\$ 2,250.00	\$ 69.29	\$ 0.00	\$ 69.29	\$ 2,180.71	3%
5 Equipment	\$ 28,606.00	\$ 12,000.00	\$ 0.00	\$ 12,000.00	\$ 16,606.00	0%
6 Other	\$ 7,410.00	\$ 1,933.14	\$ 0.00	\$ 1,933.14	\$ 5,476.86	0%
7 Indirect	\$ 41,826.00	\$ 11,731.47	\$ 0.00	\$ 11,731.47	\$ 30,094.53	0%
8 Total	\$ 438,693.00	\$ 135,589.01	\$ 0.00	\$ 135,589.01	\$ 303,103.99	31%

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

Authorized Signature _____

Title _____

Date _____

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

FOR HEALTH DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

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

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

ATTACHMENT 1

ASPR07-13

Nevada State / Division Public & Behavioral Health
Public Health Preparedness Program
Match Certification

Date: _____

External Funding Source: ASPR Hospital Preparedness Program (HPP)

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

Funding Recipient: Washoe County Health District (WCHD)

Project Title: HPP and PHEP Cooperative Agreement

Project Grant #: 5U90TP000534-02

Duration: From: January 1, 2014 To: June 30, 2014

Total cost sharing/matching cost contribution: \$21,934.65 / Percentage: 10%

Source of cost sharing/matching cost contribution:

Name: _____

Account # (if applicable): _____

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

Washoe County Health District

Name and Title Signature Date
(Funding Recipient)



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: February 27, 2014

DATE: February 18, 2014

TO: District Board of Health

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

THROUGH: Eileen Stickney, Administrative Health Services Officer, Washoe County Health District, 775-328-2417, estickney@washoecounty.us

SUBJECT: **Approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period January 1, 2014 through December 31, 2014 in the amount of \$111,685 for the Immunization Program Grant (IOs 10028 & 10029); 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 Health District received a Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health which provides for grant funding for the on-going Immunization Program, IOs 10028 & 10029. A copy of the Award is attached.

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

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

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

PREVIOUS ACTION

The Washoe County District Board of Health approved a Notice of Subgrant Award for Calendar Year 2013 in the amount of \$99,223, representing "Round 1" of funding, in support of the Immunization Program on February 28, 2013.

The Washoe County District Board of Health approved Subgrant Amendment #1 for Calendar Year 2013 in the amount of \$99,223, representing “Round 2” of funding, in support of the Immunization Program on July 25, 2013.

The Washoe County District Board of Health approved Subgrant Amendment #2 for Calendar Year 2013 in the amount of \$99,223, representing “Round 3” of funding, in support of the Immunization Program on September 26, 2013 bringing the total CY 2013 funding to \$297,673.

BACKGROUND

The NSHD has received “Round 1” of funding from the Centers for Disease Control and Prevention (CDC). As such, the Notice of Subgrant Award reflects the subgrant period of January 1, 2014 through December 31, 2014, with funding at \$111,685. This represents one-third of our total funding request.

FISCAL IMPACT

No budget amendments are necessary as sufficient budget authority is available through 6/30/14.

RECOMMENDATION

Staff recommends that the District Board of Health approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period January 1, 2014 through December 31, 2014 in the amount of \$111,685 for the Immunization Program Grant (IOs 10028 & 10029); and if approved authorize the Chairman to execute.

POSSIBLE MOTION

Move to approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period January 1, 2014 through December 31, 2014 in the amount of \$111,685 for the Immunization Program Grant (IOs 10028 & 10029); and if approved authorize the Chairman to execute.

Department of Health and Human Services
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
 (hereinafter referred to as the DIVISION)

Division #: 14265

Budget Account # 3213
 Category#: 20
 GL #: 8516 8501
 Job Number: 9326814



NOTICE OF SUBGRANT AWARD

Program Name: Immunization Program Bureau of Child, Family & Community Wellness Division of Public and Behavioral Health		Subgrantee Name: Washoe County Health District (WCHD)			
Address: 4150 Technology Way, Suite 210 Carson City, NV 89706-2009		Address: PO Box 11130 Reno, NV 89520			
Subgrant Period: January 1, 2014 through December 31, 2014		Subgrantee's EIN#: 88-6000138 Vendor#: T40283400 Q Dun & Bradstreet#: 73786998			
Reason for Award: To eliminate cases of vaccine-preventable diseases in Washoe County by raising immunization rates.					
County(ies) to be served: () Statewide (X) Specific county or counties: <u>Washoe County</u>					
Approved Budget Categories:					
	VFC Ops (01)	VFC/AFIX (04)	317 Ops (00)	Pan Flu (05)	Total Cost
1. Personnel	\$60,431		\$31,830		\$92,261
2. Travel	\$1,117		\$1,400		\$2,517
3. Operating	\$500		\$167		\$667
4. Equipment					
5. Contractual/ Consultant					
6. Other	\$3,095				\$3,095
7. Indirect	\$8,532		\$4,613		\$13,145
Total Cost	\$73,675		\$38,010		\$111,685
Any categorical adjustments must be approved through the Immunization Program Manager. Written permission must be obtained and can be done via e-mail. Categorical adjustments are capped at 10%.					
Disbursement of funds will be as follows: Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$111,685 during the subgrant period.					
Source of Funds:		% of Funds:	CFDA#:	Federal Grant #:	
1. Centers for Disease Control and Prevention		100%	93.268	5H23IP000727-02	

Terms and Conditions

In accepting these grant funds, it is understood that:

1. Expenditures must comply with appropriate state and/or federal regulations.
2. This award is subject to the availability of appropriate funds.
3. Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.

	Signature	Date
Karissa Loper, MPH Program Manager		1/9/14
Christine Mackie CFCW Interim Bureau Chief		1/10/14
Richard Whitley, MS Administrator, Division of Public and Behavioral Health		

GA

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

SECTION A
Assurances

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

1. 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 Division of Public and Behavioral Health.
2. Subgrantee agrees to submit reimbursement requests for only expenditures approved in the spending plan. Any additional expenditures beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Division of Public and Behavioral Health may result in denial of reimbursement.
3. Approval of subgrant budget by the Division of Public and Behavioral Health constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Division of Public and Behavioral Health 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 Division of Public and Behavioral Health. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Division of Public and Behavioral Health.
 - 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 Division of Public and Behavioral Health 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 or 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 thereunder 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 Division of Public and Behavioral Health, 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. Division of Public and Behavioral Health subgrants are subject to inspection and audit by representatives of the Division of Public and Behavioral Health, 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 Division of Public and Behavioral Health (as well as a federal requirement 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 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH, 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.

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

SECTION B

Description of services, scope of work, deliverables and reimbursement

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

Funds from the CDC are received in Rounds. Therefore, this subgrant only has enough funds for four months. Subgrant will be amended with additional funds when the Nevada State Immunization Program also receives additional funds from the CDC.

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

CHAPTER A – PROGRAM STEWARDSHIP AND ACCOUNTABILITY

VFC COMPLIANCE VISITS

VFC compliance visits ensure that federally provided vaccine is stored and handled appropriately. **Please note that for every VFC compliance visit (if the provider practice is large enough) an AFIX assessment is also required. All county Quality Assurance Coordinators are required to work closely with state Provider Quality Assurance Manager.**

Goal: Enhance stewardship and accountability for all publicly purchased vaccine and VFC and Section 317 funding.	
Objectives	Activities
<p>(IPOM A-7) By 12/31/2014, assure that VFC-enrolled providers comply with VFC Program requirements though annual compliance site visits to at least 50% of active VFC-enrolled providers and other means as defined in the current VFC Operations Guide.</p>	<p>1) Throughout 2014, state Provider Quality Assurance Manager and county coordinators are responsible for conducting compliance visits including the required VFC component training on a minimum of 50% of enrolled 317 & VFC providers. State and county coordinators are responsible for their specific jurisdiction. Every month, state and county coordinators are responsible for conducting a minimum designated amount of VFC compliance visits. This will help coordinators meet their goal of 50%. The following are required for VFC compliance visits:</p> <ul style="list-style-type: none"> a) Utilize the most current VFC compliance visit questionnaire and VFC non-compliance checklist as provided by the Nevada State Immunization Program (NSIP). b) Conduct VFC compliance visits on 100% of newly enrolled VFC providers. c) Conduct VFC compliance visits on newly enrolled VFC
	<p>Date Due By 12/31/2014</p>
	<p>Documentation</p> <ul style="list-style-type: none"> • Mid-Year & End-of-Year Progress Report • Within 30 days of the VFC compliance visit submit the following documentation for visits completed: <ul style="list-style-type: none"> ○ VFC Areas of Non-compliance ○ Post visit letter • Enter the compliance visit data into the PAPA online tool within 2 weeks of the visit. • Enter follow up provider contacts until 100%

	<p>providers no sooner than ninety (90) days and no later than 120 days of completion of enrollment.</p> <ul style="list-style-type: none"> - Utilize the VFC compliance visit questionnaire and original reporting sheet to note deficiencies while conducting compliance visits with newly enrolled providers. d) Provide technical assistance and/or follow-up visits as directed by the NSIP. e) Complete the required VFC Program requirements training. Document pre/post-test results in Excel spreadsheet. <p>2) As assigned by the state Vaccine Manager, perform unannounced VFC Provider Storage & Handling Visits.</p>	<p>compliance is reached.</p> <ul style="list-style-type: none"> • Within 30 days of the unannounced VFC Provider Storage & Handling visit, submit the required VFC Areas of Non-Compliance Report.
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CHAPTER B – ASSESSING PROGRAM PERFORMANCE

AFIX ASSESSMENTS

AFIX is a continuous quality improvement process that is used to improve provider practice and raise immunization coverage rates. **Please note that for every VFC compliance visit (if provider practice is large enough) an AFIX assessment is also required. All county Quality Assurance Coordinators are required to work closely with the state Provider Quality Assurance Manager.**

Objectives	Activities	Date Due By	Documentation
<p>Goal: Assess program performance for program improvement.</p> <p>(I POM B-3) By 12/31/2014, work with VFC providers on quality improvement processes to increase coverage levels and decrease missed opportunities using AFIX components, as appropriate and move toward use of IIS as primary source of data for provider coverage level assessment by the end of the project period.</p>	<p>1) Throughout 2014, state Provider Quality Assurance Manager and county coordinators will conduct AFIX assessments on all VFC providers who immunized 10 or more children born in 2011. The following will be conducted with each AFIX visit:</p> <ul style="list-style-type: none"> a) Utilize Nevada WebIZ to conduct AFIX assessments or directly enter immunization records into the most current CoCASA module as provided by the CDC. b) Complete the Assessment Questionnaire and assist the provider to select 2 areas of Quality Improvement. c) After receiving the updated immunization information from the providers, generate the antigen series rate in CoCASA for the immunization series 4.3.3.1.4 and the individual antigen rates. d) Utilizing the online PAPA tool, enter the correct provider information, general AFIX visit information, Assessment Questionnaire, assessment results, feedback, and all follow-up sessions. e) The required follow-up session within six (6) months of the feedback session will include an assessment on the same age cohort. f) Promote coalition reminder/recall program and NILE activities during provider visits. g) Perform immunization assessments for all Nevada WebIZ users in jurisdiction for the annual Silver Syringe Awards. <ul style="list-style-type: none"> - Coordinate with NSIP staff to conduct an immunization assessment on all VFC providers/users that use Nevada WebIZ. 	<p>12/31/2014</p>	<ul style="list-style-type: none"> • Mid-Year & End-of-Year Progress Report • Within 30 days of the AFIX visit submit the following documentation for visits completed: <ul style="list-style-type: none"> • AFIX series 4.3.1.3.3.1.4 Summary Report – page 1 and Single Antigen Report. • Submit by the fifth (5th) day of each month the previous month's assessment data in a CoCASA export on an FTP site as designated by the NSIP. • Enter the AFIX visit data into the PAPA online tool within two (2) weeks of the visit. • Progress in Quality Improvement Activities will be documented at each follow-up visit.

<p>(IPOM B-1d) By 12/31/2014, promote evidence-based strategies.</p>	<p>2) Throughout 2014, Washoe County Health District will conduct AFIX assessments on 4 VFC providers who immunized 10 or more adolescents born in 2000. The following will be conducted with each AFIX visit:</p> <ul style="list-style-type: none"> a) Utilize Nevada WebIZ to conduct AFIX assessments or directly enter immunization records into the most current CoCASA module as provided by the CDC. b) Complete the Assessment Questionnaire and assist the provider to select 2 areas of Quality Improvement. c) After receiving the updated immunization information from providers, generate the antigen series rate in CoCASA for 1 Tdap, 1 MCV4, 3 HPV, 3 HepB, 2 MMR, 2 Varicella. d) Utilizing the online PAPA tool, enter the correct provider information, general AFIX visit information, Assessment Questionnaire, assessment results, feedback, and all follow-up sessions. e) The required follow-up session within six (6) months of the feedback session will include an assessment on the same age cohort. f) Progress in selected Quality Improvement Activities will be assessed during 2014. g) Goal: Increase adolescent immunization rates by 15%. 		<ul style="list-style-type: none"> • Mid-Year & End-of-Year Progress Report • Within 30 days of the AFIX session, submit the paper reports of the adolescent immunization assessment. • Submit by the fifth (5th) day of each month the previous month's assessment data in a CoCASA export on an FTP site as designated by the NSIP. • Enter the AFIX visit data into the PAPA online tool within two (2) weeks of the visit. • Progress in the Quality Improvement Activities will be documented at each follow-up visit.
	<p>1) Throughout 2014, determine providers in jurisdiction that have immunization rates of 24-35 month olds below 80%. Rates will be increased by conducting at least two (2) AFIX assessments and educating provider on the reminder/recall feature in Nevada WebIZ.</p> <p>Goal = increase immunization rates by 15%.</p>	12/31/2014	Mid-Year & End-of-Year Progress Report

CHAPTER C – ASSESSING ACCESS TO VACCINATIONS

PERINATAL HEPATITIS B PREVENTION

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

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

The annual Perinatal Hepatitis B Prevention Assessment is due to Doug Banghart no later than March 1, 2013.

Goal: Work with partners, as appropriate, to assure coordination of the following activities in order to prevent perinatal hepatitis B transmission.		Date Due By	Documentation
Objectives	Activities		
(IPOM C-5a) By 12/31/2014, identify HBsAg-positive pregnant women.	1) Throughout 2014, educate prenatal, postpartum, and pediatric providers on the importance of screening all women during every pregnancy for HBsAg.	12/31/2014	Mid-Year & End-of-Year Progress Report
	2) Throughout 2014, improve mechanisms to identify women who are HBsAg-positive and pregnant.	12/31/2014	Mid-Year & End-of-Year Progress Report
	3) Throughout 2014, identify household and sexual contacts. Offer testing and Hepatitis B vaccination.	12/31/2014	Mid-Year & End-of-Year Progress Report
(IPOM C-5b) By 12/31/2014, prophylax newborns with hepatitis B vaccine and HBIG.	1) Throughout 2014, provide technical assistance to each birthing hospital to establish mechanisms to confirm women's HBsAg status at time of delivery and, if a woman presents for delivery without documentation or HBsAg status is unknown, establish policies or mechanisms to immediately test for HBsAg status.	12/31/2014	Mid-Year & End-of-Year Progress Report
	2) Throughout 2014, if mother is HBsAg-positive, establish policies or mechanisms to administer hepatitis B vaccine and HBIG to infant within 12 hours of birth. If HBsAg status is unknown at birth, administer hepatitis B vaccine to infant within 12 hours of birth. Provide technical assistance to each birthing hospital to establish policies or mechanisms to administer HBIG to infant as soon as HBsAg-positive status is confirmed, but no later than one week after birth.	12/31/2014	Mid-Year & End-of-Year Progress Report

	<p>3) Throughout 2014, review mechanisms for birthing hospitals to routinely provide documentation of date and time of HBIG and hepatitis B vaccine administration to exposed newborn to the infant's identified health care provider and the Perinatal Hepatitis B Prevention Program.</p> <p>4) Throughout 2014, review policies and mechanisms to have birthing hospitals routinely provide documentation of date/time and type of post-exposure prophylaxis administered to infants born to women with unknown HBsAg status to the newborn's pediatrician and the county Perinatal Hepatitis B Prevention Program and to provide results of HBsAg screening to program when results become available.</p> <p>5) Throughout 2014, provide technical assistance to each birthing hospital to develop policies or procedures for administering the first dose of hepatitis B vaccine to all infants born to HBsAg-negative women before hospital discharge or, for infants weighing less than 2,000 grams, at one month or hospital discharge, whichever comes first.</p>	12/31/2014	Mid-Year & End-of-Year Progress Report
<p>(IPOM C-5c) By 12/31/2014, increase timely completion of doses two and three.</p>	<p>1) Throughout 2014, review and improve mechanisms and implement remind/recall of infants enrolled in the Perinatal Hepatitis B Prevention Program so that they receive all required vaccine doses of the hepatitis B vaccine series on schedule.</p> <p>2) Throughout 2014, review and improve protocols to actively follow up with families that do not receive the full hepatitis B vaccine series according to the most current ACIP-recommended childhood immunization schedule.</p> <p>3) Throughout 2014, review and improve mechanisms to ensure that the Perinatal Hepatitis B Prevention Program receives documentation of administration data (mm/dd/yyyy) for all hepatitis B vaccine doses administered to identified infants born to HBsAg-positive women.</p>	12/31/2014	Mid-Year & End-of-Year Progress Report
<p>(IPOM C-5d) By 12/31/2014, increase post-vaccination serology.</p>	<p>1) Throughout 2014, identify contributing factors that prevent infants from obtaining post-vaccination serologic testing (PVST) within the ACIP-recommended testing and time frame.</p> <p>2) Throughout 2014, develop and implement action plan to reduce/eliminate identified factors within program's control that prevent infants from obtaining timely PVST. Provide a copy of the plan to State Perinatal Hepatitis B Coordinator.</p>	12/31/2014	Mid-Year & End-of-Year Progress Report
		6/30/2014	<p>Mid-Year & End-of-Year Progress Report</p> <ul style="list-style-type: none"> • Copy of action plan

3) Throughout 2014, identify, contact, and collaborate with other entities that may be able to reduce or eliminate identified factors outside program control that prevent infants from obtaining timely and appropriate PVST.	12/31/2014	Mid-Year & End-of-Year Progress Report
4) Throughout 2014, develop and implement mechanisms that remind/recall infants enrolled in the Perinatal Hepatitis B Prevention Program to receive PVST when due.	12/31/2014	Mid-Year & End-of-Year Progress Report
5) Throughout 2014, review and improve protocols that actively follow up with families of infants that do not obtain PVST according to the ACIP recommendations.	12/31/2014	Mid-Year & End-of-Year Progress Report
6) Throughout 2014, review and improve protocols to close infants to Perinatal Hepatitis B Prevention Program services with PVST results that report the infants are protected against hepatitis B infection.	12/31/2014	Mid-Year & End-of-Year Progress Report
7) Throughout 2014, review and improve protocols to actively follow-up with families of infants with PVST results that indicate infants remain susceptible to hepatitis B infection to revaccinate infant with 2 nd hepatitis B vaccine series and receive PVST after the completion of the 2 nd hepatitis B vaccine series.	12/31/2014	Mid-Year & End-of-Year Progress Report
8) Throughout 2014, review and improve mechanisms to obtain and document date of infant's PVST and results from appropriate sources (i.e., family, lab, health care provider, etc.).	12/31/2014	Mid-Year & End-of-Year Progress Report

Subgrantee agrees to adhere to the following budget (1/3 of anticipated budget):

	VFC Ops (01)	VFC/AFIX (04)	317 Ops (00)	Pan Flu (05)	Total Cost
Personnel VFC/AFIX Visits Peri Hep B Adolescent AFIX Seasonal Influenza	\$60,431		\$31,830		\$92,261
Travel VFC/AFIX Site Visits Peri Hep B Adolescent AFIX NIC & State IZ Conf	\$1,117		\$1,400		\$2,517
Operating VFC/AFIX Site Visits	\$500		\$167		\$667
Equipment					
Contractual/ Consultant					
Other	\$3,095				\$3,095
Indirect	\$8,532		\$4,613		\$13,145
Total Cost	\$73,675		\$38,010		\$111,685

The following activities will be paid for out of the following sub-orgs:

ACTIVITIES	VFC Ops (01)	VFC/AFIX (04)	317 Ops (00)	Pan Flu (05)
VFC/AFIX Site Visits	X			
Adolescent AFIX			X	
Perinatal Hepatitis B			X	
Travel to NIC & State IZ Conference			X	

- Funds are awarded to the Nevada State Immunization Program throughout the year in ROUNDS from the CDC. Therefore subgrants will be amended with additional funds when further rounds are received from the CDC.
- Any categorical adjustments must be approved through the State Immunization Program Manager. Written permission must be obtained and can be done via e-mail.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- 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). Rates can be found at www.gsa.gov.
- Costs associated with food or meals are NOT permitted unless included with per diem as part of official travel. Meals cannot be claimed within 50 miles of the employee's official workstation.

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

- Nevada State Immunization Program must receive Requests for Reimbursement no later than the fifteenth (15th) day of each month for the prior month's actual expenses.

- The maximum available through this subgrant is \$111,685
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred.
- Reimbursements will not be processed without all **mandatory reporting documents** such as:
 - a. Request for Reimbursement Form
 - b. Reimbursement Worksheet
 - c. Receipts for supplies, travel, equipment, and other items purchased. *Only allowable purchases per the 2013-2017 Immunization Program Operations Manual (IPOM) will be accepted for reimbursement. Any unallowable items purchased will not be reimbursed.* IPOM can be found at www.cdc.gov/vaccines/vac-gen/policies/ipom/default.htm.
- Reimbursement is based on actual expenditures incurred during the period being reported. The Reimbursement Worksheet supplied should be used to tabulate and summarize the expenses by grant category and should be submitted with the other documents as described below.
- Submit one hard copy via postal mail of your original, signed Request for Reimbursement, Reimbursement Worksheet and copies of receipts.
- Mid-Year and End-of-Year Progress Reports are required and must be submitted to the state Immunization Program Manager via e-mail. Any additional items that are required for documentation (flyers, reports, etc.) may be submitted via e-mail or postal mail. Mid-Year Progress Report is due no later than 7/11/2014. End-of-Year Progress Report is due no later than 2/14/2015. This does not need to be a large narrative. Please see attached template.
- Monthly submission of CoCASA data is due the fifteenth (15th) day of each month for the prior month. In addition, Areas of Noncompliance paperwork should be submitted within 30 days of the VFC compliance visit. Please submit the originals to the state Provider Quality Assurance Manager via postal mail.
- Reimbursement will not be processed without all reporting being current.
- Reimbursement will only be claimed for expenditures approved within the Notice of Subgrant Award.
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the 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:

- To provide technical assistance to subgrantee, upon request.
- Reimburse subgrantees for Scope of Work accomplished per subgrant upon proper documentation from subgrantee.
- Submit reimbursement request to Nevada State Health Division's Fiscal Services within five business days but only upon receipt of all mandatory reporting documents.

- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.

Both parties agree:

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that involve the use and/or disclosure of Protected Health Information (PHI); therefore, the Subgrantee is considered a Business Associate of the Health Division.

- Both parties acknowledge a Business Associate Agreement is currently on file with the Nevada State Health Division's Administration Office.

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 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.

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD
SECTION C
Financial Reporting Requirements

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

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

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

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

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

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

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

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

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

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

Nevada Department of Health and Human Services
PUBLIC and BEHAVIORAL HEALTH

HD #: _____
Bureau Program #: _____
GL #: _____
Job #: _____
Draw #: _____

REQUEST FOR REIMBURSEMENT / ADVANCE

Program Name: Immunization Program Bureau of Community Health Nevada State Health Division	Subgrantee Name:
Address: 4150 Technology Way, Suite 210 Carson City, NV 89706	Address:
Subgrant Period:	Subgrantee EIN#: Subgrantee Vendor#:

FINANCIAL REPORT AND REQUEST FOR FUNDS

(report in whole dollars; must be accompanied by expenditure report/back-up)

Month(s): _____ Calendar Year: _____

Approved Budget Category		A Approved Budget	B Total Prior Requests	C Current Request	D Year To Date Total	E Budget Balance	F Percent Expended
1	Personnel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0
2	Travel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0
3	Operating	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0
4	Equipment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0
5	Contract/Consultant	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0
6	Training	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0
7	Other	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0
8	Total	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0

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

Authorized Signature - blue ink only _____ Title _____ Date _____

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

FOR PUBLIC & BEHAVIORAL HEALTH DIVISION USE ONLY

Program contact necessary? ____ Yes ____ No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

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

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

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

**NEVADA STATE DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH, 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 ___ NO ___

3. When does your fiscal year end? _____

4. Official name of organization? _____

5. How often is your organization audited? _____

6. When was your last audit performed? _____

7. What time period did it cover? _____

8. Which accounting firm conducted the audit? _____

SIGNATURE

TITLE

DATE

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

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

BUSINESS ASSOCIATE ADDENDUM

BETWEEN

The Division of Public and Behavioral Health
Herein after referred to as the "Covered Entity"

and

Washoe County Health District
Herein after referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191, and the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, Public Law 111-5 this Addendum is hereby added and made part of the Contract between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the Contract. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the Contract and in compliance with HIPAA, the HITECH Act, and regulation promulgated there under by the U.S. Department of Health and Human Services ("HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA Regulations and

WHEREAS, Business Associate may have access to and/or create, receive, maintain or transmit certain protected health information from or no behalf of the Covered Entity, in fulfilling its responsibilities under such arrangement; and

WHEREAS, HIPAA Regulations require the Covered Entity to enter into a contract containing specific requirements of the Business Associate prior to the disclosure of protected health information,

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

I. DEFINITIONS. The following terms in this Addendum shall have the same meaning as those terms in the HIPAA Regulations: Breach, Data Aggregation, Designated Record Set, Disclosure, Electronic Health Record, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Secretary, Subcontractor, Unsecured Protected Health Information, and Use.

1. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
2. **Contract** shall refer to this Addendum and that particular Contract to which this Addendum is made a part.
3. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
4. **Parties** shall mean the Business Associate and the Covered Entity.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity or an individual, access to inspect or obtain a copy of protected health information about the individual that is maintained in a designated record set by the Business Associate or its agents or subcontractors, in order to meet the requirements of HIPAA Regulations. If the Business Associate maintains an electronic health record, the Business Associate, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under HIPAA Regulations.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with HIPAA Regulations.
3. **Accounting of Disclosures.** Upon request, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with HIPAA Regulations.
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors that create, receive, maintain, or transmit protected health information on behalf of the Business Associate agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to such information. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under HIPAA Regulations.
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of HIPAA Regulations.
6. **Audits, Investigations, and Enforcement.** If the data provided or created through the execution of the Contract becomes the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency, the Business Associate shall notify the Covered Entity immediately and provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently, to the extent that it is permitted to do so by law. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach or violation of HIPAA Regulations.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the Contract, Addendum or HIPAA Regulations by Business Associate or its agents or subcontractors. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with HIPAA Regulations. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate or its agent or subcontractor is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate, or its agents or subcontractors has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with HIPAA Regulations. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in HIPAA Regulations has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with HIPAA Regulations and must provide the Covered Entity with a copy of all notifications made to the Secretary.

9. **Breach Pattern or Practice by Covered Entity.** Pursuant to HIPAA Regulations, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it creates, receives or maintains, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the Contract or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation by Business Associate of HIPAA Regulations or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with HIPAA Regulations.
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA Regulations.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity and availability of the protected health information the Business Associate creates, receives, maintains, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with HIPAA Regulations. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use, or disclose protected health information as provided for by the Contract and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined in HIPAA Regulations.
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA Regulations; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the Contract or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of HIPAA Regulations.

III. PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE.

The Business Associate agrees to these general use and disclosure provisions:

1. **Permitted Uses and Disclosures:**
 - a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the Contract, provided that such use or disclosure would not violate HIPAA Regulations, if done by the Covered Entity.
 - b. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity,

as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with HIPAA Regulations.

- c. Except as otherwise limited by this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach.
 - d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with HIPAA Regulations.
2. **Prohibited Uses and Disclosures:**
- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction, and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with HIPAA Regulations.
 - b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, unless the Covered Entity obtained a valid authorization, in accordance with HIPAA Regulations that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF THE COVERED ENTITY:

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

V. TERM AND TERMINATION.

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

VI. MISCELLANEOUS.

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

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

COVERED ENTITY

Division of Public and Behavioral Health

4150 Technology Way

Carson City, NV 89706

(775) 684-4200

(775) 684-4211

(Authorized Signature)

Richard Whitley
Administrator

(Date)

BUSINESS ASSOCIATE

Washoe County Health District
(Business Name)

PO Box 11130
(Business Address)

Reno, NV 89520
(City, State and Zip Code)

(775)
(Business Phone Number)

(775)
(Business FAX Number)

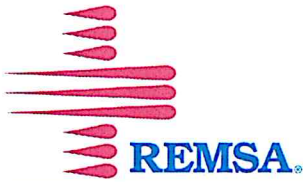
(Authorized Signature)

Kevin Dick
(Print Name)

Interim District Health Officer

(Title)

(Date)



Regional Emergency Medical Services Authority

REMSA

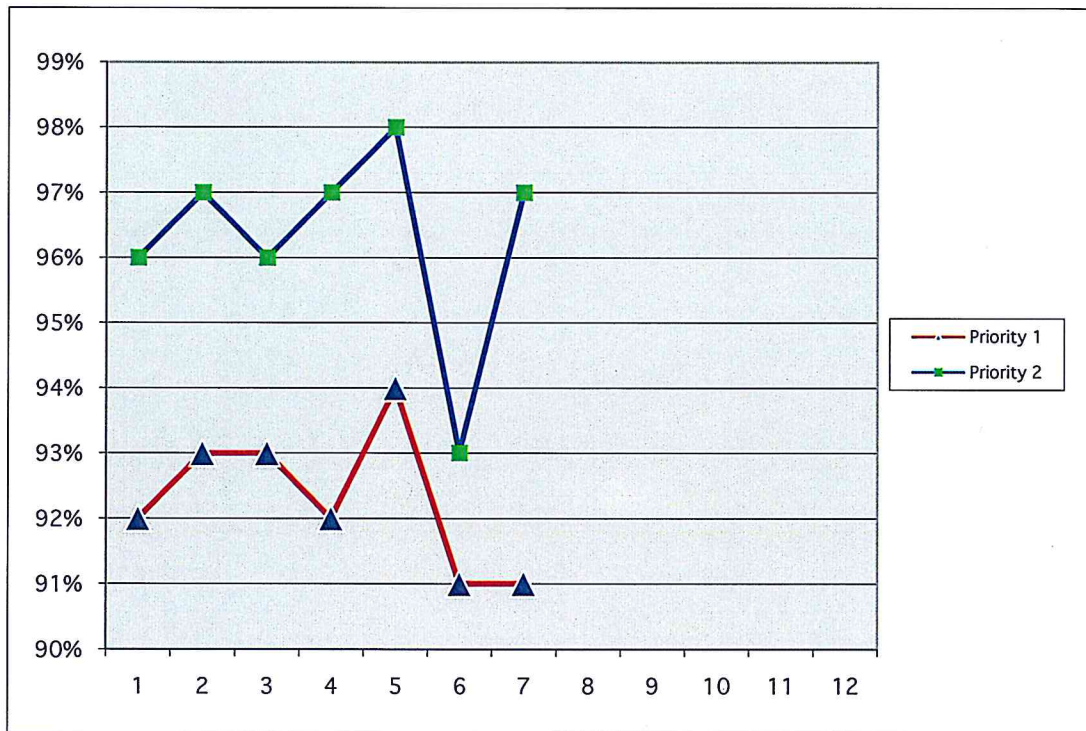
OPERATIONS REPORTS

FOR

JANUARY 2014

Fiscal 2014

Month	Avg. Response Time	Avg. Travel Time	Priority 1	Priority 2
Jul. 2013	5 mins. 56 secs.	5 mins. 3 secs.	92%	96%
Aug.	6 mins. 0 secs.	5 mins. 3 secs.	93%	97%
Sept.	5 mins. 46 secs.	4 mins. 47 secs.	93%	96%
Oct.	5 mins. 50 secs.	4 mins. 50 secs.	92%	97%
Nov.	5 mins. 29 secs.	4 mins. 39 secs.	94%	98%
Dec.	6 mins. 14 secs.	5 mins. 21 secs.	91%	93%
Jan. 2014	5 mins. 50 secs.	4 mins. 54 secs.	91%	97%
Feb.				
Mar.				
Apr.				
May				
June 2014				



Care Flight

Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-13	15	\$116,951	\$7,797	\$7,797
Aug.	20	\$183,197	\$9,160	\$8,576
Sept.	15	\$129,788	\$8,653	\$8,599
Oct.	11	\$80,637	\$7,331	\$8,370
Nov.	7	\$53,811	\$7,687	\$8,300
Dec.	12	\$82,429	\$6,869	\$8,085
Jan. 2014	3	\$20,080	\$6,693	\$8,035
Feb.			\$0	\$8,035
Mar.			\$0	\$8,035
Apr.			\$0	\$8,035
May			\$0	\$8,035
June			\$0	\$8,035
Totals	83	\$666,893	\$8,035	\$8,035

Adjusted Allowed Average Bill - \$7,641.00

REMSA Ground

Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-13	3528	\$3,760,993	\$1,066	\$1,066
Aug.	3361	\$3,580,384	\$1,065	\$1,066
Sept.	3269	\$3,475,246	\$1,063	\$1,065
Oct.	3376	\$3,597,764	\$1,066	\$1,065
Nov.	3316	\$3,543,650	\$1,069	\$1,066
Dec.	3559	\$3,824,810	\$1,075	\$1,067
Jan. 2014	3393	\$3,622,271	\$1,068	\$1,067
Feb.			\$0	\$1,067
Mar.			\$0	\$1,067
Apr.			\$0	\$1,067
May			\$0	\$1,067
June			\$0	\$1,067
Totals	23802	\$25,405,118	\$1,067	\$1,067

Allowed ground avg bill - \$1,067.00

Monthly Payments

REMSA
 Monthly Debt Payments
 as of 2/13/2014

Acct No	Current Monthly Payment (P&I)
7197508-5001	\$ 14,977.27
7197608-5002	10,241.51
7197608-9042	16,480.17
7197608-9047	10,279.43
7197608-9048	6,572.61
7197608-9049	14,993.51
7197608-9050	4,787.55
7197608-9051	22,530.20
7197608-9053	2,196.54
7197608-9054	2,435.75
7197608-9055	8,353.72
7197608-9057	17,511.94
7197608-9058	25,972.42
7197608-9059	5,540.95
10099003	11,871.59
10099004	11,871.59
10099005	12,488.60
Total	\$ 199,105.35

**CARE FLIGHT
OPERATIONS REPORT
FOR
JANUARY 2014**



**CARE FLIGHT OPERATIONS REPORT
JANUARY 2014
WASHOE COUNTY**

❖ **In Town Transfer:**
0 Ground ITTs were completed

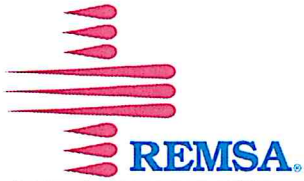
❖ **Outreach, Education, & Marketing:**
➤ 5 Community Education & Public Events

1/20/14	Red Rock VFD Helicopter Safety Training, Station 240	Flight Staff
1/22-25/14	RFD Training at Renown	Flight Staff

❖ **Statistics**

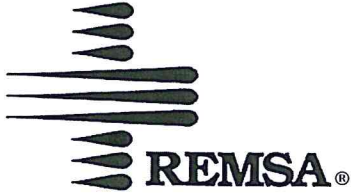
Washoe County Flights

	# patients
Total Flights:	3
Total Patients	3
Expired on Scene	0
Refused Transport (AMA)	0
Scene Flights	3
Hospital Transports	0
Cardiac	
Trauma	1
Medical	1
Pulmonary	0
High Risk OB	0
Neuro	1
Pediatrics	0
Newborn	0
Full Arrest	0
Surgical	0
Total	3



Regional Emergency Medical Services Authority

REMSA
GROUND OPERATIONS REPORT
FOR
JANUARY 2014



GROUND AMBULANCE OPERATIONS REPORT

January 2014

1. OVERALL STATISTICS:

Total Number Of System Responses	5648
Total Number Of Responses In Which No Transport Resulted	2198
Total Number Of System Transports	3450

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	2%
Medical	48%
OB	0%
Psychiatric/Behavioral	4%
Transfers	20%
Trauma	22%
Trauma – MVA	6%
Trauma – Non MVA	16%
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 3341 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
1/4/2014	Nevada Army National Guard	4
1/8/2014	REMSA	13
1/13/2014	EMS CES 911 Training Site	5
1/13/2014	REMSA	11
1/28/2014	REMSA	16

Advanced Cardiac Life Support Recert

Date	Course Location	Students
11/1/2013	John Mohler & Co	3
12/10/2013	Humboldt General Hospital	10
12/26/2013	Tahoe Douglas Fire Department	2
1/10/2014	Trent Waechter	1
1/11/2014	REMSA	12
1/13/2014	Molly Turner	2
1/16/2014	Tahoe Pacific Hospital	7
1/17/2014	John Mohler & Co	20
1/17/2014	REMSA	6
1/22/2014	REMSA	16
1/22/2014	EMS CES 911 Training Site	3
1/23/2014	Saint Mary's Regional Medical Center	6
1/27/2014	EMS CES 911 Training Site	2

1/29/2014	EMS CES 911 Training Site	1
1/29/2014	Matt Brown	3
1/29/2014	Matt Brown	7
1/29/2014	Nampa Fire Department	10

Advanced Cardiac Life Support Skills

Date	Course Location	Students
12/27/2013	Riggs Ambulance	2
1/6/2014	American Med Flight	1
1/30/2014	Tahoe Pacific Hospital	1

Advanced Cardiac Life Support Prep Course

Date	Course Location	Students
1/6/2014	REMSA	9

Basic Life Support Instructor

Date	Course Location	Students
1/10/2014	Carson City Department of Corrections - REMSA	4
1/24/2014	Elko County School District	11
1/25/2014	Great Basin College	13

Health Care Provider CPR

Date	Course Location	Students
12/2/2013	Randi Hunewill	15
12/2/2013	Randi Hunewill	23
12/2/2013	Randi Hunewill	22
12/2/2013	Randi Hunewill	18
12/3/2013	Randi Hunewill	14
12/3/2013	Randi Hunewill	15

12/4/2013	Randi Hunewill	15
12/12/2013	Randi Hunewill	15
12/13/2013	Randi Hunewill	17
12/13/2013	Randi Hunewill	19
12/16/2013	Milan Institute	20
12/18/2013	EMS CES 911 Training Site	5
12/18/2013	Nevada Department of Corrections	7
12/20/2013	CPR 1st Aid Training Site	2
12/21/2013	EMS CES 911 Training Site	5
12/21/2013	Jennifer Kraushaar	4
12/23/2013	Kenneth Cohen	10
12/23/2013	CPR 1st Aid Training Site	1
12/24/2013	Lander County Community Health	2
12/29/2013	EMS CES 911 Training Site	4
12/30/2013	Lander County Community Health	8
1/3/2014	Newmont Mine	18
1/4/2014	Riggs Ambulance	8
1/6/2014	Jennifer Kraushaar	3
1/7/2014	EMS CES 911 Training Site	2
1/7/2014	Sierra Nevada Job Corps	2
1/7/2014	REMSA	7
1/9/2014	Lander County Community Health	7
1/9/2014	REMSA	9
1/10/2014	Great Basin College	3
1/11/2014	CPR 1st Aid Training Site	1
1/11/2014	EMS CES 911 Training Site	2

1/11/2014	REMSA	10
1/11/2014	Jennifer Kraushaar	5
1/12/2014	CPR 1st Aid Training Site	3
1/12/2014	Storey County Fire Department	5
1/13/2014	Majen	2
1/13/2014	Milan Institute	7
1/13/2014	Milan Institute	9
1/13/2014	Riggs Ambulance	15
1/14/2014	Milan Institute	8
1/14/2014	Riggs Ambulance	26
1/15/2014	REMSA	10
1/15/2014	REMSA	9
1/15/2014	Milan Institute	21
1/17/2014	Newmont Mine	8
1/17/2014	Humboldt General Hospital	10
1/18/2014	Lander County Community Health	7
1/18/2014	Ralph Renteria	10
1/18/2014	Kathryn Fivelstad	3
1/18/2014	Kathryn Fivelstad	6
1/18/2014	Kathryn Fivelstad	6
1/18/2014	REMSA	5
1/18/2014	REMSA	7
1/20/2014	Lawrence Smith	1
1/21/2014	REMSA	10
1/21/2014	Nevada Air National Guard	5
1/22/2014	Lassen CPR Plus	4

1/23/2014	Carlin Volunteer Fire Department	1
1/24/2014	Newmont Mine	3
1/24/2014	Career College of Northern Nevada	22
1/25/2014	EMS CES 911 Training Site	10
1/28/2014	REMSA	9
1/30/2014	Jennifer Kraushaar	4
1/30/2014	REMSA	11
1/31/2014	Sierra Nevada Job Corps	2
1/31/2014	Jennifer Kraushaar	4

Health Care Provider Employee

Date	Course Location	Students
1/9/2014	REMSA	1
1/18/2014	REMSA	1
1/20/2014	REMSA	1
1/20/2014	REMSA	1

Health Care Provider Recert

Date	Course Location	Students
11/5/2013	Humboldt General Hospital	6
11/5/2013	Humboldt General Hospital	7
12/6/2013	Humboldt General Hospital	5
12/12/2013	Washoe County School District	2
12/12/2013	Humboldt General Hospital	4
12/16/2013	EMS CES 911 Training Site	1
12/18/2013	Humboldt General Hospital	3
12/19/2013	Airport Fire Department	3

12/19/2013	Airport Fire Department	2
12/26/2013	Don Poag	1
12/27/2013	Humboldt General Hospital	5
12/30/2013	Airport Fire Department	2
12/31/2013	EMS CES 911 Training Site	5
1/6/2014	Eastern Plumas Healthcare	1
1/6/2014	REMSA	8
1/7/2014	EMS CES 911 Training Site	4
1/8/2014	EMS CES 911 Training Site	1
1/9/2014	Eastern Plumas Healthcare	7
1/11/2014	EMS CES 911 Training Site	2
1/14/2014	Regent Care Center Reno	4
1/14/2014	REMSA	11
1/16/2014	REMSA	9
1/16/2014	REMSA	8
1/17/2014	REMSA	10
1/18/2014	REMSA	10
1/19/2014	Melissa McDonald	11
1/22/2014	EMS CES 911 Training Site	1
1/22/2014	Humboldt General Hospital	8
1/23/2014	REMSA	8
1/24/2014	Nampa Fire Department	5
1/25/2014	National Guard	7
1/26/2014	EMS CES 911 Training Site	2
1/27/2014	REMSA	9
1/28/2014	EMS CES 911 Training Site	3

1/29/2014	Nye County EMS	10
1/29/2014	Nye County EMS	1
1/29/2014	Lassen CPR Plus	9
1/29/2014	REMSA	10
1/29/2014	REMSA	10
1/30/2014	Nye County EMS	9
1/30/2014	Nye County EMS	6
1/31/2014	Nye County EMS	6
1/31/2014	REMSA	8

Health Care Provider Skills

Date	Course Location	Students
9/16/2013	Riggs Ambulance	1
12/16/2013	Newmont Mine	2
12/16/2013	Tahoe Pacific Hospital	2
12/19/2013	Tahoe Forest Hospital	1
12/21/2013	Tahoe Pacific Hospital	1
12/27/2013	Tahoe Pacific Hospital	1
12/27/2013	Majen	1
12/27/2013	Tahoe Forest Hospital	1
12/30/2013	Riggs Ambulance	2
12/30/2013	Newmont Mine	5
12/30/2013	Majen	2
12/30/2013	Tahoe Forest Hospital	3
12/31/2013	Audrey Soliz	1
12/31/2013	Humboldt General Hospital	1
1/1/2014	Tahoe Forest Hospital	2

1/3/2014	Majen	1
1/6/2014	Tahoe Forest Hospital	1
1/8/2014	Riggs Ambulance	1
1/10/2014	Tahoe Forest Hospital	3
1/12/2014	Airport Fire Department	1
1/13/2014	Majen	1
1/13/2014	Tahoe Forest Hospital	1
1/15/2014	Tahoe Forest Hospital	1
1/16/2014	Majen	3
1/16/2014	Tahoe Pacific Hospital	3
1/17/2014	John Mohler & Co	4
1/17/2014	Tahoe Pacific Hospital	1
1/20/2014	Orvis School of Nursing	1
1/21/2014	Majen	4
1/22/2014	Majen	1
1/23/2014	Majen	1
1/27/2014	Majen	3
1/30/2014	Majen	9
1/30/2014	Tahoe Pacific Hospital	1
1/31/2014	Riggs Ambulance	3

Heart Saver CPR/AED

Date	Course Location	Students
12/14/2013	Nampa Fire Department	1
12/14/2013	Washoe County School District	6
12/15/2013	Atlantis Security	2
12/16/2013	Washoe County School District	6

12/17/2013	Washoe County School District	5
12/18/2013	JS Redpath	1
12/18/2013	Washoe County School District	6
12/19/2013	Washoe County School District	4
1/1/2014	Anthony Martinez	9
1/6/2014	Storey County Fire Department	6
1/7/2014	Storey County Fire Department	9
1/8/2014	EMS CES 911 Training Site	1
1/8/2014	REMSA	10
1/10/2014	Sierra Nevada Job Corps	6
1/13/2014	Washoe County School District	4
1/14/2014	Washoe County School District	5
1/15/2014	Washoe County School District	7
1/16/2014	Washoe County School District	6
1/17/2014	Paula Green	7
1/18/2014	Kathryn Fivelstad	1
1/18/2014	Washoe County School District	2
1/20/2014	Nampa Fire Department	6
1/21/2014	EMS CES 911 Training Site	1
1/21/2014	Washoe County School District	4
1/23/2014	Washoe County School District	3
1/24/2014	Elko County School District	3
1/24/2014	Majen	10
1/28/2014	Washoe County School District	3
1/29/2014	Alex MacLennan	1
1/30/2014	Washoe County School District	5

Heart Saver CPR/AED/First Aid - Spanish

Date	Course Location	Students
1/17/2014	REMSA	3

Heart Saver CPR/First Aid

Date	Course Location	Students
1/2/2013	Nevada ANG CSMS Carson City	6
1/3/2013	Community Living Options	4
1/25/2013	Sparks Police Department	2
7/10/2013	Nevada Department of Corrections	29
9/13/2013	Sierra Nevada Job Corps	2
11/6/2013	Susan Phillips	4
11/14/2013	Nevada Department of Corrections	31
12/20/2013	Nampa Fire Department	7
12/27/2013	Majen	6
1/3/2014	Majen	2
1/3/2014	Nampa Fire Department	2
1/4/2014	Ralph Renteria	9
1/7/2014	Majen	6
1/8/2014	Amazon	4
1/8/2014	Susan Phillips	5
1/9/2014	Sierra Army Depot Training	10
1/9/2014	National Career Skills Institute	4
1/10/2014	Community Living Options	2
1/10/2014	Ralph Renteria	6
1/10/2014	Susan Phillips	2
1/10/2014	Jennifer Kraushaar	8

1/11/2014	Ralph Renteria	5
1/15/2014	Majen	10
1/16/2014	Majen	9
1/16/2014	Sierra Army Depot Training	9
1/16/2014	Ralph Renteria	3
1/17/2014	Sierra Nevada Job Corps	7
1/17/2014	Enel	6
1/18/2014	REMSA	12
1/20/2014	Storey County Fire Department	4
1/20/2014	Barrick Cortex Gold Mines	10
1/21/2014	Majen	9
1/22/2014	Susan Phillips	4
1/22/2014	Susan Phillips	3
1/23/2014	Sierra Army Depot Training	10
1/24/2014	Majen	8
1/24/2014	Sierra Nevada Job Corps	7
1/25/2014	EMS CES 911 Training Site	3
1/25/2014	Riggs Ambulance	3
1/27/2014	Majen	3
1/28/2014	Majen	8
1/29/2014	Susan Phillips	4
1/29/2014	Brian Markowski	6
1/29/2014	Amazon	6
1/29/2014	Paula Steinmetz	6
1/29/2014	City of Sparks - REMSA	17
1/30/2014	Brian Markowski	5

1/30/2014	Sierra Army Depot Training	12
1/30/2014	City of Sparks - REMSA	18
1/31/2014	Sierra Nevada Job Corps	11
1/31/2014	Community Living Options	3

Heart Saver First Aid

Date	Course Location	Students
12/5/2013	Milan Institute	11
12/12/2013	Lander County Community Health	2
12/30/2013	Lander County Community Health	7
1/8/2014	Silver Legacy	10
1/10/2014	Sierra Nevada Job Corps	5
1/14/2014	Milan Institute	7
1/14/2014	Milan Institute	10
1/15/2014	Milan Institute	8
1/16/2014	Washoe County School District	4
1/16/2014	Ralph Renteria	1
1/16/2014	Milan Institute	19
1/22/2014	Silver Legacy	3
1/24/2014	Career College of Northern Nevada	22
1/25/2014	EMS CES 911 Training Site	5
1/25/2014	EMS CES 911 Training Site	5
1/27/2014	Majen	2
1/30/2014	Alex MacLennan	2

Heart Saver Pediatric First Aid / CPR

Date	Course Location	Students
1/11/2014	REMSA	8
1/15/2014	Jennifer Kraushaar	1
1/18/2014	REMSA	10
1/29/2014	Alex MacLennan	5
1/29/2014	Elko County School District	2

Pediatric Advanced Life Support

Date	Course Location	Students
1/2/2014	Eastern Plumas Healthcare	1
1/12/2014	EMS CES 911 Training Site	3
1/14/2014	EMS CES 911 Training Site	2
1/15/2014	REMSA	11
1/19/2014	EMS CES 911 Training Site	4
1/30/2014	REMSA	10

Pediatric Advanced Life Support Recert

Date	Course Location	Students
12/17/2013	Humboldt General Hospital	12
1/6/2014	EMS CES 911 Training Site	1
1/7/2014	John Mohler & Co	8
1/11/2014	Trent Waechter	1
1/21/2014	EMS CES 911 Training Site	2
1/23/2014	REMSA	6
1/27/2014	REMSA	11
1/28/2014	EMS CES 911 Training Site	2
1/28/2014	Nampa Fire Department	8

Ongoing Courses

Date	Course Description / Location	Students
2/1/13	REMSA Education- Paramedic	15
8/14/13	REMSA Education – Paramedic	13
1/7/14	REMSA Education – EMT	25
1/18/14	REMSA Education – EMT	21
Total Students This Report		1825

5. COMMUNITY RELATIONS:

Community Outreach:

Point of Impact

Date	Description	Attending
1/16/14	Child Passenger Safety Advisory Board meeting, Las Vegas	1 staff
1/18/14	Child Safety Seat Checkpoint, hosted by REMSA, 450 Edison Way, Reno; 22 cars and 32 seats inspected.	3 staff, 16 volunteers
1/30/14	KOLO 8 interview on new car seat labeling and LATCH changes	1 staff

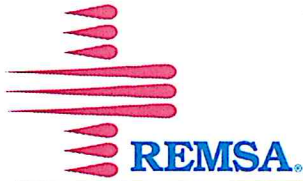
Northern Nevada Fitting Station Project

Date	Description	Attending
1/29/14	Fitting Station quarterly partners meeting, REMSA.	5 volunteers

Safe Kids Washoe County

Date	Description	Attending
1/14/14	Monthly Safe Kids Coalition meeting, Sparks. Annual Planning for 2014.	20 volunteers, 3 staff
1/16/14	Human Services Network Awards Breakfast, Reno.	1 volunteer

1/21/14	Northern Nevada Maternal Child Health Coalition meeting, Dr. Kinsman of Nevada Early Intervention Services on Meth Exposed Babies, Reno.	1 staff
1/22/14	Nevada Statewide Maternal Child Health Coalition-Steering Committee conference call meeting, Reno, Las Vegas, and Rural Nevada.	1 staff
1/23/14	Safe Kids membership subcommittee meeting, REMSA.	6 volunteers, 1 staff
1/24/2014 - 1/28/14	Association of Maternal and Child Health Conference, Washington DC.	1 staff
1/29/14	Esther Bennett Photovoice project walking field trip, Sun Valley.	4 volunteers, 8 students
1/30/14	Cribs for Kids Train the Trainer at REMSA, Reno.	1 staff, 5 attendees



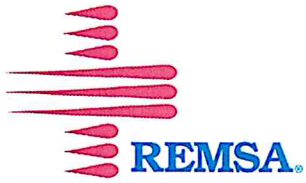
Regional Emergency Medical Services Authority

**GROUND AMBULANCE AND CARE FLIGHT
INQUIRIES
FOR
JANUARY 2014**

INQUIRIES

January 2014

There were no inquiries in the month of January.



Regional Emergency Medical Services Authority

**GROUND AMBULANCE
CUSTOMER SERVICE
FOR
JANUARY 2014**

GROUND AMBULANCE CUSTOMER COMMENTS JANUARY 2014

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
1	Very personable crew. Very professional. Very thoughtful. Courteous. Made me feel comfortable.		
2	All of it!!	Don't think you get much better!	
3	Everything! The crew was outstanding! Very friendly and helpful.	Nothing! I was comfortable and the crew explained the territory we were flying over.	Sorry about the delay in completing. I have been ill.
4	Responded promptly - very polite and helpful.		
5			It was my mother who called, so I can't say if REMSA was helpful, but I am sure they were. Didn't need to speak to billing.
6	Stay calm - get me ambulance.		The gentlemen who assisted me were very nice and caring. I appreciated it when I was freaking out.
7	Kind and explained the situation and where I was going.		
8	Very courteous and caring.		
9	Carefully lifted a very fragile old lady in a safe manner. Inflicted limited pain.		
10	Quick response!!	You did great, do nothing!!!	Two beautiful ladies helped me.
11	Calming the patient.	Continue doing a good job.	Very good help.
12	Calm professionalism.		
13	Everything - very kind.		
14	Take care of me professionally during my medical crisis.	I like REMSA how it is.	REMSA has a great response time.
15	Very caring, gentle, obviously well trained and experienced.	Beats the hell out of me!	
16	All that needed to be done. Sensitive to my pain from broken shoulder.		
17	Explaining everything going on with me and calmly doing their job.	N/A	Quick response and helpful, kind people.
18	Yes, as always. Thank God for your services.	Nothing I can think of.	Your people are always professional and are life savers.
19	Got me to the hospital.	Nothing.	Some strangers lifted me into the ambulance.
20	Everything. Thanks.	Don't change.	
21	Everything was very professional.		
22	Explained everything before doing it.		They seemed very caring.
23	I haven't communicated with anyone in billing.	Keep doing what you're doing.	
24	Everything.	Get softer or warmer blankets.	
25	Besides saving my life, everybody was so kind and caring. I couldn't have asked for better medical care from you. Thanks.	Hopefully, there won't be a next time - but if so, could you get there a little faster? LOL	It was the most expensive carpool ride of my life, but well worth it!!! LOL
26	Didn't poke me with needles.	Not have to pick me up ever again.	Carry Kleenex, there was none in my ambulance.
27	Immediate attention applied.	Excellent.	Excellent service.
28			I can't recall much (being medicated) - a reassuring, professional team. Thanks.
29	Amazing customer service, very knowledgeable.	Keep doing what you did.	Dispatch very courteous. Told me about hospitals near hotel and how to get back to room free of charge.
30	Everything - I lived!	Don't change a thing...	
31	All went well from my home to the St. Mary's Hospital.	?	All O.K.
32	The crew was very professional, kind and very helpful. Sympathy. Great job.		Awesome people!
33	All duties were performed above standard.		
34	Your EMTs explained every detail before they transported my husband and they were totally professional!	Your service is impeccable!	
35	Very kind to us.		Everything went well. Our son works for you.
36	Everything perfectly.		
37	The overall handling and transport. Especially the genuine treatment to ensure my personal safety and comfort during transport.	None.	The staff and crew were professional.
38	The young men were friendly and caring. They knew what to do and did it.	In my case, I don't know what else you could have done. Thank you.	None.
39	The crews are always compassionate and helpful. Able to calm everybody down.		
40	Everything.	Nothing.	None.
41	You arrived quickly and transported slowly (correctly) due to the snow storm; giving me a ride to the hospital due to weather conditions.		The medics were very good about explaining everything to us.
42	Everything!!!	Nothing.	
43	Everything!		
44	Everything.	N/A	
45	Very conscientious and courteous care during a stressful situation.		Top notch! Thank you!
46	Arrived in a very timely manner. Assessed the situation and acted accordingly.		
47	Got me up off the cold garage floor where I slipped and fell.		
48	Transport very fast.	Faster response.	Everyone was kind and professional.
49	Everything.	Nothing.	
50	Calm, polite, efficient.	Unknown.	None.
51	Everything. We live on the second floor of an apartment and the trip down the stairs was done very well.	I really can't think of anything.	I was very satisfied with the service - thanks guys!
52	The dispatcher was calm and kind. The EMTs were professional and followed up with my mother's care.		Thank you.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
53	Service, compassion, knowledge.	Hard to improve perfection.	Everything was great.
54	Arrived quickly.		
55	Wonderful job, courteous, professional.	Nothing.	
56	Personnel were great!		I was in great hands! Thank you.
57	Nice, smooth ride. Supplied blankets. Friendly personnel.	Just keep up the excellent work.	Very professional.
58	Personnel was very calm, efficient and considerate during this event. We are grateful for their help!		
59	Dispatcher kept me calm until REMSA arrived. Very nice lady. REMSA staff very polite and showed they cared and were concerned. They also introduced themselves to us.	N/A	Very polite staff. Couldn't have been any happier with the care my grandpa received.
60	Everything. They moved me with broken hip and arm with no pain. Great job, guys!	Nothing.	Couldn't be better.
61	Everything.		Excellent service.
62	Everything.	Nothing, unless she can stop falling.	They were great.
63	Treatment and explanation of what and why being done.		
64	Very quick response. Thanks.		
65	Everything.	N/A	N/A
66	On time, polite, caring.	Was not injured that badly, don't know!	
67	Very professional crew, helpful, kind.	N/A. Both crews on 12/2 and 12/6/13 were awesome. My husband passed away on 12/6/13 after coming home.	Awesome crew.
68	Apparently everything - patient is back home recovering.		
69	The EMTs were so nice and made us feel comfortable.	Nothing.	
70	Transport was professionally done.		
71	I was really hurting and they were very calming.		
72	Your job.	Thank you.	None. Thank you!
73	Explained bill.	You charged me.	
74	The paramedics were very KIND, made sure I understood what they were doing - very professional. They were concerned about my welfare.		They arrived very quickly!
75	Everything.	Keep up the good work.	
76	Very caring and professional.	Nothing - you were great.	Thank you - you are great!
77	Affirmative action.	More time (please).	Very professional.
78	Very helpful and polite.	I know the drivers were very helpful.	They did a very good job.
79	The crew was very professional.		
80	Everything was smooth and convenient.	N/A	
81	Calm me down and attend my medical needs.	Remain your caring selves.	Caring and professional, above board.
82	Did not lay me down. Kept me sitting up to alleviate the pain.	Can't think of a thing.	Very professional and accommodating.
83	Saved my husband's life.	Nevada Medical Center. It is where our insurance coverage is and where I work. EMTs took him to Renown. Difference in miles (distance) 1.6.	
84	Pt is our son. He has had many mini strokes because of diabetes. He is unable to communicate either in writing or talking. We were not with him, so cannot respond to the questions. I'm sure your staff did a wonderful job. John lives with us and we try to help 24/7. We are hoping some help will come available soon. Thank you. If this is not what you want, please feel free to call. I have a very hard time on the phone, but my wife, Jan, is doing almost everything. Please feel free to call.		
85	Kind ambulance staff who were very sympathetic and caring.	Nothing.	I have not contacted billing.
86	Very efficient in checking patient out and taking him to the hospital.	I don't see anything that could be done any better.	Service was very good all around.
87	Excellent!	Keep on as this crew did! They were kind and patient, and I was so very scared.	
88	Everything. Mom was so pleased. She died on 12/10/2013 peacefully.	Nothing. You served mom PERFECTLY.	All okay.
89	Made me comfortable. (LOL/Did not use lights or sirens.)	Wait time was long, but it was a non-emergency ride!	
90	Everything from arrival until we got to the hospital.		
91	Kind and courteous.		
92	Made me feel safe and comfortable. Thanks.		
93	Everything.		
94	Your attendants were very professional and helpful.		
95	Excellent service.		
96	He drove well.	May needed you can.	Was good.
97	Timely response. Showed concern of my condition. Provided info to wife.	Would be helpful for REMSA staff to have access to medical history and meds by computer.	
98	You helped me and you reassured my wife when we both needed you. She was scared, but you said everything was alright.	Just always be there when I need you. Thank you and God.	You respond fast and you're very courteous and caring.
99	Everything.		
100	Talked to me and assured me I was fine.	You're just fine.	
101	Very prompt and courteous.		
102	Beware of what is happening in the surrounding, if you bring me to the Renown, for the air in Renown is very dirty and polluted. Please pay attention for it!!!		Very good in general, but the air inside the REMSA bus was very dirty and bad. It makes me more sick.
103	All service was good.	-0-	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
104	Wonderful people, wonderful front line staff.		
105	Everything you needed to do.	Same as before. (Excellent service.)	
106	Quick, efficient and caring.	Unknown.	
107	Caring, understanding, listening about how I feel.	They did a great job.	
108	Everything was good.		
109	Tested for TIA.		
110	Everything.	Continue your great service.	
111	The dispatcher stayed on the line until the emergency people arrived. Big help!!	They arrived quickly.	The personnel were professional and respectful.
112	Everything was done with outstanding care.		Outstanding.
113			Excellent.
114	Everyone was extremely professional and very kind.		
115	You were fast and courteous.		
116	Medical attendants very good! Good at explaining and treatment.	Maintain the same level of care and treatment.	Excellent.
117	Provided excellent care.		
118	Was promptly assessed.	Did a great job.	They were unable to use ramp with the gurney. Was assisted successfully down the ramp by walking with 2 REMSA personnel. Kudos to your team.
119	Everything was great. Well done.	Everything was great.	Kept up good work.
120	Excellent service.		
121	Thank you so much for helping me. The crew was so quick and very helpful and kind to us.	Just continue the good job you are doing and giving to Nevadans.	
122	Ease my problem with conversation.	Continue as above.	The driver could have been more personable.
123	The care was polite, informative and comforting. Also, very professional and cordial, attentive and caring.	Nothing. They were well educated and performed accordingly. Thank you!	All excellent!
124	The dispatcher (Patrick) was helpful in staying calm and giving pre-arrival instructions. The (female) paramedic was just awesome.	Nothing. Thank you!	
125	Caring, capable, superb.	Nothing I can foretell. Hopefully, no need for further assistance.	
126	Staff was professional and concerned for my son's health.	?	Good job.
127	Quickly taking charge and assessing my wife's condition. Encouraging to me and family. Spoke soft, using kind words to my wife, which helped her to understand what was going on.		Excellent. Thank you!
128	All were professional, caring and kind.		Lucky to have nice EMTs.
129	Yes. I was very pleased.		Very good.
130	Responded to the situation right away that was going on.	Nothing.	
131	Kindness, knowledge, service, smile.	Good cup Starbucks on way to hospital. (Just kidding.) You're doing good. (Reno's lucky.) Thank you!	Again, thank you! Like the new Nurse Hot Line - is great. I usually call Renown. Nurse's Hot Line very knowledgeable and on time. Keep up the great work. I am glad I went to hospital. Your advice was helpful and on time. Thanks. As always, I'm glad REMSA's here. Happy Holidays.
132	You made me feel that things were going to be okay, even though I didn't feel that way.	When a patient tells you they have troubles getting an IV started normally, the staff should listen.	
133	Made the patient comfortable and warm and explained what was going on.	You were great.	Good service.
134	Attentive.	Nothing.	Great service.
135	Everything.	Continue helpful, polite and efficient service. These two attendants were very PATIENT.	Outstanding, THANK YOU VERY MUCH.
136	Everything was very professional.		
137	Great job.	What you are doing.	
138	Took good, kind care of patient (my 80 year old husband).	Nothing.	We are very satisfied with the REMSA staff.
139	Everything. Thank you.		
140	You people are an asset to Reno, and I feel secure having you here!	Nothing!	
141	Acted promptly.		
142	Assisting the patient very well.	Pay more attention to the patient needs.	nice, very helpful. Thank you so much for the wonderful help and services.
143	Assisted patient very well.	Gave attention to the patient's needs.	Excellent. All the staff are very nice and helpful.
144	Very informative, professional and helpful.		
145	Came in a timely manner.		They seem to ask the right questions and treated us with respect.
146	You provided a professional service in a timely manner.	Remain proficient and well trained.	I was well satisfied.
147	Very comforting, very nice and pleasant staff - very caring.	I was very pleased with my service with REMSA.	
148	Superb.	My needs were met.	You listened to us.
149	Arrived in timely manner.	Continue to arrive on site at timely manner and provide professional service.	Arriving on site quicker with a decrease in quality services would not be what is needed by the community and REMSA.
150	Transported from Rosewood to St. Mary's.	Have #3 oxygen.	Was very caring and friendly. should have all levels of oxygen - would be good.
151	Overall very good, but when I was in the ER they ran my credit card for \$802. At the same time I was barely coherent. Never explained to me why.		
152	(Everything is the same on both forms!) -- Took good, kind care of patient (my 80 year old husband).	Nothing.	We are very satisfied with the REMSA staff.
153	They got here soon.	Explain things better when in crisis.	They offended me by asking me HOW MUCH I HAD TO DRINK OR DID I TAKE TOO MUCH MEDICINE. I DO NOT drink or abuse medication. They need to ask IF I had something, not assume I did. I am a Christian woman and do not like that they assume.

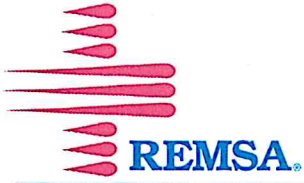
	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
154	Everything was good.		
155	Put me at ease and got me to relax, which helped with my breathing.	Everything was done.	Your staff are very competent.
156	Arrived promptly.	Can't think of anything.	Professional, courteous employees.
157	Everyone was very helpful and patient with my husband.	Not a thing. Very professional.	
158	Yes.	You do fine.	My husband passed away Dec. 21st. I am now head of household.
159	Excellent service - thanks.		
160	I was taken care of very well.		
161	Kind and gentle with the patient so that she felt comfortable and in good hands.	Every experience I have had - you have been great.	
162	Quick to respond. Very, very nice people. Very good with information.	Keep up the great service!	
163	You did everything well and very professional.	Do it for free!!!	It was great.
164	Took good care of my husband. They were so caring.	Nothing.	Thank you so much!!
165	Yes.	Unknown.	You're well trained and gentle with patients.
166	Very, very nice (personnel).		
167	Very prompt and courteous.		
168	Prompt, communicated well, polite!		You helped keep me calm while you worked on my sister.
169	Very caring and patient with my dad.		
170	Very nice gentlemen!	Bumpy ride - car sick - great driver, just not a great vehicle.	Great care and service! The guys explained everything before it happened and introduced themselves.
171	Extremely kind and helpful.	We were served and treated very well.	Very good.
172	Kept me informed about what was happening during your care.		Thank you and your staff, you are great at what you do! My mother passed away that evening.
173	Everything. EMTs were professional, helpful and courteous.	Get the city to clean the gutters from ice and other debris.	I am pleased that Reno REMSA has the experienced professionals on the job. Keep up the excellent work. What you do is appreciated.
174	Explaining simply for me to understand.	Nothing.	
175	Friendly, understanding.	Nothing, really.	
176	Yes. Knowledgeable and efficient.		I have amnesia and caregiver was only present for a moment.
177	All the problems were handled very well.		
178	Concern about my well being.		
179	Everything.	N/A	
180	Everything.	Nothing.	
181	Good job and service.		
182	The two gentlemen who transferred my mom were fantastic! Caring, helpful and great personalities made the ordeal so much easier to deal with.		
183	Friendly and professional. My husband and I felt we were in good hands all the way.		
184	Everything.	Nothing.	
185	The ambulance was quick and the people in the ambulance were helpful.	Nothing.	
186	Very professional and prompt.	Your service is commendable.	
187	Arrival and care that was given.	Nothing.	
188	Everything.	I was very good.	
189	Everything.		Your people were great.
190	Arrived quickly, caring EMTs.	Nothing.	
191	Always knowledgeable and helpful.		
192	Very professional.		
193	EMT/ambulance staff were great. Thank you!		
194	Got my dad safely to care center and communicated with us well.	Use your judgment.	
195	Helped to keep me calm and try to slow my heart rate.		
196	Treated me well and were kind and nice.	Nothing, but make sure the ice packs are colder.	
197	Dispatch was great, as was response time (family member responding).	Medic made patient hold vomit bag; did not help patient turn to side; made 1 attempt at IV (unsuccessful) and, "Oh well, hospital can do it."	Generally, very indifferent to needs and care of patient (patient responding).
198	Driver and assistant helpful and caring.	Thought they were efficient.	Very good service.
199	Everything.	You did well.	
200	The crew was very patient and professional. We even had a few laughs.	Nothing - I am impressed with the service.	Good job - they have excellent training.
201	Everything.	I can't think of anything.	No comment.
202	Everything!	Service was professional and excellent.	
203	The job they were called to do.	None I am aware of.	
204	Transport me from an upstairs apartment to the ambulance and on to the emergency room.	Nothing - everything was done well.	The REMSA care people were polite and kept me calm.
205	Everything necessary.		
206	Everything.		
207	VERY attentive, patient, calm, caring.	Keep doing what you do - thanks.	Great job.
208	Quick response - I felt like they cared.	You do fine.	
209	While my mother was having a heart attack, the person on the phone was very helpful, took her medical Hx, told me to give her 4 aspirin.	-0-	When we got to ER (Renown), the cardiac Dr. treated her right away, put in a stent. The Dr. said we did everything right and that saved her life. I know REMSA was largely responsible for that.
210	All that was necessary.	Continue excellent work.	Same.
211	I received very good care. Thank you.		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
212	No. Just because I look healthy on the outside - doesn't mean I'm healthy on the inside - I've had a liver transplant, sarcoidosis and septic shock! Please don't ask me if I called because I "need a ride." Also, I'm extremely immunosuppressed.		Don't put the guy in training in charge or lead. He's not qualified and is unprofessional.
213	Calmness and reassuring.	You are nearly perfect.	May God bless you in your ministry. An old pastor.
214	Everything.		
215	Quick response. As always, polite.		Very respectful of patient's needs.
216	Provide services to help with emergency until reach hospital.		Great service.
217	Fast transportation.	Less wait in emergency room.	I have no questions.
218	The transport was at 4AM from So. Meadows to downtown Renown. They worked efficiently and kept me warm. They were polite and caring.	Continue to send me reminders for renewal of my membership.	
219	Got me to the hospital as comfortable as they could make me.	N/A	Thank you, again.
220	Everything!	Very professional.	If I had to give you a grade on the service I got, it would have to be an A+. Thank you!
221	Quick arrival.		
222	Everything.		Excellent service. Thank you!!
223	Very professional, polite and efficient.	Not a thing.	
224	Professional, courteous, knowledgeable.		Thank you for your work!
225	The care giver was great.	Unknown.	
226	Everything.		
227	Attended to my needs at the time. Made sure I was very well taken care of by all of them.		They gave me fluids and attended to everything I needed. They were all very good at their job.
228	OK	OK	OK
229	Everything.	Can't really think of anything.	
230	Very helpful on all aspects.	Nothing.	Very good care.
231	Everything! First time using REMSA, so not sure what else I should have been experiencing. Great job.		The gentlemen were all very professional, cautious and friendly.
232	Everything was done outstandingly professional.	Keep up the good work.	
233	Talked with billing 1/14/14 - requested that my insurance - BX/BS (Fed. programs) be billed.	I cannot think of anything. The service was, as I remember, excellent.	Perhaps the ambulance people could have gotten my insurance information. Thank you.
234	Were here in less than 5 minutes. I thank you so much.	You were exceptional and caring.	You can be very proud of what you do.
235	Comfort of patient.	Nothing.	
236	Very quick service, calming for me and my husband. Very professional and comforting, especially since I was naked in the shower.	Keep up the good work.	Thank you!
237	Very professional and caring.		
238	Took me in.		
239	Took me in.		
240	Very well.		
241	Respond fast and courteous staff.		
242	Overall, you did well on everything.	I don't know.	Your people are professional, competent, caring and compassionate.
243	Arrived quickly and got me downstairs and into the van in an efficient manner. Got me to Renown ER in a timely fashion.	Nothing! Everyone was very kind and helpful.	I find REMSA to be the very best in emergency situations. I have used REMSA several times over the past 8 years.
244	Got me out into the fresh air.	Be more polite as a dispatcher when I'm in passing out conscious distress. About to pass out. Need important to care when me the person could be dying or going unconscious and possibly passing out.	Don't ask stupid question about my newspapers.
245	Everything. Your response team was very knowledgeable, gentle and polite.		
246	The personnel took my blood pressure and help and the accident.	I don't know because your service for me that's very well.	Is very well and I say thank you for your help.
247	Everything they had to.	Nothing. You are ALL GREAT.	
248	Thank you so much for your help.		
249			Excellent job.
250	Everything.	Keep up the good work.	
251	Everything.		Your people were awesome (thank you).
252	One of the paramedics went above and beyond - made our experience a little nicer.	Very well pleased.	
253	Being pleasant constantly.	You're perfect now.	
254	On a scale of 1 to 10, I give a 12+.	Keep up the good job!	Thank you! Thanks for Silver Saver program.
255	Everything.	I can't think of anything.	Terrific.
256	Your service excellent - from start to finish. Great service.		
257	Helped me in my time of need.		
258	My husband went to the VA hospital at 9:00 AM. I came home at 2:00 for lunch and fell on ice and hurt up back and neck. My husband had to call 911 2 times on Christmas. They were very nice both times!		
259	All was good.		
260		Arrived quickly and they knew their job. I am blind in one eye so I hope you can read this.	
261	Communication with me and my husband was very good and calming.		
262	Everything.		
263	Very patient and kind - especially since it was Christmas Day - away from family and friends.	You guys were great!	N/A
264	All things. Your personnel is outstanding!		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
265	Everything.	Can't think of anything.	All were very professional and knowledgeable.
266			Everyone was professional and nice.
267	Everything.	Everything was done well.	
268		The bill should go to the person that authorized this.	Patient does not live with us, we did not make this call.
269	This transport was arranged by the hospitals, patient and family member not involved.		It appears that the wrong insurance plan was billed.
270	You did everything well with the equipment.	All the service to me was excellent.	Very excellent in all service.
271	Our experience was very good considering the stressful situation.	No complaint.	
272	Very professional - no problems.		
273	Great. You always are!!		Patient would prefer to go to South Meadows Hospital instead of the Reno Town Renown Hospital. South Meadows is much cleaner and equipment is not broken down.
274	Everything. Always courteous and helpful. Thank you.		
275	Everything!! They were angels!!!	I can't think of anything.	
276	Answered all my questions and explained everything to me. I always ask lots of questions.	Service was great.	I was pleased and respectfully treated.
277	Everything.		Keep up the good work.
278	Everything.		
279			We couldn't have asked for better assistance and care. The hospital said I could have died. Thank you so much.
280	Arrived quickly.		
281		Have people who can put an IV in properly.	
283	Everything!		
284	Transported me to the hospital safely.		
285	Getting to the hospital.	You did good in all ways. Thank you.	
286	Speedy service and knowledge to me and my family. VERY courteous and polite.	Nothing.	Your EMTs are very knowledgeable and helpful in time of need - calming family members and help in knowing status of patient.
287	I have dealt with the "Vista" personnel and Reno personnel and there is no difference. They are always polite and professional.		Haven't received the bill yet, therefore, unable to comment on billing staff.
288	Your emergency crew was particularly good.		
289	Very professional! A job well done.		
290	All service.		
291			This is the first time we used you...you did good.
292	The dispatcher was great. She kept talking to me and explaining everything to me. She kept me calm, and I really appreciate that because I was freaked out.		All of your staff was wonderful. Thank you so much.
293	Immediate response/calm, concerned.		
294	I was out of it. Staff communicated well with my family. Got me to hospital!	Nothing.	
295	Prompt, pleasant, informative.		
296	All personal nice and courtesy.	Service very good.	
297	Everything.		
298	Check out the patient and ease our concerns.		
299			They seemed a little puzzled why I called 911. The doctor told me to get her to ER - she could go into cardiac arrest. She could not walk. Lost 1/2 of her blood.
300	Everything was done just fine.	Everything was fine.	The personnel was very helpful.
301	Showed up in a timely manner.		
302		Nothing - don't live there.	
303	Communication, humor.	N/A	Wonderful job done!
304	?	N/A	Why was/is the charge so high? Wife claims last service was \$500.
305	Kept me well informed.	I can't think of anything.	
306	The team was great.		
307	Got me to hospital promptly.		
308			The woman - driver - was holding my hand during exam, it was helping a lot with pain.
309	Everything.	Nothing.	
310	Everything - came so fast.	Nothing - you are great.	Excellent care.
311	Immediate response - saved my life.	You do fine.	Keep up the good work!
312	Everything you could to help me. Thank you.		Thank you. Thank you so much.
313	Prompt, professional service.	Provide for patient comfort.	Good, clean, professional help.
314	Quick service along with fire department. Helpful with my husband and family.	The best. Nothing could be better. Thank you!!	
315	Everything.	Nothing.	Second heart attack and you people saved my life once again. Thank you, and God bless all of you at REMSA.
316	All things.	N/A	
317	Comforted patient, gave immediate relief to shortness of breath.	REMSA did a great job!	
318	Everything. The crew made me feel comfortable. I was very impressed!!		Very good!
319	The crew did a great job of calming my mother - they were compassionate and efficient - and good listeners!		We were grateful for their care.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
320	I was a little nervous about traveling with strangers in an ambulance. The two young men were very professional and made me feel very comfortable. They were quick to answer any question I had.	Everything was perfect.	
321	You were quick at the scene at Reno International Airport. You gave priority at getting the patient in the ambulance. Deplaning passengers were asked to wait before deplaning.	You were wonderful. My husband died, sadly - not your fault.	
322	Absolutely wonderful, the paramedic was so good at relaying to me what he was doing and why.	Nothing. They were great.	Thank you for what you do.
323	Everything. I was very satisfied with your services. Thank you for your assistance.	Nothing.	
324	Provided info and TLC to a scared patient.	Everything fine.	
325	Service - exceptional and prompt. (Crew did communicate to patient but not to family.)		
326		I called with insurance info and left message. You did not call me back to verify my info.	
327	Your staff was very caring.		
328	Arrived quickly and were professional.		
329	Excellent.		
330	Gave me information. Transported me promptly.		
331	Got patient from A to B.		We did not make the arrangements. Carson Tahoe Vtach made the plans.
332	The staff was very friendly and did an excellent job of communicating with us each step of the way.	N/A	We were impressed with how the staff took extra care to keep us (family members) in the loop. They were very good with mom.
333	Friendly and informative.		
334	Everything.		
335	Very efficient and pleasant.		Excellent!
336	Good service.		
337	Everything went smoothly.		
338	Everything.	You did it all.	Good.
339	Excellent on whole experience.		
340	Your personnel were totally professional and helpful and kept me informed of what they were doing.	Just keep employing the type of personnel that cared for me.	The service was great. I am presently homeless, but I am staying with my sister at the above address. My sister has me listed on her REMSA enrollment, as I have no thought as to how long I will be here.
341	Great guys - helped out so much. Felt confident in their hands. Very grateful!!		
342	I could not breathe very well. REMSA picked me up physically, gave me oxygen and an IV, and took me to Renown.	You have exceeded improvement.	Very professional.
343	Everything was satisfactory.	Nothing.	N/A
344	Arrived within 5-10 minutes. Asked questions and transported me to hospital after assessment in ambulance.	N/A	Very kind, good listeners, I felt I was in good hands. Thank you to amazing personnel!
345	The entire service from start to finish was performed extremely well with a high degree of professionalism.	Nothing.	Excellent job. Don't change.
346	Everything. This was the 6 or 7th time we have used your service. Twice having heart attacks which, on one occasion, I was not breathing and your people brought me back.		Every chance I get to say thanks to any of your staff, I do so. Again, wonderful.
347	Got me to where I was going.		
348	They were very kind to me.		
349	I was impressed with everything they did that night for me and my husband.	I don't know what it would be. They were so kind and professional in every way.	I told my family how well we were taken care of and how impressed I was with everyone of the guys that were here at the house. They all need a RAISE. Job well done!!
350	Everything.		
351	Nothing. Personnel was very rude and didn't care about my problem.		Male personnel came into my room and look at me and said, and I quote, "You don't look like you're in a lot of pain." He was very rude and his partner wasn't much better. She was complaining about how hard their job was. Didn't seem to care my knee was very painful. I was very disappointed in service.
352	The paramedic who put in the IV line did really well - no pain and found a vein first try.		They checked my vitals continuously - felt protected and cared for. Thank you.
353	Friendly.		
354	Compassion and keeping me calm.	All is perfect.	
355	Arrived quickly - took over care. Pleasant people.	N/A	
356	Arranged the pick up very well. It was very busy time for REMSA and our situation was not urgent. Dispatcher and REMSA crew kept us well informed prior to pick up.		Ain't broke don't fix it.
357	Everything.	Nothing. They were wonderful.	Everything was great.
358	I don't remember much...sorry.	They were very nice, but I really don't remember them doing much.	I remember being very cold in that gown and on a very hard bed.
359	By being very efficient and all smiles! Thank you.	Nothing.	
360	Very calm and personable.		
361	Was here in a hurry and very helpful.	Everyone was great!!	Don't know anything about billing. Haven't gotten a bill.
362	Arrived quickly.	Help to retrieve personal belongings such as purse and wallet.	Service was caring and professional.
363	Used neck brace for any neck injury and polite.	Do the same.	The crew was doing a great job.
364	Remained calm - explained what treatment, tests were being done.	Not anything.	Excellent.
365	All REMSA people who came out did a one fine - professional job.	Just keep doing your professional staff.	The billing has us mixed up.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
366	Very professional.	Don't change.	
367	Everything.		
368	Very professional and respectful.	Nothing.	
369	Listened.	N/A	
370	Letting me know I was OK and not alone!		
371	Communication to the patient and family was courteous and professional.		
372	Very timely; the REMSA staff were kind, caring and extremely professional. Great at their job!	You all were great.	Thank you. You all helped to save my life.
373	Patient comfort.		
374	Everything.		
375		Your service is excellent.	
376	You were prompt and were very professional and had me on my way.	Have maps of all areas for faster service.	
377	1) EMTs very friendly/knowledgeable 2) Provided options for treatment	1) Although different medication options were offered, I did not know if I could receive meds and refuse transport	1) Overall - quick, professional 2) Informed of drugs I could use other than Benadryl - for future financial reasons 3) Picked up at store, not at home. Went to store for Benadryl, but they did not have any 4) They explained to me what was happening, as this has never happened before: hyperventilation, anxiety, allergic reaction
378	Very nice/helpful/great response time!		We have not received any billing info yet.
379	Friendly and personable.	?	
380	Your crew was very courteous, caring and professional.		You guys were perfect. I felt in good hands with you all.
381	Arrived quickly, answered questions in a quick response also, very polite and professional.		
382	The personnel took special care of me and my pain.		
383	Caring!	Just keep it up!	
384	Everything.	Nothing.	Very friendly and concerned.
385	Very good job.	Nothing.	
386	Quick response. Reassurance for patient and myself. Explanations of all procedures.	Continue your great work.	
387	Quick respond and helpful.		
388			One of the crew was judgmental. Says I was just a drunk.
389	Everyone is very helpful in my situation they are very nice and take good care to myself.		
390	Everything.		
391	All the guys who came were very nice and professional. They seemed to care.	I can't think of a thing. I was pleased the way my husband was treated.	The dispatcher was also very nice and helpful when I called. Very pleased with service. I'm a CVA of 43 years. Thank all of you!
392	Very informative, kind, respectful. I was extremely happy with both people from REMSA.	Nothing!	I would recommend your service to anyone! They were awesome!
393	Had to lift me onto gurney. I could not walk.	The service was great!	Everything was good (and I used Lifeline).
394	Getting him out of the bathroom.	Everything was done with care.	
395	Staff was polite, cordial and conscientious, made sure I was comfortable, etc.	Can't think of anything.	They also made sure I was okay before they left.
396	Everything well done.	I felt confident in their care.	
397	Everything.	Nothing.	Very good.
398	Prompt, calming, caring.	Nothing I can think of.	This would take too long.
399	Came fast. Very efficient. Very friendly.	I hope you don't have to.	
400	The ambulance people were informative and helpful.		
401	Efficient, calm, polite.	N/A	
402	Very kind and helpful during my husband's death.	Perfect.	
403	Arrived extremely quick.		Made me feel comfortable.
404	Got him to Tahoe/Pacific when asked by Renown.	I was not notified about having to sign any papers by you. He was in heavy sedation and could not and cannot still sign any papers (wife of patient).	
405	Reassured patient of what was going to happen ahead of time. Very patient, courteous and polite.	N/A	
406	Treatment.	Everything was great.	
407	Everything.		
408	Very helpful.	I can't think of anything. Thank you.	Very helpful and kind.
409	They were very nice and attended to my needs.	Nothing - did good.	
410	Excellent. Everyone is wonderful. Thank you.		



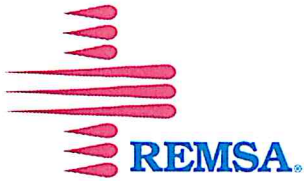
Regional Emergency Medical Services Authority

**CARE FLIGHT
CUSTOMER SERVICE
FOR
JANUARY 2014**



CARE FLIGHT CUSTOMER COMMENTS JANUARY 2014

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
1	Took me to Reno hospital. Didn't know if I was have a light stroke.	Everything was handled the best way possible on my flight.	I was very lucky I'd purchased the \$55 year insurance. Purchased it Nov. 19, 2013.
2	You saved my life.		
3	The entire crew were helpful, concerned, informative professional and caring. Please express my thanks to them.	The crew explained everything they were doing and told me why they were doing so. They were concerned about my comfort and pain level.	We have applied for your flight plan program.
4	Flew through some bad weather. Saved my life. Made me feel secure and safe in my life and death situation. I couldn't see and they made me feel safe and believe I would live.	Pay them more and get those wings at the Pearly Gates. (when it's time)	The woman sitting with my head by her knees gave me hope & security in my moment of dire need. I thank GOD for her, the pilot and crew. Thank you so very much. Your kindness gave me comfort & saved my life. I don't know what she looks like but her love & warmth sustained me thru her kind calm voice. I was almost a goner. Thank you, thank you and GOD Bless you all! I would love to thank you all in person.
5	Made me feel comfortable when I am scared to fly in helicopter.		
6	Very professional and courteous.	Cannot think of anything.	
7	All were kind and caring and sensitive to my needs.	Just keep doing the good things you do.	Enjoyed the ride even tho the circumstances weren't the best!
8	You were great.		
9	the Careflight people made Ted as comfortable as possible by giving him pillows. They called to let me know he arrived safely.		I really appreciated knowing that he landed safely.
10	Very helpful and kind.	Everything was wonderful.	God Bless you guys for your service.
11	Landed promptly at Lake Davis dam and was waiting to transport me to hospital. Thank you.		
12	Very professional, comforting and fast.		Alana was the patient. I am the mother. I'm happy they allowed me to fly with my daughter.
13	The flight care nurses were very kind and reassuring.	Nothing	
14	Got me into helicopter and didn't drop me. Crew very helpful in making me see things.	Get a bigger helicopter.	
15	Everything	Nothing	
16	The pilot and medics were wonderful. They took very good care of our son. He just wished he had felt better so he could have enjoyed the ride more.		
17	Everything		



Regional Emergency Medical Services Authority

REMSA
PUBLIC RELATIONS REPORT
FOR
JANUARY 2014

PUBLIC RELATIONS

January 2013

ACTIVITY	RESULTS
Media calls and coordination regarding patient being transported from Renown to the Air National Guard.	Reno Gazette Journal ran a story on Jan. 30
Wrote and distributed press release regarding Running Red for Heart event on February 8.	All local media carried information regarding this event and how to sign up.



Published: 1/15 4:07 pm

Updated: 1/15 4:42 pm

RENO, Nev. (MyNews4.com & KRNV) -- Crashes are the number one cause of death for children, and REMSA is doing its part to help.

They will be hosting a Child Safety Seat Inspection Checkpoint at 10 a.m on Saturday. Nationally-certified Child Passenger Safety Technicians will be there to make sure car seats are installed properly. They say more than 75% of cars inspected at these checkpoints arrive with seats improperly installed.

The REMSA office is located at 450 Edison Way, and they recommend arriving early to ensure your seat can be inspected.



Heart run and health expo set for Feb. 7

Jan. 24, 2014

To honor February's National American Heart Month, REMSA will hold its annual Running Red for Heart 5K run/walk and health expo in February.

The expo is from 3 to 7 p.m. Feb. 7 and the run is set for 8 a.m. Feb. 8 and the at Scheels in Sparks.

Participants will have the opportunity to visit local vendors and heart healthy living demonstrations.

The 5K run will begin in front of Scheels and will follow a new route this year that will include the Sparks Marina. Registration is 7 to 7:45 a.m. The run begins at 8 a.m. and all runners are asked to wear all red running gear. Awards will be given for best-dressed runner during a special awards ceremony. During the ceremony at 8:45 a.m., REMSA will present a check to the American Heart Association from the proceeds of the race.

Registration costs \$30 and is available at active.com or at the customer service counter inside Scheels.

Highlights at the expo include: REMSA will teach hands only CPR classes, Northern Nevada Medical Center will have physicians and staff onsite for cardiology and sports medicine, Saint Mary's Regional Medical Center will perform body composition screening and teach heart healthy living, Renown Regional Medical Center will have educational information and perform heart healthy screenings, United Blood Services will take blood donations, Hometown Health will host blood pressure screenings and teach about healthy eating options and the American Heart Association will educate expo participants on heart healthy living and education. There also will be fitness demonstrations and experts from local gyms. On the day of the expo, a Point of Impact Child Safety Seat Checkpoint will be held in the Scheels' parking lot starting at 9 a.m. and is limited to the first 30 cars.

For more information or questions, contact REMSA at (775) 353-0772 or www.remsaeducation.com.

Community News for Jan. 22

Jan. 21, 2014 |

rgj.com

REMSA presents running Red for Heart 5K, expo

In honor of February's National American Heart Month, the Regional Emergency Medical Services Authority will present the second annual Running Red for Heart 5K run/walk. The event starts Feb. 7 with the health expo from 3 to 7 p.m. at Scheels All-Sports in Sparks.

Participants will have the opportunity to visit many local vendors and heart-healthy living demonstrations that are geared toward making the community a heart-healthy place to live.

The 5K run will begin at 8 a.m. Feb. 8 in front of Scheels and will follow a new route this year that will include the Sparks Marina. All runners are asked to wear all-red running gear. Awards will be given for best-dressed runner during a special awards ceremony. During the ceremony at 8:45 a.m., REMSA will present a check to the American Heart Association from race proceeds. Registration is \$30 and is available at active.com or at the customer service counter inside Scheels.

For more information or questions, contact REMSA at 775-353-0772 or www.remsaeducation.com.



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

February 10, 2014

To: District Board of Health Members

From: Eileen Stickney

Subject: Approval of the Health Fund Revenue and Expenditure Report for January 2014

Recommendation

Staff recommends that the District Board of Health accept the attached report of revenues and expenditures for the Health Fund for January 2014 of Fiscal Year 14.

Background

The attached reports are for the accounting period 7/14 and the percentages should approximate 58% of the year. The total revenues and expenditures for the current year (FY14) compared to last year (FY13) are as follows:

JAN 2014	FY14 – REV	FY13 – REV	FY14 – EXP	FY13 – EXP
Overhead-GF			\$1,690,519.81 58%	\$1,276,686.00 50%
AHS	\$560,958.52 44%	\$619,581.92 51%	\$1,388,505.19 54%	\$1,440,483.29 56%
AQM	\$1,450,223.61 54%	\$1,254,171.31 56%	\$1,207,168.52 42%	\$1,313,433.74 45%
CCHS	\$797,561.22 33%	\$1,103,754.69 45%	\$2,568,108.35 53%	2,707,592.40 55%
EHS	\$859,956.57 43%	\$956,150.82 54%	\$2,909,300.67 51%	\$2,864,057.83 50%
EPHP	\$706,982.90 39%	\$830,030.47 45%	\$1,105,776.83 49%	\$1,142,097.08 48%
Adjustments				
TOTAL	\$4,375,682.82 43%	\$4,763,689.21 50%	\$10,869,379.37 51%	\$10,744,350.34 51%
GF Transfer	\$4,301,945.52 50%	\$2,874,631.00 33%		

The Environmental Oversight Account balance for January is \$108,323.21.

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

**Washoe County Health District
REVENUE EXPENSE
Pd 1-7, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
422503 Environmental Permits	63,177.00-	35,201.00-	27,976.00-	56	51,500.00-	31,434.00-	20,066.00-	61
422504 Pool Permits	74,690.00-	21,480.00-	53,210.00-	29	68,000.00-	14,732.00-	53,268.00-	22
422505 RV Permits	13,306.00-	7,461.00-	5,845.00-	56	10,500.00-	6,737.00-	3,763.00-	64
422507 Food Service Permits	492,181.00-	249,969.00-	242,212.00-	51	369,000.00-	228,473.00-	140,527.00-	62
422508 Wat Well Const Perm	23,567.00-	19,474.00-	4,093.00-	83	20,000.00-	14,048.00-	5,952.00-	70
422509 Water Company Permits	3,200.00-	4,434.00-	1,234.00	139	2,500.00-	1,472.00-	1,028.00-	59
422510 Air Pollution Permits	584,012.00-	296,450.25-	287,561.75-	51	448,037.00-	263,154.75-	184,882.25-	59
422511 ISDS Permits	66,522.00-	50,902.00-	15,620.00-	77	49,000.00-	30,280.00-	18,720.00-	62
422513 Special Event Permits	99,623.00-	50,412.00-	49,211.00-	51	79,000.00-	39,464.00-	39,536.00-	50
422514 Initial Applic Fee	35,226.00-	19,620.00-	15,606.00-	56	27,000.00-	16,186.00-	10,814.00-	60
* Licenses and Permits	1,455,504.00-	755,403.25-	700,100.75-	52	1,124,537.00-	645,980.75-	478,556.25-	57
431100 Federal Grants	5,317,857.05-	1,823,922.71-	3,493,934.34-	34	5,860,619.51-	2,637,411.62-	3,223,207.89-	45
431105 Federal Grants - Indirect	243,178.41-	131,932.75-	111,245.66-	54	125,376.00-	43,342.17-	82,033.83-	35
432100 State Grants	741,802.00-	217,518.20-	524,283.80-	29	281,857.00-	233,559.97-	48,297.03-	83
432105 State Grants-Indirect	2,205.00-	766.00-	1,439.00-	35				
432310 Tire Fee NRS 444A.090	468,548.00-	177,315.54-	291,232.46-	38	418,766.00-	241,500.45-	177,265.55-	58
432311 Pol Ctrl 445B.830	300,000.00-	479,374.67-	179,374.67	160	300,000.00-	162,040.00-	137,960.00-	54
* Intergovernmental	7,073,590.46-	2,830,829.87-	4,242,760.59-	40	6,986,618.51-	3,317,854.21-	3,668,764.30-	47
460162 Services to Other Agencies								
460500 Other Immunizations	89,000.00-	29,432.07-	59,567.93-	33	89,000.00-	37,462.00-	51,538.00-	42
460501 Medicaid Clinical Services	8,200.00-	1,677.50-	6,522.50-	20	36,200.00-	44.46	36,244.46-	0-
460503 Childhood Immunizations	20,000.00-	9,692.00-	10,308.00-	48	30,000.00-	10,881.50-	19,118.50-	36
460508 Tuberculosis	4,100.00-	2,845.95-	1,254.05-	69	4,100.00-	2,942.93-	1,157.07-	72
460509 Water Quality								
460510 IT Overlay	35,344.00-	20,572.00-	14,772.00-	58	113,400.00-	67,164.00-	46,236.00-	59
460511 Birth and Death Certificates	450,000.00-	261,051.00-	188,949.00-	58	400,000.00-	267,728.00-	132,272.00-	67
460512 Duplication Service Fees		702.34-	702.34			237.78-	237.78	
460513 Other Healt Service Charges		112.00	112.00-		2,700.00-	2,788.00-	88.00	103
460514 Food Service Certification	19,984.00-	11,635.00-	8,349.00-	58	13,900.00-	10,282.00-	3,618.00-	74
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	1,750.00-	18,879.51-	17,129.51	1,079	2,250.00-		2,250.00-	
460517 Influenza Immunization	7,000.00-	3,510.00-	3,490.00-	50	7,000.00-	6,544.00-	456.00-	93
460518 STD Fees	21,000.00-	10,976.99-	10,023.01-	52	23,000.00-	13,026.59-	9,973.41-	57
460519 Outpatient Services								
460520 Eng Serv Health	50,707.00-	29,240.00-	21,467.00-	58	44,000.00-	17,967.00-	26,033.00-	41
460521 Plan Review - Pools & Spas	3,816.00-	3,173.00-	643.00-	83	2,500.00-	879.00-	1,621.00-	35
460523 Plan Review - Food Services	18,765.00-	11,267.00-	7,498.00-	60	17,000.00-	15,417.00-	1,583.00-	91
460524 Family Planning	27,000.00-	19,788.65-	7,211.35-	73	44,000.00-	16,903.62-	27,096.38-	38
460525 Plan Review - Vector	36,021.00-	31,670.00-	4,351.00-	88	30,000.00-	21,788.00-	8,212.00-	73
460526 Plan Review-Air Quality	65,272.00-	17,730.00-	47,542.00-	27	40,000.00-	20,508.00-	19,492.00-	51
460527 NOE-AQM	113,934.00-	71,527.00-	42,407.00-	63	100,000.00-	55,731.00-	44,269.00-	56
460528 NESHAP-AQM	135,389.00-	48,011.00-	87,378.00-	35	84,000.00-	42,299.00-	41,701.00-	50
460529 Assessments-AQM	57,888.00-	26,350.00-	31,538.00-	46	41,000.00-	27,149.00-	13,851.00-	66
460530 Inspector Registr-AQ	14,655.00-	2,113.00-	12,542.00-	14	2,600.00-	2,838.00-	238.00	109
460531 Dust Plan-Air Quality	187,690.00-	84,540.00-	103,150.00-	45	95,000.00-	57,049.00-	37,951.00-	60
460532 Plan Rvw Hotel/Motel						322.00-	322.00	
460533 Quick Start								
460534 Child Care Inspection	10,560.00-	4,592.00-	5,968.00-	43	8,500.00-	4,517.00-	3,983.00-	53
460535 Pub Accomod Inspectn	22,540.00-	11,286.00-	11,254.00-	50	17,300.00-	8,726.00-	8,574.00-	50

**Washoe County Health District
REVENUE EXPENSE
Pd 1-7, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
460570 Education Revenue	2,900.00-	882.00-	2,018.00-	30	5,700.00-	850.00-	4,850.00-	15
* Charges for Services	1,403,515.00-	733,032.01-	670,482.99-	52	1,253,150.00-	711,955.96-	541,194.04-	57
484050 Donations Federal Pgm Income	37,550.00-	21,546.33-	16,003.67-	57	41,934.00-	22,880.40-	19,053.60-	55
484195 Non-Govt'l Grants	88,263.36-	32,276.36-	55,987.00-	37	114,750.00-	58,763.00-	55,987.00-	51
484197 Non-Gov. Grants-Indirect	5,125.00-		5,125.00-					
485100 Reimbursements								
485110 Workers Comp Reimb						907.44-	907.44	
485121 Jury Reimbursements		80.00-	80.00			180.00-	180.00	
485300 Other Misc Govt Rev	62,228.75-	2,515.00-	59,713.75-	4		5,167.45-	5,167.45	
* Miscellaneous	193,167.11-	56,417.69-	136,749.42-	29	156,684.00-	87,898.29-	68,785.71-	56
** Revenue	10,125,776.57-	4,375,682.82-	5,750,093.75-	43	9,520,989.51-	4,763,689.21-	4,757,300.30-	50
701110 Base Salaries	9,184,929.10	4,964,556.72	4,220,372.38	54	9,442,227.37	5,087,511.89	4,354,715.48	54
701120 Part Time	565,939.67	239,826.07	326,113.60	42	529,904.89	310,094.83	219,810.06	59
701130 Pooled Positions	471,401.66	253,819.30	217,582.36	54	522,298.86	213,587.71	308,711.15	41
701140 Holiday Work	2,818.65	3,177.98	359.33-	113	1,450.00	1,824.78	374.78-	126
701150 xcContractual Wages								
701200 Incentive Longevity	165,403.00	82,244.01	83,158.99	50	158,292.00	84,844.20	73,447.80	54
701300 Overtime	66,703.00	33,160.53	33,542.47	50	50,325.11	22,141.25	28,183.86	44
701403 Shift Differential								
701406 Standby Pay		100.00-	100.00					
701408 Call Back	1,000.00		1,000.00		1,000.00	182.10	817.90	18
701412 Salary Adjustment	211,102.60-		211,102.60-		52,986.54		52,986.54	
701413 Vac Payoff/Sick Pay-Term		54,117.82	54,117.82-			63,179.86	63,179.86-	
701415 Physical Fitness Pay								
701417 Comp Time		3,333.83	3,333.83-			20,986.42	20,986.42-	
701419 Comp Time - Transfer		1,885.60	1,885.60-			9,723.83	9,723.83-	
701500 Merit Awards								
* Salaries and Wages	10,247,092.48	5,636,021.86	4,611,070.62	55	10,758,484.77	5,814,076.87	4,944,407.90	54
705110 Group Insurance	1,418,327.59	772,092.56	646,235.03	54	1,449,189.10	792,167.68	657,021.42	55
705210 Retirement	2,513,907.30	1,346,376.95	1,167,530.35	54	2,410,125.05	1,298,262.75	1,111,862.30	54
705215 Retirement Calculation								
705230 Medicare April 1986	136,645.22	75,739.45	60,905.77	55	139,962.64	78,338.56	61,624.08	56
705320 Workmens Comp	66,992.03	38,580.57	28,411.46	58	64,187.41	37,294.04	26,893.37	58
705330 Unemply Comp	15,375.22	15,179.40	195.82	99	15,533.45	15,533.45		100
705360 Benefit Adjustment	13,398.00-		13,398.00-		10,656.00		10,656.00	
705510 Severance Pay								
* Employee Benefits	4,137,849.36	2,247,968.93	1,889,880.43	54	4,089,653.65	2,221,596.48	1,868,057.17	54
710100 Professional Services	1,276,489.83	184,311.46	1,092,178.37	14	1,091,804.38	228,885.32	862,919.06	21
710105 Medical Services	9,173.00	3,572.00	5,601.00	39	9,264.00	1,847.50	7,416.50	20
710108 MD Consultants	46,950.00	28,062.50	18,887.50	60	46,900.00	27,537.50	19,362.50	59
710110 Contracted/Temp Services	78,309.03	31,410.73	46,898.30	40	71,051.00	24,879.80	46,171.20	35
710119 Subrecipient Payments								
710200 Service Contract	103,593.00	44,536.00	59,057.00	43	105,243.00	37,554.30	67,688.70	36
710205 Repairs and Maintenance	10,970.00	5,950.71	5,019.29	54	20,549.91	3,867.80	16,682.11	19
710210 Software Maintenance	15,636.00	15,530.00	106.00	99	16,200.00	13,920.00	2,280.00	86
710300 Operating Supplies	125,111.00	55,400.06	69,710.94	44	132,737.55	68,250.59	64,486.96	51
710302 Small Tools & Allow	10,685.00	472.96	10,212.04	4	3,685.00		3,685.00	
710308 Animal Supplies	1,600.00	582.75	1,017.25	36	2,000.00	343.91	1,656.09	17
710312 Special Dept Expense								

**Washoe County Health District
REVENUE EXPENSE
Pd 1-7, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
710319 Chemical Supplies	232,300.00	232,070.33	229.67	100	231,950.00	232,131.87	181.87-	100
710325 Signs and Markers								
710334 Copy Machine Expense	27,597.00	14,840.48	12,756.52	54	28,274.89	11,663.87	16,611.02	41
710350 Office Supplies	43,073.50	17,880.28	25,193.22	42	44,171.01	20,338.96	23,832.05	46
710355 Books and Subscriptions	7,919.00	4,072.60	3,846.40	51	8,413.00	3,239.32	5,173.68	39
710360 Postage	21,855.00	11,127.17	10,727.83	51	21,954.00	9,027.93	12,926.07	41
710361 Express and Courier	685.00	85.03	599.97	12	610.75	639.22	28.47-	105
710391 Fuel & Lube	100.00		100.00		100.00		100.00	
710400 Payments to Other Agencies								
710412 Do Not Use								
710500 Other Expense	25,681.96	13,271.13	12,410.83	52	45,973.51	17,007.39	28,966.12	37
710502 Printing	33,770.00	9,336.41	24,433.59	28	31,499.00	8,858.15	22,640.85	28
710503 Licenses & Permits	7,887.00	3,240.00	4,647.00	41	8,870.00	5,867.39	3,002.61	66
710504 Registration								
710505 Rental Equipment	2,027.00		2,027.00		5,178.00	1,046.00	4,132.00	20
710506 Dept Insurance Deductible		333.86	333.86-			452.58	452.58-	
710507 Network and Data Lines	5,530.00	6,107.99	577.99-	110	6,486.00	6,202.04	283.96	96
710508 Telephone Land Lines	43,434.00	20,442.38	22,991.62	47	46,535.00	21,837.21	24,697.79	47
710509 Seminars and Meetings	32,565.00	18,523.19	14,041.81	57	32,320.00	17,080.50	15,239.50	53
710512 Auto Expense	18,802.20	7,041.13	11,761.07	37	19,784.00	7,635.14	12,148.86	39
710514 Regulatory Assessments	11,920.00	5,960.00	5,960.00	50	11,920.00	8,940.00	2,980.00	75
710519 Cellular Phone	15,660.00	7,649.87	8,010.13	49	18,447.00	7,424.13	11,022.87	40
710524 Utility relocation								
710529 Dues	10,791.01	2,840.00	7,951.01	26	11,926.00	8,461.00	3,465.00	71
710535 Credit Card Fees	11,925.00	5,224.15	6,700.85	44	11,455.00	6,218.53	5,236.47	54
710546 Advertising	45,070.00	10,628.00	34,442.00	24	44,728.86	39,623.71	5,105.15	89
710550 Small Differences								
710551 Cash Discounts Lost		36.23	36.23-					
710577 Uniforms & Special Clothing	25,500.00	2,979.21	22,520.79	12	3,000.00	2,297.83	702.17	77
710585 Undesignated Budget	62,228.75		62,228.75		71,077.00		71,077.00	
710600 LT Lease-Office Space	109,115.00	47,169.56	61,945.44	43	113,439.00	65,467.72	47,971.28	58
710620 LT Lease-Equipment								
710703 Biologicals	246,790.79	125,111.93	121,678.86	51	249,583.98	119,723.48	129,860.50	48
710714 Referral Services	6,328.00		6,328.00		9,040.00	2,712.00	6,328.00	30
710721 Outpatient	93,092.55	37,055.11	56,037.44	40	110,399.15	42,639.19	67,759.96	39
710872 Food Purchases	10,975.50	344.34	10,631.16	3	11,675.00	2,848.53	8,826.47	24
711010 Utilities					2,700.00		2,700.00	
711100 ESD Asset Management	47,436.00	28,944.00	18,492.00	61	17,040.00	9,768.00	7,272.00	57
711113 Equip Srv Replace	27,084.14	16,104.20	10,979.94	59	25,938.64	15,842.71	10,095.93	61
711114 Equip Srv O & M	46,894.56	25,778.36	21,116.20	55	42,163.13	22,836.38	19,326.75	54
711115 Equip Srv Motor Pool	16,741.00		16,741.00		18,346.00		18,346.00	
711117 ESD Fuel Charge	55,492.05	26,147.96	29,344.09	47	51,253.35	30,542.06	20,711.29	60
711119 Prop & Liab Billings	74,502.09	43,459.71	31,042.38	58	80,283.41	46,831.96	33,451.45	58
711210 Travel	249,135.03	40,767.64	208,367.39	16	251,954.25	31,525.84	220,428.41	13
711300 Cash Over Short		20.00	20.00-					
711399 ProCard in Process								
711400 Overhead - General Fund	2,898,034.00	1,690,519.81	1,207,514.19	58	2,553,372.00	1,276,686.00	1,276,686.00	50
711504 Equipment nonCapital	131,948.36	73,978.88	57,969.48	56	155,955.08	101,584.23	54,370.85	65
* Services and Supplies	6,378,407.35	2,918,920.11	3,459,487.24	46	5,897,250.85	2,612,087.59	3,285,163.26	44

**Washoe County Health District
REVENUE EXPENSE
Pd 1-7, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
781004 Equipment Capital	301,954.82	66,468.47	235,486.35	22	397,107.01	96,589.40	300,517.61	24
781007 Vehicles Capital	100,000.00		100,000.00					
* Capital Outlay	401,954.82	66,468.47	335,486.35	17	397,107.01	96,589.40	300,517.61	24
** Expenses	21,165,304.01	10,869,379.37	10,295,924.64	51	21,142,496.28	10,744,350.34	10,398,145.94	51
485193 Surplus Supplies Sales		652.80-	652.80					
485196 Insur Reimb-F/A Loss						150.00-	150.00	
* Other Fin. Sources		652.80-	652.80			150.00-	150.00	
621001 Transfer From General	8,603,891.00-	4,301,945.52-	4,301,945.48-	50	8,623,891.00-	2,874,631.00-	5,749,260.00-	33
* Transfers In	8,603,891.00-	4,301,945.52-	4,301,945.48-	50	8,623,891.00-	2,874,631.00-	5,749,260.00-	33
811001 Transfer to General								
818000 Transfer to Intrafund								
* Transfers Out								
** Other Financing Src/Use	8,603,891.00-	4,302,598.32-	4,301,292.68-	50	8,623,891.00-	2,874,781.00-	5,749,110.00-	33
*** Total	2,435,636.44	2,191,098.23	244,538.21	90	2,997,615.77	3,105,880.13	108,264.36-	104

**Washoe County Health District
Administrative Health Services
PD 1-7, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
431100 Federal Grants	1,109,048.06-	513,379.45-	595,668.61-	46	1,109,658.25-	555,688.92-	553,969.33-	50
431105 Federal Grants - Indirect	1,921.50-	15,302.71-	13,381.21	796				
* Intergovernmental	1,110,969.56-	528,682.16-	582,287.40-	48	1,109,658.25-	555,688.92-	553,969.33-	50
460511 Birth and Death Certificates								
460512 Duplication Service Fees						5.00-	5.00	
* Charges for Services						5.00-	5.00	
484195 Non-Govt'l Grants	88,263.36-	32,276.36-	55,987.00-	37	114,750.00-	58,763.00-	55,987.00-	51
484197 Non-Gov. Grants-Indirect	5,125.00-		5,125.00-					
485100 Reimbursements								
485300 Other Misc Govt Rev	62,228.75-		62,228.75-			5,125.00-	5,125.00	
* Miscellaneous	155,617.11-	32,276.36-	123,340.75-	21	114,750.00-	63,888.00-	50,862.00-	56
** Revenue	1,266,586.67-	560,958.52-	705,628.15-	44	1,224,408.25-	619,581.92-	604,826.33-	51
701110 Base Salaries	1,610,653.89	885,654.76	724,999.13	55	1,620,335.85	906,768.38	713,567.47	56
701120 Part Time								
701130 Pooled Positions	5,000.00	7,460.69	2,460.69-	149	5,000.00	9,853.54	4,853.54-	197
701140 Holiday Work		33.39	33.39-			279.36	279.36-	
701200 Incentive Longevity	33,265.00	15,355.04	17,909.96	46	30,755.00	15,107.67	15,647.33	49
701300 Overtime	1,200.00	1,959.45	759.45-	163	1,200.00	1,313.59	113.59-	109
701412 Salary Adjustment	3,642.80		3,642.80		10,554.54		10,554.54	
701413 Vac Payoff/Sick Pay-Term						3,173.40	3,173.40-	
701417 Comp Time		2,865.79	2,865.79-			18.92	18.92-	
701419 Comp Time - Transfer		1,885.60	1,885.60-					
701500 Merit Awards								
* Salaries and Wages	1,653,761.69	915,214.72	738,546.97	55	1,667,845.39	936,514.86	731,330.53	56
705110 Group Insurance	258,484.26	145,992.47	112,491.79	56	254,302.59	144,242.05	110,060.54	57
705210 Retirement	421,998.67	226,159.30	195,839.37	54	384,397.43	218,968.01	165,429.42	57
705215 Retirement Calculation								
705230 Medicare April 1986	22,856.87	12,523.06	10,333.81	55	22,639.74	12,948.34	9,691.40	57
705320 Workmens Comp	11,691.26	6,819.96	4,871.30	58	11,339.00	6,614.44	4,724.56	58
705330 Unemploy Comp	2,683.24	2,683.24		100	2,755.00	2,755.00		100
705510 Severance Pay								
* Employee Benefits	717,714.30	394,178.03	323,536.27	55	675,433.76	385,527.84	289,905.92	57
710100 Professional Services	36,743.00	16,760.00	19,983.00	46	45,500.00	36,183.98	9,316.02	80
710105 Medical Services	150.00	105.00	45.00	70	350.00	26.00	324.00	7
710108 MD Consultants								
710110 Contracted/Temp Services		2,838.60	2,838.60-					
710200 Service Contract	500.00	2.78	497.22	1	1,500.00		1,500.00	
710205 Repairs and Maintenance	200.00	147.50	52.50	74	400.00	512.20	112.20-	128
710300 Operating Supplies	9,397.00	4,636.61	4,760.39	49	9,100.00	4,077.04	5,022.96	45
710312 Special Dept Expense								
710334 Copy Machine Expense	3,500.00	3,823.04	323.04-	109	4,500.00	2,479.16	2,020.84	55
710350 Office Supplies	10,963.50	4,178.28	6,785.22	38	9,993.00	4,449.46	5,543.54	45
710355 Books and Subscriptions	1,000.00	1,666.97	666.97-	167	1,000.00	383.44	616.56	38
710360 Postage	1,680.00	465.13	1,214.87	28	1,625.00	658.89	966.11	41
710361 Express and Courier	100.00	15.00	85.00	15	100.00	40.84	59.16	41
710500 Other Expense	1,600.00	535.15	1,064.85	33	1,600.00	882.65	717.35	55
710502 Printing	4,480.00	404.69	4,075.31	9	4,780.00	365.71	4,414.29	8
710503 Licenses & Permits	1,992.00	300.00	1,692.00	15	2,340.00	446.00	1,894.00	19
710507 Network and Data Lines	630.00	318.81	311.19	51	630.00	309.67	320.33	49

**Washoe County Health District
Administrative Health Services
PD 1-7, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
710508 Telephone Land Lines	9,580.00	4,121.81	5,458.19	43	10,080.00	4,646.99	5,433.01	46
710509 Seminars and Meetings	2,800.00	1,611.50	1,188.50	58	5,300.00	1,578.50	3,721.50	30
710512 Auto Expense	2,336.00	740.81	1,595.19	32	3,336.00	1,420.42	1,915.58	43
710519 Cellular Phone	1,520.00	301.69	1,218.31	20	1,470.00	928.41	541.59	63
710529 Dues	4,030.02	375.00	3,655.02	9	2,850.00	3,480.00	630.00-	122
710546 Advertising	150.00		150.00		150.00		150.00	
710551 Cash Discounts Lost								
710585 Undesignated Budget								
710600 LT Lease-Office Space	67,464.00	23,276.56	44,187.44	35	71,788.00	41,877.72	29,910.28	58
710872 Food Purchases	2,725.50		2,725.50		2,725.00		2,725.00	
711010 Utilities					1,000.00		1,000.00	
711100 ESD Asset Management								
711114 Equip Srv O & M								
711115 Equip Srv Motor Pool								
711117 ESD Fuel Charge								
711119 Prop & Liab Billings	13,169.78	7,682.36	5,487.42	58	14,239.00	8,306.13	5,932.87	58
711210 Travel	36,428.55	4,785.15	31,643.40	13	41,165.00	2,622.33	38,542.67	6
711300 Cash Over Short		20.00	20.00-					
711504 Equipment nonCapital	3,456.01		3,456.01		4,275.00	2,765.05	1,509.95	65
* Services and Supplies	216,595.36	79,112.44	137,482.92	37	241,796.00	118,440.59	123,355.41	49
** Expenses	2,588,071.35	1,388,505.19	1,199,566.16	54	2,585,075.15	1,440,483.29	1,144,591.86	56
485193 Surplus Supplies Sales		652.80-	652.80					
* Other Fin. Sources		652.80-	652.80					
818000 Transfer to Intrafund								
* Transfers Out								
** Other Financing Src/Use		652.80-	652.80					
*** Total	1,321,484.68	826,893.87	494,590.81	63	1,360,666.90	820,901.37	539,765.53	60

**Washoe County Health District
Air Quality Management
PD 1-7, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
422510 Air Pollution Permits	584,012.00-	296,450.25-	287,561.75-	51	448,037.00-	263,154.75-	184,882.25-	59
* Licenses and Permits	584,012.00-	296,450.25-	287,561.75-	51	448,037.00-	263,154.75-	184,882.25-	59
431100 Federal Grants	708,173.00-	199,751.84-	508,421.16-	28	912,531.00-	434,878.96-	477,652.04-	48
431105 Federal Grants - Indirect	29,372.00-	42,089.85-	12,717.85	143	30,224.00-	6,509.04-	23,714.96-	22
432100 State Grants	496,381.00-	182,000.00-	314,381.00-	37	182,000.00-	182,000.00-		100
432311 Pol Ctrl 445B.830	300,000.00-	479,374.67-	179,374.67	160	300,000.00-	162,040.00-	137,960.00-	54
* Intergovernmental	1,533,926.00-	903,216.36-	630,709.64-	59	1,424,755.00-	785,428.00-	639,327.00-	55
460513 Other Healt Service Charges		206.00-	206.00					
460526 Plan Review-Air Quality	65,272.00-	17,730.00-	47,542.00-	27	40,000.00-	20,508.00-	19,492.00-	51
460527 NOE-AQM	113,934.00-	71,527.00-	42,407.00-	63	100,000.00-	55,731.00-	44,269.00-	56
460528 NESHAP-AQM	135,389.00-	48,011.00-	87,378.00-	35	84,000.00-	42,299.00-	41,701.00-	50
460529 Assessments-AQM	57,888.00-	26,350.00-	31,538.00-	46	41,000.00-	27,149.00-	13,851.00-	66
460530 Inspector Registr-AQ	14,655.00-	2,113.00-	12,542.00-	14	2,600.00-	2,838.00-	238.00	109
460531 Dust Plan-Air Quality	187,690.00-	84,540.00-	103,150.00-	45	95,000.00-	57,049.00-	37,951.00-	60
* Charges for Services	574,828.00-	250,477.00-	324,351.00-	44	362,600.00-	205,574.00-	157,026.00-	57
485121 Jury Reimbursements		80.00-	80.00					
485300 Other Misc Govt Rev						14.56-	14.56	
* Miscellaneous		80.00-	80.00			14.56-	14.56	
** Revenue	2,692,766.00-	1,450,223.61-	1,242,542.39-	54	2,235,392.00-	1,254,171.31-	981,220.69-	56
701110 Base Salaries	1,275,216.35	689,889.62	585,326.73	54	1,345,462.49	723,246.79	622,215.70	54
701130 Pooled Positions	27,646.29	3,940.00	23,706.29	14	93,151.68	4,878.88	88,272.80	5
701140 Holiday Work	418.65		418.65		250.00	140.18	109.82	56
701150 xcContractual Wages								
701200 Incentive Longevity	20,530.00	9,708.40	10,821.60	47	19,210.00	9,449.98	9,760.02	49
701300 Overtime	3,400.00	1,444.56	1,955.44	42	10,045.11	2,357.03	7,688.08	23
701408 Call Back								
701412 Salary Adjustment								
701413 Vac Payoff/Sick Pay-Term		14,339.59	14,339.59-			2,023.44	2,023.44-	
701417 Comp Time		91.08	91.08-			918.38	918.38-	
701500 Merit Awards								
* Salaries and Wages	1,327,211.29	719,413.25	607,798.04	54	1,468,119.28	743,014.68	725,104.60	51
705110 Group Insurance	176,696.79	99,890.21	76,806.58	57	172,127.11	94,028.93	78,098.18	55
705210 Retirement	332,632.51	178,094.30	154,538.21	54	324,109.95	173,867.49	150,242.46	54
705230 Medicare April 1986	18,136.32	9,955.04	8,181.28	55	19,385.69	10,375.26	9,010.43	54
705320 Workmens Comp	8,275.26	4,827.27	3,447.99	58	7,585.40	4,424.84	3,160.56	58
705330 Unemploy Comp	1,899.24	1,899.28	0.04-	100	1,843.00	1,843.00		100
* Employee Benefits	537,640.12	294,666.10	242,974.02	55	525,051.15	284,539.52	240,511.63	54
710100 Professional Services	590,571.26	51,079.55	539,491.71	9	385,103.78	56,417.86	328,685.92	15
710105 Medical Services	1,525.00	1,265.50	259.50	83	1,416.00	1,098.00	318.00	78
710200 Service Contract	1,600.00	166.66	1,433.34	10	500.00	90.07	409.93	18
710205 Repairs and Maintenance	1,000.00	1,977.40	977.40-	198	10,741.91	2,739.10	8,002.81	25
710210 Software Maintenance	3,386.00	3,530.00	144.00-	104	4,200.00	4,170.00	30.00	99
710300 Operating Supplies	1,000.00	4,171.83	3,171.83-	417	11,079.55	14,254.80	3,175.25-	129
710334 Copy Machine Expense	4,400.00	2,673.86	1,726.14	61	4,400.00	1,443.39	2,956.61	33
710350 Office Supplies	3,500.00	1,750.00	1,750.00	50	4,000.00	1,980.51	2,019.49	50
710355 Books and Subscriptions	100.00	288.03	188.03-	288	224.00	334.13	110.13-	149
710360 Postage	3,000.00	1,939.82	1,060.18	65	2,900.00	1,620.81	1,279.19	56
710361 Express and Courier	75.00	16.47	58.53	22	80.75	480.17	399.42-	595
710500 Other Expense	100.00	5,025.02	4,925.02-	5,025	100.00	118.85	18.85-	119

**Washoe County Health District
Air Quality Management
PD 1-7, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
710502 Printing	800.00	764.54	35.46	96	800.00	838.39	38.39-	105
710503 Licenses & Permits					135.00	232.39	97.39-	172
710505 Rental Equipment	1,800.00		1,800.00		1,800.00		1,800.00	
710506 Dept Insurance Deductible		33.86	33.86-					
710507 Network and Data Lines		3,360.00	3,360.00-			3,235.00	3,235.00-	
710508 Telephone Land Lines	5,500.00	2,062.19	3,437.81	37	6,500.00	2,500.87	3,999.13	38
710509 Seminars and Meetings		2,954.99	2,954.99-		3,005.00	2,599.00	406.00	86
710512 Auto Expense	500.00	226.59	273.41	45	1,000.00	238.67	761.33	24
710519 Cellular Phone	4,700.00	2,151.95	2,548.05	46	4,700.00	2,025.83	2,674.17	43
710529 Dues	3,250.00	375.00	2,875.00	12	4,435.00	3,490.00	945.00	79
710535 Credit Card Fees	2,300.00	1,580.39	719.61	69	1,600.00	1,382.70	217.30	86
710546 Advertising	1,650.00	1,893.00	243.00-	115	1,000.00	10,616.00	9,616.00-	1,062
710550 Small Differences								
710577 Uniforms & Special Clothing	100.00	2,979.21	2,879.21-	2,979	1,100.00	1,247.97	147.97-	113
710585 Undesignated Budget	25,879.62		25,879.62					
710600 LT Lease-Office Space								
710721 Outpatient								
711100 ESD Asset Management	6,432.00	4,690.00	1,742.00	73	2,592.00	1,512.00	1,080.00	58
711113 Equip Srv Replace	9,523.78	5,556.46	3,967.32	58	8,499.58	5,555.68	2,943.90	65
711114 Equip Srv O & M	11,981.33	6,996.54	4,984.79	58	10,384.74	4,861.64	5,523.10	47
711115 Equip Srv Motor Pool								
711117 ESD Fuel Charge	12,156.58	5,525.36	6,631.22	45	10,687.05	5,992.70	4,694.35	56
711119 Prop & Liab Billings	9,321.78	5,437.74	3,884.04	58	9,525.40	5,556.46	3,968.94	58
711210 Travel	54,419.48	6,796.73	47,622.75	12	36,088.25	8,266.82	27,821.43	23
711300 Cash Over Short								
711399 ProCard in Process								
711504 Equipment nonCapital	31,800.35	7,983.26	23,817.09	25	37,117.08	45,740.33	8,623.25-	123
* Services and Supplies	792,372.18	135,251.95	657,120.23	17	565,715.09	190,640.14	375,074.95	34
781004 Equipment Capital	221,576.82	57,837.22	163,739.60	26	342,770.01	95,239.40	247,530.61	28
* Capital Outlay	221,576.82	57,837.22	163,739.60	26	342,770.01	95,239.40	247,530.61	28
** Expenses	2,878,800.41	1,207,168.52	1,671,631.89	42	2,901,655.53	1,313,433.74	1,588,221.79	45
818000 Transfer to Intrafund								
** Other Financing Src/Use								
*** Total	186,034.41	243,055.09-	429,089.50	131-	666,263.53	59,262.43	607,001.10	9

**Washoe County Health District
Community and Clinical Health Services
PD 1-7, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
431100 Federal Grants	1,890,000.86-	636,643.47-	1,253,357.39-	34	2,131,855.53-	971,992.67-	1,159,862.86-	46
431105 Federal Grants - Indirect	92,460.00-	30,934.55-	61,525.45-	33	15,300.00-	7,026.14-	8,273.86-	46
432100 State Grants	195,421.00-	10,268.20-	185,152.80-	5	24,857.00-	12,559.97-	12,297.03-	51
432105 State Grants-Indirect	2,205.00-	766.00-	1,439.00-	35				
* Intergovernmental	2,180,086.86-	678,612.22-	1,501,474.64-	31	2,172,012.53-	991,578.78-	1,180,433.75-	46
460162 Services to Other Agencies								
460500 Other Immunizations	89,000.00-	29,432.07-	59,567.93-	33	89,000.00-	37,462.00-	51,538.00-	42
460501 Medicaid Clinical Services	8,200.00-	1,677.50-	6,522.50-	20	36,200.00-	44.46	36,244.46-	0-
460503 Childhood Immunizations	20,000.00-	9,692.00-	10,308.00-	48	30,000.00-	10,881.50-	19,118.50-	36
460508 Tuberculosis	4,100.00-	2,845.95-	1,254.05-	69	4,100.00-	2,942.93-	1,157.07-	72
460512 Duplication Service Fees		45.00-	45.00					
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	1,750.00-	18,879.51-	17,129.51	1,079	2,250.00-		2,250.00-	
460517 Influenza Immunization	7,000.00-	3,510.00-	3,490.00-	50	7,000.00-	6,544.00-	456.00-	93
460518 STD Fees	21,000.00-	10,976.99-	10,023.01-	52	23,000.00-	13,026.59-	9,973.41-	57
460519 Outpatient Services								
460524 Family Planning	27,000.00-	19,788.65-	7,211.35-	73	44,000.00-	16,903.62-	27,096.38-	38
460570 Education Revenue	2,400.00-	540.00-	1,860.00-	23	4,500.00-	644.00-	3,856.00-	14
* Charges for Services	180,450.00-	97,387.67-	83,062.33-	54	240,050.00-	88,360.18-	151,689.82-	37
484050 Donations Federal Pgm Income	37,550.00-	21,546.33-	16,003.67-	57	41,934.00-	22,880.40-	19,053.60-	55
484195 Non-Govt'l Grants						907.44-	907.44	
485110 Workers Comp Reimb						27.89-	27.89	
485300 Other Misc Govt Rev		15.00-	15.00					
* Miscellaneous	37,550.00-	21,561.33-	15,988.67-	57	41,934.00-	23,815.73-	18,118.27-	57
** Revenue	2,398,086.86-	797,561.22-	1,600,525.64-	33	2,453,996.53-	1,103,754.69-	1,350,241.84-	45
701110 Base Salaries	2,046,242.25	1,132,414.86	913,827.39	55	2,237,201.94	1,179,418.48	1,057,783.46	53
701120 Part Time	541,787.10	233,495.61	308,291.49	43	505,752.32	296,612.90	209,139.42	59
701130 Pooled Positions	233,706.33	167,591.70	66,114.63	72	175,944.41	119,581.95	56,362.46	68
701140 Holiday Work		366.60	366.60-			357.81	357.81-	
701150 xcContractual Wages								
701200 Incentive Longevity	47,486.00	27,263.48	20,222.52	57	48,012.00	30,122.30	17,889.70	63
701300 Overtime	1,280.00	487.95	792.05	38	1,280.00	373.46	906.54	29
701403 Shift Differential								
701406 Standby Pay		100.00-	100.00					
701412 Salary Adjustment	34,459.06-		34,459.06-		75.00-		75.00-	
701413 Vac Payoff/Sick Pay-Term		30,367.66	30,367.66-			30,832.52	30,832.52-	
701415 Physical Fitness Pay								
701417 Comp Time		209.82	209.82-			7,718.60	7,718.60-	
701419 Comp Time - Transfer						9,723.83	9,723.83-	
701500 Merit Awards								
* Salaries and Wages	2,836,042.62	1,592,097.68	1,243,944.94	56	2,968,115.67	1,674,741.85	1,293,373.82	56
705110 Group Insurance	414,555.78	210,530.79	204,024.99	51	433,968.28	235,235.08	198,733.20	54
705210 Retirement	651,180.47	356,105.45	295,075.02	55	658,011.56	357,423.69	300,587.87	54
705230 Medicare April 1986	35,230.23	20,418.84	14,811.39	58	36,909.75	21,912.95	14,996.80	59
705320 Workmens Comp	19,765.83	11,031.86	8,733.97	56	18,435.65	10,754.10	7,681.55	58
705330 Unemploy Comp	4,536.42	4,340.52	195.90	96	4,479.25	4,479.25		100
* Employee Benefits	1,125,268.73	602,427.46	522,841.27	54	1,151,804.49	629,805.07	521,999.42	55

**Washoe County Health District
Community and Clinical Health Services
PD 1-7, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
710100 Professional Services	204,547.00	38,264.71	166,282.29	19	75,150.71	42,211.00	32,939.71	56
710105 Medical Services	850.00	331.50	518.50	39	850.00	394.50	455.50	46
710108 MD Consultants	46,950.00	22,062.50	24,887.50	47	46,900.00	27,537.50	19,362.50	59
710110 Contracted/Temp Services	1,000.00	12,264.97	11,264.97-	1,226	1,000.00	5,775.34	4,775.34-	578
710119 Subrecipient Payments								
710200 Service Contract	3,798.00	2,635.75	1,162.25	69	6,048.00	2,745.88	3,302.12	45
710205 Repairs and Maintenance	3,770.00	3,044.32	725.68	81	3,800.00	387.50	3,412.50	10
710210 Software Maintenance								
710300 Operating Supplies	75,502.00	25,378.41	50,123.59	34	76,719.00	44,226.54	32,492.46	58
710334 Copy Machine Expense	14,797.00	6,006.36	8,790.64	41	13,847.00	5,918.22	7,928.78	43
710350 Office Supplies	12,760.00	3,522.24	9,237.76	28	13,520.01	7,482.77	6,037.24	55
710355 Books and Subscriptions	2,250.00	629.70	1,620.30	28	2,060.00	2,053.85	6.15	100
710360 Postage	3,675.00	3,415.20	259.80	93	4,490.00	1,550.08	2,939.92	35
710361 Express and Courier	335.00	47.88	287.12	14	245.00	83.40	161.60	34
710412 Do Not Use								
710500 Other Expense	15,595.96	7,541.96	8,054.00	48	30,602.51	15,813.09	14,789.42	52
710502 Printing	13,700.00	4,075.62	9,624.38	30	9,675.00	5,448.07	4,226.93	56
710503 Licenses & Permits	3,055.00	715.00	2,340.00	23	3,555.00	3,109.00	446.00	87
710504 Registration								
710505 Rental Equipment								
710506 Dept Insurance Deductible						152.58	152.58-	
710507 Network and Data Lines	2,080.00	1,042.27	1,037.73	50	2,560.00	1,460.64	1,099.36	57
710508 Telephone Land Lines	13,354.00	6,867.20	6,486.80	51	13,975.00	6,962.75	7,012.25	50
710509 Seminars and Meetings	5,650.00	3,209.70	2,440.30	57	4,750.00	3,147.00	1,603.00	66
710512 Auto Expense	13,966.20	5,403.22	8,562.98	39	13,318.00	5,078.45	8,239.55	38
710519 Cellular Phone	360.00	779.26	419.26-	216	540.00	184.23	355.77	34
710524 Utility relocation								
710529 Dues	800.00	1,250.00	450.00-	156	1,350.00	749.00	601.00	55
710535 Credit Card Fees	3,215.00	1,028.18	2,186.82	32	3,245.00	1,279.62	1,965.38	39
710546 Advertising	30,145.00	8,735.00	21,410.00	29	34,903.86	29,007.71	5,896.15	83
710551 Cash Discounts Lost		9.58	9.58-					
710577 Uniforms & Special Clothing	200.00		200.00		200.00		200.00	
710585 Undesignated Budget					15,300.00		15,300.00	
710703 Biologicals	243,370.00	124,639.73	118,730.27	51	246,163.19	119,723.48	126,439.71	49
710714 Referral Services	6,328.00		6,328.00		9,040.00	2,712.00	6,328.00	30
710721 Outpatient	90,957.55	36,191.75	54,765.80	40	108,264.15	41,162.75	67,101.40	38
710872 Food Purchases	6,450.00	344.34	6,105.66	5	6,550.00	2,677.69	3,872.31	41
711010 Utilities					1,700.00		1,700.00	
711100 ESD Asset Management	1,608.00	804.00	804.00	50	288.00	168.00	120.00	58
711114 Equip Srv O & M	546.37	1,322.90	776.53-	242	550.44	380.40	170.04	69
711115 Equip Srv Motor Pool								
711117 ESD Fuel Charge	711.35	486.09	225.26	68	711.35	430.18	281.17	60
711119 Prop & Liab Billings	21,303.49	12,427.10	8,876.39	58	23,150.65	13,504.47	9,646.18	58
711210 Travel	33,713.00	12,219.86	21,493.14	36	28,184.00	5,690.91	22,493.09	20
711399 ProCard in Process								
711504 Equipment nonCapital	5,950.00	18,255.66	12,305.66-	307	6,530.00	2,486.88	4,043.12	38
* Services and Supplies	883,292.92	364,951.96	518,340.96	41	809,735.87	401,695.48	408,040.39	50
781004 Equipment Capital	30,378.00	8,631.25	21,746.75	28	17,000.00	1,350.00	15,650.00	8

Washoe County Health District
 Community and Clinical Health Services
 PD 1-7, FY14

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
* Capital Outlay	30,378.00	8,631.25	21,746.75	28	17,000.00	1,350.00	15,650.00	8
** Expenses	4,874,982.27	2,568,108.35	2,306,873.92	53	4,946,656.03	2,707,592.40	2,239,063.63	55
811001 Transfer to General								
818000 Transfer to Intrafund								
** Other Financing Src/Use								
*** Total	2,476,895.41	1,770,547.13	706,348.28	71	2,492,659.50	1,603,837.71	888,821.79	64

**Washoe County Health District
Environmental Health Service
Pd 1-7, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
422503 Environmental Permits	63,177.00-	35,201.00-	27,976.00-	56	51,500.00-	31,434.00-	20,066.00-	61
422504 Pool Permits	74,690.00-	21,480.00-	53,210.00-	29	68,000.00-	14,732.00-	53,268.00-	22
422505 RV Permits	13,306.00-	7,461.00-	5,845.00-	56	10,500.00-	6,737.00-	3,763.00-	64
422507 Food Service Permits	492,181.00-	249,969.00-	242,212.00-	51	369,000.00-	228,473.00-	140,527.00-	62
422508 Wat Well Const Perm	23,567.00-	19,474.00-	4,093.00-	83	20,000.00-	14,048.00-	5,952.00-	70
422509 Water Company Permits	3,200.00-	4,434.00-	1,234.00	139	2,500.00-	1,472.00-	1,028.00-	59
422511 ISDS Permits	66,522.00-	50,902.00-	15,620.00-	77	49,000.00-	30,280.00-	18,720.00-	62
422513 Special Event Permits	99,623.00-	50,412.00-	49,211.00-	51	79,000.00-	39,464.00-	39,536.00-	50
422514 Initial Applic Fee	35,226.00-	19,620.00-	15,606.00-	56	27,000.00-	16,186.00-	10,814.00-	60
* Licenses and Permits	871,492.00-	458,953.00-	412,539.00-	53	676,500.00-	382,826.00-	293,674.00-	57
431100 Federal Grants	362,198.04-	69,251.44-	292,946.60-	19	340,000.00-	142,355.59-	197,644.41-	42
431105 Federal Grants - Indirect	27,470.00-	2,570.25-	24,899.75-	9				
432100 State Grants	50,000.00-	25,250.00-	24,750.00-	51	75,000.00-	39,000.00-	36,000.00-	52
432310 Tire Fee NRS 444A.090	468,548.00-	177,315.54-	291,232.46-	38	418,766.00-	241,500.45-	177,265.55-	58
* Intergovernmental	908,216.04-	274,387.23-	633,828.81-	30	833,766.00-	422,856.04-	410,909.96-	51
460509 Water Quality								
460510 IT Overlay	35,344.00-	20,572.00-	14,772.00-	58	113,400.00-	67,164.00-	46,236.00-	59
460512 Duplication Service Fees		657.34-	657.34			232.78-	232.78	
460513 Other Healt Service Charges		318.00	318.00-		2,700.00-	2,788.00-	88.00	103
460514 Food Service Certification	19,984.00-	11,635.00-	8,349.00-	58	13,900.00-	10,282.00-	3,618.00-	74
460520 Eng Serv Health	50,707.00-	29,240.00-	21,467.00-	58	44,000.00-	17,967.00-	26,033.00-	41
460521 Plan Review - Pools & Spas	3,816.00-	3,173.00-	643.00-	83	2,500.00-	879.00-	1,621.00-	35
460523 Plan Review - Food Services	18,765.00-	11,267.00-	7,498.00-	60	17,000.00-	15,417.00-	1,583.00-	91
460525 Plan Review - Vector	36,021.00-	31,670.00-	4,351.00-	88	30,000.00-	21,788.00-	8,212.00-	73
460532 Plan Rvw Hotel/Motel						322.00-	322.00	
460533 Quick Start								
460534 Child Care Inspection	10,560.00-	4,592.00-	5,968.00-	43	8,500.00-	4,517.00-	3,983.00-	53
460535 Pub Accomod Inspectn	22,540.00-	11,286.00-	11,254.00-	50	17,300.00-	8,726.00-	8,574.00-	50
460570 Education Revenue	500.00-	342.00-	158.00-	68	1,200.00-	206.00-	994.00-	17
* Charges for Services	198,237.00-	124,116.34-	74,120.66-	63	250,500.00-	150,288.78-	100,211.22-	60
485100 Reimbursements						180.00-	180.00	
485121 Jury Reimbursements								
485300 Other Misc Govt Rev		2,500.00-	2,500.00					
* Miscellaneous		2,500.00-	2,500.00			180.00-	180.00	
** Revenue	1,977,945.04-	859,956.57-	1,117,988.47-	43	1,760,766.00-	956,150.82-	804,615.18-	54
701110 Base Salaries	2,975,071.19	1,595,102.97	1,379,968.22	54	3,018,372.82	1,633,118.04	1,385,254.78	54
701130 Pooled Positions	200,194.04	63,287.42	136,906.62	32	236,872.77	60,535.32	176,337.45	26
701140 Holiday Work	2,400.00	2,660.05	260.05-	111	1,200.00	1,001.05	198.95	83
701150 xcContractual Wages								
701200 Incentive Longevity	50,500.00	23,700.00	26,800.00	47	50,800.00	23,903.84	26,896.16	47
701300 Overtime	59,123.00	25,976.08	33,146.92	44	36,600.00	17,509.07	19,090.93	48
701406 Standby Pay								
701408 Call Back	1,000.00		1,000.00		1,000.00	182.10	817.90	18
701412 Salary Adjustment	199,268.34-		199,268.34-					
701413 Vac Payoff/Sick Pay-Term						24,260.54	24,260.54-	
701415 Physical Fitness Pay								
701417 Comp Time						10,144.53	10,144.53-	
701500 Merit Awards								
* Salaries and Wages	3,089,019.89	1,710,726.52	1,378,293.37	55	3,344,845.59	1,770,654.49	1,574,191.10	53

**Washoe County Health District
Environmental Health Service
Pd 1-7, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
705110 Group Insurance	411,488.13	230,959.77	180,528.36	56	434,110.13	234,136.81	199,973.32	54
705210 Retirement	776,699.80	415,160.93	361,538.87	53	728,879.94	393,408.83	335,471.11	54
705230 Medicare April 1986	41,720.32	23,098.86	18,621.46	55	41,940.99	23,687.52	18,253.47	56
705320 Workmens Comp	19,168.03	11,181.38	7,986.65	58	18,838.38	10,989.09	7,849.29	58
705330 Unempty Comp	4,399.22	4,399.24	0.02-	100	4,577.10	4,577.10		100
* Employee Benefits	1,253,475.50	684,800.18	568,675.32	55	1,228,346.54	666,799.35	561,547.19	54
710100 Professional Services	217,318.30	18,088.75	199,229.55	8	325,401.67	6,306.31	319,095.36	2
710105 Medical Services	6,548.00	1,870.00	4,678.00	29	6,548.00	220.00	6,328.00	3
710110 Contracted/Temp Services	35,000.03	5,056.42	29,943.61	14	65,000.00	5,295.18	59,704.82	8
710200 Service Contract	95,300.00	38,572.64	56,727.36	40	95,300.00	32,052.85	63,247.15	34
710205 Repairs and Maintenance	5,500.00	494.54	5,005.46	9	4,600.00	229.00	4,371.00	5
710210 Software Maintenance	250.00		250.00					
710300 Operating Supplies	25,650.00	21,558.93	4,091.07	84	20,100.00	5,622.54	14,477.46	28
710302 Small Tools & Allow	10,685.00	472.96	10,212.04	4	3,685.00		3,685.00	
710308 Animal Supplies	1,600.00	582.75	1,017.25	36	2,000.00	343.91	1,656.09	17
710319 Chemical Supplies	232,300.00	232,070.33	229.67	100	231,950.00	232,131.87	181.87-	100
710325 Signs and Markers								
710334 Copy Machine Expense	1,900.00	733.50	1,166.50	39	2,250.00	713.26	1,536.74	32
710350 Office Supplies	6,250.00	5,536.50	713.50	89	9,100.00	3,550.19	5,549.81	39
710355 Books and Subscriptions	2,100.00	580.00	1,520.00	28	2,400.00	244.00	2,156.00	10
710360 Postage	10,600.00	4,157.52	6,442.48	39	9,775.00	3,900.49	5,874.51	40
710361 Express and Courier	175.00	5.68	169.32	3	175.00		175.00	
710391 Fuel & Lube	100.00		100.00		100.00		100.00	
710500 Other Expense	200.00	49.00	151.00	25	8,300.00	192.80	8,107.20	2
710502 Printing	12,600.00	1,106.00	11,494.00	9	11,525.00	899.10	10,625.90	8
710503 Licenses & Permits	2,690.00	2,225.00	465.00	83	2,690.00	2,080.00	610.00	77
710505 Rental Equipment								
710506 Dept Insurance Deductible		300.00	300.00-			300.00	300.00-	
710507 Network and Data Lines	2,220.00	800.94	1,419.06	36	2,500.00	692.82	1,807.18	28
710508 Telephone Land Lines	8,960.00	4,679.61	4,280.39	52	9,710.00	5,127.40	4,582.60	53
710509 Seminars and Meetings	16,515.00	6,797.00	9,718.00	41	13,415.00	6,049.00	7,366.00	45
710512 Auto Expense	50.00		50.00		100.00	29.69	70.31	30
710514 Regulatory Assessments	11,920.00	5,960.00	5,960.00	50	11,920.00	8,940.00	2,980.00	75
710519 Cellular Phone	6,600.00	2,497.72	4,102.28	38	6,600.00	2,808.10	3,791.90	43
710529 Dues	1,565.99	445.00	1,120.99	28	1,661.00	382.00	1,279.00	23
710535 Credit Card Fees	4,410.00	1,619.64	2,790.36	37	4,610.00	2,442.49	2,167.51	53
710546 Advertising	10,500.00		10,500.00		6,050.00		6,050.00	
710551 Cash Discounts Lost		26.65	26.65-					
710577 Uniforms & Special Clothing	25,200.00		25,200.00		1,700.00	1,049.86	650.14	62
710585 Undesignated Budget	36,349.13		36,349.13					
710600 LT Lease-Office Space	41,651.00	23,893.00	17,758.00	57	41,651.00	23,590.00	18,061.00	57
710721 Outpatient								
711100 ESD Asset Management	32,964.00	17,822.00	15,142.00	54	11,856.00	6,744.00	5,112.00	57
711113 Equip Srv Replace	17,182.42	10,327.24	6,855.18	60	17,061.11	10,066.53	6,994.58	59
711114 Equip Srv O & M	32,731.24	17,297.62	15,433.62	53	30,573.49	16,875.78	13,697.71	55
711115 Equip Srv Motor Pool	16,741.00		16,741.00		16,741.00		16,741.00	
711117 ESD Fuel Charge	42,624.12	20,136.51	22,487.61	47	39,776.37	24,104.62	15,671.75	61
711119 Prop & Liab Billings	21,592.09	12,595.38	8,996.71	58	23,656.38	13,799.59	9,856.79	58
711210 Travel	76,000.00	14,253.56	61,746.44	19	81,150.00	8,427.49	72,722.51	10

Washoe County Health District
Environmental Health Service
Pd 1-7, FY14

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
711399 ProCard in Process								
711504 Equipment nonCapital	89,242.00	41,161.58	48,080.42	46	62,544.00	1,393.12	61,150.88	2
* Services and Supplies	1,161,784.32	513,773.97	648,010.35	44	1,184,175.02	426,603.99	757,571.03	36
781004 Equipment Capital	50,000.00		50,000.00		25,000.00		25,000.00	
781007 Vehicles Capital	100,000.00		100,000.00					
* Capital Outlay	150,000.00		150,000.00		25,000.00		25,000.00	
** Expenses	5,654,279.71	2,909,300.67	2,744,979.04	51	5,782,367.15	2,864,057.83	2,918,309.32	50
485196 Insur Reimb-F/A Loss						150.00-	150.00	
* Other Fin. Sources						150.00-	150.00	
621001 Transfer From General								
* Transfers In								
818000 Transfer to Intrafund								
* Transfers Out								
** Other Financing Src/Use						150.00-	150.00	
*** Total	3,676,334.67	2,049,344.10	1,626,990.57	56	4,021,601.15	1,907,757.01	2,113,844.14	47

**Washoe County Health District
Epidemiology Public Health Preparedness
Pd 1-7, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
431100 Federal Grants	1,248,437.09-	404,896.51-	843,540.58-	32	1,366,574.73-	532,495.48-	834,079.25-	39
431105 Federal Grants - Indirect	91,954.91-	41,035.39-	50,919.52-	45	79,852.00-	29,806.99-	50,045.01-	37
* Intergovernmental	1,340,392.00-	445,931.90-	894,460.10-	33	1,446,426.73-	562,302.47-	884,124.26-	39
460511 Birth and Death Certificates	450,000.00-	261,051.00-	188,949.00-	58	400,000.00-	267,728.00-	132,272.00-	67
* Charges for Services	450,000.00-	261,051.00-	188,949.00-	58	400,000.00-	267,728.00-	132,272.00-	67
** Revenue	1,790,392.00-	706,982.90-	1,083,409.10-	39	1,846,426.73-	830,030.47-	1,016,396.26-	45
701110 Base Salaries	1,277,745.42	661,494.51	616,250.91	52	1,220,854.27	644,960.20	575,894.07	53
701120 Part Time	24,152.57	6,330.46	17,822.11	26	24,152.57	13,481.93	10,670.64	56
701130 Pooled Positions	4,855.00	11,539.49	6,684.49-	238	11,330.00	18,738.02	7,408.02-	165
701140 Holiday Work		117.94	117.94-			46.38	46.38-	
701150 xcContractual Wages								
701200 Incentive Longevity	13,622.00	6,217.09	7,404.91	46	9,515.00	6,260.41	3,254.59	66
701300 Overtime	1,700.00	3,292.49	1,592.49-	194	1,200.00	588.10	611.90	49
701412 Salary Adjustment	18,982.00		18,982.00		42,507.00		42,507.00	
701413 Vac Payoff/Sick Pay-Term		9,410.57	9,410.57-			2,889.96	2,889.96-	
701417 Comp Time		167.14	167.14-			2,185.99	2,185.99-	
701500 Merit Awards								
* Salaries and Wages	1,341,056.99	698,569.69	642,487.30	52	1,309,558.84	689,150.99	620,407.85	53
705110 Group Insurance	157,102.63	84,719.32	72,383.31	54	154,680.99	84,524.81	70,156.18	55
705210 Retirement	331,395.85	170,856.97	160,538.88	52	314,726.17	154,594.73	160,131.44	49
705230 Medicare April 1986	18,701.48	9,743.65	8,957.83	52	19,086.47	9,414.49	9,671.98	49
705320 Workmens Comp	8,091.65	4,720.10	3,371.55	58	7,988.98	4,511.57	3,477.41	56
705330 Unemploy Comp	1,857.10	1,857.12	0.02-	100	1,879.10	1,879.10		100
705360 Benefit Adjustment	13,398.00-		13,398.00-		10,656.00		10,656.00	
* Employee Benefits	503,750.71	271,897.16	231,853.55	54	509,017.71	254,924.70	254,093.01	50
710100 Professional Services	227,310.27	60,118.45	167,191.82	26	260,648.22	87,766.17	172,882.05	34
710105 Medical Services	100.00		100.00		100.00	109.00	9.00-	109
710108 MD Consultants		6,000.00	6,000.00-					
710110 Contracted/Temp Services	42,309.00	11,250.74	31,058.26	27	5,051.00	13,809.28	8,758.28-	273
710200 Service Contract	2,395.00	3,158.17	763.17-	132	1,895.00	2,665.50	770.50-	141
710205 Repairs and Maintenance	500.00	286.95	213.05	57	1,008.00		1,008.00	
710210 Software Maintenance	12,000.00	12,000.00		100	12,000.00	9,750.00	2,250.00	81
710300 Operating Supplies	13,562.00	345.72-	13,907.72	3-	15,739.00	69.67	15,669.33	0
710334 Copy Machine Expense	3,000.00	1,603.72	1,396.28	53	3,277.89	1,109.84	2,168.05	34
710350 Office Supplies	9,600.00	2,893.26	6,706.74	30	7,558.00	2,876.03	4,681.97	38
710355 Books and Subscriptions	2,469.00	907.90	1,561.10	37	2,729.00	223.90	2,505.10	8
710360 Postage	2,900.00	1,149.50	1,750.50	40	3,164.00	1,297.66	1,866.34	41
710361 Express and Courier					10.00	34.81	24.81-	348
710500 Other Expense	8,186.00	120.00	8,066.00	1	5,371.00		5,371.00	
710502 Printing	2,190.00	2,985.56	795.56-	136	4,719.00	1,306.88	3,412.12	28
710503 Licenses & Permits	150.00		150.00		150.00		150.00	
710505 Rental Equipment	227.00		227.00		3,378.00	1,046.00	2,332.00	31
710506 Dept Insurance Deductible								
710507 Network and Data Lines	600.00	585.97	14.03	98	796.00	503.91	292.09	63
710508 Telephone Land Lines	6,040.00	2,711.57	3,328.43	45	6,270.00	2,599.20	3,670.80	41
710509 Seminars and Meetings	7,600.00	3,950.00	3,650.00	52	5,850.00	3,707.00	2,143.00	63
710512 Auto Expense	1,950.00	670.51	1,279.49	34	2,030.00	867.91	1,162.09	43
710519 Cellular Phone	2,480.00	1,919.25	560.75	77	5,137.00	1,477.56	3,659.44	29
710529 Dues	1,145.00	395.00	750.00	34	1,630.00	360.00	1,270.00	22

**Washoe County Health District
Epidemiology Public Health Preparedness
Pd 1-7, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
710535 Credit Card Fees	2,000.00	995.94	1,004.06	50	2,000.00	1,113.72	886.28	56
710546 Advertising	2,625.00		2,625.00		2,625.00		2,625.00	
710585 Undesignated Budget					55,777.00		55,777.00	
710620 LT Lease-Equipment								
710703 Biologicals	3,420.79	472.20	2,948.59	14	3,420.79		3,420.79	
710721 Outpatient	2,135.00	863.36	1,271.64	40	2,135.00	1,476.44	658.56	69
710872 Food Purchases	1,800.00		1,800.00		2,400.00	170.84	2,229.16	7
711010 Utilities								
711100 ESD Asset Management	6,432.00	5,628.00	804.00	88	2,304.00	1,344.00	960.00	58
711113 Equip Srv Replace	377.94	220.50	157.44	58	377.95	220.50	157.45	58
711114 Equip Srv O & M	1,635.62	161.30	1,474.32	10	654.46	718.56	64.10-	110
711115 Equip Srv Motor Pool					1,605.00		1,605.00	
711117 ESD Fuel Charge					78.58	14.56	64.02	19
711119 Prop & Liab Billings	9,114.95	5,317.13	3,797.82	58	9,711.98	5,665.31	4,046.67	58
711210 Travel	48,574.00	2,712.34	45,861.66	6	65,367.00	6,518.29	58,848.71	10
711504 Equipment nonCapital	1,500.00	6,578.38	5,078.38-	439	45,489.00	49,198.85	3,709.85-	108
* Services and Supplies	426,328.57	135,309.98	291,018.59	32	542,456.87	198,021.39	344,435.48	37
781004 Equipment Capital					12,337.00		12,337.00	
* Capital Outlay					12,337.00		12,337.00	
** Expenses	2,271,136.27	1,105,776.83	1,165,359.44	49	2,373,370.42	1,142,097.08	1,231,273.34	48
818000 Transfer to Intrafund								
** Other Financing Src/Use								
*** Total	480,744.27	398,793.93	81,950.34	83	526,943.69	312,066.61	214,877.08	59

**Washoe County Health District
Undesignated
PD 1-7, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
710400 Payments to Other Agencies								
711400 Overhead - General Fund	2,898,034.00	1,690,519.81	1,207,514.19	58	2,553,372.00	1,276,686.00	1,276,686.00	50
** Expenses	2,898,034.00	1,690,519.81	1,207,514.19	58	2,553,372.00	1,276,686.00	1,276,686.00	50
621001 Transfer From General	8,603,891.00-	4,301,945.52-	4,301,945.48-	50	8,623,891.00-	2,874,631.00-	5,749,260.00-	33
* Transfers In	8,603,891.00-	4,301,945.52-	4,301,945.48-	50	8,623,891.00-	2,874,631.00-	5,749,260.00-	33
818000 Transfer to Intrafund								
* Transfers Out								
** Other Financing Src/Use	8,603,891.00-	4,301,945.52-	4,301,945.48-	50	8,623,891.00-	2,874,631.00-	5,749,260.00-	33
*** Total	5,705,857.00-	2,611,425.71-	3,094,431.29-	46	6,070,519.00-	1,597,945.00-	4,472,574.00-	26

Washoe County Health District
 Miscellaneous
 Pd 1-7, FY14

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
710551 Cash Discounts Lost		4.94	4.94-			25.06	25.06-	
*** Total		4.94	4.94-			25.06	25.06-	



Washoe County Health District



Public Health
Prevent. Promote. Protect.

Staff Report

Board Meeting Date: February 27, 2014

DATE: February 5, 2014

TO: District Board of Health

THROUGH: Eileen Stickney, Administrative Health Services Officer *ES*

FROM: Laurie Griffey, Admin Assistant I / HR Rep, Washoe County Health District *LAG*
775-328-2403, lgriffey@washoecounty.us

SUBJECT: Authorization to approve a 1% Cost of Living Adjustment in base wage, effective July 1, 2013; a 1% PERS contribution in lieu of a wage increase effective July 15, 2013; and a 1% Cost of Living Adjustment effective January 1, 2014, for the District Health Officer position.

RECOMMENDATION:

Staff recommends that the District Board of Health approve a 1% Cost of Living Adjustment in base wage effective July 1, 2013, a 1% PERS contribution in lieu of a wage increase effective July 15, 2013, and a 1% Cost of Living Adjustment effective January 1, 2014, for the District Health Officer position.

BACKGROUND

The District Board of Health has the ability to determine salary/compensation for the District Health Officer position. The employment agreement between the District Board of Health and Mr. Kevin Dick, approved and signed at the January, 23, 2014 regularly scheduled meeting, stated a base wage equal to the amount approved for Mr. Dick as the Interim District Health Office effective April 26, 2013. The Interim District Health Officer wage was approved at a level to provide a 10% distinction between a division director and department head. After the approval of the Interim District Health Officer wage in June 2013 (wage retro to April 26, 2013); the Board of County Commissioners (BCC) approved a 1% Cost of Living Adjustment in base wage effective July 1, 2013, a 1% PERS contribution in lieu of a wage increase effective July 15, 2013, and a 1% Cost of Living Adjustment effective January 1, 2014, for all Unclassified

Management and Unrepresented Confidential employees. The Cost of Living and PERS adjustment approved by the BCC for unclassified management increased the division director wages and reduced the percentage of distinction between the division director and the District Health Officer. To continue with best practices of a 10% distinction and ensure the District Health Officer position is granted the same benefits and compensation provided to other Washoe County Unclassified Management; the District Board of Health is requested to approve the same Cost of Living and PERS increases for the District Health Officer as were approved for the unclassified management by the Board of County Commissioners.

Upon approval by the District Board of Health, a letter will be drafted to the Washoe County Human Resource Department advising them to make the necessary adjustments to Mr. Dick's wages and PERS to align them with the COLA and PERS adjustments granted Unclassified Management by the Board of County Commissioners on September 24, 3013.

PREVIOUS ACTION:

On June 26, 2012, the **District Board of Health** approved wage and benefit concession adjustments from 5% to 4.5% and discontinued health cost benefit contributions for the District Health Officer, and moved to revisit these reductions for possible reconciliation should another association agree to or are awarded a different percentage reduction or cost-of-living increase. This approval was in accordance with the concessions approved for management by the Board of County Commissioners at their June 12, 2012 meeting.

On August 23, 2012, the **District Board of Health** approved the elimination of wage and benefit concessions effective July 2, 2012, and reinstated merit increases and career incentive payments, for the District Health Officer effective July 1, 2012, in line with the actions taken by the Board of County Commissioners for unclassified management.

On June, 27, 2013, the **District Board of Health** approved Out of Class pay in the amount of \$132,520.96 for Mr. Kevin Dick, as the Interim District Health Officer retroactive to April 26, 2013 and until a permanent District Health Officer was appointed. The Out of Class pay was approved to continue with the best practice of providing a 10% distinction between a division director and a department head.

On September 24, 2013, the **Board of County Commissioners** approved a 1% Cost of Living Adjustment in base wage effective July 1, 2013, a 1% PERS contribution in lieu of a wage increase effective July 15, 2013, and a 1% Cost of Living Adjustment effective January 1, 2014 for Unclassified Management and unrepresented Confidential employees.

On January 23, 2014, the **District Board of Health** approved an Employment Agreement with Mr. Kevin Dick, for the position of District Health Officer at a base wage of \$132,537.60. The employment agreement contains a provision that the annual salary may be adjusted by a vote of the Board for cost of living adjustments consistent with any cost-of-living adjustment provided to other unclassified management employees of Washoe County; and/or the Board may adjust the annual salary of the District Health Officer position by increasing the base salary until the maximum of the salary range is reached.

FISCAL IMPACT:

The FY14 budget was adopted with the District Health Officer's base salary at \$167,065.72 accounted for in 170200-701110. Should the District Board of Health approve staff's recommendation, the fiscal impact of the approved base wage with cost of living increases would result in a salary cost saving of \$31,647.16.

POSSIBLE MOTION:

Should the Board agree with Staff's recommendation, a possible motion would be: "Approve a 1% Cost of Living Adjustment in base wage, effective July 1, 2013; a 1% PERS contribution in lieu of a wage increase effective July 15, 2013; and a 1% Cost of Living Adjustment effective January 1, 2014, for the District Health Officer position."

Washoe County Public Health: A Fundamental Review

February 2014

PHF Assessment Team

Public Health Foundation

1300 L Street, NW
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Public Health Foundation

Healthy Practices. Healthy People. Healthy Places.

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Washoe County Health District
2013 Fundamental Review
Recommendations

Introduction

The Washoe County Health District (WCHD) has contracted with the Public Health Foundation (PHF) to conduct a fundamental review to include the following:

- Review and assess health department structure, legal review, operations, oversight, governance, finances, and performance
- The assessment will focus on efficiency, effectiveness, and opportunities for health department continuous improvement

In order to develop a review that is future oriented, anticipating health department activities that are consistent with evolving standards and practices, as well as the 10 Essential Public Health Services, PHF utilized a framework comprised of the Public Health Accreditation Board (PHAB) domains, standards, and measures and foundational capabilities from the “Minimum Package of Public Health Services” developed by the State of Ohio as the benchmarks for purposes of comparison. It also includes a detailed financial analysis informed by these same frameworks with financial tools currently utilized by the National Association of County and City Health Officials (NACCHO). The PHAB accreditation readiness assessment, foundational capabilities assessment and financial analysis documents are found in the Appendix. In addition, the fundamental review is focused on developing recommendations that control costs while producing maximal impact (efficiency and effectiveness). This approach, utilizing the national tools described provides a uniquely public health lens through which to assess the WCHD, and position the health department for the next decade.

PHF made two on-site visits; interviewed leadership, management, partners, stakeholders, governance officials, and customers; and reviewed relevant documents to accomplish the assigned work. At the request of the PHF team, staff performed a number of tasks:

- A PHAB self-assessment scanning across all divisions and programs
- Complete financial reporting of data across multiple years in accordance with NACCHO Public Health Uniform Data System (PHUND\$) standards
- A compendium of all measures currently in use to assess ongoing performance
- Provision of all relevant documents upon request

A final in person report will be presented in February 2014 along with this written summary.

Findings:

Below we make recommendations from our PHF team addressing the scope of work detailed above. We wish to acknowledge the professionalism, unwavering support, and cooperation of the WCHD Health Officer and staff. Access to all requested information was provided with alacrity and enthusiasm, under the guiding philosophy that this examination was a critical step for organizational strengthening, establishing a baseline from which to guide WCHD future

trajectory. Even as we offer multiple suggestions, we underscore that this is an organization with vast potential. Various recommendations presented in the following paragraphs are already underway, demonstrating the commitment to the intent of the fundamental review.

WCHD Strengths:

- Committed, passionate, knowledgeable staff in each division, with expertise and experience in every relevant public health dimension of practice
- Subject matter experts in the community offer the promise of fruitful future collaborations that improve health through synergy among the entire public health system
- Strong community and government partnerships hold promise for greater community engagement, a requisite foundation for community health assessment and community health improvement planning—the directions public health practice is heading nationally
- Learning environment for staff and students with strong commitments to professional development and university relationships, benefitting WCHD, the university, and most importantly the community

Recommendations

First 90-120 Days

1. Place the WIC program organizationally where it is most closely aligned with other similar programmatic functions.

Located presently within the Division of Administrative Health Services, WIC operates efficiently and effectively. However, it may not be well located organizationally to maximize and leverage its activities with clinical programs, more specifically maternal and child health (MCH). Historically there are close connections between WIC and the MCH programs, and most state and local health departments place WIC within operational areas that include MCH, immunizations, and nutrition education. Connecting WIC to MCH and other clinical programs produces increased efficiencies and enhances customer service. Location of WIC within Community and Clinical Health Services offers the most synergy.

Additionally, if chronic disease programs are expanded, given they are the greatest burden of disease, nutritionists supported by a mixture of WIC and other funds can provide nutrition education and counseling. Such services may be eligible for Medicaid reimbursement, or as services reimbursed by health plans.

Quality improvement (QI) teams are currently being formed at WCHD. A quality improvement team at WCHD could accomplish this service integration within this 90-120 day time period using business process analysis and redesign methods, and by availing itself of Washoe County's

in-house performance management consultant. Additionally, this may provide a quick QI “win,” demonstrating that QI and planning can improve performance and services at WCHD.

2. Develop Washoe County District Board of Health (DBOH) orientation manual and program

Currently no formal process is in place to orient new board members of the Washoe County District Board of Health to ensure they have a strong foundation in public health, the operations and programs of the WCHD, and their legal roles and responsibilities. With a new board member currently joining the Board, timing is optimal to assure he receives a full orientation. Until a board manual and formal process can be developed, arrangements to meet with leadership and management of all divisions can jumpstart his acclimation.

Annual training for all DBOH members is also recommended. In combination with the orientation program, this will ground the board with a common knowledge base, and a set of shared expectations around their roles and responsibilities as board members.

3. Strengthen customer focus within regulatory programs, exploring the potential for User Groups, or similar bodies (Advisory Groups), to share their viewpoints with regulatory officials, while simultaneously maintaining a laser-like focus on maintaining and improving health as the purpose of regulatory efforts.

Such a model for a structured User Group exists in Idaho by geographic health district, and can serve as reference. The user groups also advise the DBOH and have at least one DBOH member who is often a county commissioner sitting on each group. There is local precedent in Washoe in the form of the Community Development Services Forum. Such an approach would facilitate an ongoing understanding of Environmental Health and Air Quality Management customer and industry group needs and expectations. Additionally, ongoing feedback enables bilateral communication and education, decreasing misunderstanding and dissatisfaction. Fee schedules and related issues should first be addressed via comment from advisory groups before being taken up by the DBOH. Some states, like Ohio, have utilized more formal methods, including statutory local bodies with regulated industry representatives. One potential downside of the more structured approach may be diluted authority of local boards of health.

Just as in other business sectors, regulatory activities and other public health services can have mission drift. This is less likely in the current economic downturn, but user groups and advisory bodies can help maintain the proper focus of public health programs. Regulatory programs should fulfill the obligations agreed upon with grantors, but should also have a strong relationship with a public health purpose and value. Duplication with other branches of government should receive attention for ways to streamline and reduce adverse effects for the public and industry, should such duplication exist.

Customer satisfaction with services should be assessed regularly through the use of surveys, both written and web-based. A mechanism should be operationalized that addresses concerns that are recurring.

4. Critically examine clinic appointment scheduling from a patient access perspective

Clinic services appear to be both over utilized and under-utilized, in part due to accessible hours of operation and limited appointment availability. For example immunizations are only available three days weekly. Patients seeking immediate clinic access may be turned away because of a lack of available appointments. Alternative appointment systems like “open access” combine same day availability with scheduled future appointments to maximize patient choice while increasing throughput. This allows for more efficient use of the available staff while also meeting community needs. After hours options should be considered as well, in accordance with feedback from focus groups or other sources (advisory bodies, customer satisfaction surveys) for working families with transportation limitations. Expanding WCHD-based immunization clinics from three to five days a week and increasing the number of school-located immunization clinics may streamline service delivery, enhance revenues, and meet community needs more fully.

5. Update fee schedules and billing processes regularly for all clinical and environmental health services provided.

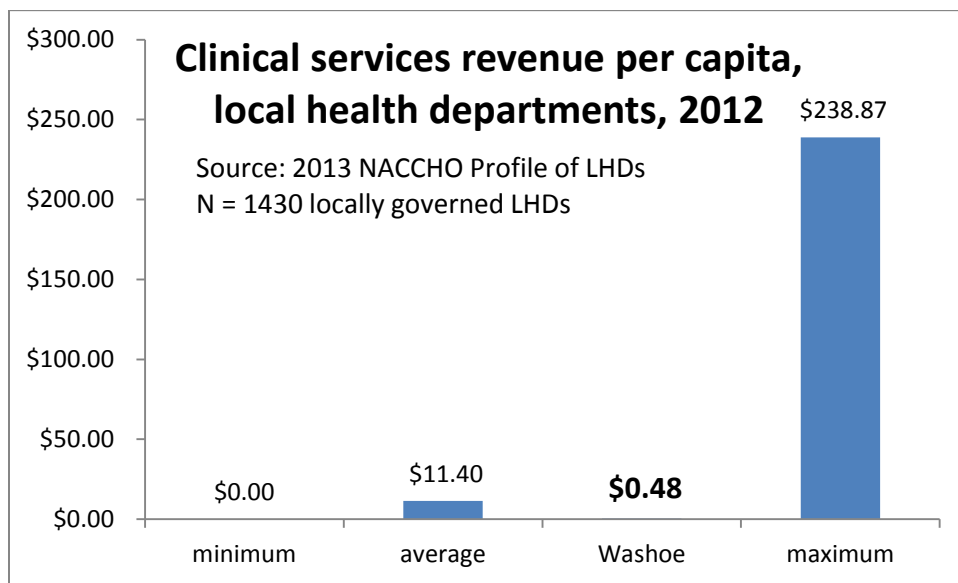
Financial data provided by WCHD indicate that the agency has conducted cost analyses on only one of 22 agency programs since fiscal year 2008. A regular and periodic process (at least every 3-5 years) should be implemented to review the fee structure for all public health services provided by the WCHD. One option for consideration is an annual COLA increase that occurs automatically, reflecting anticipated increases in salaries and benefits. Other costs could be reflected in fee increases sought in conjunction with the periodic review that occurs every 3-5 years. The fee schedule should reflect the full cost of service provision, including a proportional share of infrastructure support. This also implies the need to develop a complete understanding of the cost structure for each service delivered. Fee increases must be accompanied by a relentless emphasis on process improvement, maximizing efficiencies, so that the public perceives WCHD services as high quality and free of waste.

Revenue from clinical services (Medicaid, Medicare, patient fees, other third-party payers) has declined significantly from \$421,506 in 2010 to \$185,230 in fiscal year 2013, placing WCHD well below the \$11.40 per capita U.S. local health departments generated on average for clinical services in 2012 (Figure 1). WCHD staff attributes this decline to their current inability to bill third-party payers. Clinical services should be billed, which may necessitate exploration of billing modules compatible with current clinic and regulatory program software. WCHD’s current clinical software ‘Insight’ offers a billing service that may be compatible with existing programs. This system is currently in use at many local health departments around the country.

Outsourcing billing is another option for exploration. In order to generate revenue for services provided, relationships with Medicaid and other insurers should be expanded.

WCHD has an excessively high rate of patient services accounts with receivable write-off (\$155,715 in fiscal year 2013, a 41% increase from the previous year); a more robust billing capacity to recover these charges from patients and third party payers should reduce this figure and reverse the decline in clinical services revenue that contributed to WCHD’s \$1,104,577 operating deficit in 2013. A sliding fee scale for uninsured patients will mean no one is turned away because of inability to pay. In anticipation of changes due to the ACA, a strong, consistent billing process will enhance the options for future clinical service inclusion for the health district.

Figure 1



In FY 2013 the perinatal home visitation program with an annual budget of \$430,891 provided home visits to pregnant women and infants but was expected to generate only \$58,000 in revenue. These home visitation and other services may be billable under expanded Medicaid options, such as optional targeted case management. From our conversations with state health department officials, cost based reimbursement (CBR) is another model they are willing to explore. If Medicaid options for revenue expansion do not become available, or if Washoe County Code precludes the Health District from receiving CBR or relevant value system reimbursements, then it is recommended that deliberate discussions take place about priority services and the ability of programs to be self-supporting (or at least partially so).

6. Explore and vet a tiered level of services for environmental health regulatory programs and inspections.

Some Environmental Health regulatory programs and inspections could offer a tiered level of service, particularly if the customer has a time sensitive request, or the need for expedited

review. Such services should be supported through a higher fee structure than usual levels of service. This “concierge” model should be vetted with user groups prior to implementation.

7. Participate in the business process analysis currently underway across all building permitting in the county.

The process mapping project currently underway across all governmental jurisdictions in Washoe County holds immense promise for improving customer service and increasing efficiency. If the health department also participates it holds the potential to provide a virtual “one stop shopping” experience for developers and contractors. The software selected could also be supported by all parties, enabling economies of scale and possibly expanded range of services.

Local contractors voiced their enthusiasm for the process, and supported health district involvement. Moreover, engagement by WCHD is consistent with the recommendations to examine current processes to hear the voices of the customer and for enhanced efficiency.

This may also be the opportunity to examine and demonstrate the “value added” by each permitting requirement of the health department. The value test relates to cost, but most importantly should be determined by health protection and prevention impact.

8. Strengthen organizational effectiveness by developing infrastructure to support the District Health Officer

Certain agency-wide functions can be strategically placed within the office of the District Health Officer to maximize their effectiveness across the entire health district, even as they also bolster the capacity of the District Health Officer to provide more visible public health leadership. Specific examples include the public information officer so that communications reflect the priorities of the organization, the newly formed quality improvement coordinator position, demonstrating the critical nature of an agency-wide commitment to quality, and an additional position responsible for coordinating community partnerships/collaboration. If the WCHD moves forward with conducting a community health assessment, these positions can strengthen the needed infrastructure within the office of the District Health Officer to support genuine community engagement.

First Year

1. Implement time coding for employee work time in order to generate an accurate accounting of how employee time/costs are allocated.

Closely related to expanded billing capacity is the need for a better understanding of cost structures within the health department. Time coding in defined increments can better account for how staff time is utilized. Currently environmental health programs are largely supported through general funds. In many jurisdictions nationally such services are expected to be fully fee supported.

As noted previously, the full cost of the programs, including all regulatory activities should be included (such as re-inspections, surveillance, responses to nuisance complaints). A pro rata share of WCHD overhead/indirect costs should also be in the formula. In fact, the South Nevada Health District is able to recover the full cost of its regulatory programs when setting its fees.

Unfortunately the current situation is somewhat of a Catch-22. As a result of the recession fewer staff must provide more services. As the economy recovers the backlog grows, and customers become more impatient. Fee supported programs can expand or contract as the service is needed, and do not siphon funding from other equally worthy public health programs.

2. Perform cost analyses of all programs

In conjunction with other recommendations to develop updated fee schedules and time coding, WCHD should set goals for and track the completion of cost analyses for each of the agency's 22 programs on a periodic basis (every 3-5 years) in order to determine the true cost of its services and set appropriate fees and charges for its revenue-generating programs. WCHD should utilize a uniform cost methodology of its own devising or analytical tools from other public health agencies that conduct similar analyses. PHF has provided WCHD a sample analytic tool designed for use with environmental health programs. WCHD should likewise track other related financial performance management ratios, including the number of programs with expenditures that exceed dedicated or self-generated revenues. In fiscal year 2013, 82% of WCHD programs had expenditures that exceeded dedicated and self-generated revenues, a proportion that has not changed significantly since 2010. Resource commitment through budgeting should reflect leadership and community priorities in addition to program performance (See First Year Recommendation 7). Resource commitment should ultimately reflect priorities in WCHD's strategic plan and in the Community Health Improvement Plan, demonstrating organizational alignment.

3. Perform assessment of needed administrative and fiscal staffing to increase efficiencies.

An inadequate number of fiscal staff for accounting and billing may be undermining efforts to generate needed revenue related to reimbursable services (if this is to be emphasized going forward). A review to determine value of services provided but unbilled could be followed by a pilot to examine cost-benefit if additional fiscal staff are deployed. A balance of fiscal staff placed within the divisions and central administration may be required to address the full need. However, we recommend that all billing be a centralized fiscal function rather than having each division in charge of their own billing. We are not able to recommend a specific level of fiscal staffing to assure WCHD's billing and accounting functions because the scope of responsibility for fiscal offices varies among local health departments. Moreover, we do note that existing staff perform some fiscal activity such as fee collection in WCHD divisions other than Administrative Health Services. However the 3 FTE fiscal staff in Administrative Health Services place WCHD below the average number of staff with fiscal responsibilities (3.79) reported by local health

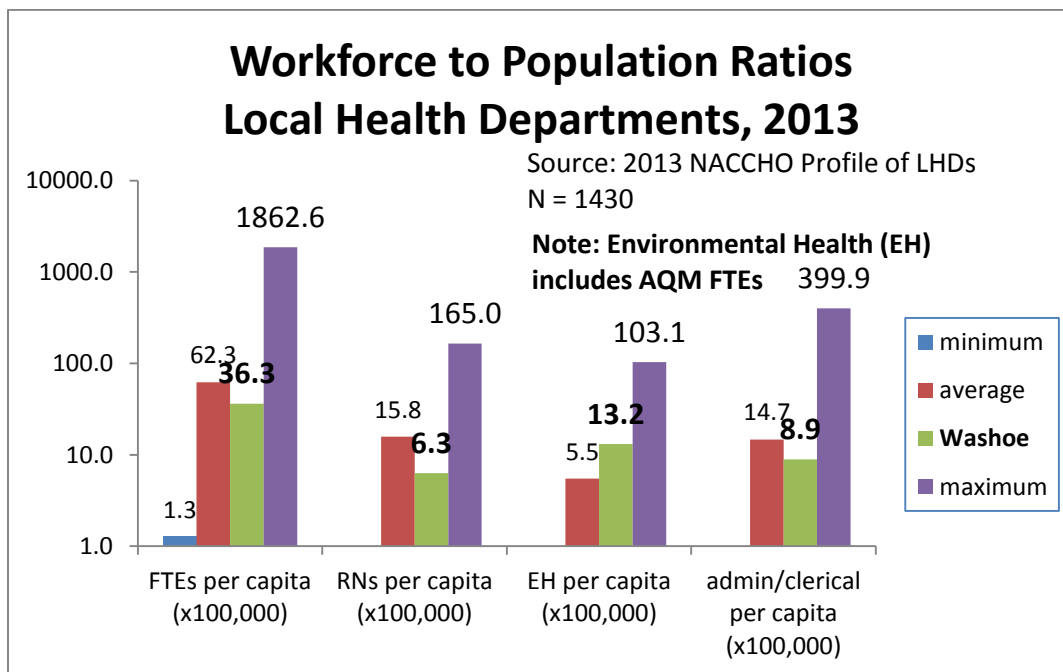
departments in NACCHO’s PHUND\$ system for 2012 (Table 1). The future impact of billing automation via Insight Revenue or other products may also influence future fiscal staffing decisions.

Table 1

PHUND\$ measure	Washoe	Mean Benchmark	Median Benchmark	25th Percentile	75th Percentile	Agency Count
		Value	Value			
# of Staff with Fiscal Responsibilities	3	3.79	3	2	4.5	39

As a result of the staff reductions of the past several years, it is also evident that professional staff is performing many routine clerical functions. This may reflect shifts in technology that have limited impact on service delivery. However, if performing clerical functions diminishes time providing client services (on site or in the field), there may well be adverse consequences related to efficiencies, revenue generations, and customer satisfaction. Pilot studies in this area may also inform future investments. Based on the data collected by the WCHD staff, WCHD was below average for administrative/clerical staff per capita among local health departments in 2012 (Figure 2).

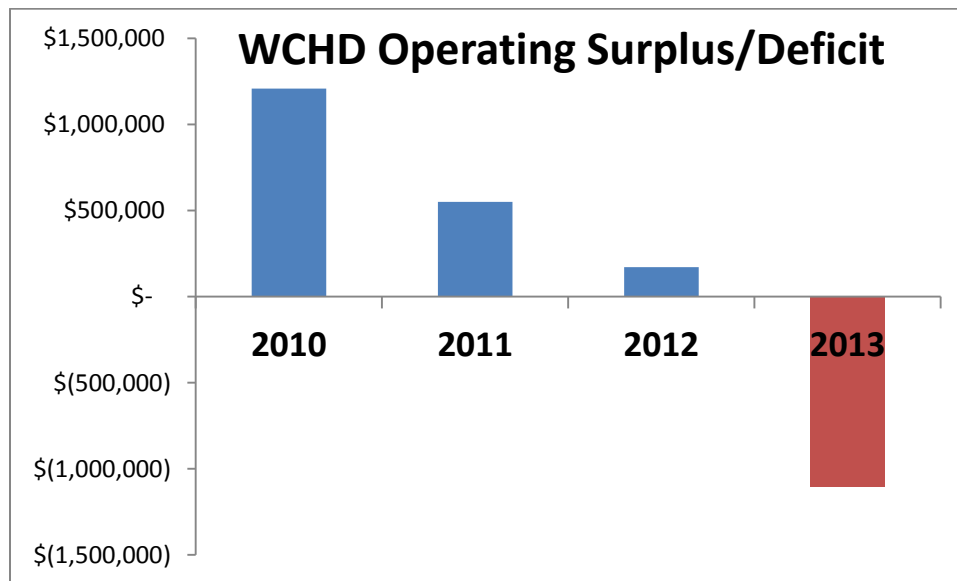
Figure 2



4. Demonstrate a concerted effort among all parties to address the tensions regarding the current overhead/indirect costs. Immediate attention should focus on the upcoming fiscal year, but plans should be phased in to ensure fairness.

After three years of declining but positive total margins, WCHD ended fiscal year 2013 with a \$1,104,577 operating deficit and its year-end general fund balance of \$2,811,464 declined more than 28% from the previous year (Figure 3). In fiscal year 2013, WCHD received an additional \$2,000,000 general revenue appropriation from Washoe County to defray WCHD’s indirect cost (COWCAP) allocation of \$2,553,372 from the County. The unreimbursed portion of \$553,372 was equal to one-half of WCHD’s operating deficit for that year, and is projected to be even greater during the current fiscal year. A careful accounting and updated service agreements are the industry standard before billing occurs. Accordingly, all services incorporated under COWCAP should be thoroughly defined, and relative responsibilities delineated. For example, the last IT agreement was signed in 2000. There is an urgent need to assure a clear understanding regarding who provides what service to whom, correcting the vague language in the existing outdated or nonexistent service agreements. Further, unnecessary duplication and gaps should be avoided under a well-crafted contract, as well as penalties if commitments and timelines are not met.

Figure 3



5. Align programs and services with public demand for services to reflect burden of disease and effective public health interventions

In many respects WCHD provides traditional programs and services found in many local health departments across the nation. There are also unique programs reflecting the specific health challenges facing the jurisdiction. As new leadership shapes the WCHD of the future, it is an

opportune moment to review major programs for impact, efficiency, and contribution to the reduction of morbidity and mortality in Washoe County. Additionally, gaps in current service delivery may be identified that represent strategic public health investments to improve health within the community. The following recommendations are meant to spur critical examination of health department roles and services, and are not intended to be an all-inclusive inventory.

Perinatal home visitation programs that are evidence based have been demonstrated to improve infant health outcomes and reduce health care costs. The home visitation program at WCHD does not conform with these proven models (although it has some similar features), and serves a relatively small, but needy segment of this vulnerable population at a high cost per client served. Consideration should be given to revamping the program to increase its overall efficiency, ability to generate revenue, and fidelity to a well evaluated effective model. If these changes cannot be accomplished, consideration should be given to discontinuing the program and investing in other impactful areas.

Vector control is also a traditional public health program that has a soft statutory basis under the Nevada Revised Statutes. Program quality and supervision are not questioned. However, as currently configured, it is a costly program, and its value should be compared to its community impact and overall burden of vector borne disease. The National Association of County and City Health Officials has provided recommendations for creating and sustaining local mosquito control programs that are scalable to the level of resources available to a local health department and to the level of arboviral disease risk that is present in a community.

Given the epidemiologic shift from acute diseases to chronic health conditions, consideration might be given to chronic disease prevention and injury programs (in light of violence in schools and health care settings since this fundamental assessment was initiated). These are high need areas associated with substantial burden of disease within Washoe County. At present the chronic disease program is modest in scope and has one FTE, even as chronic disease represents approximately 75% of all health care costs. There is no injury control program, although injury prevention as a discipline is firmly grounded in an ever growing evidence base supporting its interventions.

Recommendations appear elsewhere in this report suggesting the expansion of on-site immunization services from its present three days to five days weekly. Immunization clinics could also be offered at various alternative locations, including schools. Expanded options for billing these services are also highlighted. Immunizations represent a service, but not the only one, which has a high public demand and could be largely self-supporting.

6. Conduct a Community Health Assessment (CHA) in concert with partner organizations for Washoe County Health District and the constituent communities.

A well-developed CHA provides an opportunity and forum for community partner input and collaboration. Normally a CHA would be done before a strategic plan, but internal operations of

WCHD may demand urgent focus on a strategic plan. However, if resources permit, parallel processes can be undertaken since there is mutual reinforcement between them. Renown Health may be in a position to provide the necessary support to accelerate the CHA in partnership with WCHD.

Recent changes in IRS regulations require non-profit hospitals to conduct community health needs assessments (CHNA) every three years in conjunction with health improvement planning. The context is that non-profit hospitals are being tasked to demonstrate the community benefit they bestow in exchange for the considerable tax forgiveness received. Essentially the CHNA and the CHA seek to accomplish the same endpoint: to catalogue fully the health portrait of the community, describing its assets as well as gaps. This is typically done by analyzing the wealth of data available to health districts and by surveying community residents to gather their perspectives. It should utilize aggregated health data from individuals, but not exclusively. The availability of parks, sidewalks, and walking trails play a substantial part in the overall health of the community.

In order to provide a comprehensive CHA, we recommend that it be done in close collaboration with Renown Health, benefitting from the expertise and resources both organizations can offer.

7. Develop metrics for organizational success and improved community health

Selecting organizational standards and measurements is intrinsic to the development of a Performance Management System (PMS). However, in the event a complete PMS is not implemented, standards and measures should still be chosen. This enables WCHD to compare itself with other similar organizations within Nevada and nationally (benchmarking). Moreover, it facilitates fact-based decision-making, and enables the health district to focus upon the “vital few”—those indicators that matter the most to achieve desired health outcomes for the community.

We strongly urge the WCHD to utilize existing PHAB standards, which are now the accepted consensus national public health standards as the foundational roadmap for the District planning process.

Logically some indicators could simply be PHAB measures, while others should reflect the public health programs, services, and activities of WCHD. In fact, many metrics already exist, and have been provided by the divisions. Important measures to consider enterprise-wide include measures/deliverables/expectations in grants and contracts from state, federal, and local partners. This means WCHD is not starting de novo, but must embark on a process that generates consistency. Additionally, some measures should be selected that contribute to a fuller understanding of organizational capacity, process, and outcomes achievement.

8. Continue current collaborative action plan to resolve REMSA oversight issues with engagement of key partners and stakeholders.

Now that the REMSA structure and oversight is on track for resolution, it can serve as a vehicle for regaining trust among critical governmental partners with a stake in public health success. Openness and willingness to engage in a dialogue, even when there are substantial differences among the parties, can lead to a better understanding of respective positions.

Evidently there has been limited understanding of REMSA management and oversight. There also appear to be frustrations related to allowing the issue to fester for so long. Facilitating greater transparency by all participants and coming to the table for discussions before relationships are strained unnecessarily are important takeaways from this process. Our understanding is that needed additional resources will be provided to the health district to support REMSA operational oversight as part of the resolution. The agreement may also be a point of departure to place other items, perhaps long-neglected ones, on the negotiating table for thoughtful resolution. This could serve to break the cycle of distrust, strained relationships, and sometimes punitive actions that permeate the atmosphere among partners that require mutual respect and trust in order to function together optimally.

9. Maintain current levels of local and state financial support to WCHD

WCHD fell slightly below the national average of \$53.41 total revenue per capita for public health services in 2012 (Table 2). About 40% of this support comes from local contributions. This local support is critical since the State of Nevada provides very little state funding for public health services. In fiscal year 2011-2012, Nevada ranked 51st among states and territories in state public health funding at \$3.28 per capita (Source: [Key Health Data about Nevada. Trust for America's Health](#)). Given that the economic growth cycles and high volume tourism industries in the greater Reno area place greater demands upon public health systems and programs, current resources are strained, especially considering that WCHD staffing has declined by 31.55 FTE employees since 2010 (17%). This places it well below the average of 62.3 FTE employees per 100,000 population in locally governed LHDs in 2012. In fact, Washoe County has only 36.3 FTE employees per 100,000 population (Figure 2). Moreover, during the current recession there is greater demand for public health services, especially for “safety-net” clinical services, further straining existing capacity, and reductions in service levels to customers.

Although certain functions such as environmental health exceed the national average in terms of FTEs (see Figure 2), other factors must also be considered. For example Air Quality Management, with 18 staff (4.0 FTE per 100,000 population) is a program more typically found at the state level rather than in a local health department, but unique circumstances and laws dictate its inclusion within WCHD. Similarly, because Reno is so heavily dependent upon tourism and related industries there is greater demand for other environmental health services not routinely offered in local health departments. Combined, these factors contribute to a higher than expected FTE count under environmental health programs, even as WCHD overall is modestly staffed when compared with national norms collected during the recovery from the recent recession. Nonetheless, further exploration of environmental health staffing levels is

recommended, but should be considered in the context of other recommendations previously, in which time coding, full fee support, and process improvement are emphasized.

Table 2

**Selected Financial and Workforce Ratios, Locally Governed Health Departments
2013 NACCHO Profile of LHDs (n = 1430)**

	expenditures per capita	revenue per capita	local revenue per capita	local revenue/total revenue	clinical services revenue per capita
minimum	\$0.76	\$0.76	\$0.00	\$0.00	\$0.00
average	\$51.31	\$53.41	\$16.78	36.8%	\$11.40
Washoe	\$46.70	\$41.72	\$17.03	40.8%	\$0.48
maximum	\$2,847.08	\$3,075.45	\$2,452.76	100.0%	\$238.87

Collection of indirect (COWCAP) costs (\$2,553,372 in 2013, or 14% of WCHD’s total expenditures) by Washoe County is eroding the current funding base and contributed to WCHD’s operating deficit in 2013. This is occurring in the absence of a full and open consensual process to determine what services should be provided, the quality of existing services, and their adequacy given community needs. If indirect costs continue to be collected, fair service agreements with regular reviews should be in place as recommended above. Rather than charging for indirect costs, another option is for them to be an in-kind contribution from Washoe County. If indirect costs continue to be collected, we recommend recovery over a multi-year period so more of the costs could be supported from other payment sources, lessening immediate adverse service impacts.

Recommendations from the 2011 Washoe County fundamental review included the use of tools like patient flow analysis to enhance efficiencies and improve throughput by improving clinic flow. In 2013 the immunization clinics were able to increase their client flow from 1.6 to 2.0 clients per hour. Similar methods should be applied to other programs within WCHD, stretching current resources further. Customer feedback (another recommendation above) can serve as a guide during this process.

10. Conduct a governance assessment utilizing the National Association of Local Boards of Health (NALBOH) Version 3 of the National Public Health Performance Standards

This self-assessment focusses on the DBOH, and facilitates a better understanding of the role boards of health play nationally in the governance of health departments they oversee. As developed by NALBOH, the assessment is designed to provide a comprehensive review of the instrumental functions of boards. Given the new leadership of WCHD, this is an auspicious time

to undertake this self-assessment. As other boards of health conduct the self-assessment, more data will become available for purposes of comparison and benchmarking. The self-assessment also positions the board well for their role in governance if national voluntary accreditation is pursued. Periodic governance self-assessment every 3-5 years, or as turnover in DBOH members occurs, is highly recommended.

Twelve to Twenty-four Months

1. Undertake an organizational strategic plan to set forth key health department goals and objectives so that priorities are clearly articulated for the DBOH, WCHD staff, stakeholders, and the community.

The devastating recession and past leadership challenges have rendered the health department rudderless until recently. Whether reducing budgets or investing in the future, the lack of strategic direction has hampered the ability of the WCHD to respond optimally. Now that leadership has been addressed, a deliberate process to guide the future is a prerequisite to align the actions of the health department with its stakeholders.

A sound strategic plan is also a prerequisite for the Public Health Accreditation Board accreditation program. However, whether WCHD moves forward with accreditation or not, the underlying purpose of the strategic plan, as recognized by PHAB, is that organizations with a well thought out blueprint to follow are far more likely to achieve their stated aims and objectives. Further, PHAB recommends that the strategic plan be coupled with other related planning processes: a community health assessment, and a community health improvement plan. Optimally there is a high degree of alignment between all three, with the strategic plan laying out the health district's role in the health improvement plan, as well as guiding its programmatic and administrative functions toward strategic plan goals.

2. Implement a performance management system.

In some ways, similar to the strategic plan, if there is no well described destination or plan, any pathway will lead an organization to an undetermined destination. The performance management system (PMS) strives to answer the critical question at the macro organizational level: "How do we know we are doing a good job?" There are many successful models enabling organizations to manage their performance and improve it, some of which are specific to public health (Turning Point Performance Management Framework). However, the selection of which model is less crucial than that a model *is* selected.

The development of metrics for success is a key component of the PMS. Such measures indicate the achievement of benchmarks or objectives that inform management that the WCHD is on track. Conversely, when outcomes are inconsistent with desired objectives, then opportunities for improvement present themselves. Prioritizing which activities are most important for the organization (and when) is another key role of the management team.

Leadership sets the tone for organizational culture, which is instrumental for an effective PMS (see Turning Point Performance Management Framework). Leadership and management answer the question about how we are doing by listening to the perceptions and input of customers and partners.

Given the financial instability that has affected the Washoe County Health District and most other local health departments in the U.S. since the most recent recession began in 2008, we urge the Health District to closely monitor financial trends and benchmark its financial performance with other health departments using ratio and trend analysis tools such as NACCHO's Public Health Uniform Data System (PHUND\$). A detailed financial ratio and trend analysis based on WCHD's four most recent fiscal years is found in the appendix.

3. Consider alternative governance structures in order to accommodate multiple related but potentially competing objectives.

The present structure is felt to be inadequate by multiple stakeholders, but often for widely differing reasons described below.

Elected officials feel constrained by the current system in which appointed DBOH members outnumber elected members. This leads frequently to inadequate political support for budget and other matters from the district's governing bodies. Additionally, more involvement by elected officials would increase the political sensitivity of the decision-making process, taking into account the need for the health district to control costs, increase efficiency, and support economic growth. Further, having more elected officials on the DBOH acts as a buffer, preventing any single governing body from dominating the decisions and actions of the health district.

The other end of the continuum would maintain the status quo, recognizing the important contributions that content experts and citizens make to the deliberative process when coupled with elected officials to form a DBOH. A blended DBOH is better able to ensure that decisions respect services and positions that could be dominated by majority viewpoints. It also ensures that a health perspective is strongly embedded into the decision making process.

There are signs that the present inter-local agreement may be less supported by the participating jurisdictions than in years past. Any participating party may withdraw resulting in a new governance structure. This pathway suffers from several pitfalls, including the uncertainty of what a successor model would be, and the strong likelihood that more infrastructure and duplication would be required in order to meet public health needs required under law. If the current governance model is dissolved, there is potential for three local health departments to co-exist rather than having a single health district, which is not in anyone's best interest.

Another option, not currently under discussion, is to consider affiliation with the University of Nevada to develop an academic/health district partnership. There are multiple models nationally

for such structures which allow for a closer nexus between local government, the health district, and academic centers. The May/June 2014 issue of the *Journal of Public Health Management and Practice* is entirely dedicated to this topic. National experts like Paul Erwin at the University of Tennessee are eager to discuss the various options in current operation across the country. Such approaches can serve to defuse political tensions, and place a premium on management, technical expertise, and multi-disciplinary education. An expanding public health program at the university offers an opportunity to explore new models such as an academic health department, with structural safeguards in place to reflect important values of the parties to the current inter-local agreement and the DBOH.

4. Take a greater leadership role to enhance the strong current State/Local collaboration.

Strong support and respect for the WCHD was evident from a convened meeting with state health department Nevada Division of Public and Behavioral Health staff and representatives from the Nevada Division of Environmental Protection. These organizations are frequent funders and contractors with the health department and expressed deep satisfaction with the expertise and quality of work demonstrated in their shared enterprises.

Even with the very positive feedback received, there is still opportunity to strengthen the nature of the relationship. For example, the State Division of Public and Behavioral Health faces significant challenges in terms of capacity and overall funding. Additionally legislative matters could benefit from broader support from other sources. Given the strengths at the local level, the DBOH could engage in State policy and legislative issues that would positively impact funding decisions as well as policy decisions that impact WCHD. In some content areas a shared understanding of key priorities was lacking. For example, there is miscommunication about developing capacity for billing immunization services, and developing alternative funding models with Medicaid. Other examples indicate miscommunication resulting in actions that may be at cross purposes. Local chronic disease coalitions have been funded to provide chronic disease planning and activities, even as the health department has these responsibilities for the whole community.

In most states, public health infrastructure and leadership is provided at the state level. In Nevada there appears to be a vacuum in state leadership, and very limited state funding for public health, providing an opportunity for WCHD to reach out to the state and other large local health departments to formulate a broader approach to shaping the public health agenda. This is not traditionally a local health department role, but with that role vacated it is important for others to step up, facilitating a more aligned effort statewide.

5. Develop an organizational culture to support quality by taking visible leadership steps.

Critical steps for leadership and management include transparency in health district decisions, commitment to customer service, and alignment of activities to ensure priorities are implemented and quality outcomes are attained. Building a culture of quality requires several years of

dedication and ongoing use of quality improvement tools. In the shorter term, WCHD should take advantage of opportunities to practice “small QI” with quality improvement projects such as MCH services integration, the regional permitting software platform development, and reducing accounts-receivable write-offs.

Regular sources of information from customers and employees also need to be gathered to ensure the health district is moving toward a culture of quality. Ongoing customer satisfaction data should be acquired for all programs using a variety of methods to assure all customers are invited to share their viewpoints. Similarly employee climate surveys should be conducted periodically to assess progress toward an employee atmosphere supporting decision-making at the level where the problems reside, with support from leadership and management.

6. Seek PHAB accreditation.

A great deal of the work accomplished during the next two years will provide inputs and documentation suitable for the PHAB accreditation program. However, the reasons for seeking accreditation are far more compelling. First, accreditation provides an objective third party assessment of health department capacity and operations. Second, it is an accountability mechanism to the DBOH and community. Third, accreditation emphasizes improving quality of services and improving health outcomes, while providing a supportive learning community to facilitate each.

Acknowledgements

We wish to thank Carolyn Leep of the National Association of County and City Health Officials for providing us access to data from the 2013 Profile of Local Health Departments and also Melissa Howell, Greene County (Ohio) Health Commissioner and Dr. Peggy Honore, AmeriHealth-Mercy General Russell Honore Endowed Professor, Louisiana State University School of Public Health for their review and comments on earlier drafts of our report.

Accreditation Readiness Review

WCHD Strengths:

- Committed, passionate, knowledgeable staff
- Subject matter experts in the community
- Strong community and government partnerships
- Learning environment for staff and students

Opportunities:

- High quality evidence based programs
- Culture of continuous quality improvement
- Local, State and National recognition
- Increased collaboration with partners and coalitions

“A goal of Public Health department accreditation is to promote high performance and continuous quality improvement. The concept of CQI is incorporated in the standards and measures of the accreditation process.”

Accreditation provides an objective third party assessment of the health district capacity and operations. It is an accountability mechanism to the board of health and community, and emphasizes quality and improvement in health outcomes.

Whether or not WCHD chooses, at some point, to apply for accreditation, the Public Health Accreditation Domains have proven to be the foundation for a roadmap of where Public Health Department should be placing their efforts.

The core of the *roadmap* is centered around three prerequisites that the health district must have documentation of:

1. Community Health Assessment (CHA)
2. Community Health Improvement Plan (CHIP)
3. Health District Strategic Plan

These documents lay the groundwork for public health programs, policies, and interventions, and are prerequisites for an accreditation review.

Community Health Assessment:

The purpose of a Community Health Assessment (CHA) is to learn about the health status of the population that the Health District serves. The outcome of this assessment will describe the health status of the population, identify health improvements, and determine factors that contribute to health issues and identify assets and resources that can be mobilized to address population health improvement.

Staff are excited that WCHD has engaged in conversations with other community partners to begin the discussion about collaborating to conduct a CHA and planning a future Healthy Community Forum. This process has just begun and includes Renown Health, WCHD, the Federal Reserve Bank, local jurisdictions and others as active and valued participants in the process. WCHD holds much of the needed and wanted data that is required for documentation of secondary data in the CHA process. This needed resource will assure WCHD's engagement in the process. Continued work and engagement with community partners on the CHA is a great opportunity for WCHD to gain positive exposure in the community with partners and the public.

Community Health Improvement Plan:

The purpose of the Community Health Improvement Plan (CHIP) is to describe how the Health District and the community will work together to improve the health of the population that it serves. The CHIP is based on the findings of the CHA and is a community driven process that will culminate in a set of agreed upon priorities that will be a focus for community improvement.

Once the CHA has been conducted, WCHD will then have an opportunity to help influence decisions on where to focus community energies and resources to address local health issues and needs in the district. The CHIP will be another great opportunity for WCHD to actively engage with community leaders on setting the health improvement priorities for the district. This will also allow the Board and managers to determine where to allocate and focus budget funds based on the Community Health Improvement Plan priorities.

District Strategic Plan:

The purpose of the District Strategic Plan is to describe what the Health District plans to achieve in 3-5 years. The Strategic Plan will provide guidance for decision making, priority setting and action steps. It focuses on the activities and programs of only the Health District, not the broad community. The WCHD strategic plan should include links to the CHIP and to the District's quality improvement plan.

Required elements of a Health District Strategic Plan:

- Mission, vision, guiding principles and values
- Strategic priorities
- Goals and objectives with measureable and time-framed targets
- External trends or events or factors affecting the health status or the Health District
- Health District strengths and weaknesses
- Link to CHIP and Health District's quality improvement plan

We found evidence of several strategic plans in various divisions in the Health District. We also reviewed the WCHD strategic plan that is imbedded in the County strategic plan. These separate plans show the initiative taken by several divisions and administration to document and monitor set goals. However admirable these individual plan are, there needs to be one overarching District-wide strategic plan that sets the direction for the entire Health District, and includes reference to the divisional goals and objectives. The Board of Health should be actively engaged in strategic discussions and help lead the efforts to set the goals and priorities that would be referenced and monitored in the strategic plan.

Using PHAB standards and measures as a Roadmap for WCHD

Public Health Domains:

PHAB has identified a set of 12 Domains which pertain to a broad group of public health services. Each Domain includes standards which are the required level of achievement that the health district is expected to meet. Each standard has measures that give a glimpse into the level of engagement the District has with the current PHAB standards. The WCHD staff will select the best evidence to serve as documentation or proof of accomplishing the measures under each standard. The WCHD matrix of required documents for each standard was reviewed, however individual documents were not reviewed for accuracy or fulfillment of the requirement.

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community.

Assessment: Staff assessment shows many primary examples of documentation of data already being collected by WCHD. Since two examples of documentation are needed for each measure, the CHA process and data used in the assessment will help meet these required documents. This Domain will be easily met once WCHD engages with the community in the Community Health Assessment process. Staff should remember to document all meetings and events in order to show proof of such collaborative work. Staff should also begin collecting and

analyzing data that is available to identify any trends that are recognizable, and useful in the recommendations for health improvement.

Domain 2: Investigate health problems and environmental public health hazards to protect the community.

Assessment: There is strong documentation from EPHP, EHS, AQM and CCHS to demonstrate the requirements of this Domain. Staff should focus on completion of policies and procedures for urgent and non-urgent communications.

Domain 3: Inform and Educate about public health issues and functions.

Assessment: Strong documentation from all divisions was evident in the staff assessment. It will be helpful to highlight evidence based practices in the documentation.

Domain 4: Engage with the community to identify and address health problems.

Assessment: WCHD staff is engaged in many community coalitions and collaborative processes. However, more could be done to work collaboratively with partners as is suggested for a Community Health Assessment or through the Mobilizing for Action through Planning and Partnerships (MAPP) process.

Domain 5: Develop public health policies and plans.

Assessment: WCHD staff referenced legislative tracking and testimony as one example of maintaining policies and practices. Further documentation will be needed for this standard. Following the CHA, the WCHD will begin community work on an Improvement Plan. The documentation of this planning process will help fulfill a standard in this domain. If the WCHD develops their strategic planning process, this would also provide appropriate documentation for this domain.

Domain 6: Enforce public health laws.

Assessment: WCHD staff reference multiple documents in the AQM and EHS programs that fulfill the standards in this domain. Having good documentation of enforcement programs within the Health District help to fulfill these standards.

Domain 7: Promote strategies to improve access to health care services.

Assessment: The CCHS division has listed programs that help to fulfill this domain. FP, HIV, STD, Immunizations and MCH programs each influence access to health care services. As this domain focuses on improving access, it does not intend that WCHD is responsible for being the only access point. Community partnerships could be emphasized in how the health district works with others in the community around access issues.

Domain 8: Maintain a competent public health workforce.

Assessment: As noted by staff, workforce development issues vary by division. WCHD as a whole could look to develop a district wide workforce development plan that is implemented in each division. Cross training of current staff will allow increased flexibility in staffing needs of the district.

Domain 9: Evaluate and continuously improve processes, programs, and interventions.

Assessment: Domain 9 is often difficult to document. WCHD has begun work around QI with the establishment of their QI team, and with providing staff general training on QI. Continued emphasis on integrating QI processes into organizational practices and programs will take some dedicated attention by the management team and QI team. WCHD is off to a good start with this embedded philosophy. Implementation of performance management and quality improvement practices will allow public health to plan, implement, study, and assess the performance of programs and services.

Domain 10: Contribute to and apply the evidence base of public health.

Assessment: WCHD staff document several research and evaluation projects that they have undertaken in the past. These projects are great examples of using data to educate the public and make changes in policy. Continued emphasis on evidence based programs will lead to increased efficiency and effectiveness of program delivery.

Domain 11: Maintain administrative and management capacity.

Assessment: WCHD has documentation required to support this domain. Some of the necessary documentation could come from the county as the WCHD is folded within the county structure for human resources and finance policies and procedures.

Domain 12: Maintain capacity to engage the public health governing entity.

Assessment: WCHD board of health meets on a regular basis to conduct the business of the District. Board orientation and training with an emphasis on official obligations and responsibilities should take place for current board members with a yearly refresher.

Attachments:

- Self-Assessment of documentation options for addressing the Standards in the PHAB Domains

Accreditation Resources to consider:

PHAB self-assessment and references: www.phaboard.org

Public Health Quality Improvement Exchange: www.phqix.org

NACCHO accreditation preparation toolkit: www.naccho.org

CDC Community Guide: www.thecommunityguide.org

Public Health Foundation - quality improvement resources: www.PHF.org

Foundational Capabilities Assessment

In 2012 the Institute of Medicine (IOM) issued its landmark report, *For the Public's Health: Investing in a Healthier Future*. IOM described for the first time the concept of the “minimum package of public health services” for a post-health reform world, consisting of basic programs and foundational capabilities (FC). The latter are the requisite infrastructure that must be in place in every health department in order to provide the necessary support for the programs and services to serve the public fully. Inspired by the IOM report, the State of Ohio local health officials developed an operational approach to the minimum package, defining the following foundational capabilities:

- Quality assurance (encompassing accreditation readiness; quality improvement and evaluation; identification of evidence based public health practices)
- Information management and analysis (including data analysis expertise for surveillance, epidemiology, performance management, research, and community health assessment; information technology infrastructure; and interface with other health information technology)
- Policy development (incorporating policy analysis and planning; expertise necessary for policy, systems, and environmental change strategies)
- Resource development (defined as grant writing expertise and support; workforce development activities; contracting, and service billing/fee collection)
- Legal support (availability of legal consultation in specialized public health law)
- Laboratory capacity (environmental health lab; clinical lab if needed for clinical service support)
- Support and expertise for local health department (LHD) community engagement strategies (described as community and governing entity engagement, convening, and planning; public information, marketing, and communications; community health assessment and improvement planning; and partnership development to address socio-economic factors and health equity)

To assess the Washoe County Health District (WCHD) foundational capability interviews were conducted with each operating division within the health department utilizing an instrument developed by RESOLVE, a health and environmental consulting group. This tool is based upon the IOM FC model, but follows the Ohio approach closely. Individual division responses are consolidated into a summary of each FC, and overall capacities are highlighted and analyzed.

Assessment/Surveillance

Findings

- Surveillance is most well developed for communicable diseases and air quality, with active and passive methods deployed
- Chronic disease, injury, MCH surveillance is lacking
- Assessment and analysis is limited to data analysis within Epi and AQM, but insufficient for the entire health department
- Community health assessment activities are limited and not organized as a comprehensive activity

Communication

Findings

- 1 FTE (PIO) serves entire WCHD
- Centralized and decentralized communications strategies are utilized, although unevenly across divisions
- Traditional reports, newsletters, press releases, and emails are most heavily relied upon to communicate externally
- Website is sophisticated and well utilized by some divisions
- Overall use of social media should be strengthened.
- For a larger community presence emphasizing partnership and collaboration as a future strategy, more resources are needed for communication

Policy Development (PD)

Findings

- Policy development is considered one of the core functions of public health, as well as one of its the foundational capabilities.
- Limited efforts and FTE are dedicated to PD, and are concentrated within AQM, with several successes noted
- The inability to translate public health science and evidence based practices into policy may limit the full health impact WCHD could achieve
- Policy development is a shared WCHD and District Board of Health (DBOH) role
- Divisions and DBOH require greater alignment on the overall role of policy focus as a health tool

Partnership Development

Findings

- Partnership development and community collaboration are not viewed consistently across divisions as integral functions of WCHD
- Some community partnership relationships are formed in response to specific problems rather than being formed proactively

- Majority of efforts are more internally focused, which may contribute to a perceived limited community role and brand externally, potentially limiting effectiveness
- WIC partnerships were somewhat incongruent with need for community outreach to MCH population and food/nutrition education.
- Insufficient resources are currently directed toward community partnership in several divisions

Quality

Findings

- Many grant funded programs have required metrics designed to facilitate feedback regarding performance
- QI activity is formal in specific programs, more ad hoc in others, which reflects the current status of LHD QI nationally
- Department-wide QI initiative including QI plan and council for oversight are under development
- QI customer service orientation is limited to specific areas within WCHD
- Plans in place to dedicate 1 FTE to department-wide QI initiative

Workforce (WFD)

Findings

- Limited attention to career workforce development pathways
- More emphasis is on licensure maintenance rather than cross-training or professional development
- WFD focus is largely programmatic, with limited activity across programs (department wide)
- Training opportunities available through county government in numerous foci, but not accessed by all divisions
- Professional conferences attended only as constrained budgets allow
- Some divisions have greater emphasis on WFD by including it within the annual performance plan
- Previously, available tuition reimbursement programs facilitated graduate opportunities in needed disciplines, e.g. MPH
- Leadership programs available via county and other partners

Information Systems

Findings

- EH hardware and software are outdated, with vendor support no longer available
- IT support within WCHD is inadequate to meet all organizational needs
- There is often a several month backlog for routine needs
- County indirect costs include IT, but inconsistent support received
- Online systems underutilized for serving customers, despite growing demand
- WCHD receiving low priority in county-wide permitting system redesign

- Use of social media and other communication tools not consistently supported across agency
- Some complex programs like Insight have limited tech support from IT
- County agreement for IT services last negotiated over a decade ago, and lacked specificity and provision for enforcement.

Legal

Findings

- Allocated time for legal support assigned by county viewed as inadequate in some regulatory programs
- Urgent needs are addressed promptly and expertly, although more routine matters often languish
- Clearinghouse for legal has largely fallen into disuse, reviving could benefit WCHD by prioritizing greatest needs
- Revisit allocation of limited legal resource to assess if needs are fully met by current FTE allocation

Fiscal

Findings

- Fiscal capacity limitations recognized by divisions
- Support appreciated but is insufficient to support important functions such as billing, which undermines WCHD financial health
- Support for generating new grants could expand programmatic ability to seek more external funding
- Fiscal office is strong on compliance matters, but emphasis on compliance over support may strain relationships between fiscal and the divisions

Health Education

Findings

- Community education outreach emphasized in AQM
- Health education was incompletely explored during other division interviews.

Conclusion

The foundational capabilities align very closely with core requirements and infrastructure needed to successfully achieve accreditation through the Public Health Accreditation Board (PHAB) program. If accreditation is one strategy to demonstrate WCHD performance then several areas of the FC will require strengthening. However, even if accreditation is not a short term goal, sufficient infrastructure is needed to address public health challenges anticipated in the future—challenges that require a more externally focused and community engaged health department than is currently possible for most divisions within WCHD.

Presently partnership development and community collaboration are not viewed consistently as integral functions of WCHD. The majority of activities and strategies are more internally focused, which may contribute to a perceived limited community role and brand externally, potentially reducing effectiveness. Assessment and data analysis are inadequate to support community health assessment and broader health initiatives with community partners. This lack of data and analysis capacity may lead to an inability to translate public health science and evidence based practices into policy, thus further contributing to a diminished health department impact. Policy development is a shared WCHD and DBOH role; divisions and DBOH require greater alignment on the overall role of policy focus as a health tool for achieving desired goals and objectives. Similarly, more resources are needed for communications to support closer ties to community organizations and partnership development, instrumental for accomplishing partnership and community collaboration. Some of these resources should be strategically placed within the director's office to ensure agency-wide focus.

Internal capacity and operations remain critical to sound organizational functioning. These depend on a skilled workforce (the majority of the WCHD budget); technology support and tools; legal services; strong fiscal management; and QI. All require additional investment to provide necessary buttressing of department-wide efforts. Despite training opportunities available through county government in numerous areas, not all divisions access it currently. WFD focus remains largely programmatic and siloed, with narrow activity cutting across programs and divisions. Limited attention to career workforce development pathways exacerbate the impression that the workforce is underemphasized. Technology in some divisions is antiquated and verging on obsolete. IT support is unable to meet current demand, let alone expected growth deploying new social media and online tools/services. County support has also eroded during the recession, and the county service agreement is functionally and temporally outdated. Legal expertly addresses urgent concerns, but has less capacity to respond to more routine legal matters such as contracts and MOUs. The clearinghouse for legal has largely fallen into disuse; reviving it could benefit WCHD by prioritizing greatest needs. Fiscal capacity is likewise strained, and insufficient to provide support for important functions such as billing and grant seeking, which potentially undermines WCHD financial health. Quality improvement and performance management capacity enable senior leadership to scan the organization, and direct scarce resources where they can be most impactful. It also facilitates early recognition of suboptimal performance, allowing for rapid and timely response. Substantial strides are being made in QI, with a department-wide QI initiative including QI plan and council for oversight under development. However, activity is formal in specific programs, more ad hoc in others. Additional resources are also required in the director's office to choreograph QI/performance management across the entire health department, to ensure alignment of internal efforts, and to free the director to have a more visible role in the external community.

Legal Review

In fulfillment of the fundamental assessment of the Washoe County Health District (WCHD) a legal review was undertaken. The purpose of the legal review was to examine services currently provided by WCHD compared with mandated services in statute, regulation, or the interlocal agreement. The underlying question was whether some mandated services might be provided in amounts greater than required, resulting in reduced overall capacity of the WCHD to provide other necessary, but not mandated services.

Nevada Revised Statutes, Nevada Administrative Code, Washoe County ordinances, Health District ordinances, and the interlocal agreement were examined. The current legal structure confers broad powers upon the State Board of Health and the District Boards of Health.

The District Board of Health (DBOH) and district health department:

- Have jurisdiction over all public health matters in the district
- May adopt regulations with the following effect: prevention and control of nuisances; sanitation and sanitary practices; food and water sanitation; and to protect and promote the public health generally.

With rare exception, the mandated programs do not have prescriptive legal required service levels. One notable exception is the food program calling for inspections of food establishments "...but not less than once per calendar year." (Regulations of the Washoe County District Board of Health §190.200). Another specific directive relates to the immunization program for children entering school, requiring the availability of immunizations "... not less than one month before the opening date of the school year..." (NRS §439.535.1). Considered together, these laws (statutes and regulations) mandate a floor or minimum level for programs rather than a ceiling, allowing the health district and Board of Health to provide greater levels of service or oversight if desired. This grants the health district and DBOH wide latitude in determining the breadth and depth of public health services offered.

Examples of several other mandated regulatory programs (some also with mandated levels of activity) follows. Environmental Health Services (EHS) is required to carry out the program but it is optional for the DBOH to adopt its own regulations. In the absence of regulations, EHS must then carry out these mandated responsibilities based upon Nevada statute and/or state regulations:

Subdivision of Land (NRS §278.335 and §278.377). The health district must review and certify proposed subdivisions and do construction inspections

Swimming Pools (NRS §444.070). The health authority shall supervise the sanitation, healthfulness, cleanliness and safety of public swimming pools. Further, in accordance with NRS §444.080 it is unlawful to construct or operate any public pool without a permit from the health authority.

Mobile Home/RV Parks (NRS §461A 1). A person shall not construct or expand a mobile home park unless the person has obtained a permit from the district board of health certifying that the infrastructure of the park for the provision of water, septic, and sanitation services does not endanger the safety or health of the tenants or general public. The district board of health shall annually inspect a park (NRS §461.A 2).

Public Accommodation (NRS §447.190). The health authority is charged with enforcement of this chapter and is mandated to keep a record of hotels inspected.

School and Jails (NRS §444.335). The health authority shall have supervision over the sanitation, healthfulness, cleanliness and safety of jails, schools, and school gymnasiums. Jails shall be inspected annually, while schools and gymnasiums are required to be inspected twice per year, once each semester.

Child Care Facilities (NRS §432A.180). The chief medical officer or a designee shall inspect at least annually every building or premises of a child care facility and area of an outdoor youth program, on behalf of the division of public and behavioral health of the state health department, to ensure compliance with standards for health and sanitation.

Liquid Waste (NRS §444.650). The state board of health shall adopt regulations to control the use of a residential individual system for disposal or sewage. Those regulations are effective except in health districts in which a district board of health has adopted regulations.

Safe Drinking Water (NRS §445A.925). The division and district boards of health shall enforce NRS §445A.800 – §445A.955. The health authority shall make such investigations and inspections necessary to ensure compliance.

Waste Management (NRS §444.510). The governing body of every municipality or district board of health shall develop a plan for a solid waste management system.

Similar legal mandates are in effect for communicable diseases, and some examples of communicable disease control follow:

Sexually Transmitted Diseases (NRS §441A.240). The health authority shall control, prevent, treat and, whenever possible, ensure the cure of sexually transmitted diseases. In addition, the

health authority shall provide the materials and curriculum necessary to conduct the educational program provided for in [NRS §209.385](#) and establish a program for the certification of persons qualified to provide instruction for the program.

Tuberculosis (NRS §441A.340). The health authority shall control, prevent the spread of, and ensure the treatment and cure of tuberculosis.

In addition, **epidemiology** has specific powers and authority to investigate and control other communicable diseases, and is required to do so.

The **Air Quality Management** Division programs constitute a somewhat different model of mandated activities. Federal law (the Clean Air Act) requires the U.S. Environmental Protection Agency (EPA) to establish health-based National Ambient Air Quality Standards (NAAQS). Each state must adopt plans that provide for implementation, maintenance, and enforcement of the NAAQS. Monitoring of pollutants and enforcement of control measures is required. State plans are submitted to EPA and upon approval, become federally enforceable. Because Washoe District Board of Health is the delegated authority under Nevada statutes for purposes of the Clean Air Act (NRS §445B.500), the DBOH is required to “. . . establish a program for the control of air pollution and administer the program within its jurisdiction unless superseded.” Specific program requirements are also set forth in the NRS chapter.

Other programs in place at the WCHD are permitted under the broader public health authority. For example authority for the vector control program is general public health authority under NRS §439.170: “. . . shall take such measures as may be necessary to prevent the spread of sickness and disease, and shall possess all powers necessary to fulfill the duties...” This same broad grant of authority is equally applicable to chronic disease prevention, injury control, and home visiting as it is to vector control and related activities. Additional authority for general regulatory programs like vector control is via authority for control of nuisance (NRS §439.490).

Interpretation

There are several requirements or mandated services imposed upon the health district and District Board of Health under Nevada and federal law. Many are highlighted in the paragraphs above. Mandated programs tend to be regulatory or communicable disease control in nature. Most of the laws require the existence of a program, but are not prescriptive in how the programs achieve their objectives, and do not impose specific levels of service. Contracts and grants (not examined in this exercise) may impose additional obligations not otherwise established under law. In addition Nevada statutes confer upon the health district and DBOH wide latitude via a broad grant of authority to “. . .prevent the spread of disease.” WCHD resources may therefore

be utilized not only to control nuisances and assure sanitation of water and food, but also to protect and promote health. The latter authority enables the health district and District Board of Health to consider burden of disease and health impact when allocating scarce resources. Given the epidemiologic shift from acute diseases to chronic health conditions, consideration might be given to chronic disease prevention, injury programs (in light of violence in schools and health care settings since this fundamental assessment was initiated), and the necessary infrastructure to support community engagement and health assessment.

Washoe County Health District Fundamental Review

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**Reno, NV
February 27, 2014**



Fundamental Review

- The Washoe County Health District (WCHD) has contracted with the Public Health Foundation (PHF) to conduct a fundamental review to include the following:
 - Review and assess health department structure, legal review, operations, oversight, governance, finances, and performance
 - The assessment will focus on efficiency, effectiveness, and opportunities for health department continuous improvement.



Recommendations

First 90 – 120 Days

1. Align the WIC program with similar program functions.
2. Develop Board of Health Orientation.
3. Strengthen customer focus.
4. Examine clinic appointment scheduling.
5. Update fee schedule and billing processes.
6. Explore a tiered level of EH services.
7. Participate in the county building permitting process analysis.
8. Strengthen organizational effectiveness by developing infrastructure to support the District Health Officer



Recommendations

First Year

1. Implement time coding for all employees.
2. Perform cost analysis of all programs.
3. Perform assessment of admin. and fiscal staffing needs.
4. Execute a concerted effort of all parties to address the tensions regarding the current overhead/indirect costs.
5. Align programs and services
6. Conduct a Community Health Assessment.
7. Develop metrics for success
8. Continue current collaborative to resolve REMSA oversight issues.
9. Maintain current levels of financial support.
10. Conduct a governance assessment.



Recommendations Twelve to Twenty Four Months

1. Undertake an organizational strategic plan.
2. Implement a Performance Management System.
3. Consider Alternative Governance Structures.
4. Take a greater leadership role in State/Local collaboration.
5. Develop an Organizational Culture to support Quality.
6. Seek PHAB Accreditation





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Washoe County Health District Public Health Uniform National Data System (PHUND\$) Ratio and Trend Analysis

Item #	Local Public Health Agency (LPHA) Financial Data	Fiscal Year 13	% Change from Previous Period	Fiscal Year 12	% Change from Previous Period	Fiscal Year 11	% Change from Previous Period	Fiscal Year 10
Financial								
Revenues								
1	Total Local (County/City) Revenues (including Breakout accts below)	\$ 8,623,891	18.9%	\$ 7,250,850	-11.5%	\$ 8,192,500	-4.5%	\$ 8,574,826
1a	Local General Revenues	\$ -		\$ -		\$ -		\$ -
1b	Local Dedicated Public Health Property Tax Revenues	\$ 0.0000		\$ 0.0000		\$ 0.0000		\$ 0.0000
1c	Dedicated Public Health Millage Rate (\$ per \$1,000 property value)	\$ -		\$ -		\$ -		\$ -
1d	Hospital Revenues from Millage Rate Dedicated to Public Health	\$ -		\$ -		\$ -		\$ -
1e	All Other Local Revenues	\$ -		\$ -		\$ -		\$ -
	Local (County/City) Revenue Non-Itemized Total	\$ 8,623,891		\$ 7,250,850		\$ 8,192,500		\$ 8,574,826
2	State Revenues	\$ 847,402	-26.8%	\$ 1,157,672	2.8%	\$ 1,126,051	-15.1%	\$ 1,325,970
3	Federal Revenues	\$ 5,672,330	0.6%	\$ 5,638,238	-1.1%	\$ 5,576,772	-7.4%	\$ 6,023,476
4	Medicaid Revenues	\$ 1,430	-88.9%	\$ 12,908	-73.6%	\$ 48,935	62.0%	\$ 30,200
5	Medicare Revenues	\$ -		\$ -		\$ 310	-89.9%	\$ 3,085
6	Private Insurance Revenues	\$ 5,680	-64.5%	\$ 15,985	-36.7%	\$ 25,269	280.7%	\$ 6,638
7	Federally Qualified Health Center 330 Grant Funding Revenues	\$ -		\$ -		\$ -		\$ -
8	Total Fees (including Breakout accounts below)	\$ 182,860	-19.0%	\$ 225,851	-18.2%	\$ 276,139	-27.6%	\$ 381,583
8a	Patient Fees	\$ 1,862,575	16.7%	\$ 1,595,736	-3.5%	\$ 1,653,066	-13.7%	\$ 1,914,508
8b	Environmental Health Fees	\$ 476,829	8.4%	\$ 439,910	22.3%	\$ 359,725	58.1%	\$ 227,511
8c	Vital Statistics Fees	\$ -		\$ -		\$ -		\$ -
8d	Oral Health Fees	\$ 2,471	-39.5%	\$ 4,084	-64.8%	\$ 11,600	114.1%	\$ 5,419
8e	Other Fees	\$ 2,524,735	11.4%	\$ 2,265,581	-1.5%	\$ 2,300,530	-9.0%	\$ 2,529,021
	Fees Non-Itemized Total	\$ 32,862	776.3%	\$ 3,750		\$ -		\$ -
9	Entrepreneurship Revenues	\$ 2,505	-40.7%	\$ 4,224	1732.5%	\$ 231	-99.2%	\$ 28,013
10	Other Revenues	\$ 17,710,834	8.3%	\$ 16,349,207	-5.3%	\$ 17,270,598	-6.8%	\$ 18,521,228
11	Total Revenues							
Revenue Breakouts								
12	Federal Pass-through for County Public Health from State Revenues	\$ 3,994,840	-0.9%	\$ 4,030,757	0.6%	\$ 4,007,114	-12.4%	\$ 4,572,506
13	Federal Direct (not through State Health Office) Revenues	\$ 1,774,164	10.4%	\$ 1,607,481	2.4%	\$ 1,569,658	8.2%	\$ 1,450,970
14	All Grant Revenues	\$ 6,519,732	-4.1%	\$ 6,795,910	1.4%	\$ 6,702,823	-8.8%	\$ 7,349,445
15	Environmental Health Revenues	\$ 1,862,575	16.7%	\$ 1,595,736	-3.5%	\$ 1,653,066	-13.7%	\$ 1,914,508
16	Oral Health Revenues	\$ -		\$ -		\$ -		\$ -
17	Immunization Revenues	\$ 398,297	-21.4%	\$ 506,446	-10.9%	\$ 568,214	-4.8%	\$ 597,111
18	Medical Services Revenues	\$ -		\$ -		\$ -		\$ -
19	Home Health Revenues	\$ -		\$ -		\$ -		\$ -
20	Emergency Preparedness Revenues	\$ 1,356,814	10.3%	\$ 1,230,227	19.4%	\$ 1,030,681	-38.9%	\$ 1,687,943
21	School Health Revenues	\$ -		\$ -		\$ -		\$ -
22	Budgeted Revenues (at start of Fiscal Year)	\$ 18,144,881	2.2%	\$ 17,759,710	-0.5%	\$ 17,846,316	-12.6%	\$ 20,425,644
23	Total MCH Revenues (All revenues including fees, block grant, etc.)							
23a	WIC Revenues	\$ 1,085,348	-3.7%	\$ 1,127,335	3.7%	\$ 1,087,008	1.0%	\$ 1,076,197
23b	MCH Clinics Revenues	\$ 909,383	-5.8%	\$ 964,883	-0.4%	\$ 968,901	3.6%	\$ 935,316
23c	MCH Community Programs Revenues	\$ 58,000	-0.2%	\$ 58,117	0.4%	\$ 57,885	14.8%	\$ 50,426
23d	All Other MCH Revenues	\$ -		\$ -		\$ -		\$ -
	MCH Revenues Non-Itemized Total	\$ 2,052,731	-4.5%	\$ 2,150,335	1.7%	\$ 2,113,794	2.5%	\$ 2,061,939
24	Total Prevention Revenues (including Breakout accts below)							
24a	Tobacco Control & Prevention Revenues	\$ 113,678	0.5%	\$ 113,120	4.6%	\$ 108,144	-6.1%	\$ 115,186
24b	Injury Prevention Revenues	\$ -		\$ -		\$ -		\$ -
24c	Chronic Disease Prevention Revenues	\$ 5,622	-71.9%	\$ 19,998	64.5%	\$ 12,154	#DIV/0!	\$ -
24d	Communicable Diseases Prevention Revenues	\$ 523,762	-0.9%	\$ 528,384	-25.0%	\$ 704,627	-6.8%	\$ 756,432
24d-1	HIV/AIDS Prevention Revenues	\$ 144,267	-1.0%	\$ 145,704	-11.6%	\$ 164,831	8.7%	\$ 151,682
24d-2	STDs Prevention Revenues	\$ 81,590	7.1%	\$ 76,155	-63.2%	\$ 207,017	11.6%	\$ 185,444
24d-3	TB Prevention Revenues	\$ 398,297	-16.8%	\$ 478,441	-15.8%	\$ 568,214	-4.3%	\$ 593,751
24d-4	Immunizations Revenues	\$ 1,372	-65.3%	\$ 3,959	-53.0%	\$ 8,430	-43.9%	\$ 15,037
24d-5	All Other Communicable Disease Prevention Revenues Not Itemized Above	\$ 1,149,288	-6.8%	\$ 1,232,643	-25.4%	\$ 1,653,119	-2.9%	\$ 1,702,346
	Communicable Disease Prevention Revenues Non-Itemized Total	\$ -		\$ -		\$ -		\$ -
	All Other Prevention Categories Not Itemized Above	\$ 1,268,588	-7.1%	\$ 1,365,761	-23.0%	\$ 1,773,417	-2.4%	\$ 1,817,532
24e	All Prevention Revenues Non-Itemized Total	\$ -		\$ -		\$ -		\$ -
25	Interest Revenues	\$ 37,838	-14.9%	\$ 44,458	0.0%	\$ 44,445	1222.8%	\$ 3,360
26	One-time revenues	\$ 747,545	-9.7%	\$ 827,765	9.2%	\$ 757,856	7.8%	\$ 703,252
27	Dedicated Revenues							
Expenditures								
28	Salaries & Wages Expenditures	\$ 9,803,867	-0.6%	\$ 9,861,088	-6.1%	\$ 10,500,051	-2.1%	\$ 10,723,178
29	Fringe Benefits Expenditures	\$ 3,794,135	1.3%	\$ 3,745,285	-0.2%	\$ 3,752,437	0.4%	\$ 3,738,364
30	Equipment Expenditures	\$ 186,107	39.6%	\$ 133,329	7.2%	\$ 124,384	-47.3%	\$ 235,850

Item #	Local Public Health Agency (LPHA) Financial Data	Fiscal Year 13	% Change from Previous Period	Fiscal Year 12	% Change from Previous Period	Fiscal Year 11	% Change from Previous Period	Fiscal Year 10
31	Contractual Services Expenditures	\$ 713,460	56.5%	\$ 455,998	3.0%	\$ 442,914	-25.3%	\$ 592,794
32	Capital Expenditures	\$ 212,624	-32.7%	\$ 315,930	270.1%	\$ 85,369	-40.1%	\$ 142,588
33	Other Expenditures	\$ 4,105,219	146.3%	\$ 1,666,570	-8.2%	\$ 1,815,398	-3.5%	\$ 1,880,912
34	Total Expenditures	\$ 18,815,411	16.3%	\$ 16,178,200	-3.2%	\$ 16,720,552	-3.4%	\$ 17,313,687
35	Budgeted Expenditures	\$ 21,142,496	6.3%	\$ 19,881,851	1.5%	\$ 19,588,095	-11.2%	\$ 22,057,357
Expenditures Breakout								
36	Program Expenditures	\$ 17,536,491	17.1%	\$ 14,975,878	-3.2%	\$ 15,477,918	-3.6%	\$ 16,062,549
37	Administrative Expenditures	\$ 1,278,920	6.4%	\$ 1,202,322	-3.2%	\$ 1,242,634	-0.7%	\$ 1,251,138
38	Total Prevention Expenditures (Including Breakout accounts below)							
38a	Tobacco Control & Prevention Expenditures	\$ 113,678	0.5%	\$ 113,120	4.6%	\$ 108,144	-6.1%	\$ 115,186
38b	Injury Prevention Expenditures	\$ -		\$ -		\$ -		\$ -
38c	Chronic Diseases Prevention Expenditures	\$ 155,979	1.3%	\$ 154,051	-41.9%	\$ 265,335	4.2%	\$ 254,521
38d	Communicable Diseases Prevention Expenditures							
38d-1	HIV/AIDS Prevention Expenditures	\$ 509,749	-16.3%	\$ 609,084	-13.6%	\$ 704,627	-6.8%	\$ 756,432
38d-2	STDs Prevention Expenditures	\$ 550,003	-5.0%	\$ 578,952	-7.8%	\$ 627,968	-9.0%	\$ 690,360
38d-3	TB Expenditures	\$ 487,010	1.9%	\$ 477,718	-7.2%	\$ 514,590	-10.0%	\$ 571,967
38d-4	Immunizations Expenditures	\$ 1,034,274	-5.1%	\$ 1,089,493	0.9%	\$ 1,080,201	6.0%	\$ 1,019,339
38d-5	All Other Communicable Disease Prevention Expenditures Not Included Above	\$ 325,160	-47.1%	\$ 614,577	3.6%	\$ 593,015	23.5%	\$ 480,181
	Communicable Disease Prevention Expenditures Non-Itemized Total	\$ 2,906,197	-13.8%	\$ 3,369,824	-4.3%	\$ 3,520,401	0.1%	\$ 3,518,279
38e	All Other Prevention Expenditure Categories Not Included Above	\$ -		\$ -		\$ -		\$ -
39	Total Laboratory Expenditures (Including Breakout accts below)							
39a	On-Site Expenditures	\$ -		\$ -		\$ -		\$ -
39b	Contract (including state) Expenditures	\$ 85,670	-5.8%	\$ 90,911	-11.0%	\$ 102,101	-19.5%	\$ 126,823
40	Oral Health Expenditures	\$ -		\$ -		\$ -		\$ -
41	Environmental Health Expenditures	\$ 4,772,942	-1.6%	\$ 4,848,375	-5.0%	\$ 5,104,157	0.7%	\$ 5,066,321
42	Immunization Expenditures	\$ 1,034,274	-5.1%	\$ 1,089,493	0.9%	\$ 1,080,201	6.0%	\$ 1,019,339
43	Emergency Preparedness Expenditures	\$ 1,277,685	7.0%	\$ 1,194,201	17.5%	\$ 1,016,088	-30.0%	\$ 1,450,746
44	Home Health Expenditures	\$ -		\$ -		\$ -		\$ -
45	Medical Services Expenditures	\$ 5,876	-43.2%	\$ 10,342	28.1%	\$ 8,075	-8.2%	\$ 8,800
46	Pharmacy Expenditures	\$ 226,789	25.6%	\$ 180,620	35.7%	\$ 133,066	-1.4%	\$ 134,967
47	Total MCH Expenditures (Including Breakout accounts below)							
47a	WIC Expenditures	\$ 1,252,623	-0.3%	\$ 1,256,628	0.5%	\$ 1,250,061	-0.4%	\$ 1,255,494
47b	MCH Clinics Expenditures	\$ 986,466	-5.0%	\$ 1,038,129	0.5%	\$ 1,032,832	1.4%	\$ 1,018,322
47c	MCH Community Programs Expenditures	\$ 414,218	-4.2%	\$ 432,216	4.3%	\$ 414,223	-11.1%	\$ 465,839
47d	All other MCH Expenditures Not Itemized Above	\$ -		\$ -		\$ -		\$ -
48e	MCH Expenditures Non-Itemized Total	\$ 2,653,306	-2.7%	\$ 2,726,973	1.1%	\$ 2,697,116	-1.6%	\$ 2,739,655
48	Emergency Medical Services (EMS) Expenditures	\$ 127,721		\$ 136,065	71.5%	\$ 79,353	191.1%	\$ 27,260
49	School Health Expenditures	\$ -		\$ -		\$ -		\$ -
50	Expenditures Targeted to Disparity Identification/Elimination	\$ -		\$ -		\$ -		\$ -
Other Financial and Related Indicators								
51	General Fund Balance	\$ 2,811,464	-28.2%	\$ 3,916,042	4.6%	\$ 3,745,034	17.2%	\$ 3,194,988
52	Prior Period General Fund Balance	\$ 3,916,042	4.6%	\$ 3,745,034	17.2%	\$ 3,194,988	60.8%	\$ 1,987,434
53	Patient Services (Including Oral Health) Accounts Receivable (A/R)							
54	Prior Fiscal Year End Total Patient and Oral Health Services Revenues							
55	Patient Services (Including Oral Health) Accounts Receivable Written-off	\$ 155,715	41.0%	\$ 110,442	1.0%	\$ 109,303	-9.2%	\$ 120,380
56	# of Programs with Expenditures that Exceed Dedicated or Self-generated Revenues	18	5.9%	17	0.0%	17	0.0%	17
57	Total # of Agency Programs	22	0.0%	22	-4.3%	23	0.0%	23
58	# of Staff with Fiscal Responsibilities	3	0.0%	3	0.0%	3	0.0%	3
59	# of Fiscal Staff with Public Health Financial Management Competencies	3	0.0%	3	0.0%	3	0.0%	3
60	Local Agency FTE	156.72	-5.3%	165.48	-0.7%	166.68	-11.0%	187.27
61	Leave Liability (days)	4783	-6.7%	5127	-5.8%	5443	-0.7%	5484
62	# of Programs with Cost Analysis	1	0.0%	1	0.0%	1	0.0%	1
Demographic								
63	Total Population	432,432	0.6%	429,908	1.1%	425,400	0.9%	421,407
64	Population < 18			111,679	-0.5%	112,234	-1.6%	114,052
65	Population > 65			59,340	6.6%	55,678	5.3%	52,889
66	% Minority Population			34.9%				23.1%
67	Jurisdiction's Poverty Rate			18.3%	39.7%	13.1%	-17.1%	15.8%
68	% Medicaid			14.3%	-0.5%	14.4%	3.6%	13.9%
69	% of Jurisdiction's Population Uninsured			20.6%	-8.0%	22.4%	0.4%	22.3%
70	Median Population Age			37.4	0.5%	37.2	0.5%	37
STOP: NO DATA INPUT REQUIRED BELOW THIS LINE								
Revenue Ratios								
1	Revenues per Capita	\$ 40.96	7.7%	\$ 38.03	-6.3%	\$ 40.60	-7.6%	\$ 43.95

Item #	Local Public Health Agency (LPHA) Financial Data	Fiscal Year 13	% Change from Previous Period	Fiscal Year 12	% Change from Previous Period	Fiscal Year 11	% Change from Previous Period	Fiscal Year 10
	<i>(Total Revenues/Population)</i>							
2	Federal Revenues as % of Total Revenues <i>(Federal Revenues/Total Revenues)</i>	32.0%	-7.1%	34.5%	6.8%	32.3%	-0.7%	32.5%
3	State Revenues as % of Total Revenues <i>(State Revenues/Total Revenues)</i>	4.8%	-32.4%	7.1%	8.6%	6.5%	-8.9%	7.2%
4	Local (County/City) Revenues as % of Total Revenues <i>(County/City Revenues/Total Revenues)</i>	48.7%	9.8%	44.3%	-6.5%	47.4%	2.5%	46.3%
5	Local Dedicated Public Health Property Tax Revenue as % of Total Revenues <i>(County/City Special Tax Revenues/Total Revenues)</i>							
6	Medicaid Revenues as % of Total Revenues <i>(Medicaid Revenues/Total Revenues)</i>	0.01%	-89.8%	0.1%	-72.1%	0.3%	73.8%	0.2%
7	Medicare Revenues as % of Total Revenues <i>(Medicare Revenues/Total Revenues)</i>					0.0%	-89.2%	0.0%
8	Total Grant Revenues as a % of Total Revenues <i>(Grant Revenues/Total Revenues)</i>	36.8%	-11.4%	41.6%	7.1%	38.8%	-2.2%	39.7%
9	Medical Services Revenues as a % of Total Revenues <i>(Medical Services Revenues/Total Revenues)</i>							
10	Total Fees Collected as a % of Total Revenues <i>(Total Patient, Environmental Health, Vital Statistics, Other Fees Collected /Total Revenues)</i>	14.3%	2.9%	13.9%	4.0%	13.3%	-2.4%	13.7%
11	Total Home Health Revenue as % of Total Revenues <i>(Total Home Health Revenue/Total Revenues)</i>							
12	Other Revenues as % of Total Revenues <i>(Other Revenue/Total Revenues)</i>	0.0%	-45.3%	0.0%	1835.8%	0.0%	-99.1%	0.2%
13	Dedicated Revenues as % of Total Revenues <i>(Dedicated Revenues/Total Revenues)</i>	4.2%	-16.6%	5.1%	15.4%	4.4%	15.6%	3.8%
14	Total Margin <i>(Total Revenues - Total Expenditures)/Total Revenues</i>	-6.2%	*	1.0%	-67.2%	3.2%	-51.2%	6.5%
15	Operating Surplus or Deficit <i>(Total Revenues - Total Expenses)</i>	\$ (1,104,577)	*	\$ 171,007	-68.9%	\$ 550,046	-54.4%	\$ 1,207,541
16	Operating Ratio <i>(Total Expenses/Total Revenues)</i>	106.2%	7.4%	99.0%	2.2%	96.8%	3.6%	93.5%
17	One Time Revenues as a % of Total Revenues <i>(One Time Revenues/Total Revenues)</i>	0.2%	-21.4%	0.3%	5.7%	0.3%	1318.6%	0.0%
18	Budgeted Revenues as % of Total Revenues <i>(Budgeted Revenues /Total Revenues)</i>	102.5%	-5.7%	108.6%	5.1%	103.3%	-6.3%	110.3%
19	Days in Patient Services Accounts Receivables <i>(Patient Services Accounts Receivables Balance-including Oral Health / (Prior Fiscal Year End Total Revenue for Patient and Oral Health Services / 365 days)</i>	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
20	Patient Services-Including Oral Health-Accounts Receivables Written Off as a % of Total Patient Services-Including Oral Health-Revenues Collected <i>(Accounts Receivables Written Off / Total Patient Services Revenues Collected)</i>	82.0%	89.1%	43.4%	39.1%	31.2%	9.1%	28.6%
21	General Fund Balance as a % of Total Revenues <i>(General Fund Balance/Total Revenues)</i>	15.9%	-33.7%	24.0%	10.5%	21.7%	25.7%	17.3%
	% Change in General Fund Balance <i>(Current FY General Fund Balance - Prior FY General Fund Balance) / Prior FY Fund Balance)</i>	-28.2%		4.6%		17.2%		60.8%
22	Total Environmental Health Revenues as a % of Total Revenues <i>(Total Environmental Health Revenue/Total Revenues)</i>	10.5%	7.7%	9.8%	2.0%	9.6%	-7.4%	10.3%
23	Total Oral Health Revenues as a % of Total Revenues <i>(Total Oral Health Revenues/Total Revenues)</i>							
24	Total Immunization Revenues as a % of Total Revenues <i>(Total Immunization Revenues/Total Revenues)</i>	2.2%	-27.4%	3.1%	-5.8%	3.3%	2.1%	3.2%
25	3rd Party Payer Revenues as a % of Total Revenues <i>(Total 3rd Party Revenues/Total Revenues)</i>	0.0%	-77.3%	0.2%	-59.0%	0.4%	100.2%	0.2%
26	Entrepreneurship Revenues as % of Total Revenues <i>(Entrepreneurship Revenues/Total Revenues)</i>	0.2%	708.9%	0.0%	#VALUE!			
	Expenditure Ratios							
27	Expenditures per Capita <i>(Total Expenditures/Population)</i>	\$43.51	15.6%	\$37.63	-4.3%	\$39.31	-4.3%	\$41.09
28	Employees per 1,000 Population <i>(Number of Full Time Employees/(Population/1000))</i>	0.36	-5.8%	0.38	-1.8%	0.39	-11.8%	0.44
29	Fringe Benefits as a % of Salaries and Wages <i>(Total Fringe Benefits / (Total Salaries + Wages))</i>	38.7%	1.9%	38.0%	6.3%	35.7%	2.5%	34.9%
30	Salaries as a % of Total Expenditures <i>(Total Salaries) / Total Expenditures)</i>	52.1%	-14.5%	61.0%	-2.9%	62.8%	1.4%	61.9%
31	Administrative Expenditures as % of Total Expenditures <i>(Administrative Expenditures/Total Expenditures)</i>	6.8%	-8.5%	7.4%	0.0%	7.4%	2.8%	7.2%
32	Program Expenditures as % of Total Expenditures <i>(Program Expenditures/Total Expenditures)</i>	93.20%	0.7%	92.57%	0.0%	92.57%	-0.2%	92.77%

Item #	Local Public Health Agency (LPHA) Financial Data	Fiscal Year 13	% Change from Previous Period	Fiscal Year 12	% Change from Previous Period	Fiscal Year 11	% Change from Previous Period	Fiscal Year 10
33	Average Accumulated Employee Leave Liability - Days <i>(Total Accumulated Employee Leave Liability / Total FTE)</i>	30.52	-1.5%	30.98	-5.1%	32.66	11.5%	29.28
34	Laboratory Expenditures as % of Total Expenditures <i>(Laboratory Expenditures/Total Expenditures)</i>	0.5%	-19.0%	0.6%	-8.0%	0.6%	-16.6%	0.7%
35	Emergency Preparedness Expenditures as % of Total Expenditures <i>(Emergency Preparedness Expenditures/Total Expenditures)</i>	6.8%	-8.0%	7.4%	21.5%	6.1%	-27.5%	8.4%
36	Chronic Diseases Prevention Expenditures as % of Total Expenditures <i>(Chronic Diseases Prevention Expenditures/Total Expenditures)</i>	0.8%	-12.9%	1.0%	-40.0%	1.6%	7.9%	1.5%
37	Home Health Expenditures as a % to Home Health Revenue <i>(Home Health Expenditures/Total Home Health Revenues)</i>							
38	Medical Services Expenditures as a % of Total Expenditures <i>(Medical Services Expenditures/Total Expenditures)</i>	0.0%	-51.1%	0.1%	32.4%	0.0%	-5.0%	0.1%
39	Pharmacy Expenditures as a % of Total Expenditures <i>(Pharmacy Expenditures/Total Expenditures)</i>	1.2%	8.0%	1.1%	40.3%	0.8%	2.1%	0.8%
40	Environmental Health Expenditures as a % of Total Expenditures <i>(Environmental Health Expenditures/Total Expenditures)</i>	25.4%	-15.4%	30.0%	-1.8%	30.5%	4.3%	29.3%
41	Oral Health Expenditures as a % of Total Expenditures <i>(Oral Health Expenditures/Total Expenditures)</i>							
42	Immunization Expenditures as a % of Total Expenditures <i>(Immunization Expenditures/Total Expenditures)</i>	5.5%	-18.4%	6.7%	4.2%	6.5%	9.7%	5.9%
43	Budgeted Expenditures as % of Total Expenditures <i>(Budgeted Expenditures/Total Expenditures)</i>	112.4%	-8.6%	122.9%	4.9%	117.1%	-8.0%	127.4%
44	% of Fiscal Staff with Public Health Financial Competencies <i>(# of Fiscal Staff with PH Financial Competencies/# of Fiscal Staff with Responsibilities)</i>	100.0%	0.0%	100.0%	0.0%	100.0%	0.0%	100.0%
45	% of Programs with Expenditures that Exceed Dedicated + Self-generated Revenues <i>(# of Programs with Expenditures that Exceed Dedicated + Self-generated Revenues) / Total Number of Programs)</i>	81.8%	5.9%	77.3%	4.5%	73.9%	0.0%	73.9%
46	% of Programs w/Completed Cost Analysis <i>(# of Programs w/Completed Cost Analysis/Total Number of Programs)</i>	4.5%	0.0%	4.5%	4.5%	4.3%	0.0%	4.3%
47	% of Total Expenditures Targeted to Health Disparities Identification and Elimination <i>(Health Disparities Identification and Elimination Expenditures / Total Expenditures)</i>							
Prevention Ratios								
48	Prevention Revenues as % of Total Revenues <i>(Prevention Revenues / Total Revenues)</i>	7.2%	-14.3%	8.4%	-18.6%	10.3%	4.6%	9.8%
49	Prevention Expenditures as % of Total Expenditures <i>(Prevention Expenditures / Total Expenditures)</i>	16.9%	-24.9%	22.5%	-3.5%	23.3%	3.7%	22.5%
50	Communicable Disease Prevention Revenues as % of Total Revenues <i>(Communicable Disease Prevention Revenues / Total Revenues)</i>	6.1%	-19.8%	7.6%	-22.9%	9.9%	0.6%	9.8%
51	Communicable Disease Prevention Expenditures as % of Total Expenditures <i>(Communicable Disease Prevention Expenditures / Total Expenditures)</i>	15.4%	-25.8%	20.8%	-1.1%	21.1%	3.6%	20.3%
Community Statistics								
52	Population	432,432	0.6%	429,908	1.1%	425,400	0.9%	421,407
53	Median Population Age			37	0.5%	37	0.5%	37
54	% of Population under 18 <i>(Number in Population < 18/County Population)</i>			26.0%	-1.5%	26.4%	-2.5%	27.1%
55	% of Population over 65 <i>(Number in Population > 65/County Population)</i>			13.8%	5.5%	13.1%	4.3%	12.6%
56	% Population Below Poverty <i>(Population Below Poverty / Jurisdiction's Population from the US Census)</i>			18.3%	39.7%	13.1%	-17.1%	15.8%
57	% Population Insured by Medicaid <i>(Population Insured by Medicaid / Jurisdiction's Population from the US Census)</i>			14.3%	-0.5%	14.4%	3.6%	13.9%
58	% Uninsured Population <i>(Population Uninsured / Jurisdiction's Population from the US Census)</i>			20.6%	-8.0%	22.4%	0.4%	22.3%
* % change calculation NOT APPROPRIATE when comparing current to prior period per deficit (negative) value.								

Cell: D11

Comment: Item 1a: Increase in Washoe County general revenue allocation is to cover a portion of WCHDs indirect costs

Cell: D17

Comment: State revenues from Item 2: State revenue is limited to "smog check" fees restricted for use by AQM for special projects

Cell: D19

Comment: Medicaid and other Item 4: Third-party payer revenue has declined significantly over a four-year period

Cell: D24

Comment: Item 8a: Patient fees have declined significantly over a four-year period

Cell: D25

Comment: Item 8b: Increase in fee revenue is an indicator of better cost recovery or an increase in permitting activity

Cell: D40

Comment: Item 17: Declining immunization revenues signal a need for better cost recovery from patients and third-party payers

Cell: D72

Comment: Item 30: Equipment expenditures are increasing during a period of operating deficit

Cell: D81

Comment: Item 37: Administrative costs did not increase significantly despite a 17.1% increase in program expenditures

Cell: D103

Comment: Item 46: Drug costs have increased significantly

Cell: D115

Comment: Item 51: WARNING - general fund balance is declining

Cell: D119

Comment: Item 55: WARNING - write-offs are excessively high and increasing

Cell: D120

Comment: WARNING: negative trend

Cell: D125

Comment: Item 61: Reductions in employee vacation and sick leave liability are a positive trend

Cell: D126

Comment: WCHD should conduct Item 62: WCHD has not conducted periodic cost analyses on all agency programs

Cell: D168

Comment: Item 15: WARNING - WCHD has an operating deficit

Cell: D204

Comment: Item 31: Declining administrative expenditures is a positive trend

Cell: D228

Comment: Item 43: WCHD under budget expenditures are due to unfilled staff vacancies

PUBLIC HEALTH FINANCIAL RATIOS DATA DICTIONARY (updated Oct 2009)

Term	Definition	Potential Data Sources
Accounts Receivables	Claims held against all third party payors for money owed to the Local Public Health Department.	Location within Local Public Health Dept. (LPHD) that is responsible for maintaining client and third party payor accounts and funds due.
Administrative Expenditures	Operating expenses to perform support functions other than those directly linked to public health services or programs. Categories include: Health Officer/Agency Director, Non-clinical Administrative & Fiscal Services, Legal, Policy & Evaluation Strategic Planning, Government Relations, Library, Information Technology and Communications & Marketing. This category does not include the costs associated with eligibility determination services, cashing, medical records, laboratories, or construction.	LPHD official accounting records for the Fiscal Year –within Budget office or the Finance & Accounting office.
Agency Program	Those programs with appropriated funding. Examples include: Health Disparity, Home Health Care, Environmental Health, Maternal & Child Health Care, Communicable Diseases, Public Health Preparedness, etc.	
Annual Operating Budget (Total)	A fiscal plan for providing programs and services for a single year.	LPHD official accounting records for the Fiscal Year –within Budget office or the Finance & Accounting office.
Budget	A plan used to allocate revenues and expenditures to accomplish an organization's objectives for a given period of time.	LPHD official accounting records for the Fiscal Year –within Budget office or the Finance & Accounting office.
Budgeted Revenues Received	The funds that an organization expects to receive in a budget period according to the budget.	LPHD official accounting records for the Fiscal Year –within Budget office or the Finance & Accounting office.
Chronic Diseases ¹	In the United States, the Centers for Disease Control and Prevention (CDC) suggest that chronic diseases are generally characterized by uncertain etiology, multiple risk factors, a long latency period, a prolonged course of illness, non-contagious origin, functional impairment or disability, and in most cases, incurability. CDC defines a chronic disease as one that, in general terms, has a prolonged course, that does not resolve spontaneously, and for which a complete cure is rarely achieved. Examples: cardiovascular disease, diabetes, arthritis and other musculo-skeletal diseases, cancers, chronic lung diseases, and chronic neurological disorders.	Official accounting records located within the LPHD Finance & Accounting office (or local program office and/or state health office).
Clinical and Immunization (Total Fees)	All fees collected from customers in the clinical, primary care, immunization, and communicable diseases programs , excluding fees collected in Environmental Health and Vital Statistics Examples include: Flu shots, family planning, communicable disease services, immunizations, and primary care services. Third party insurance payments are not included in this category.	LPHD official accounting records for the Fiscal Year –usually located in the Budget office or the Finance & Accounting office.
Communicable Diseases ²	Any condition which is transmitted directly or indirectly to a person from an infected person or animal through the agency of an intermediate animal, host, or vector, or through the inanimate environment. Communicable diseases commonly identified by PHDs appear on the CDC's National Notifiable Infectious Disease List – TB, Anthrax, Botulism, STDs, HEP A, Hep B, Hep C HIV, AIDS, etc. PHDs assist community health providers w/reporting, providing screening services and limited treatment for some of the reportable diseases.	LPHD official accounting records for the Fiscal Year usually located in the Budget office or the Finance & Accounting office.
Community Health Outcomes ³	Sometimes referred to as results of the health system; these are indicators of health status, risk reduction, and quality of life enhancement for a specific group of people (e.g., location, race, ethnicity, age, occupation, or other common bonds). Outcomes are long-term objectives that define optimal, measurable future levels of health status, maximum levels of disease, injury, or dysfunction; or prevalence of risk factors.	N/A
Cost Analysis	The review and evaluation of each element of cost in a specific activity or program.	http://bookstore.phf.org/product_info.php?products_id=227
County Special Tax Levy	The money received from a dedicated millage for public health, requires authorized language that calls for this levy.	
County Government Revenues	Revenue originating from local government, e.g. inside millage, allocations from School Boards or the Board of County Commissioners, taxing districts, property tax millage.	From A2 on Annual Financial Reports
Customer ⁴	In public health, the customer is defined as the community, the client, the citizenry of the country/state /county, and other business and industry.	LPHD reports on number of customers and services.
Environmental Health ⁵	The application of multiple scientific disciplines to investigate the relationship between environmental factors and human health, and to prevent adverse health events that result from environmental exposures.	N/A
Total Dental Revenues	All revenues generated by Public Dental Health Programs	
Environmental Health Total Fees	All fees generated by the Environmental Health Department of the LPHD. Environmental Health Fees may include some of the following: inspecting restaurants, local ordinances and public health nuisance complaints, septic tanks, private & public water wells, tattoo parlors, biohazard waste, public swimming pools, enforcement fines/penalties, and others, as applicable.	Official Accounting Records, from the LPHD Environmental Health program and/or State Public Health Office.
Expenditures	An accounting term for amounts that are paid to deliver services or make purchases related to public health programs.	N/A
Federal Revenues	All income received from the federal government, excluding Medicaid/Medicare reimbursements. Examples of federal agencies allocating funds for public health services include CDC, DHHS, Dept of Homeland Security, etc.	Official Accounting records from Budget and Finance & Accounting Dept., local federal program office, and/or State Public Health Office.

Term	Definition	Potential Data Sources
Financial Management⁶	Specifying and obtaining objectives, safeguarding and making optimum use of resources, achieving aims and enabling something to happen according to planned budgets. Tonge, R. 1993. Financial Management, Managing the New Public Services. D. Farnham and S. Horton (eds). Macmillan, Basingstoke, Hampshire. p. 78-98.	N/A
Fiscal Year (FY)	The accounting period used for calculating annual financial information. A fiscal year can start with any month but extends for a 12 month period. For example, the federal government fiscal year begins on October 1 st and ends on September 30 th .	N/A
Fringe Benefits Expenditures	Benefits to an employee paid for by the agency. Examples: group health, dental, life insurance; and contributions to employee retirement.	LPHD accounting records and/or Human Resources office
Full Time Equivalent (FTE)⁷	A measure of staffing levels calculated by dividing the total number of part-time work hours at a facility by the length of the normal full-time work week, and adding the resulting number to the number of full-time persons employed at the facility. An FTE equals 2080 hours.	LPHD Budget office, Administration Dept., and/or Human Resources office
General Fund Balance	Cumulative funds, reflected in the accounting system, retained after all expenditures and other liabilities have been paid, and all revenue has been recorded.	LPHD official accounting records for the Fiscal Year – (within Budget office or the Finance & Accounting office).
Grants (Block)	Federal funds distributed to State or Local Public Health Departments with general provisions on the use of the funds (Examples: Preventive Health and Health Services Block Grant, Maternal and Child Health Block Grants, etc.)	LPHD official accounting records for the Fiscal Year– within Budget office or the Finance & Accounting office.
Grants (Solicited)	Typically used to describe amounts of money solicited and received by an organization or reimbursed to an organization for a specific purpose and identified in a formal award notice or agreement from grantor for services. (Examples: Robert Wood Johnson grants, HRSA Grants, Victims of Criminal Acts Grants, etc.)	LPHD official accounting records for the Fiscal Year within Budget office or the Finance & Accounting Dept.
Grant Revenues (Total)	All revenues received from grants, includes categorical, solicited, and block grants.	LPHD official accounting records for the Fiscal Year within Budget office or the Finance & Accounting Dpt.
Health Disparity Programs⁸	Programs focused on addressing differences in health status among distinct segments of the population including differences that occur by gender, race or ethnicity, education or income, disability, or living in various geographic localities.	LPHD Administration, Budget, Finance and Accounting Dept, Local Program offices, and the State Public Health Office.
Home Health Care⁹	Health care services provided in the home on a part-time basis for the treatment of an illness or injury, and covered by Medicare only if skilled care is needed and required on an intermittent or part-time basis.	LPHD Budget, Finance and Accounting Dept, Local Program offices, and State Public Health Office.
Home Health Total Revenues	All revenues received from Home Health Care Programs. (Section 4 on AFR.)	Budget, Finance and Accounting Dept, Local Program offices, and State Public Health Office.
Immunizations Expenditures, Total	Total immunization expenditures, includes vaccines, staff salaries, medical supplies	
Immunizations Revenues, Total	All revenues generated from immunization services.	
Laboratory Expenditures (Total)	The sum of all expenditures for laboratory tests, internal and external, and all expenditures associated with the operation of a laboratory, such as salaries for laboratory personnel.	LPHD Budget, laboratory, Finance and Accounting Dept, and State Public Health Office.
Maternal & Child Health Programs¹¹	Programs focused on improving the health of mothers and children. Includes: family planning, prenatal counseling and referral, well child services, childhood immunization, lead screening, MCH home visiting/case management, parent/child health promotion and education, child care health consultation, healthy start, WIC and nutrition programs for children and pregnant women, and adolescent health.	LPHD Budget, Finance and Accounting Dept, Program offices, and State Public Health Office
Median Population Age¹²	The age which divides the population into two equal-size groups, one of which is younger and the other older than the median.	US Census http://www.census.gov/popest/counties/asrh/CC-EST2006-alldata.html
Medicaid	A federal/state health insurance program for people who have very limited incomes and that meet certain criteria (pregnant, child, disabled or elderly, etc.).	N/A
Medicaid Revenues	All income received from Medicaid including Medicaid HMO capitation and any “bill-aboves” paid by a Medicaid HMO.	LPHD official accounting records for the Fiscal Year within Budget office or the Finance & Accounting Dpt., and State Public Health Office.
Medicare	A federal health insurance program for people 65 or older, disabled, with end-stage kidney disease, and persons eligible due to a deceased family member.	N/A
Medicare Revenues	All income received from Medicare including Medicare HMO payments.	LPHD official accounting records for the Fiscal Year –within Budget office or the Finance & Accounting department, and State Public Health Office
Medical Services Expenditures	All expenditures associated with the <u>direct</u> provision of medical or clinical services to patients of the LPHA, including follow-up care and nurse case management. Does not include outreach services, surveillance activities, or partner notification.	Official accounting records from Budget, Finance and Accounting Dept, Local Program offices, and State Public Health Office.
Medical Services Revenues	All revenue generated through the <u>direct</u> provision of medical or clinical services to patients of the LPHA, including follow-up care and case management. Does not include outreach services, surveillance activities, or partner notification.	Official accounting records from Budget, Finance and Accounting Dept, Local Program offices, and State Public Health Office.
Millage Rate¹³	The millage rate (also known as the tax rate) is a figure applied to the value of property to calculate property tax liability. One "mill" is one dollar of tax on every thousand dollars of taxable value.	LPHD official accounting records for the Fiscal Year –within Budget office or the Finance & Accounting department, Administration, local county government.

Term	Definition	Potential Data Sources
One-Time Revenues	Money that comes into an account from a non-repeating source and has a duration period of one year. Grants for periods of more than one year are not included in this category.	LPHD official accounting records for the Fiscal Year –within Budget office or the Finance & Accounting Dpt. and State Public Health Office.
Other Agency Venture Generated Revenues	Examples include Wellness programs, mini course on grant writing offered by the PHD for a fee, training, contracts that pay the agency for public health services, etc.	Administration, Budget, Finance & Accounting Dept, local grant office, and State Public Health Office.
Other Revenues (Total)	Revenues from any sources other than those included in the categories identified in the spreadsheet under Sources of Revenue- item numbers 11-19. For example federal, state, and local revenues; Medicaid and Medicare revenues; and Fees would not be included under “Other Revenues.”	Administration, Budget, Finance & Accounting Dept, local grant office, and State Public Health Office.
Outcome Measure	An indicator that measures the effect of a program service, or department in achieving desired results. Outcome measures must be clear, cost effective, relevant, significant, practical, verifiable, linked to funding, result based and reflective of the mission or goals.	State Public Health Office, quality assurance department, Administration, and strategic plans
Pharmacy Expenditures	The sum of all expenditures for pharmacy products, internal and external, and all expenditures associated with the operation of a pharmacy, such as salaries for pharmacy personnel. (Enter values for immunization revenues and expenditures in immunization revenue and expenditure fields.)	LPHD Budget, pharmacy, Finance and Accounting Dept, and State Public Health Office.
Population (Total)	Total number of people living under the jurisdiction of the local health department.	US Census - http://www.census.gov/popest/counties
Population Under 18 Years Old	Total number of people living under the jurisdiction of the local health department who are under 18 years old.	US Census - http://www.census.gov/popest/counties/asrh/CC-EST2007-agesex.html
Population Who Are Age 65 or Older	Total number of people living under the jurisdiction of the local health department who are age 65 or older.	US Census - http://www.census.gov/popest/counties/asrh/CC-EST2007-agesex.html
Priority Programs	Those programs identified or established by the local public health department, usually as the results of a community health assessment process, as having precedence and/or urgency over other programs.	Administration, strategic plans, and/or State Public Health Office.
Public Health¹⁵	Public Health is the set of organized community efforts that fulfill society's interest in assuring conditions in which people can be healthy by applying scientific and technical knowledge to prevent disease and promote health. The goal of public health is to improve the health status of the population, with careful attention to and respect for the perspectives and values of the diverse members of the community being served. There is a public health system in each community defined as the wide range of public, private and voluntary organizations such as governmental agencies, academia, health care providers, hospitals, community-based organizations, associations, businesses and individuals. The unique function of governmental public health agencies within this broad infrastructure framework is to see that all vital system elements are in place; that all core functions and the ten essential services are coordinated; and that the mission of improving the health of the community is adequately addressed, using if necessary, the regulatory powers of the state.	N/A
Public Health Preparedness Expenditures	Funds used for planning, exercises and/or response related to public health emergencies such as hurricanes and other natural disaster preparedness and response, e.g. includes activities funded by Pandemic Influenza grants and natural disaster preparedness and response.	Official accounting records from Budget, Finance and Accounting Dept, Local Program offices, and State Public Health Office.
Restricted Revenues	Revenue legally reserved for specific purposes and includes federal and state funding for certain programs- also referred to as categorical funds. Examples: WIC, Family Planning, Healthy Start, Emergency Preparedness, Grants, &	Administration, official accounting records from Budget, Finance and Accounting Dept, Local Program offices, grant and contract managers, and State Public Health Office.
Revenues (Total)	All money and funding received from all sources.	Official accounting records from Budget, Finance and Accounting Dept.
Salary and Wages Expenditures	This includes gross salaries and wages for all staff, including contractors, for the fiscal year, before deductions, and also excludes employee benefits paid for by the employing agency. Also excluded are lump sums paid for contracted services.	Official accounting records from Budget, Finance and Accounting Dept.
State Revenues	All income received through allocations, grants, and/or contracts with State government agencies, including the State Department of Health, Environmental Protection (DEP), Community Affairs (DCA), State of Emergency Preparedness, Medical Disability-BCMh, etc.	Official accounting records from Budget, Finance and Accounting Dept, and State Public Health Office.
Tax Revenues	Revenues received from the county as a result of a special public health taxing district.	Official accounting records from Budget, Finance and Accounting Dept, and local county government.
Third Party Revenues (Total)	All revenues collected from third party insurers such as Blue Cross/Blue Shield, Aetna, HMOs, etc.	Official accounting records from Budget, Finance and Accounting Dept.
Total Fees, Other	The sum of all fees from any other sources than those included in the categories identified in the SS, item numbers 16 to 19, such as regulatory fees, inspection fees, fee for service payments, and contracts or memorandum of agreements	Official accounting records from Budget, Finance and Accounting Dept.
Total Fees Collected for Medical Services	A charge that is collected for services rendered. All fees collected for medical services not covered by Medicare and Medicaid, includes Home Health fees collected	
Uninsured Individuals	Number of individuals living under the jurisdiction of the Local Public Health Department who do not have health insurance.	

Term	Definition	Potential Data Sources
Vital Statistics (Total Fees)	The sum of all fees collected from the issuance of birth and death certificates including ancillary fees such as expedited fee, plastic pouch fee, and wallet size.	Official accounting records from Budget, Finance and Accounting Dept, and/or vital statistics office.
Write-Off¹⁶	Elimination of a specific customer's account balance because of uncollectibility.	Administration, Official accounting records from Finance and Accounting Dept.
Year to Date (YTD)	A period of time starting at the beginning of the fiscal period or calendar year through the current date or the date of the most recent period. Common fiscal years are July to June or October through September (federal FY)	N/A

Sources:

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PHAB Standards and Measures Version 1.0 Documentation Selection Spreadsheet

This Documentation Selection Spreadsheet is a tool designed to assist Tribal, state, local, and territorial health departments manage the process of selection of documentation in the early stages of preparing for national public health department accreditation. This spreadsheet is not designed as a document management tool or document organization tool. The use of this spreadsheet is optional and will not be submitted to PHAB.

This spreadsheet should be used with PHAB's **Standards and Measures Version 1.0** which contains the standards, measures, purpose, significance, required documentation, and documentation guidance. The **Standards and Measures Version 1.0** is authoritative and is in effect for applications submitted to PHAB in the 2011 -2012 application period.

How to Use this Spreadsheet

- **This spreadsheet has 13 tabs located at the bottom:** an introduction tab (this page) and one tab corresponding to each of the 12 domains listed in PHAB's **Standards and Measures Version 1.0**.
- Refer to the **Public Health Accreditation Board (PHAB) Standards and Measures Version 1.0** document for the official standards, measures, required documentation, and guidance for national public health department accreditation.
- Locate the appropriate **domain tab**. The PHAB domain, standard, and measure numbers are listed in the left columns. The number of the required documentation for each measure is listed in rows to the right of the measure number and are color coded.

Color Coding Key:

Required Documentation 1
Required Documentation 2
Required Documentation 3
Required Documentation 4
Required Documentation 5

- For each row containing a color coded required documentation item, are the following columns:
 - **Assigned to:** The health department may wish to assign domains, standards, or measures to department staff. The staff person, program, or organizational group (e.g., office, bureau, division, section, etc.) that has been assigned, can be noted in this column.
 - **Example Document Title:** In these columns, the name or title of the document can be listed here. Include specific page numbers if applicable. At the initial phases of preparation and documentation selection, staff may want to list multiple documents that could serve as supporting evidence for specific documentation requirements and refine the list at a later time. Health departments with shared drives may choose to hyperlink the title so the document name directly links to the document location.
 - **Owner:** In these columns, the department may identify the "owner" of the document (e.g., office, bureau, division, section, program, etc.) to which the document "belongs." If the document is housed by a partner outside of the health department, it could be specified here. The contact name could be included. This will help identify personnel to include during site visit interviews, should the site visit team have questions related to the document.
 - **Date:** In these columns, enter the date that the document was created or last updated and indicate if the document meets the date requirement of the measure. Some measures require specific timeframes that may be shorter or longer than the basic guideline of dated within five years prior to the date of submission of documentation to PHAB (for example, some documents must be updated annually or biennially). Exact timeframe requirements are specified in PHAB **Standards and Measures Version 1.0**.
 - **Notes:** The department may use these columns to make comments that may be helpful later in the process and list any immediate action items for staff.
- As specified in PHAB **Standards and Measures Version 1.0**, health departments must submit two examples, unless otherwise noted in the list of required documentation or guidance for each measure. There is space for two examples in each domain tab.
- Health departments can modify this spreadsheet to suit their needs. Modifications may include deleting measures that are not specific to their health department type (Tribal, state, or local), or re-naming, deleting, or adding columns to more closely match their specific internal documentation review and selection method.

DOMAIN 1

Standard 1.1

Measure	Required Documents	Assigned to:	EXAMPLE 1				EXAMPLE 2				
			Example 1 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes	Example 2 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes	
1.1.1 S	1										
	2										
	3										
	1.1.1 T/L	1		In Progress	DHO & DDs		Initial meeting attended with Renown Health 10/28/13				
		2		In Progress	DHO & DDs		Planning meetings scheduled				
		3					TBD				
	1.1.2 S	1a.									
		1b.									
		1c.									
		1d.									
		1e.									
		2									
	1.1.2 T/L	1a.		Not completed by Health District; St. Mary's Hospital							
		1b.									
		1c.									
1d.											
1e.											
2			N/A								
1.1.3 A	1		N/A								
	2		N/A								
1.2.1 A	1		Statutes and regulations 441A HIPAA compliance and Permits Plus	Health District							
	2		secure server	CCHS, AHS							
	3		Contract with answering service	AHS							
	4		TBD								
1.2.2 A	1		EPI News mailing list	EPHP	Current mailing list						
	2		Sentinel ILI Training	EPHP							
	3		Multiple examples eg. Mosquito monitoring, air quality monitoring, communicable disease reporting	EHS, AQM, EPHP							

Standard	Measure	Required Documents	Assigned to:	EXAMPLE 1				EXAMPLE 2			
				Example 1 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes	Example 2 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes
Standard 1.2	1.2.3 A	4		Communicable Disease Weekly, EPI News, Annual CD Summary, Daily AQI	EPHP, AQM						
				ER Dept. chief complaints, ambulance chief complaint data, OTC medications purchased, school attendance, BRFSS, YRBS, SIDWIS	EPHP, CCHS, Hospitals, REMSA, Schools, Pharmacies, State			HIV, STD, Title X data	CCHS		
	1.2.4 S	1		SIDWIS, AQS, BioSense	EHS, AQM, EPA, CDC - Hospitals						
				2							
	1.2.4 L	1									
				2							
	1.2.4 T	1		Immunization Registry, NBS, UST, Hazardous Waste	CCHS, EHS, EPHP, State			Air Quality Monitoring Data	AQM, EPA		
				1							
	Standard 1.3	1.3.1 A	1a.		Communicable Disease Annual Summary, Outbreak Investigation Report, Complaint Investigations, STD Annual Report, HIV Annual Report, Family Planning Annual Report, Annual Air Quality Trends Report	AQM, CCHS, EHS, EPHP					
					1b.	See Above					
1.3.2 S		2		DBOH Minutes, CBOs, CABs, NABS	AQM, CCHS, EHS, EPHP						
				1							

Measure	Required Documents	Assigned to:	EXAMPLE 1				EXAMPLE 2				
			Example 1 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes	Example 2 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes	
1.3.2 L			Website that provides docs. listed above, Community Calendar, EPI News, HIV / STD Reports to NNOT & PPG	AHS, AQM, CCHS, EHS, EPHP							
	1										
1.3.2 T											
	1										
Standard 1.4	1.4.1 A		Oxy Fuel Regulations Suspension	AQM	10/24/2013 DBOH Meeting Minutes		STD protocol change related to antibiotic resistance	CCHS	2008		
		1									
	1.4.2 S										
		1									
	1.4.2 T/L		Washoe County School District BMI Data Anually Past 3 Years	CCHS	Annual		Air Trends Report	AQM	Annual		
		1									
	1.4.3 S		Obesity Forum, EPI News	CCHS, EPHP	Annual		Website, NDEP	AQM	Annual		
		2									
		1									
		2									
	3										
	4										

DOMAIN 2

Measure	Required Documents	Assigned to:	EXAMPLE 1				EXAMPLE 2				
			Example 1 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes	Example 2 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes	
Standard 2.1	2.1.1 A										
	1a.		Outbreak Response SOP Version 5.1 Reporting Food-Borne to State and CDC, Water-Borne Outbreaks to CDC and EPA	EPHP	2013		Air Quality Enforcement Policy	AQM	2011		
	1b.			EPHP, EHS		Enforcement Activities in Permits Plus and AFS to EPA	AQM				
	2.1.2 S										
	1										
	2										
	3										
	2.1.2 T/L										
	1		Fundamental Review, Potential for SNHD Peer Review	Health District	February, 2014						
	2		Outbreak Investigation AAR/IP	EPHP, EHS, CCHS	PRN						
	2.1.3 A										
	1		Hazmat Investigations	EHS			Air Quality Investigations	AQM			
	2.1.4 A										
	1		State Lab, School District, EPA	EPHP, EHS, AQM			PM2.5 Speciation Study EPA TMWRF Investigations	AQM	2011		
	2		Lab Reporting	State Lab					2013		
3		State Lab Schedule	State Lab								
2.1.5 A											
1		Timeliness Analysis	EPHP	Every 2 Years							
2		NRS/NAC 441A	CCHS, EPHP, EHS								
2.1.6 S											
1											
Standard 2.2	2.2.1 A										
	1		TB Policy & Procedure	CCHS			STD Outbreak Response Plan	CCHS			
	2.2.2 A										
	1		Outbreak Response Plan, DEMP, HCAT	Health District	May, 2013						
	2		AQM Emergency Episode Plan School District	AQM							
	3		Absentee Reports, Outbreak Response Plan	EPHP, EHS							
2.2.3 A											
1		DEMP, Outbreak Response Plan	WCHD								

Measure	Required Documents	Assigned to:	EXAMPLE 1				EXAMPLE 2			
			Example 1 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes	Example 2 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes
	2		Outbreak Inventory can be provided	EPHP						
	3		Hep A 2013 Berry Blend	EPHP, EHS			Norovirus 2012	EPHP, EHS		
Standard 2.3	2.3.1 A									
		1	After Hours Answering Service	All						
		2	Call Down List	All						
		3	Regional EOC, Contract with Answering Service	All			Communicator NXT	EPHP		
	2.3.2 A									
		1	State Lab, CCHS Lab, Vector Lab, AQM Lab	EPHP, CCHS, EHS, AQM						
		2	State Health Lab Division	State Health Lab						
		3	Documentation	All						
	2.3.3 A									
		1	Elements in Place / Needs Improvement	EPHP			STD ORP	CCHS		
		2	Elements in Place / Needs Improvement	EPHP						
		3	List provided to REOC	Health District, REOC		Resource Manager				
		4	Documentation of ICS Training	Health District						
		5	POD MOUs	EPHP						
	2.3.4 A									
	1	NBS, Web EOC Fusion Server, NDEP Cleanup Guidance for Hazardous Materials Spills	EPHP, EHS			Insight populating WebIZ, STD MIS	CCHS			
	2	SNS Exercise	EPHP			BDS Exercise	Health District, USPS			
2.4.1 A										
	1	Redundant Comms including 800 MHz - Needs Improvement	Health District							
	2	EPI News, Website, Press Releases, Info. Lines, Social Media	Health District							
	3	Answering Service	Health District							
2.4.2 A										

Standard 2.4	Measure	Required Documents	Assigned to:	EXAMPLE 1				EXAMPLE 2			
				Example 1 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes	Example 2 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes
				1		Communicator NXT & Reverse 911	Health District & REOC			Press Releases & Social Media	Health District
2.4.3 A	2		Communicator NXT Drills	Health District							
	1		Hep A & Wildfire Smoke Impact Press Releases & Social Media	Health District							
2.4.4 S	2		Same & Media Interviews	Health District							
	1										
	2										

DOMAIN 3

Measure	Required Documents	Assigned to:	EXAMPLE 1				EXAMPLE 2			
			Example 1 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes	Example 2 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes
Standard 3.1	3.1.1 A	1	Daily AQI, Press Releases	AQM, PIO			Get Health Washoe Website	CCHS		
		2	WCSD & NIAA Smoke Impact Outdoor Activity Guide	AQM	Aug-13					
		3	Berry-Blend HepA Outbreak	EPHP	May-13	SNHD & State Health Partners				
	3.1.2 A	1	Mpowerment	CCHS	Jun-13	No Health Improvement Plan	Preschool Wellness Policies	CCHS	2012 - 2013	No Health Improvement Plan
		2	Team Development - MSM	CCHS			Assessments across 19 Preschool sites	CCHS		
		3	Group Activities - Concert, Testing, Education & Outreach, Grant Report	CCHS			Preschools, Healthy Childcare Nevada, ACHIEVE	CCHS		
Standard 3.2	3.2.1 A	1	Calendar, Website, AQM Newspaper Insert, Power Point Presentations	EPHP, CCHS, EHS, AQM	Rotary Club, Summer 2013		Public Health Week Proclamation	CCHS		
		2	Branding Challenges			District vs. Department				
	3.2.2 A	1a.	Media Policy							
		1b.	Press Release Email List	PIO						
		1c.	Organizational Chart	AHS						
		1d.	Media Policy	Intranet						
		1e.	On-going Press Releases	AHS	2013	Obesity Forum, Smoke Impacts				
	3.2.3 A	1	DEMP - Annex 9	EPHP, Intranet	May-13					
	3.2.4 A	1a.	24/7 Contact Numbers	washoecounty.us/health/contact.html		Lists complaint numbers, does not provide general health emergency number				
		1b.	24/7 Contact Numbers			Reportable disease number is listed far down on page, not clear it is 24/7				

Measure	Required Documents	Assigned to:	EXAMPLE 1				EXAMPLE 2			
			Example 1 Document Title	Owner (Division/Bureau/ Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes	Example 2 Document Title	Owner (Division/Bureau/ Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes
			1c.			Website Data Publications & Reports	washoecounty.us/health			
3.2.5 A	1d.		Regulations	washoecounty.us/health		missing links to NRS/NAC 439, 450b, 440 & 441a				
	1e.		Division Web pages			Should provide centrally located URL links				
	1f.		Links to CDC in Fact Sheets							
	2		Face the State Interviews, PBA Interviews, Social Media	DHO	2013		RTC Bus Ads, Tobacco Bill Boards, Teen Health Mall Newspaper Ads	AQM, CCHS		
	1		Census Data Language Line, Bi-Lingual Policy Staff List	Washoe County						
	2			HD	2013					
	3		ADA Protocol	CCHS		Need Department wide				
	4		Cough-Sneeze Videos for Hearing Impaired	EPHP			West Nile Virus Bi-Lingual Information	EHS		

DOMAIN 4

Measure	Required Documents	Assigned to:	EXAMPLE 1				EXAMPLE 2			
			Example 1 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes	Example 2 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes
Standard 4.1	4.1.1 A									
	1		Immunizations, Chronic Diseases	CCHS			IHCC-Healthcare Coalition			
	2		CCHS has Listing							
	3		Obesity Forum	CCHS			Bike to Work Week	AQM		
	4.1.2 T/L									
Standard 4.2	4.1.2 S		Renown Public Health Assessment	DHO, CCHS		MAPP Documentation E-mailed Fall, 2013	Check with Health Education Staff for Input			
	1									
Standard 4.2	4.2.1 A									
	1		Childcare Facilities	EHS, CCHS			Farm to Fork	EHS		
4.2.2 A										
1			REMSA EMS	DHO, EPHP			Farm to Fork	EHS		

DOMAIN 5

Measure	Required Documents	Assigned to:	EXAMPLE 1				EXAMPLE 2			
			Example 1 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes	Example 2 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes
Standard 5.1	5.1.1 A									
	1		Legislative Tracking	DHO	Bi-annual					
	5.1.2 A		Testimony at Legislature, Elected Bodies	ALL						
	1		Legislative Testimony, Regulatory Workshops & Hearing	ALL	Legislature - Bi-annual, Regulations on-going					
Standard 5.2	5.2.1 S									
	1a.									
	1b.									
	1c.									
	1d.									
	1e.									
	5.2.1 L		N/A			Initiating Community Health Assessment with Renown Partners				
	1a.									
	1b.									
	1c.									
	1d.									
	1e.									
5.2.1 T										
1a.										
1b.										
1c.										
1d.										
1e.										
5.2.2 S										
1a.										
1b.										
1c.										
1d.										
1e.										
5.2.2 L			N/A			Initiating Community Health Assessment with Renown Partners				
1a.										
1b.										
1c.										
1d.										
1e.										
5.2.2 T										
1a.										
1b.										

	Measure	Required Documents	Assigned to:	EXAMPLE 1				EXAMPLE 2			
				Example 1 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes	Example 2 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes
Standard 5.3	5.2.3 A	1c.									
		1d.									
		1e.									
	5.2.4 A	1		N/A							
		2									
		1a.		N/A							
Standard 5.3	5.3.1 A	1a.		DD's & Board			Strategic Planning Retreat				
		1b.		Needs Improvement	DHO & DDs						
	5.3.2 A	1a.		Strategic Plan		2012 - 2015					
		1b.		Not Identified							
		1c.		Strategic Plan		2012 - 2015					
	5.3.3 A	1d.		Not Identified	DHO & DDs						
1e.			Not Identified								
1f.		N/A									
Standard 5.4	5.4.1 A	1		EPC - Emergency Preparedness Council	EPHP - Jeff Whitesides			LEPC	AHS - Eileen Stickney, EHS - Bob Sack		
		2a.		EPHP Drills	EPHP - Jeff Whitesides		Earthquake Exercise				
	5.4.2 A	2b.		EPHP Drills	EPHP - Jeff Whitesides						
		3a.		DEMP, DEMC	All						
		3b.		DEMP	EPHP - Jeff Whitesides						
		3c.		DEMP, REOP	All						
		3d.		DEMP Revisions	All		May-13				
		1a.		DEMP, REOP	All						
	5.4.2 A	1b.		DEMP, REOP	All						
		1c.		DEMP, REOP	All						
		1d.		COOP	All						
		2a.		USPS POD Exercise	All	2013					
		2b.		USPS POD Exercise	All	2013					
		3a.		DEMP Update	EPHP	June DBOH Meeting					
5.4.3 S	3b.		DEMP Revision	EPHP	June DBOH Meeting						
	1										

DOMAIN 6

Measure	Required Documents	Assigned to:	EXAMPLE 1				EXAMPLE 2			
			Example 1 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes	Example 2 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes
Standard 6.1	6.1.1 A									
	1a.		Cottage Foods Bill	EHS	Jun-13		Needle Exchange Bill	CCHS	Jun-13	
	1b.		FDA Voluntary Food Standards	EHS	November 2012 - present		Washoe County Legislative Review Template	All		
	1c.		Cottage Food Workshops	EHS			Participation in Committee on Needle Exchange	CCHS	2013 Legislative Session	
	6.1.2 A									
	1		DBOH Legislative Updates	DHO	Feb - May 2013					
Standard 6.2	6.2.1 A									
	1		Asbestos NESHAP Training & Certification	AQM	Annual		Registered Environmental Health Specialist, McCoy Haz Waste Training	EHS	Annual	
	2		Enforcement Policy & Fine Assessment Process and DBOH Review	AQM	Monthly		FDA Voluntary Food Standards Enforcement & Review by DBOH	EHS	Monthly	
	6.2.2 A									
	1		Regulations Posted on Website, Permits Listed on Website	AQM			Regulations Posted on Website & hard copy available at counter	EHS		
6.2.3 A										
1			DBOH Agenda Items documenting Public Hearings for adoption of regulations	All		Inspection Process includes documentation of compliance education	EHS			
Standard 6.3	6.3.1 A									
	1		Authority Established in Regulations & Statutes	AQM & EHS			EPA Delegation & NRS 445b for AQM, NRS 445a for EHS	AQM & EHS		
	2		Enforcement Policy & Fine Assessment	AQM			TB Quarantine Policy	CCHS		
	6.3.2 A									
	1		Air Quality Permitted Facility Inspections	AQM	Monthly		EHS Permitted Facility Inspections	EHS	Annual	
6.3.3 A										
2		Permits Plus Database	AQM & EHS							
1			Permits Plus Database	AQM & EHS						

Standard 6.3	Measure	Required Documents	Assigned to:	EXAMPLE 1				EXAMPLE 2			
				Example 1 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes	Example 2 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes
				6.3.4 A	2		Air Pollution Control Hearing Board Minutes	AQM			Complaint Tracking Module - Permits Plus
	1		Monthly DBOH Division Reports	All			Permits Plus Query Reports	AQM & EHS			
6.3.5 A	2		Elected Official Inquiry - DBOH Minutes	AHS & EHS		AQM Fine Assessment & MOU Improvements, EHS Food Condemnation					
	1		No written protocols			Notify community partners based on subject					
	2		Boil Water Orders	EHS							
	3		DBOH Agendas & Staff Reports	All			Washoe Eats inspection Reports	EHS			

DOMAIN 7

Measure	Required Documents	Assigned to:	EXAMPLE 1				EXAMPLE 2			
			Example 1 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes	Example 2 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes
Standard 7.1	7.1.1 A									
	1		Family Planning Client Focus Group & Community Needs Assessment	CCHS	2011					
	2		HIV Planning Council	CCHS						
	7.1.2 A									
	1		HIV Planning Council	CCHS						
	2		HIV GAP Analysis	CCHS						
	7.1.3 A									
	1a.		Family Planning	CCHS						
	1b.		Family Planning	CCHS						
	1c.		Limited	CCHS						
1d.		Family Planning	CCHS							
Standard 7.2	7.2.1 A									
	1		Maternal Child Health Coalition	CCHS						
	2		MCH website & meeting minutes	CCHS			Immunize Nevada Literature, Press Releases, Website, Flu Shot Listings & Clinics	CCHS		
	7.2.2 A									
	1		Jan Evans Juvenile Detention Interlocal Agreement	CCHS		Increased STD testing	HOPES & WCHD MOE			Agreement for transfer of clients between services
7.2.3 A										
1						Service provision accomodating language in a culturally sensitive manner	Family Planning I&E Committee	CCHS		Development of materials to be assessed by staff & clients for literacy level & cultural competency. All materials English/Spanish

DOMAIN 8

	Measure	Required Documents	Assigned to:	EXAMPLE 1				EXAMPLE 2			
				Example 1 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes	Example 2 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes
Standard 8.1	8.1.1 S										
	1										
	8.1.1 T/L			Career Days, Interns, CHS 494, Guest Lectures, Adjunct Faculty	All						
	1										
Standard 8.2	8.2.1 A										
	1a.			Varies by Division with Differing Degrees of Documentation for Professional Staff - Needs Improvement	All		Explore Public Health Core Competencies				
	1b.										
	2										
	8.2.2 A										
					County Leadership Training, Great Basin Public Health Leadership Institute, QI Training	All					
	1				All						
	2			Provide List	All						
	8.2.3 S										
	1										

DOMAIN 9

Measure	Required Documents	Assigned to:	EXAMPLE 1				EXAMPLE 2				
			Example 1 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes	Example 2 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes	
Standard 9.1	9.1.1 A										
	1		Fundamental Review & QI Initiative Sessions	All Divisions							
	2		General Staff Meeting & Establishment of QI Team	All Divisions							
	9.1.2 A										
	1		QI Staff Survey	All Division			EHS Staff Engagement Process	EHS			
	2		N/A			Working to Develop through Fundamental Review					
	9.1.3 A										
	1		N/A			Working to Develop through Fundamental Review ** Would like to discuss with Review Team					
	2		**								
	3		**								
	4		**								
	9.1.4 A										
	1			Customer Satisfaction Survey	CCHS	Nov-13	Food Manager Instructor Outreach	EHS			Convened due to comments received at Proposed Fee Schedule Meetings
	9.1.5 A										
1			QI Team & ART - University of Minnesota Graduate Course	ART, CCHS & EPHP							
9.1.6 S											
1											
Standard 9.2	9.2.1 A										
	1		Draft QI Plan	ART	2013						
	9.2.2 A										
1			QI Team & Upcoming Training	All Divisions		In-progress					
2			General Staff Meeting & QI Team	All Division							

DOMAIN 10

Measure	Required Documents	Assigned to:	EXAMPLE 1				EXAMPLE 2				
			Example 1 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes	Example 2 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes	
Standard 10.1	10.1.1 A										
	1a.		ACHIEVE	CCHS - Chronic Disease	2013		AQM Know the Code - PM2.5 AQI Board Report on PM2.5 revisions to the NAAQS & AQI	AQM	2013	CASAC Clean Air Committee, Woodstove Survey	
	1b.							AQM	Jan-13		
	10.1.2 T/S										
	1 2										
Standard 10.2	10.2.1 A					Research would be in conjunction with University					
	1		N/A								
	10.2.2 A						Technical Expertise on Staff, eg. PhD on staff	All			
	1		Professional Sevice Contracts - physicians	AHS							
	10.2.3 A						Gastroeschiesis Research Project, Peer reviewed published papers	EHS, EPHP, CCHS, AQM			
	1		Washoe Antimicrobial Resistance Reduction (WARR) Program	EPHP	2012, periodic updates						
	10.2.4 S										
1											
10.2.4 T											
1											

DOMAIN 11

**Standard
11.1**

Measure	Required Documents	Assigned to:	EXAMPLE 1				EXAMPLE 2			
			Example 1 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes	Example 2 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes
11.1.1 A	1		Employee Policy Manual	AHS	24-Jan-13	Adopted by DBOH				
	2		Organizational Chart	AHS	annual - March 20, 2013	Presented during Budget Update				
	3		Delegation of Authority to DHO	AHS	1/24/2013	Adopted by DBOH				
	4		Staff Orientation	AHS	First Day of Employment	available on intranet website				
11.1.2 A	1		Staff Orientation - HIPAA	AHS	on-going					
	2		Annual Staff Review & HIPAA for new hires	AHS & CCHS	on-going					
	3		Signed employee confidentiality forms	AHS	on-going					
11.1.3 A	1		Family Planning I&E Subcommittee	CCHS	as needed	Review patient education materials for literacy				
	2		WIC	AHS	on-going	Client driven education				
	3		Staff Education Day	CCHS	14-Feb-13	Annual in-service training				
	4		N/A							
11.1.4 A	1		Human Resources Website	Washoe County	Since 1972	Per Interlocal Agreement				
	2		Human Resources Website	Washoe County	Since 1972	Per Interlocal Agreement				
	3		Employee Manual & Orientation	AHS, Washoe County	Since 1972	Per Interlocal Agreement				
11.1.5 A	1		Bi-Lingual Required Staff for Clinical OAI	CCHS		Open Recruitment based on merit system	Washoe County HR			
	2		Employee Engagement Survey	All Divisions	Apr-13	APN Succession Planning	CCHS	Sep-13	Redistribution of Staffing Hours	
	3		Washoe Co HR Website	Washoe County HR		Nursing Competency Checklist				
	4		Verification of Staff Qualifications - transcripts & licensure, KSA's for Individual Positions	AHS, Washoe County HR		Nursing Competency Checklist	AHS, CCHS			

Measure	Required Documents	Assigned to:	EXAMPLE 1				EXAMPLE 2			
			Example 1 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes	Example 2 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes
11.1.6 A	5		Review of licensure	AHS		EHS - annual REHS review, CCHS - 2 year licensure review				
	1		Permits Plus	AQM, EHS, AHS			Insight	CCHS, AHS		
	2		Annual Inventory	AHS - DCAS						
11.1.7 A	3		Annual Inventory	AHS - DCAS						
	1		Moderate Complexity Lab Licensure	CCHS	Bi-annual review by CLIA & Nevada State Health Division					
	2		Washoe County Risk Management	Washoe County						
	3		ADA Compliance Audit	AHS	2011					
11.2.1 A	1		CAFR	Washoe County Comptrollers	June 30, end of fiscal year					
	2		EPA 105 Grant	AQM, Ahs	Bi-annual		Safe Drinking Water Act Grant	EHS, AHS	Quarterly	
11.2.2 A										
11.2.3 A	1		Fleet Contract with UNR	AHS	yearly	Outreach & Education on Fleet Emissions	Collaborating Physician Contracts	AHS, CCHS	annual	
	1		FY 2014 Budget	AHS	adopted June 1, 2013					
11.2.4 A	2		Monthly DBOH Expense & Revenue	AHS	Monthly at DBOH meetings		Grant Reimbursement Requests	AHS - All Divisions	Monthly Reimbursement Requests	
	1		FDA Grant	EHS, AHS	approved November 2012 - on going		Master Settlement Agreement - Tobacco Dollars	AHS, CCHS	October 2013 DBOH Agenda	
	2		Regional Permits & Licensing Software System	AQM, EHS	Oct-13	Presented to Reno City Council, Washoe Co Board of County Commissioners, and DBOH	Organizational Effectiveness Presentation	DHO	7-Nov-13	CEO's of Community

DOMAIN 12

	Measure	Required Documents	Assigned to:	EXAMPLE 1			EXAMPLE 2				
				Example 1 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes	Example 2 Document Title	Owner (Division/Bureau/Office/Program and Contact Name)	Date (Does Document Require updating?)	Notes
Standard 12.1	12.1.1 A										
	1			List of Mandated Programs for Budget Review, DBOH Regulations & Statute, NRS 439, 441, 450a, 445a & b DBOH Monthly Staff Reports & Annual Reports	All						
	2				All						
	12.1.2 A										
	1			NRS 439 & Interlocal Agreement	AHS						
	2			Interlocal Agreement & DBOH Composition	AHS & DBOH						
Standard 12.2	12.2.1 A										
	1			EHS Division Overview	EHS	June - August, 2013		2012 Strategic Plan Agenda	DHO	Dec-12	
	12.2.2 A										
	1			REMSA Franchise Agreement & Interlocal Agreement DBOH Agenda Item	DHO	2012					
Standard 12.3	12.3.1 A										
	1			Berry-Blend HepA DBOH Presentation	EPHP	Jun-13		Hand-Foot-Mouth Outbreak DBOH Presentation	EPHP	August/September 2012	
	12.3.2 A										
	1			Limited							
	12.3.3 A										
	1			Fundamental Review and QI Initiative in DBOH Minutes	DHO						
	2			Washoe Eats website	EHS			Insight Data Management Project	CCHS		



WASHOE COUNTY HEALTH DISTRICT EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS DIVISION



February 14, 2014

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, February 2014

Communicable Disease - Influenza

For the week ending February 8, 2014 (CDC Week 6) eleven of the twelve participating healthcare providers reported a total of 94 patients with influenza-like illness (ILI) out of a total of 4,658 patients seen for an ILI percentage of 2.0%. This is below the regional baseline of 2.9%. During the previous week (5) the national ILI percentage was 3.2%. On a regional level the ILI percentage ranged from 1.7% to 5.1%. Washoe County ILI rates appear to have peaked for the season. Washoe County's peak activity was earlier than the regional and national trends and the local rates have dropped earlier as well.

Also, during week 5 eight death certificates were received listing pneumonia (P) or influenza (I) as a factor contributing to death. The total number of death certificates submitted for week 5 was 88. This reflects a P&I ratio of 9.1% which is above the epidemic threshold set by CDC for week 5 at 7.3%. Nationally the P&I was 8.6%. It should be noted that the local P&I ratio normally fluctuates considerably from week to week due to relatively small numbers in comparison to national data. Therefore, it is a somewhat crude indicator of influenza-related mortality and only reflects a concern if it remains elevated over a period of several weeks. This being said, there appear to be more excursions above the baseline and some extended excursions above the baseline this year compared to previous flu seasons. This is consistent with higher hospitalization and deaths among lab confirmed cases this year.

If one were to look only at the ILI rates this would appear to be a fairly typical flu season. However, severity of illness indicators based on hospitalization and death are markedly higher this year. For the last three flu seasons the hospitalization rate among lab-confirmed cases ranged from 3.3% to 4.9%. This year the percentage of lab-confirmed cases hospitalized to date is 10.7%. Also during the last three flu seasons the percentage of lab-confirmed cases admitted to an Intensive Care Unit (ICU) ranged from 0.2% to 1.9%. This season the percentage of lab-confirmed cases admitted to an ICU to date is 3.0%. Finally, there were no reported deaths among lab-confirmed cases in Washoe County in the previous three flu

seasons. This year there have been nine lab-confirmed deaths reported to date. The dominant strain identified this year among lab-confirmed cases has been 2009 H1N1. All of the lab-confirmed cases with fatal outcomes were identified with this strain. This 2009 H1N1 strain has also been associated with severe illness in atypically young age groups.

Pertussis

There has been a significant increase in the number of probable and confirmed cases of Pertussis (whooping cough) this year compared to other recent years. During all of calendar year 2013 there were 22 cases reported. Thus far in calendar year 2014 there have been 19. These cases have been sporadic in nature. In other words, they are not part of a single cluster or outbreak. Still, the number of contacts identified for each case has been significant and required considerable staff effort to assure that adequate and timely prophylactic treatment is provided. Case patients have averaged about 10 contacts each but some have had more than 100 contacts. Case patients have been identified in six different schools.

A recent CDC recommendation that all pregnant women should receive Tdap vaccine during the third trimester for each pregnancy is designed to help prevent disease in infants too young to have been fully vaccinated. Anecdotal information from some physicians has suggested that this recommendation may not have been universally adopted by local obstetricians. An issue of the EpiNews has been released that contains a survey for obstetricians to identify barriers and potential solutions to achieving a more complete implementation of this recommendation.

Public Health Preparedness (PHP) – Continuity of Operations (COOP)

PHP and management from all divisions met and updated WCHD's Continuity of Operations Plan (COOP). PHP staff also worked with division directors to schedule a half-day COOP training and tabletop exercise for staff by division. This was prompted by the recommendations that came out of the last COOP training and tabletop exercise which was limited to management.

Training

PHP hosted ICS 300 for Public Health held January 27-29, which had 19 participants, and ICS 400 for Public Health held February 20-21, which had 23 participants.

PHP is collaborating with the Northern Nevada Regional Intelligence Center (a Washoe County Sheriff's Office program) to coordinate training on Creating Vigilant, Prepared, and Resilient Communities for Homeland Security. This two-day intensive training will be held April 2 and April 3 at the Regional Public Safety and Training Center. This training is part of PHP's effort to build upon the community recovery capability identified by CDC.

PHP is partnering with the Northern Nevada Chapter of the American Red Cross to host a half-day Psychological First Aid Training the morning of May 30. This training is part of PHP's effort to build upon the community preparedness and community recovery capabilities identified by CDC.

PHP staff hosted a workshop on January 30 specifically for Public Warning and Public Information as it relates to hospital partners. All regional hospitals were represented.

PHP Staff completed six January make-up Fire Vaccination Administration Training in collaboration with the three regional fire agencies and State EMS. A total of 251 EMTs have been trained to date to assist the Health District in the provision of vaccination in the event of a public health emergency, such as pandemic influenza or smallpox. In addition, it should be noted that to date, over 100 City of Sparks personnel participated in a full scale POD exercise, and over 100 additional REMSA staff and family members participated in a full scale POD exercise with support from PHP staff. Additional POD trainings and exercises also took place over the past year (June 13, 2013 and August 9, 2013) to include Health District staff and 25 community partners. Therefore, within the past year alone, approximately 500 community partners have been trained and/or exercised POD operations.

On February 13, 2014, PHP staff held a POD Operations training for approximately 70 Health District staff members to review job assignments in a public health emergency and to review general POD operations.

Community Collaboration

PHP Staff member Christina Conti was asked to participate on the Washoe County School District Emergency Plan review team. They are focusing on improving their active threat responses, recovery operations and family reunification protocols.

PHP staff are participating on the planning team for the Reno-Tahoe Airport triennial exercise. This is a regional exercise that incorporates all partner disciplines relating to an airplane crash.

Grants Management

PHP staff completed annual Capability Planning Guides for both the CDC and ASPR grant capabilities. These Guides will be reviewed by the State and CDC/ASPR to evaluate public health preparedness progress in Nevada.

The program received notice of anticipated ASPR/CDC budget allocations for the 2014-2015 grant year. As a result, the program will experience significant budget cuts. They are as follows:

	2013/2014	2014/2015	Decrease
ASPR	\$438,693	\$271,854	-38%
CDC	\$760,946	\$659,971	-13%

The ASPR decrease is primarily a result of a cut to funding at the federal level of 33%, however, the additional 5% ASPR cut and the 13% CDC cut appears to be a result of new Public Health Preparedness staff direction at the Nevada State Division of Public and Behavioral Health.

Randall L. Todd, DrPH, Epidemiology and Public Health Preparedness Director



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

Staff Report

DATE: February 27, 2014

TO: District Board of Health Members

FROM: Steve Kutz, RN, MPH, Division Director
Community and Clinical Health Services
(775) 328-6159 skutz@washoecounty.us

SUBJECT: Community and Clinical Health Services (CCHS) Division Report,
February 2014 District Board of Health Meeting

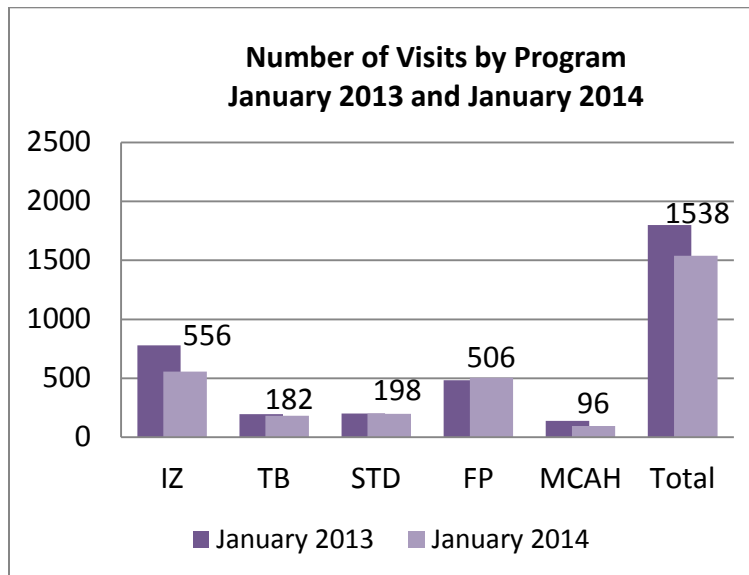
1. Divisional Update
 - a. Training Day
 - b. Insight
 - c. Affordable Care Act
 - d. Data/Metrics
2. Program Reports

1. Divisional Update

- a. Training Day 2014 – CCHS held its sixth Annual Employee Training Day on February 13, 2014, with the purpose of assuring completion of required annual trainings in a timely, efficient manner, with the least disruption to service delivery. Subject matter experts from within CCHS and the community provided presentations and hands on sessions, allowing for diverse learning opportunities. Fifty-two staff attended the sessions appropriate for their position. Examples of this year's sessions include: Managing Change by Veronica Frenkel, HIPAA, Child Abuse and Neglect Reporting, Quality Improvement, and Emergency Response. Training Day not only provides necessary training and Continuing Education Units (CEUs), it builds morale, strengthens relationships, and improves communication between staff.
- b. Insight – CCHS plans for 2014 for our primary database and our electronic health record (EHR) include:
 - i. Family Planning Program (FPP) module implementation – this module will allow for easier data collection and reporting
 - ii. HL7 lab module implementation – this module will allow for
 - iii. Revenue Cycle Management (RCM) – Netsmart provided a presentation for the Insight Workgroup regarding the benefits of this service, which is expected to improve revenue for the CCHS clinical

services. It is expected to have this service in place by the end of FY 14.

- iv. Benchmarking – participation in Netsmart’s benchmarking initiative will allow for the comparison of CCHS metrics to those of other public health entities in the Netsmart network, across the United States.
 - v. ICD-10 subscription services – Effective October 2014, all billing for clinical services will be required to use ICD-10 codes. This is an extensive overhaul of existing ICD-9 coding, and is not a one for one switch. As an example a single code at this time may now be broken out to four different choices of ICD-10 codes.
- c. Affordable Care Act (ACA) – CCHS staff have been provided with information to share with clients on local events aimed at enrolling individuals into Affordable Care, via Nevada Health Link (see last page of report for example).
- d. Data/Metrics –



Changes in data can be attributed to a number of factors – fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables, resulting in a reduction of direct services available.

2. Program Reports – Outcomes and Activities

- a. **Sexual Health** – Staff is providing Respect Counseling and Testing Model training, an evidence based program, this month for community partners. This provides the community with a standardized approach for STD and HIV risk assessment and risk reduction plan development that is client based.

An “STD Update” training took place on January 24, 2014. Staff assisted in the planning for this event. This training was promoted to healthcare providers via the recent mailing regarding our Syphilis outbreak. The training was well attended by 88 professionals including physicians, nurses, physician assistants, faith-based providers, community health worker, social workers and those working in mental or behavioral health. This high rate of attendance should result in an improved response to the increasing STD cases in Washoe County.

- b. **Immunizations** – Eight School Located Vaccination Clinics (SLVCs) were held at eight schools in January, in partnership with Immunize Nevada. A total of 858 vaccinations were given to 721 students, including 189 Tdap and 669 flu vaccinations. SLVCs continue through mid-February.

A community clinic was held at the Boys and Girls Club on January 14, 2014, in partnership with Immunize Nevada. A total of 264 flu vaccinations were given to 148 children and 116 adults. On February 3, 2014 another community flu clinic was held at the Cold Springs Community Center where 120 flu and 24 Tdap vaccinations were given to a total of 95 children and 36 adults (131 participants). Nurses also administered 23 flu vaccinations at the Reno Bighorns game on 2/9/14. All of these clinics were held in partnership with Immunize Nevada.

- c. **Tuberculosis Prevention and Control Program** – In 2013 there were nine active TB cases reported in Washoe County. Two of the cases resulted in large contact investigations, one with 213 contacts and the other with 149 contacts. There were 8 active TB cases reported in 2012.

World TB Day, March 24, 2014 - TB programs around the world commemorate Robert Koch’s discovery in 1882 of Mycobacterium tuberculosis, the bacterium that causes TB. This day is utilized to increase public awareness that this ancient disease remains a leading cause of death around the world.

- d. **Family Planning/Teen Health Mall** – Staff completed the Family Planning Annual Report, a fourteen table document that provides a comprehensive view of the family planning activities within the scope of the grantee’s Title X funded project.
- e. **Chronic Disease Prevention Program** – Kelli Seals attended a statewide tobacco strategic planning session on January 15th in Las Vegas. CDPP staff

also participated in a conference call for the Northern Nevada Advisory Council on 1/23/14.

WCHD sent out a press release related to the 50th Anniversary of the Surgeon General Report on tobacco and on-camera interviews were provided to KOLO Channel 8 and KTNV Channel 2.

Staff continue to work on smoke-free living in multi-unit housing complexes. Community partnerships have been established with the Nevada State Apartment Association and local fire departments. Quit Cards have also been delivered to six low income providers. Hayley Davis, a new UNR student intern, will be conducting a needs assessment and develop a directory of smoke free multi-unit housing locations.

Work continues on the menu labelling project, out-of-school time and preschool wellness policies.

- f. **Maternal, Child and Adolescent Health (MCAH)** – For 2013, there were 1621 home visitation encounters conducted by an average of two full time equivalents in the program.

Staff attended the Association of Maternal and Child Health Programs (AMCHP) conference in Washington DC in late January. A waiting list continues for high risk home visitation referrals.

- g. **WIC** – Number of WIC Participants Served* - December 2013:

Women Prenatal	Women Postpartum Non-breastfeeding	Women Postpartum Breastfeeding	Infants 0-12 Months	Children 1-5 Years	TOTAL
477	354	406	1,245	3,044	5,526

*It takes a full month after the last day of the reporting month for final caseload counts as WIC is open and participants have 30 days to purchase their WIC foods.

WIC staff participated in the State sponsored “Bridges Over Poverty” training, a unique approach to understanding and working with low income populations. WIC also participated in the City of Reno Project Homeless Connect.



WASHOE COUNTY ADULT SOCIAL SERVICES

Many Communities
One County
One Region

ARE YOU UNINSURED?

Washoe County Adult Social Services is offering **FREE** assistance to individuals and families applying for Medicaid and Qualified Health Insurance policies through Nevada Health Link. We have certified Exchange Enrollment Facilitator's to help you with the enrollment application. Walk-ins are welcome 7am to 2:30pm, Monday thru Friday.

Washoe County Adult SS
1001 East Ninth Street
Building C-133
Reno, Nevada 89502-0027
775-328-2700

Walk-ins are welcome from 7am to 2:30pm,
Monday thru Friday, excluding
Holidays.





WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

ENVIRONMENTAL HEALTH SERVICES DIVISION

DATE: February 14, 2014
TO: District Board of Health Members
FROM: Robert O. Sack, Division Director, Environmental Health Services (EHS)
SUBJECT: Environmental Health Services Division Report for February 2014

Food Program

- The next visit by the FDA Grant contractor is February 18 through 20. Mr. Ludwig is providing very high quality work.
- Special Events Program Inspections

FY	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
12/13	222	767	481	128	50	11	20	44	30	43	161	435	2,392
13/14	190	685	225	140	83	34	28	-	-	-	-	-	1,385

Total Inspections 2013 Calendar Year = 2,090

Vector-Borne Disease Program

- Staff has been busy inspecting and signing off building projects at Damonte Ranch. The building activity in this area of the Truckee Meadows Community picked up last summer and into the first month of this year. Hampton Inn Suites recently submitted building plans to the Health District to construct a hotel at Sharlands and Ambassador. This project has been in the planning process prior to the recession and is now moving forward.
- Staff met with Dana Tucker, Battalion Chief for Fire Station #12 at Steamboat and Veterans Parkway. The Vector-Borne Diseases Program is looking at this location as a future site to land the helicopter prior to the build-out of the Damonte Ranch area. One of the criteria required by Reno Fire is the helicopter landing zone must have an asphalt surface.
- Staff has been asked to conduct a presentation for the VA Sierra Nevada Health Care System. They have had several situations concerning bed bugs and requested we educate their staff concerning good practices to avoid bed bugs.
- There are a number of existing catch basins at the VA site that the Veterans Administration has had an interest to modify with our design detail for catch basins. Our program's design detail was presented several years ago and with the renewed interest, staff will present again to management the benefits in using this detail to modify catch basins. The timeline to modify this infrastructure located on Locust Street is the end of summer 2014.
- Garth Oksol from RTC has agreed to send civil/building plans to the Health District for Vector review. This is something our program has been interested in to ensure infrastructure being constructed does not pond water. Vector agreed to RTC parameters that our participation in this review process will not delay project approval.

General Environmental

- The workload variety implemented January 1 is still being rolled out. Initial reaction from staff has been positive.
- Staff continues to work with the county on the development of its medical marijuana regulations. The two cities are just getting started and EHS will be working with each of them also.

EHS 2014 Inspections

	JAN 2014	vs.	JAN 2013	+ / (-)
Child Care	6		15	(9)
Complaints	70		144	(74)
Food	499		239	260
General	63		103	(40)
Plans (Commercial Food/ Pools/ Spas)	14		9	5
Plans (Residential Septic)	21		18	(3)
Wells	11		4	7
WasteMgmt	12		8	4
TOTAL	696		540	156

*General Inspections Include: Invasive Body Decorations; Mobile Homes/RVs; Public Accommodations; Pools; Spas; RV Dump Stations; and Sewage/Wastewater Pumping.



Robert O. Sack, Division Director
Environmental Health Services Division



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

Date: February 27, 2014

To: District Board of Health

From: Charlene Albee, Division Director
Air Quality Management

Re: Monthly Report for Air Quality Management

The enclosed Air Quality Management Division Report is for the month of January 2014 and includes the following sections:

- Air Quality Management Division
- Air Quality Monitoring Activity
- Planning & Monitoring Activity
- Permitting Activity
- Compliance/Inspection Activity
- Permitting & Enforcement Activity
- Enforcement Activity



Director's Report

JANUARY 2014

Director's Report

On April 29, 2013 the Air Quality Management Division lost their Director as he stepped up to the position of Interim District Health Officer. Since that day, the entire staff has stepped up to ensure not only the continuation of daily operations but the advancement of the program. The Planning Section produced major achievements in the distribution of information to the public with the launch of the Air Quality Facebook and Twitter accounts which proved to be a key component during the American and Rim Fires. The Keep it Clean branding has grown to include three campaigns – Know the Code, Rack 'Em Up, and nOzone. The Monitoring Staff successfully completed a Technical Systems Audit with EPA. The Permitting Staff has been able to maintain one of the most efficient permitting systems with application turnaround times of 2 – 4 weeks for minor sources, while still being able to get the Federal PSD/Title V permit issued for the Sparks Energy Park power plant. The Enforcement Staff continues to improve the process of compliance assistance and enforcement by responding to complaints within one hour, adapting to the ever increasing construction activity is the area, and ensuring permitted sources are operating in compliance with all of the regulations.

The culmination of all of these achievements is the reason I feel so privileged to be able to accept the position of Air Quality Management Division Director. The depth of technical knowledge and commitment to the protection of the air in Washoe County is evident in every staff member. We have achieved so much in the past year working as a team, I can't wait to see what we can do in the future.

AIR QUALITY COMPARISON FOR DECEMBER

Air Quality Index Range		# OF DAYS JANUARY 2014	# OF DAYS JANUARY 2013
GOOD	0 to 50	3	5
MODERATE	51 to 100	26	25
UNHEALTHY FOR SENSITIVE GROUPS	101 to 150	2	1
UNHEALTHY	151 to 200	0	0
VERY UNHEALTHY	201 to 300	0	0
TOTAL		31	31

Washoe County Health District Air Quality Management Division

Air Quality Management Division

Our future challenges include the ever present funding concerns which will be addressed by holding my previous Supervisor position open for a period of a couple of months to assist with savings of local dollars. The Regional Licensing & Permitting Software Project continues to approach approval and subsequent implementation which will be completed with staff members from AQMD, Environmental Health Services, and myself serving as Project Manager for the Health District at the request of the Health Officer. And, if that wasn't enough, the strengthening of the National Ambient Air Quality Standards will present an entire new set of challenges. The future does present a significant series of challenges but I can't think of a better staff to lead as we meet these challenges together with the ultimate goal being the protection of the citizens of Washoe County – Keep it Clean.

*Charlene Albee,
Division Director*

HIGHEST AQI NUMBER BY POLLUTANT

**Air Quality
Monitoring**

POLLUTANT	JANUARY 2014	YTD for 2014	JANUARY 2013	Highest for 2013
CARBON MONOXIDE (CO)	31	31	24	30
OZONE 8 hour (O3)	42	42	39	93
PARTICULATES (PM _{2.5})	111	111	112	174
PARTICULATES (PM ₁₀)	85	85	76	97

For the month of January 2014, the highest Air Quality Index (AQI) values reported was one hundred eleven (111) for PM2.5. There were no exceedances of Carbon Monoxide, Ozone or PM10. There three (3) days the air quality was in the good range, twenty-eight (28) days the air quality was in the moderate range, and two (2) days the air quality was unhealthy for sensitive groups.

**Planning & Monitoring
Activity**

The particulate matter monitors at the Sparks monitoring station will be upgraded in Spring 2014 to provide additional monitoring data. The existing continuous fine particulate matter (PM2.5) monitor will be replaced. It will operate in combination with the existing PM10 monitor and provide PM10, PM10-2.5, and PM2.5 data. The Sparks monitoring station typically monitors the highest wintertime PM2.5 levels in the Truckee Meadows. AQMD was awarded a supplemental EPA grant to finance this project.

The EPA is proposing to significantly strengthen its requirements for new woodstoves, while establishing emission standards for new pellet stoves and hydronic heaters for the first time. The proposal would phase in particulate matter (PM) emission limits over a five-year period, beginning in 2015. In summary, the proposed changes are:

- Reducing non-catalytic woodstove PM rates from 7.5 to 1.3 grams per hour.
- Reducing catalytic woodstove PM rates from 4.1 to 1.3 grams per hour.
- Establishing a new pellet stove PM rate of 1.3 grams per hour.
- Establishing a new hydronic heater PM limit of 0.06 pounds per million btu output.

Residential wood combustion accounts for approximately half of the wintertime PM2.5 emissions in the Truckee Meadows. If this proposed rule becomes final, then the new emission standards will greatly reduce those emissions and improve our air quality. It will also require changes to our woodstove program including revisions to DBOH Regulations Governing Air Quality Management Sections 040.051 (Wood Stove / Fireplace Insert Emissions) and 040.052 (Hydronic Heaters).

*Dan Inouye, Branch Chief
Planning and Monitoring*

Permitting Activity

TYPE OF PERMIT	2014		2013	
	JANUARY	YTD	JANUARY	ANNUAL TOTAL
Renewal of Existing Air Permits	104	104	105	1356
New Authorities to Construct	6	6	7	71
Dust Control Permits	9 (118.120 acres)	9 (118.120 acres)	4 (30 acres)	119 (1150 acres)

Wood Stove Certificates	17	17	17	36
WS Dealers Affidavit of Sale	6 (5 replacements)	6 (5 replacements)	7 (7 replacements)	99 (83 replacements)
WS Notice of Exemptions	570 (8 stoves removed)	570 (88 stoves removed)	633 (5 stoves removed)	8356 (88 stoves removed)

<i>Combined Total for both: Asbestos Assessments and Asbestos Demo and Removal (NESHAP)</i>	78	78	85	1027
Asbestos Assessments	65	65	65	-828
Asbestos Demo and Removal (NESHAP)	13	13	20	199

Compliance &
Inspection Activity

Staff reviewed sixteen (16) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Staff conducted forty (40) stationary source renewal inspections and fifty-five (55) gas station inspections in January 2014. Staff also conducted inspections on asbestos removal and construction/dust projects.

Permitting & Enforcement Report

The Permitting Staff has seen a reduction in the number of applications being submitted for new permits to operate but that is typical for the post-holiday season. The encouraging news is that there has been a significant increase in the issuance of Acknowledgement of Asbestos Assessments which are required for the issuance of building permits. This increase in activity is an indication of the continued recovery of the construction industry in the area. It is important to realize this level of activity is by no means an indication of complete recovery, it is a positive sign that the region is experiencing a slow and steady recovery.

Another indicator of economic recovery in the area is the continued improvement and expansion of the University of Nevada, Reno Campus. The Enforcement Staff has been actively involved in the asbestos abatement and demolition of the Getchell Library. Recently, an additional 300 foot section of asbestos piping was discovered and staff was able to coordinate the abatement activities without disrupting the student activities in the area. Additionally, notifications of abatement and demolition were recently submitted for five (5) residences located north of the University Inn between Virginia and Sierra Streets. These homes will be demolished to allow for the expansion of the campus housing. The Enforcement Staff will be monitoring all of the abatement and demolition activities to ensure compliance with the District/Federal Regulations in order to maintain a safe environment for the University students, faculty, and staff.

*Charlene Albee, Branch Chief
Permitting & Enforcement*

Enforcement Activity

COMPLAINTS	2014		2013		
	JANUARY	YTD	JANUARY	YTD	Annual Total
Asbestos	2	2	0	18	18
Burning	0	4	0	8	8
Construction Dust	2	27	0	30	30
Dust Control Permit	0	11	1	7	7
General Dust	2	41	2	46	46
Diesel Idling	0	2	1	8	8
Odor	2	14	1	16	16
Spray Painting	0	10	1	5	5
Permit to Operate	2	25	2	55	55
Woodstove	1	12	0	16	16
TOTAL	8	168	8	209	209
NOV'S	JANUARY	YTD	JANUARY	YTD	Annual Total
Warnings	2	2	1	45	29
Citations	5	5	1	41	31
TOTAL	7	7	2	86	60

* Discrepancies in totals between monthly reports can occur because of data entry delays.

Notices of Violation (NOVs):

There were seven (7) Notice of Violations (NOV's) issued in the month of January 2014. There were two (2) NOV Warnings and four (4) NOV Citations.



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

TO: District Board of Health Members

FROM: Kevin Dick
District Health Officer

DATE: February 27, 2014

SUBJECT: February 2014 District Health Officer Report

REMSA / EMS

A Concurrent Meeting was held on February 10, 2014. The City Councils of Reno and Sparks, the Board of County Commissioners and the District Board of Health approved moving forward to draft an updated REMSA Franchise Agreement based on the Principles of Agreement and an Interlocal Agreement to establish that the District Board of Health provide Regional Emergency Medical Services System oversight. A minor modification to the assessment of REMSA's Oversight Fee was included in the approval of the Principles of Agreement.

Washoe County Manager John Slaughter is assuming the Chairmanship of the EMS Working Group, which will continue to work to improve the Regional EMS system and provide final documents for the renewed franchise agreement and the interlocal agreement.

Fundamental Review

Work continued with the Fundamental Review Team including review and comments provided on draft documents and preparation for the Team visit on February 26 and 27 to present the final report.

Permit Software Project

Work continues to prepare an interlocal agreement for the Regional Business Licensing and Permitting Software project and finalizing a scope of work with Accela. Numerous meetings of the Negotiating Committee and Executive Committee involving the Health District, Washoe County and the two Cities have occurred.

Quality Improvement Initiative

The QI Team continues to meet to advance the initiative. The Team members have identified initial QI projects in their Divisions and organized project teams to address them. This initial QI work is designed to build staff experience and capacity to implement QI projects.

Healthy Community Conversation

Due to the anticipated scheduling of the Health Community Conversation Forum in the fall (rather than this spring), I met with Renown Health to discuss collaborating on a Community Health Assessment initiative while the planning for the Forum continues rather than waiting until after the forum. Renown is also interested in initiating their Community Needs Assessment sooner rather than later. As a result we have established a Health Assessment/Needs Assessment Subcommittee to the Healthy Community Conversation Planning Committee and are exploring potential other collaborative partners and a structure for implementing the assessment. Work on the Healthy

Community Conversation planning continued with discussion of potential neighborhoods with health disparities that might be highlighted during the forum.

Staffing

I appointed Ms. Charlene Albee to Division Director of the Air Quality Management Division. Ms. Janet Smith was transferred from AHS to AQM to provide needed administrative support and assistance. The Biostatistician position in EPHP was filled by Ms. Elena Varganova and the EMS Coordinator position was filled by Ms. Brittany Dayton. Ms. Latricia Lord filled an Environmental Trainee II position in EHS. Mr. Curtis Splan resigned from the District Computer Application Specialist position due to relocation.

Other Events and Activities

Division Director Meetings were held on February 3rd and 19th. I conduct individual meetings with the Division Directors on a bi-weekly schedule.

On January 24th I attended Active Shooter Awareness and Situational Awareness De-Escalation Trainings, which were provided to Health District Staff and organized by EPHP.

On February 7th I accompanied County Manager Slaughter and North Lake Tahoe Fire Protection District Chief Brown, to attend a Community Meeting in Incline hosted by the Bonanza newspaper. In addition to meeting with community members, Chief Brown provided a tour of the North Lake Tahoe Fire Protection District facilities and introduced us to staff.

On February 12th I attended a briefing on the management structure and Board reorganization changes being implemented by Renown and an overview of their operations.

On February 13th I attended the Points of Dispensing (POD) training held for the Health District in conjunction with the CCHS training day and the emergency notification exercise.

On February 18th the Health District participated in “Insuring” Healthy Futures for Nevada Families, an event hosted by Senator Reid’s Office at the Boys and Girls Club. The event provided an opportunity for people to receive assistance to apply for coverage under the Affordable Care Act. CCHS staff assisted with flu immunizations and staffed an information table. Mr. Kutz and I attended the event.

On February 20th I attended the Nevada Public Health Foundation Board meeting.

On February 21st I attended the REMSA Board meeting

I continue to serve as President of HomeFree Nevada / EnergyFit Nevada, the not-for-profit, Home Performance with Energy Star Provider for the State of Nevada.

Health District Media Contacts: January 16 - February 14, 2014

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
2/14/2014	KRXI FOX 11	Matt Rosenberg	Flu - Ulibarri
2/11/2014	KRNV CH 4 - NBC Reno	Terri Hendri	EMS Working Group - Ulibarri
2/7/2014	KRXI FOX 11	Matt Rosenberg	Food Policy Council - Seals
2/4/2014	KRNV CH 4 - NBC Reno	Marissa Schwartz	Flu - Todd
1/22/2014	KRNV CH 4 - NBC Reno	Joe Hart	Light Bulbs - Ulibarri
1/21/2014	KRNV CH 4 - NBC Reno	Van Tieu	Pertussis - Ulibarri
1/20/2014	KSNV CH 3 - NBC Las Vegas	Maria Mortera	Flu - Ulibarri
1/17/2014	KTVN CH 2 - CBS Reno	Gina Martini - Gonzales	Surgeon General Smoking Report - Staff

Press Releases/Media Advisories/Editorials

2/14/2014	Letter to the Editor	PIO Ulibarri	CVS Halts Tobacco Sales for Chairman Smith
2/10/2014	Press Release	Joint Agencies	EMS Working Group Approves Measures
2/6/2014	Press Release	PIO Ulibarri/Seals	Food Council Applications Being Accepted
2/6/2014	Press Release	PIO Ulibarri	Albee named Air Quality Division Director
1/17/2014	Press Release	Seals	Surgeon General's Smoking Report 50th Anniversary
1/16/2014	Letter to the Editor	PIO Ulibarri	Surgeon General's Smoking Report 50th Anniversary

Kevin Dick
District Health Officer