

Washoe County



Health District

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

WASHOE COUNTY HEALTH DISTRICT

1001 East Ninth Street, Reno, Nevada 89512
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Telephone 775.328-2400 • Fax 775.328.3752
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MEETING NOTICE AND AGENDA

Washoe County District Board of Health

Date and Time of Meeting: Thursday, June 26, 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 - June 26, 2014 Meeting	Mr. Matt Smith
5.	Approval/Additions/Deletions to Minutes - May 22, 2014 Regular Meeting	Mr. Matt Smith
*6.	Recognitions - A. Years of Service – 1. David Kelly, 10 years, hired 5/03/2004 2. Darleen Bidlake, 10 years, hired 6/01/2004 B. Promotions – 1. Kelli Goatley-Seals 6/2/14 from Health Educator II to Health Educator Coordinator	Mr. Matt Smith Mr. Kevin Dick

Time/ Item	Agenda Item	Presenter
	<p>automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Interlocal Agreement.</p> <p>4. Ratification of Interlocal Agreement between Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide educational opportunities for Orvis School of Nursing students to engage in practical application of classroom instruction in a public health agency environment for the period upon approval of the Board of Regents and the Washoe County Board of Health through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Interlocal Agreement.</p> <p>5. Ratification of Interlocal Agreement between the Washoe County Health District and the Board of Regents of the Nevada System of Higher Education on Behalf of the University of Nevada School of Medicine to provide community and clinical public health opportunities for School of Medicine residents during their preceptorship experience for the period upon approval of all parties through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved authorize the Chairman to execute the Interlocal Agreement.</p> <p>6. Ratification of Interlocal Agreement between the Washoe County Health District and the Washoe County School District to provide student educational experiences as part of career exploration in public health related professions for the period upon approval of the Washoe County Board of Health and Washoe County School District through June 30, 2015, unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Interlocal Agreement.</p> <p>7. Ratification of Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and the University of Nevada</p>	

Time/ Item	Agenda Item	Presenter
	<p>School of Medicine Multi-Specialty Group Practice North, Inc. (MSAN) in the total amount not to exceed \$11,300 annually in support of male sterilization procedures for the period July 1, 2014 through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved authorize the Chairman to execute the Interlocal Agreement.</p> <p>8. Ratification of Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc. and University of Nevada School of Medicine Multispecialty Group Practice North, Inc. to provide physician consultative services for the Sexually Transmitted Disease clinic in the total amount of \$10,200 per year, for the period July 1, 2014 through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize Chairman to execute the Interlocal Agreement.</p> <p>9. Ratification of Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc. and University of Nevada School of Medicine Multispecialty Group Practice North, Inc. in the total amount of \$2,700 per year to provide laboratory director services for the period July 1, 2014 through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize Chairman to execute the Interlocal Agreement.</p> <p>10. Ratification of Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., dba MEDSchool Associates North (MSAN), to provide physician consultative services in the total amount of \$7,650 for the period July 1, 2014 through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Interlocal</p>	

Time/ Item	Agenda Item	Presenter
	<p>Agreement.</p> <p>11. Approval of Notice of Subgrant Award from the State of Nevada Division of Public and Behavioral Health in the amount of \$58,000 for the period July 1, 2014 to June 30, 2015 in support of the Fetal Infant Mortality Review (FIMR) Program; and if approved authorize the Chairman to execute.</p> <p>12. Approve Subgrant Amendment #1 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 \$223,370 for the Immunization Program Grant (IOs 10028 & 10029); and if approved authorize the Chairman to execute.</p> <p>13. Ratification of Interlocal Agreement between the Washoe County Health District and the State of Nevada Division of Public and Behavioral Health to conduct a community-based Fetal Infant Mortality Review (FIMR) Program for the period upon approval until December 30, 2014 and will be renewed automatically every year unless sooner terminated by either party as set forth in the contract; and if approved, authorize Chairman to execute the Interlocal Agreement.</p> <p>14. Approval of amendments totaling an increase of \$15,201 in revenue and expense to the Ryan White Part B – Health Education/Risk Reduction Grant Program (internal order #tba) FY 14 budget.</p> <p>15. Approval of amendments totaling an increase of \$8,061 in revenue and expense to the Ryan White Part B - Outreach Grant Program (internal order # 11147) FY 14 budget.</p>	
*9.	June 2014 Washoe County Food Policy Council Update to the District Board of Health	Ms. Kristi Jamason
10.	Regional Emergency Medical Services Authority - A. Review and Acceptance of the REMSA Operations Reports for May, 2014 *B. Update of REMSA’s Community Activities Since May, 2014	Mr. Jim Gubbels
11.	Approval of the Health Fund Revenue and Expenditure Report for May, 2014	Ms. Eileen Stickney
12.	Fiscal Year 2015 Budget Update with possible direction to staff	Ms. Eileen Stickney
13.	Presentation, Discussion, and Possible Approval of Amendment to Policy Authorizing the District Health Officer to Execute Agreements to Amend Simply to Substitute \$100,000 for \$50,000	Ms. Eileen Stickney

Time/ Item	Agenda Item	Presenter
14.	Presentation, Discussion and Possible Direction to Staff Regarding the Fundamental Review Recommendation #10 – Perform Cost Analyses of All Programs	Ms. Eileen Stickney
15.	Recommendation to approve the Interlocal Cooperative Agreement Establishing the Regional Business License and Permits Program among the City of Reno, the City of Sparks, and Washoe County concerning the governance and implementation of a Regional License and Permit Program, effective from execution signing date through June 30, 2020 and authorize automatic renewals beginning July 1, 2020 unless otherwise terminated as per the Agreement; direct staff to return prior to project implementation with a regional technology fee to recover portions of the project’s costs	Mr. Kevin Dick
16.	Presentation, Discussion, and Possible Approval of the Interlocal Agreement for Emergency Medical Services Oversight	Mr. Kevin Dick
*17.	<p>Staff Reports and Program Updates</p> <p>A. Director, Epidemiology and Public Health Preparedness – Communicable Disease – Influenza, Public Health Preparedness and Emergency Medical Services.</p> <p>B. Director, Community and Clinical Health Services - Divisional Update, Program Reports.</p> <p>C. Director, Environmental Health Services - Food Program, Land Development Program, Vector-Borne Disease Program, Waste Management, General Environmental and EHS Inspection/Permits/Plan Review.</p> <p>D. Director, Air Quality Management - Program Update – 2014 Bike to Work School & Fun Week, EnviroFlash Challenge, Divisional Update – Monthly Air Quality Index; Program Reports – Monitoring & Planning and Permitting & Enforcement</p> <p>E. Administrative Health Services Officer – No report this month.</p> <p>F. District Health Officer - REMSA/EMS, Fundamental Review, Permit Software Project, Community Health Needs Assessment, Staffing, Other Events & Activities and Health District Media Contacts.</p>	<p>Dr. Randall Todd</p> <p>Mr. Steve Kutz</p> <p>Mr. Robert Sack</p> <p>Ms. Charlene Albee</p> <p>Ms. Eileen Stickney</p> <p>Mr. Kevin Dick</p>
*18.	Board Comment - Limited to Announcements or Issues for Future Agendas	Mr. Matt Smith
19.	Emergency Items	Mr. Kevin Dick
*20.	Public Comment - Limited to three (3) minutes per person. No action may be taken.	Mr. Matt Smith

Time/ Item	Agenda Item	Presenter
21.	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
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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 DISTRICT BOARD OF HEALTH MEETING MINUTES



Members

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

Thursday, May 22, 2014
1:00 p.m.

Washoe County Administration Complex
Health District South Conference Room
1001 East Ninth Street
Reno, NV

The Washoe County District Board of Health met in regular session on Thursday, May 22, 2014, in the Health Department South Conference Room, 1001 East Ninth Street, Reno, Nevada.

1. Determination of Quorum

Chair Smith called the meeting to order at 1:05 p.m. Dr. Todd led the pledge to the flag.

2. Roll Call

The following Members and staff were present:

Members present: Chair Matt Smith
Dr. Denis Humphreys
Sharon Zadra
David Silverman
Dr. George Hess
Julia Ratti

Members absent: Vice Chair Kitty Jung

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

3. Public Comment

Mr. Cliff Low requested that the Board postpone action on the Franchise Agreement, which is Item 9 on the agenda. He explained that he and others had questions about it and apologized for their lack of participation in any prior public discussion opportunities. Matters of concern included the 16-year commitment, exclusive transport and issues surrounding the level of services being provided by the Fire Departments.

4. Approval/Deletions to Agenda

Chair Smith proposed that **Item 10, Approval of the Interlocal Agreement**, be postponed until the June meeting. Councilmember Zadra moved to approve the agenda for the April 24, 2014, District Board of Health meeting as amended. Dr. Humphreys seconded the motion which carried six in favor and none against.

5. Approval of Minutes

Councilmember Ratti moved to approve the minutes of the April 24, 2014 District Board of Health regular meeting as written. Dr. Hess seconded the motion which carried six in favor and none against.

6. Recognitions

Presented by Mr. Dick and Chair Smith

A. Introduction of New Employee(s) –

1. Ashley Tatomer – Office Assistant II – AHS (4/28/14)

Ms. Stickney welcomed Ashley, reviewed her talents and noted that she had already made significant contributions to the organization.

2. Ruben Estrada-Campos – Bilingual Office Assistant II - CCHS (5/19/14)

Mr. Kutz introduced Ruben and stated they were happy to have him on the team.

B. Introduction of Independent Contractor Working on Community Health Assessment (CHA) – Heather Kerwin.

Mr. Dick stated he was pleased to report that she had begun her work on the CHA. The Health District is collaborating with Renown, working together through the Nevada Public Health Foundation. He noted that Heather had achieved a Masters in Public Health from the University of Nevada, Reno and was most recently employed as an epidemiologist.

C. Years of Service:

1. Julio Pech-Garcia 10 years, hired 4/26/2004

Mr. Dick congratulated Mr. Pech-Garcia for his years of service.

7. Consent Agenda –

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

A. Air Quality Management Cases

Staff Representative: Ms. Albee

1. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board
 - a. Nevada Recycling & Salvage LLC – Case No. 1156 Citation No. 5222
 - b. Reno Buick GMC Cadillac - Case No. 1155 Citation No. 5408
 - c. Roger Baylocq Case No. 1157 Citation No. 5223

B. Budget Amendments / Interlocal Agreements:

1. Approval of Grant Number 99T08401 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$96,034 (\$43,200 available for drawdown) for the period 4/1/14 through 3/31/15 for the Air Quality Management, EPA Air Pollution Control Program, IO 10021.
Staff Representative: Ms. Erin Dixon
2. Approval of Amendment #1 to the Interlocal Contract with the State of Nevada, Department of Motor Vehicles, for the DMV Excess Reserve Grant Program (IO 11077) to extend the contract period through June 30, 2015.
Staff Representative: Ms. Erin Dixon
3. Retroactive approval of District Health Officer acceptance of Notice of Subgrant Award from the Division of Public and Behavioral Health in the amount of \$63,773 for the budget period Date of Execution through June 30, 2014 (BP1) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program.
Staff Representative: Ms. Patsy Buxton
4. Approval of Subgrant Amendment #4 from the Division of Public and Behavioral Health in the amount of \$697,173 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.
Staff Representative: Ms. Patsy Buxton
5. Acceptance of “Washoe County, Nevada Air Quality Trends (2004-2013)”.
Staff Representative: Ms. Albee

Councilmember Zadra moved to approve the consent agenda. Mr. Silverman seconded the motion which was approved six in favor and none against.

8. Regional Emergency Medical Services Authority

Presented by Jim Gubbels, President, REMSA

A. Review and Acceptance of the REMSA Operations Reports for April, 2014

Mr. Gubbels presented the report. Priority One compliance was 93 percent and Priority Two compliance was 97 percent. Eight-minute response was 93 percent, 15-minute response was 100 percent and the 20-minute response was 100 percent. Average Care Flight bill for the month was \$7,257, which brought the year-to-date average to \$7,558. The average Ground Service bill for the month was \$1,065, which brought the year-to-date ground average to \$1,067.

Dr. Humphreys moved to accept the REMSA operations report for April 2014. Dr. Hess seconded the motion which was approved six in favor and none against.

***B. Update of REMSA’s Community Activities Since April, 2014**

Mr. Gubbels noted this week was National Emergency Medical Services (EMS) week and his staff was currently celebrating and awarding commendations. He shared that they were very appreciative of the Board’s EMS Week Proclamation. He explained that Canada’s EMS week is next week, so on May 29 Niagra Falls will be illuminated first in orange, which is the EMS color of Canada, then blue, representing law enforcement, then red for fire and then green for EMS.

The Nurse Help Line is being heavily utilized. They had anticipated 2,500 calls per year and are receiving 2,200 per month.

9. Approval of the Amended and Restated Franchise Agreement for Ambulance Service

Mr. Dick presented the Franchise Agreement (FA). He summarized the events leading up to the presentation of the document for the Board's approval. The updated response zone map was displayed. Mr. Dick explained it represented a change in the FA, in that there were now new zones representing outlying areas. He noted the FA was designed to provide a path forward, working with the other EMS agencies. The map is a starting point and revisions recommended by the responsible parties will be presented to the Board for approval as the overall response system is analyzed.

Mr. Dick noted the copy of the FA the Board had received in their packet had been slightly reformatted for ease of use.

Mr. Low noted Mr. Dick had made compelling statements in favor of the agreement but reiterated his concerns about the 16-year commitment and his request that the Board table the item for a month so that they may receive additional public input. He noted the response time requirements actually included an additional 59 seconds over what was designated on the map. He stated there were questions about that as well as oversight and transparency.

Mr. Dick clarified that the FA is for a 16-year term. The existing agreement is evergreen. The 16-year term was established so that REMSA can secure the financing necessary to maintain their equipment and operations. The FA will be reviewed after 10 years. At that point, it will be decided whether or not to extend the FA for another six years after year 16. The 10-year review allows the opportunity to replace REMSA and for REMSA operations to phase out should the FA not be renewed. If it is renewed, that provides REMSA with a new financing time horizon.

Dr. Humphreys noted communication had been considered a critical issue and the FA addresses the 800 MHz and Computer-Aided Design (CAD) systems. He requested clarification that the agreement took care of those issues. Mr. Dick explained the resolution was the CAD-to-CAD system. The timing is dependent on the rollout that is occurring with the Sheriff's Public Safety Answering Point (PSAP) which is part of the upgrade of the Tiburon system. Once that is in place the CAD-to-CAD will be rolled out to the Sparks PSAP. Tiburon will be updated in 2015, then the REMSA dispatch system will be integrated through the CAD-to-CAD interface. That will provide one portion of the communication system. In the meantime, REMSA will continue to move towards the 800 MHz channel. The agreement recognizes that may not be a sufficient method of communication in the future, so it is set up to provide for communications consistency now and for EMS responders to move together with those agencies in the future to maintain good communication as newer technologies become available.

Councilmember Zadra thanked Mr. Low for his comments. She stated it was unfortunate that he had not been aware of the process along the way but noted he had said that he had heard compelling information in support of the FA. She wanted to be sure it was clearly expressed that this has been a two-year process with at least eight public meetings that she could recall. During those meetings they had heard many of the same kinds of concerns and comments that he had expressed, so he could have some confidence in knowing that those issues were addressed during the process of developing the contract.

Councilmember Zadra noted the Tri-Data study had stated that REMSA's operations are an eight or nine on a one-to-10 scale. The issues that needed to be worked on were more internal, primarily dealing with communications and administration. She reiterated that many if not all of the concerns he had expressed had been discussed.

Councilmember Ratti thanked everyone involved and acknowledged that quite a number of people had contributed substantial amounts of time over the course of the two years. She expressed her gratitude for being able to be attending this meeting. She offered to sit down with Mr. Low and go through the document page by page and help him to understand the work that had been done.

Councilmember Ratti stated she intended to support the FA. She acknowledged there was no such thing as a perfect agreement. When creating a franchise relationship some things are given up to gain others. This FA is a good-faith effort at compromise among many stakeholders to get to what is best for the community. She felt it was a great model for how the agencies could move forward regionally in the future.

Councilmember Ratti pointed out the FA ended the evergreen contract, which provided no administrative leverage for the governing agencies. She went on to note the new contract had a 16-year term, but it gave the agencies that leverage. She will support it because it builds in transparency and consistency of the data and gets the agencies on systems that communicate to each other so that everyone knows what everyone else is doing. The data will be aligned with a single unifier so that data-driven decisions can be made to improve the EMS system. For that piece alone, she stated she would be the biggest cheerleader for the agreement.

Councilmember Ratti noted that there is a shared investment in oversight and thanked REMSA and the County for funding that portion. The oversight will allow the opportunity to collect the data and do something meaningful with it. She is pleased there will be the opportunity for each of the local jurisdictions to review the response times and the maps, as communities do change. She expressed that she was looking forward to the ratification of the Interlocal Agreement (ILA) because it builds in communication between the governing bodies and shared decision making on the most important pieces of the FA.

Councilmember Ratti admitted she did not get 100 percent of her dream list but she understands how they got to where they are today and stated she would be happy to make the motion to approve.

Chair Smith said that, two years ago when this process began, he was called before the Board of County Commissioners (BCC) and asked if the Health District would participate in taking a look at the Tri-Data report. He had stated that the District Board of Health would be more than willing to look at anything that would improve the EMS system. Since there has been ups and downs, but he believed everything that has been done has bettered the system.

Councilmember Ratti moved to approve the Amended and Restated Franchise Agreement for Ambulance Service and authorized the Chairman to execute. Dr. Humphreys seconded the motion which was approved six in favor and none against.

Chair Smith thanked everyone who had been involved.

Mr. Dick recognized the leadership and work of Shaun Carey, former Sparks City Manager, opining the agreement may not have come to fruition without him. Members of the Board agreed.

11. Approval of the Health Fund Revenue and Expenditure Report for April, 2014

Staff Representative: Ms. Stickney

Ms. Stickney presented the report. She noted the fiscal year was approximately 83 percent complete and there was nothing significant to report regarding closeout. She pointed out that the Equipment Non-Capital and Capital Equipment fund was in balance department-wide, although individual divisions may

show that line item as being over budget. She pointed out that it is acceptable to overspend or underspend operating items, but authority must be obtained for expenditures in a Capital line item.

Dr. Humphreys noted additional revenues and Ms. Stickney explained that came from specialty clinics that had been billed for services. There were offsetting expenditures. Initial work to get the updated billing software in place has commenced.

Dr. Humphreys moved to accept the report. Councilmember Zadra seconded the motion which was approved six in favor and none against.

12. Fiscal Year 2015 Budget Update with possible direction to staff

Staff Representative: Ms. Stickney

Ms. Stickney presented the report. She reported that the Board of County Commissioners (BCC) had adopted their budget. She noted a table showing the budget impacts of the new positions that were added. The Licensed Practical Nurse position is in the process of being reclassified to an Office Assistant II. The lobby remodel and the automated appointment reminder system have been funded and will commence in the new fiscal year. The employee entrance safety improvement project will be funded in FY18. The Board will receive a budgetary executive summary in June.

Councilmember Zadra moved to accept the report. Dr. Hess seconded the motion which was approved six in favor and none against.

13. Staff Reports and Program Updates

A. Administrative Health Services Officer

Ms. Stickney stated she had nothing further to report.

B. Director, Air Quality Management

Ms. Albee reported that Bike to Work, School and Fun Week had been very successful. She commended Julie Hunter and Phil Ulibarri for their work. She described some of the events that had been held and displayed photos.

Dr. Hess, referring to the Air Quality Trends report contained within the Consent agenda, expressed concern that it appears air quality has been deteriorating over the last three years. Ms. Albee explained that was the point at which the Environmental Protection Agency began strengthening their standards. Emissions are still gradually coming down.

Councilmember Ratti complemented the organizational skills of Ms. Hunter and M.J. McCloud, as well as Mr. Ulibarri's successful efforts to get the word out.

C. Director, Community and Clinical Health Services

Mr. Kutz provided more information regarding the implementation of the upgraded revenue collection software program. The anticipated timeline for launch is estimated to be less than 45 days.

Dr. Humphreys asked if all billing that could currently be done was being done. Mr. Kutz replied they have a Medicaid contract and other contracts are under review through the District Attorney's Office and the office of Risk Management.

D. Director, Environmental Health Services

Mr. Sack noted it was pool opening season as well as the beginning of the special events season. He commended his staff for their hard work to work towards accommodating all of the requests.

Dr. Humphreys asked what information was presented to the public when there is a health challenge occurrence such as Norovirus. Mr. Sack explained they work closely with the Epidemiology staff to determine if it is necessary to use public media to interdict. There have been times they have, but typically do not. If the media asks and it is public record, they will release the results.

Councilmember Ratti asked about the Waste Management program and if the Keep Truckee Meadows Beautiful organization was involved. Mr. Sack stated they were heavily involved and a very good partner. They will be involved in the project that is requested to be funded.

Chair Smith asked if they were still using Certified Pool Operators (CPO) to assist with pool inspections. Mr. Sack explained that program did not really help the issues so have cut it back. They are still required to do the actual certifications, but the CPOs are lightening their load because more pools are already in compliance.

E. Director, Epidemiology and Public Health Preparedness

Dr. Todd reported that as of the time of his report, the United States had seen one case of Middle East Respiratory Syndrome (MERS). A second case had been reported since then. The cases were not linked. A third person had tested positive but showed no symptoms. An Epi-Newsletter has been provided to the Washoe County healthcare community.

Councilmember Ratti asked if the Health District had seen any cases of E-Coli due to the increasing trend of people kissing their pet chickens. Dr. Todd stated he was not aware of any cases from that source.

[Councilmember Zadra left the meeting at 2:05 p.m.]

F. District Health Officer -

Mr. Dick told the Board the approval of the EMS ILA had been postponed until June because there had not been enough time to work with the other jurisdictions to be able to take action today. It will likely have all of the other required signatures by the time it gets to the Board for their final approval.

Mr. Dick noted a change to Fundamental Review status dashboard included more access to services, which is now underway with the planned extension of hours of operation for Vital Records and Immunizations. Many other items on the list are also underway and some should be achieving completion, but many will be in process for some time. Additionally, the initial meeting had been held with the land development community and that relationship appears to be promising. Follow-up meetings are scheduled.

Mr. Dick reiterated he was pleased the CHA was going forward and was a major step forward in the longer-range view of where the Health District is going.

14. Board Comment

None.

15. Emergency Items

None.

16. *Public Comment

None.

17. Adjournment

At 2:13 p.m., Dr. Humphreys moved to adjourn. Dr. Hess seconded the motion which was approved five in favor and none against.

Respectfully submitted,



Kevin Dick
District Health Officer



Dawn Spinola, Administrative Secretary/Recording Secretary

Approved by Board in session on _____, 2014.



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

Proclamation

WHEREAS, the American black bear *Ursus Americana*, the only bear species occurring naturally in Nevada, can be found throughout the Lake Tahoe area and southern Washoe County; and

WHEREAS, the Nevada Department of Wildlife reports a rise in human and bear conflicts due to an increase in bears living near people, and having access to human food sources including garbage; and

WHEREAS, human and bear conflicts may pose health risks to both humans and bears; and

WHEREAS, with access to human food sources, bears may become human-food conditioned, habituated to people, and emboldened to rummage through unsecured garbage bins, and even enter businesses and residences in search of food; and

WHEREAS, the Washoe County Health District supports the Nevada Department of Wildlife in taking a leading and proactive role in non-lethal bear management to prevent human-bear conflicts; and

WHEREAS, the Washoe County Health District reminds residents and visitors to help keep bears wild by properly securing their garbage, and removing attractants whether at home or camping; and

WHEREAS, the Washoe County Health District encourages all residents and visitors who live or play in bear habitat to practice *Bear Logic* by maintaining a safe distance; by never approaching or feeding a bear; and, by using wildlife-resistant containers,

NOW, THEREFORE be it resolved, that the Washoe County District Board of Health does hereby proclaim July 2014 as

Bear Logic Month

In and for Washoe County, Nevada.

ADOPTED, this 26th day of June, 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.

STAFF REPORT

BOARD MEETING DATE: June 26, 2014

DATE: June 6, 2014

TO: District Board of Health

FROM: Charlene Albee, Director, Air Quality Management Division
(775) 784-7211, calbee@washoecounty.us

SUBJECT: Recommendation for the Board to uphold a citation not appealed to the Air Pollution Control Hearing Board issued to Washoe County School District for the Marvin Picollo School, Case No. 1158, Unappealed Citation No. 5412 with an \$1,800.00 negotiated fine.

SUMMARY

Air Quality Management Division Staff recommends Citation No. 5412 be upheld and a fine of \$1,800 be levied against the Washoe County School District – Marvin Picollo School for failure to have an asbestos survey performed by a qualified individual 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.

District Health Goal supported by this item: Achieve targeted improvements in health outcomes and health equity.

BACKGROUND

On May 7, 2014, Air Quality Specialist II Suzanne Dugger received a phone call from Mr. John Nolan, Supervisor for Regulated Systems and Assessments/Facilities for the Washoe County School District (WCSD). Mr. Nolan reported the removal of asbestos containing transite siding from the interior of a greenhouse at the Marvin Picollo Elementary School located at 900 Foothill Road in Reno. Mr. Nolan stated the removal of the transite siding occurred approximately one month prior and his office did not receive notification of the removal as required by District Policy. Mr. Matt Burak, Principal of Marvin Picollo School, had made arrangements with volunteers from the Army National Guard to remove and dispose of the transite siding.

On May 10, 2014, Specialist Dugger met with Mr. Burak, Mr. Nolan, Mr. Charlie Hoppe, WCSD Facilities Director, Mr. David Luscavage, WCSD Facilities Industrial Hygienist, and the volunteer

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 784-7200 FAX (775) 784-7225
www.OurCleanAir.com

from the Army National Guard. Specialist Dugger and Mr. Nolan explained to Mr. Burak the regulatory requirements for the removal of the transite siding including the proper notification and use of a licensed abatement contractor as the school is a NESHAP regulated facility. Based on the failure to provide the required notification, Specialist Dugger issued Notice of Violation Citation No. 5412 for a major violation of Section 030.107(A) Asbestos Sampling and Notification.

On May 13, 2014, the WCSD contracted with McCall and Spero Environmental to conduct air clearance sampling as requested by Specialist Dugger. The results of the sampling indicated the average number of asbestos structures per square millimeter (s/mm^2) to be $17.7 s/mm^2$, which is below the specified clearance level of $70 s/mm^2$, confirming the greenhouse was safe to reoccupy.

On May 22, 2014, Senior Air Quality Specialist Dennis Cerfoglio conducted a negotiated settlement meeting attended by Specialist Dugger, Mr. Nolan, and Mr. Hoppe. Specialist Cerfoglio carefully explained to all present the responsibilities to complete an asbestos survey and provide notification to the proper authorities prior to any renovation or demolition activities. All present at the settlement meeting stated the individual responsibilities were understood; and, in the future, the School District would ensure the proper sampling and notifications are completed. After careful consideration of all the facts in the case, Specialist Cerfoglio recommended Citation No. 5412 be upheld with a fine of \$1,800. A Memorandum of Understanding was signed by all parties.

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends the Board uphold unappealed Notice of Violation Citation No 5412 issued to the Washoe County School District with an \$1,800.00 negotiated fine. Alternatives to upholding the citation as presented include:

1. The District Board of Health may determine that no violation of the regulations has occurred and dismiss Citation No. 5412.
2. The Board may determine to uphold Citation No. 5412 and 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 the Washoe County School District to be properly noticed.

POSSIBLE MOTION

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

“Move to approve the Consent Agenda as presented.”



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



NOTICE OF VIOLATION

DATE ISSUED: 5-9-2014

NOV 5412

ISSUED TO: WASHOE COUNTY SCHOOL DIST. PHONE #: 852-8866
MARVIN PICOLLO SCHOOL
 MAILING ADDRESS: 900 FOOTHILL DR. CITY/ST: RENO ZIP: 89511
 NAME/OPERATOR: MATT BURAK PHONE #: _____
 PERMIT NO. BSD39A COMPLAINT NO. CMPI4-0067

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 5-9-2014 (DATE) AT 9:00 (TIME),
 YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD
 OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

MINOR VIOLATION OF SECTION:

- 040.030 DUST CONTROL
- 040.055 ODOR/NUISANCE
- 040.200 DIESEL IDLING
- OTHER _____

MAJOR VIOLATION OF SECTION:

- 030.000 OPERATING W/O PERMIT
- 030.2175 VIOLATION OF PERMIT CONDITION
- 030.105 ASBESTOS/NESHAP
- OTHER 030.107(A)

VIOLATION DESCRIPTION: FAILURE TO COMPLY WITH 030.107(A)
SAMPLING AND NOTIFICATION

LOCATION OF VIOLATION: 900 FOOTHILL DR. RENO NV 89511

POINT OF OBSERVATION: MARVIN PICOLLO SCHOOL

Weather: CLOUDY, WINDY, COOL Wind Direction From: N E S W

Emissions Observed: _____
 (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.

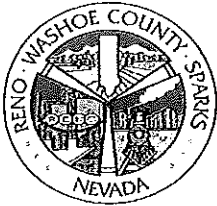
Signature _____

CITATION: You are hereby notified that effective on 5-9-2014 (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: [Signature] Date: 5/18/14
 Issued by: Shanne Dwyer Title: AQS III

PETITION FOR APPEAL FORM PROVIDED



**DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION
MEMORANDUM OF UNDERSTANDING**

AIR QUALITY MANAGEMENT DIVISION
WASHOE COUNTY HEALTH DISTRICT

Date: May 22, 2014

Company Name: Washoe County School District

Company Address: 900 Foothill Road

Notice of Violation No.: 5412

Case No.: 1158

Location of Violation: Marvin Piccolo School 900 Foothill Road

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced Citation for the violation of Regulation: 030.107(A)
Failure to sample + give notification before asbestos removal at school greenhouse.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 1,800⁰⁰. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on June 26, 2014.

Charlie Hoppe
Signature of Company Representative

Dennis A. Cerfoglio
Signature of District Representative

Charlie Hoppe
Print Name

DENNIS A. CERFOGLIO
Print Name

Facilities Management Director WCD
Title

Sr. Air Quality Specialist
Title

JOHN P. Nolan, Jr.
Witness

Suzanne Sugar
Witness

Witness

SUZANNE SUGGER
Witness

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)	\$ 2,000	\$ 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)	\$ 2,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 2,000 - \$10,000

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

Company Name Washoe County School District - Marvin Picollo School
 Contact Name John Nolan, Charlie Hoppe

Case 1158 NOV 5412 Complaint CMP14-0067

Violation of Section 030.107 (A) Asbestos Sampling and Notification

I. Base Penalty as specified in the Penalty Table = \$ 2000.00

II. Severity of Violation

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 1.00

Comment: _____

2. Toxicity of Release

Criteria Pollutant – 1x
 Hazardous Air Pollutant – 2x Adjustment Factor 1.0

Comment: Non-firable transite siding

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

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

Comment: _____

Total Adjustment Factors (1 x 2 x 3) = 1.00

B. Adjusted Base Penalty

Base Penalty \$ 2000.00 x Adjustment Factor 1.00 = \$ 2000.00

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 2000.00 x Number of Days or Units 1 = \$ 2000.00

Comment: _____

D. Economic Benefit

Avoided Costs \$ 2000.00 + Delayed Costs \$ 500.00 = \$ 2500.00

Comment: Cost of asbestos abatement and air clearance sampling

Penalty Subtotal

Adjusted Base Penalty \$ 2000.00 + Economic Benefit \$ 2500.00 = \$ 4500.00

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

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)

Comment _____

C. Compliance History

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

Comment _____

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

Comment: _____

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

Comment: _____

Previous Unrelated Violation (5 – 25%) + _____

Comment: _____

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

IV. Recommended/Negotiated Fine

Penalty Adjustment:

\$ <u>4500.00</u>	x	<u>-60%</u>	=	<u>-2700.00</u>
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)		Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$ _____

Comment: _____

Adjusted Penalty:

\$ <u>4500.00</u>	+/-	\$ <u>-2700.00</u>	=	\$ <u>1800.00</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Fine

Shanne Dwyer
Air Quality Specialist

5-13-2014
Date

Dennis A. Cerfoglio
Senior AQ Specialist/Supervisor

5-22-2014
Date



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: June 26, 2014

DATE: June 6, 2014

TO: District Board of Health

FROM: Charlene Albee, Director, Air Quality Management Division
(775) 784-7211, calbee@washoecounty.us

SUBJECT: Recommendation for the Board to uphold a citation not appealed to the Air Pollution Control Hearing Board issued to Mr. Steve Brown, Case No. 1159, Unappealed Citation No. 5413 with a \$300.00 negotiated fine.

SUMMARY

Air Quality Management Division Staff recommends Citation No. 5413 be upheld and a fine of \$300 be levied against Mr. Steve Brown for failure to obtain a dust control permit prior to disturbing open land located near 12000 Old Virginia Road in Reno, Nevada. Failure to obtain a dust control 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.

District Health Goal supported by this item: Achieve targeted improvements in health outcomes and health equity.

BACKGROUND

On May 15, 2014, Specialist Suzanne Dugger arrived on site near 12000 Old Virginia Road in Reno and observed a bulldozer grading a large area on the west side of Old Virginia Road. Specialist Dugger stopped the site activity and spoke with the bulldozer operator, Mr. Lance Johnson. Specialist Dugger inquired as to whether Mr. Johnson had a dust control permit for the site. Mr. Johnson indicated he did not have a copy of a dust control permit; however, could provide information that he was working for Mr. Steve Brown. Specialist Dugger immediately contacted Mr. Brown to inquire about a dust control permit for the project. Mr. Brown stated he had not obtained a permit. Specialist Dugger requested all operations cease until a dust control permit was applied for and received.

On May 16, 2014, Specialist Dugger met with Mr. Brown to advise him of the requirement to obtain a dust control permit and working without one was a major violation of the District Board of Health Regulations Governing Air Quality Management. Based on the results of the investigation, Specialist Dugger issued Notice of Violation Citation No. 5413 for a major violation of Section 030.000 Source Permitting and Operation.

On May 21, 2014, Specialist Dugger received a phone call from Mr. Brown. Mr. Brown stated the area which had been disturbed was definitely more than an acre and that he had applied for a dust control permit. Mr. Brown then advised Specialist Dugger that until further plans for development were established, he would palletize the entire area which had been disturbed.

On June 5, 2014, Senior Air Quality Specialist Dennis Cerfoglio conducted a negotiated settlement meeting attended by Specialist Suzanne Dugger and Mr. Steve Brown. Specialist Cerfoglio carefully explained to Mr. Brown his responsibility to apply for and receive a dust control permit for any property to be disturbed that was an acre or more in size. Mr. Brown stated he now understands his responsibility to obtain a permit. After careful consideration of all the facts in the case, Specialist Cerfoglio recommended Citation No. 5413 be upheld with a fine of \$300. Mr. Brown agreed to the conditions of the negotiated settlement. A Memorandum of Understanding was signed by all parties.

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends the Board uphold the unappealed Notice of Violation Citation No 5413 issued to Mr. Steve Brown with a \$300.00 negotiated fine. Alternatives to upholding the citation as presented include:

1. The District Board of Health may determine that no violation of the regulations has occurred and dismiss Citation No. 5413.
2. The Board may determine to uphold Citation No. 5413 and 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 Mr. Brown to be properly noticed.

POSSIBLE MOTION

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

“Move to approve the Consent Agenda as presented.”



NOTICE OF VIOLATION

NOV 5413

DATE ISSUED: 5-16-2014

ISSUED TO: STEVE BROWN PHONE #: 544-9133

MAILING ADDRESS: 4170 LATIGO DR. CITY/ST: RENO NV ZIP: 89519

NAME/OPERATOR: STEVE BROWN PHONE #: 544-9133

PERMIT NO. _____ COMPLAINT NO. EMP14-0072

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 5-16-2014 (DATE) AT 10:00 (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 W/OUT FIRST OBTAINING A DUST CONTROL PERMIT

LOCATION OF VIOLATION: OLD VIRGINIA RD, RENO (NEXT TO 12,000 OLD VIRGINIA RD)

POINT OF OBSERVATION: ON SITE

Weather: CLEAR, SLIGHT BREEZE Wind Direction From: N E S W

Emissions Observed: _____
 (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 _____

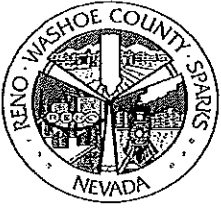
CITATION: You are hereby notified that effective on 5-16-2014 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within IMMEDIATELY hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by 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: [Signature] Date: 5/16/2014

Issued by: [Signature] Title: AQS II

PETITION FOR APPEAL FORM PROVIDED



**DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION**

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION

Date: June 5, 2014
Company Name: Mr. Steve Brown
Address: 4170 Fatigo Drive
Notice of Violation No.: 5413 Case No.: 1159

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: 030.000 Operating w/o a proper Dust Control Permit on More Than Acre.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 300⁰⁰. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on June 26, 2014.

[Signature]
Signature of Company Representative

Dennis A. Cerfoglio
Signature of District Representative

STEVE BROWN
Print Name

DENNIS A. CERFOGLIO
Print Name

PROJECT MANG.
Title

Sr. Air Quality Spec.
Title

Witness

Suzanne Dugger
Witness

Witness

SUZANNE DUGGER
Witness

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)	\$ 2,000	\$ 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)	\$ 2,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 2,000 - \$10,000

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

Company Name _____
Contact Name Steve Brown

Case 1159 NOV 5413 Complaint CMP14-0072

Violation of Section 030.000 Source Permitting & Operation

I. Base Penalty as specified in the Penalty Table = \$ 550.00

II. Severity of Violation

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 1.00

Comment: _____

2. Toxicity of Release

Criteria Pollutant – 1x
Hazardous Air Pollutant – 2x Adjustment Factor 1.0

Comment: _____

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

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

Comment: _____

Total Adjustment Factors (1 x 2 x 3) = 1.00

B. Adjusted Base Penalty

Base Penalty \$ 550.00 x Adjustment Factor 1.00 = \$ 550.00

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 550.00 x Number of Days or Units 1 = \$ 550.00

Comment: _____

D. Economic Benefit

Avoided Costs \$ _____ + Delayed Costs \$ 137.00 = \$ 137.00

Comment: Dust Control Permit

Penalty Subtotal

Adjusted Base Penalty \$ 550.00 + Economic Benefit \$ 137.00 = \$ 687.00

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

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)		
Comment: _____		
C. Compliance History		
No Previous Violations (0 – 10%)	-	<u>10%</u>
Comment: _____		
Similar Violation in Past 12 months (25 - 50%)	+	<u> </u>
Comment: _____		
Similar Violation within past 3 year (10 - 25%)	+	<u> </u>
Comment: _____		
Previous Unrelated Violation (5 – 25%)	+	<u> </u>
Comment: _____		
Total Penalty Adjustment Factors – sum of A, B, & C		<u>-60%</u>

IV. Recommended/Negotiated Fine

Penalty Adjustment:

\$ <u>687.00</u>	x	<u>-60%</u>	=	<u>-412.20</u>
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)		Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$

Comment: _____

Adjusted Penalty:

\$ <u>687.00</u>	+/-	<u>\$ -412.20</u>	=	<u>\$ 300.00</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Fine

Shanne Suggs
Air Quality Specialist

6-5-2014
Date

Dennis A. D'Agostino
Senior AQ Specialist/Supervisor

June 5-2014
Date



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT BOARD MEETING DATE: June 26, 2014

DATE: June 13 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: Approval of Grant Assistance Amendment #A-00905414-1 from the U.S. Environmental Protection Agency (EPA) for total funding in the amount of \$686,693 for the period 10/1/13 through 9/30/14 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.

SUMMARY

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

The Air Quality Management Division has a Grant Agreement from the EPA, which provides for grant funding for the on-going Air Pollution Control Program, IO 10019. A copy of the Grant Assistance Amendment 1 is attached.

District Board of Health strategic priority: Promote financial accountability and stability

Approval of this Grant Amendment 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

The Washoe County District Board of Health retroactively approved the District Health Officer's acceptance of the Grant Agreement for the period 10/1/13 through 9/30/14 on April 24, 2014.

BACKGROUND

The original Grant Assistance Agreement provided funding in the amount of \$540,118. Amendment 1 was received on June 6, 2014 with an increase in funding of \$146,575 for a total of \$686,693. The amendment is being presented for District Board of Health approval per the new EPA procedure that does not require signature and return within 21 days of receipt.

The EPA base grant award provides funding for salaries and benefits, training and travel, operating supplies, repairs and maintenance, minor equipment, special clothing, professional services and capital equipment. The base grant funding covers approximately 32% of the EPA approved work plan for Washoe County. The remaining 68% is funded through permit fees, local dollars, and Pollution Control funds. The Health District is required to provide a Maintenance of Effort (MOE) from non-federal funds in order to accept these EPA dollars.

FISCAL IMPACT

Should the Board approve Grant Amendment 1, no FY14 budget amendments are necessary.

RECOMMENDATION

Staff recommends that the District Board of Health approve Grant Assistance Amendment #A-00905414-1 from the U.S. Environmental Protection Agency (EPA) for total funding in the amount of \$686,693 for the period 10/1/13 through 9/30/14 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.

POSSIBLE MOTION

Move to approve Grant Assistance Amendment #A-00905414-1 from the U.S. Environmental Protection Agency (EPA) for total funding in the amount of \$686,693 for the period 10/1/13 through 9/30/14 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.

	U.S. ENVIRONMENTAL PROTECTION AGENCY Assistance Amendment	GRANT NUMBER (FAIN): 00905414 MODIFICATION NUMBER: 1 PROGRAM CODE: A	DATE OF AWARD 05/30/2014
		TYPE OF ACTION Augmentation: Increase	MAILING DATE 06/06/2014
		PAYMENT METHOD: Advance	ACH# 90104
		RECIPIENT TYPE: County	
RECIPIENT: Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520 EIN: 88-6000138		PAYEE: Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520	
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 FY-2014 Air Pollution Control Program This assistance amendment increases the federal assistance by \$146,575, from \$540,118, to the revised Total Approved Assistance Amount of \$686,693. Terms and conditions of the initial assistance agreement, awarded March 25, 2014, remain in full force and effect. The purpose of this program is to provide continuing support for activities which include strategic planning and evaluation, compliance assistance, developing state implementation plans, monitoring air and emissions, rulemaking, operating permits and all other program related activities. This program will protect and improve the air quality in Washoe County reduce the risks to human health and the environment.			
BUDGET PERIOD 10/01/2013 - 09/30/2014	PROJECT PERIOD 10/01/2013 - 09/30/2014	TOTAL BUDGET PERIOD COST \$2,199,079.00	TOTAL PROJECT PERIOD COST \$2,199,079.00
NOTICE OF AWARD			
Based on your Application dated 07/19/2013 including all modifications and amendments, the United States acting by and through the US Environmental Protection Agency (EPA) hereby awards \$146,575. EPA agrees to cost-share 32.00% of all approved budget period costs incurred, up to and not exceeding total federal funding of \$686,693. 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 Katherine Meltzer - Acting Grant Management Officer			DATE 05/30/2014

EPA Funding Information

FUNDS	FORMER AWARD	THIS ACTION	AMENDED TOTAL
EPA Amount This Action	\$ 540,118	\$ 146,575	\$ 686,693
EPA In-Kind Amount	\$ 0	\$	\$ 0
Unexpended Prior Year Balance	\$ 0	\$	\$ 0
Other Federal Funds	\$ 0	\$	\$ 0
Recipient Contribution	\$ 1,512,386	\$	\$ 1,512,386
State Contribution	\$ 0	\$	\$ 0
Local Contribution	\$ 0	\$	\$ 0
Other Contribution	\$ 0	\$	\$ 0
Allowable Project Cost	\$ 2,052,504	\$ 146,575	\$ 2,199,079

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

Fiscal									
Site Name	Req No	FY	Approp. Code	Budget Organization	PRC	Object Class	Site/Project	Cost Organization	Obligation / Deobligation
-	1409M4S050	14	E1	09M4	102A04	4112			146,575
									146,575

Budget Summary Page

Table A - Object Class Category (Non-construction)	Total Approved Allowable Budget Period Cost
1. Personnel	\$1,251,779
2. Fringe Benefits	\$520,064
3. Travel	\$55,794
4. Equipment	\$31,900
5. Supplies	\$6,500
6. Contractual	\$660
7. Construction	\$0
8. Other	\$54,046
9. Total Direct Charges	\$1,920,743
10. Indirect Costs: % Base <u>See Below</u>	\$278,336
11. Total (Share: Recipient <u>68.00 %</u> Federal <u>32.00 %.</u>)	\$2,199,079
12. Total Approved Assistance Amount	\$686,693
13. Program Income	\$0
14. Total EPA Amount Awarded This Action	\$146,575
15. Total EPA Amount Awarded To Date	\$686,693

Detailed Table B Budget Page: 1

Table B - Program Element Classification (Non-construction)	Total Approved Allowable Budget Period Cost
1. The total approved budget includes -0- in estimated non-federal, non-recurrent costs.	\$
2.	\$
3. Table A, Line 10, Indirect Cost Rate Proposal	\$
4. of 63.69% is based on Personnel &Fringe	\$
5.	\$
6.	\$
7. Cost share requirement: 40% and MOE	\$
8.	\$
9.	\$
10.	\$
11. Total (Share: Recip % Fed %)	\$
12. Total Approved Assistance Amount	\$



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: 6/26/11

DATE: June 13, 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: Ratification of Interlocal Agreement between the Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide educational opportunities for School of Social Work students to engage in practical application of classroom instruction in a public health agency environment for the period upon approval of the Board of Regents and the Washoe County Board of Health through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Interlocal Agreement.

SUMMARY

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

District Board of Health Strategic Goal: Strengthen District-wide infrastructure to improve public health.

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

PREVIOUS ACTION

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

BACKGROUND

The Interlocal Agreement provides opportunities for students to engage in practical application of classroom instruction in a Public Health Agency environment. The learning opportunities will have an emphasis on education rather than services without disruption of usual Washoe County Health District activities.

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

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

FISCAL IMPACT

Should the Board approve this Interlocal Agreement, there will be no fiscal impact to the adopted FY 15 budget as students and faculty will not receive compensation in connection with this Interlocal Agreement. Community and Clinical Health Services will absorb the costs associated with student projects within their adopted budget.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Interlocal Agreement between the Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide educational opportunities for School of Community Health Sciences students to engage in practical application of classroom instruction in a public health agency environment for the period upon approval of the Board of Regents and the Washoe County Board of Health through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Interlocal Agreement.

POSSIBLE MOTION

Move to ratify the Interlocal Agreement between the Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide educational opportunities for School of Community Health Sciences students to engage in practical application of classroom instruction in a public health agency environment for the period upon approval of the Board of Regents and the Washoe County Board of Health through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Interlocal Agreement.

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

And

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

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

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

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

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

CONTRACT TERM. This Contract shall be effective upon approval of the Board of Regents and the Washoe County Board of Health, through June 30, 2015, unless extended by the mutual agreement of the Parties. The Agreement will automatically be renewed for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. The automatic renewal provision of this section shall not affect the right of the Health District to terminate the Agreement as provided below.

TERMINATION. This Contract may be terminated by either party prior to the date set forth in paragraph (1), provided that a termination shall not be effective until 30 days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately if for any reason County, State and/or Federal funding ability to satisfy this Contract is withdrawn, limited, or impaired. This Contract may also be renegotiated in the event of a reduction in the anticipated County, State, or Federal funding revenue required to satisfy this Contract.

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

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

G:/Management/Contracts/2010/School of Community Health Sciences

ATTACHMENT A: SCOPE OF EDUCATIONAL EXPERIENCE (See Attachment A)
ATTACHMENT B: WASHOE COUNTY DISTRICT HEALTH DEPARTMENT VACCINE AND TB
SCREENING REQUIREMENTS (See Attachment B)

BREACH; REMEDIES. Failure of either party to perform any obligation of this Contract shall be deemed a breach. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing party reasonable attorneys' fees and costs.

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

INDEMNIFICATION.

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

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

FORCE MAJEURE. Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.

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

WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.

SEVERABILITY. If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the nonenforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.

ASSIGNMENT. Neither party shall assign, transfer or delegate any rights, obligations or duties under this Contract without the prior written consent of the other party.

PUBLIC RECORDS. Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.

CONFIDENTIALITY. Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Contract.

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

GOVERNING LAW; JURISDICTION. This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the jurisdiction of the Washoe County, Nevada district courts for enforcement of this Contract.

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

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

APPROVED BY BOARD OF HEALTH

Washoe County Board of Health On _____ Chairman
Date Title

ATTEST:

On _____
Date

APPROVED BY BOARD OF REGENTS

On _____
Date Title

On _____

ATTACHMENT A
SCOPE OF EDUCATIONAL EXPERIENCE
SCHOOL OF SOCIAL WORK

Responsibilities of the Parties

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

Responsibilities of the University

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

Responsibilities of the WCHD

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

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

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

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

Scheduling and Tracking Student Placements

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

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

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

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

Communication between School and District Program Staff

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

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

Contact for the District

Steve Kutz RN MPH
Division Director
Community and Clinical Health Services
PO Box 11130
Reno, NV 89520
775-328-6159
Email: SKutz@washoecounty.us

Contact for School of Social Work

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

ATTACHMENT B

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

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

* Requirements are based on student activities and location.



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: 6/26/14

DATE: June 13, 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: Ratification of Interlocal Agreement between the Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide educational opportunities for School of Community Health Sciences students to engage in practical application of classroom instruction in a public health agency environment for the period upon approval of the Board of Regents and the Washoe County Board of Health through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Interlocal Agreement.

SUMMARY

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

District Board of Health Strategic Goal: Strengthen District-wide infrastructure to improve public health.

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

PREVIOUS ACTION

This is an on-going Agreement that has been entered into annually for many years. The current Interlocal Agreement that terminates June 30, 2014 was approved by the District Board of Health on June 23, 2011.

BACKGROUND

The Interlocal Agreement provides opportunities for students to engage in practical application of classroom instruction in a Public Health Agency environment. The learning opportunities will have an emphasis on education rather than services without disruption of usual Washoe County Health District activities.

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

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

FISCAL IMPACT

Should the Board approve this Interlocal Agreement, there will be no fiscal impact to the adopted FY 15 budget as students and faculty will not receive compensation in connection with this Interlocal Agreement.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Interlocal Agreement between the Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide educational opportunities for School of Community Health Sciences students to engage in practical application of classroom instruction in a public health agency environment for the period upon approval of the Board of Regents and the Washoe County Board of Health through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Interlocal Agreement.

POSSIBLE MOTION

Move to ratify the Interlocal Agreement between the Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide educational opportunities for School of Community Health Sciences students to engage in practical application of classroom instruction in a public health agency environment for the period upon approval of the Board of Regents and the Washoe County Board of Health through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Interlocal Agreement.

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

And

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

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

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

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

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

CONTRACT TERM. This Contract shall be effective upon approval of the Board of Regents and the Washoe County Board of Health, through June 30, 2015, unless extended by the mutual agreement of the Parties. The Agreement will automatically be renewed for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. The automatic renewal provision of this section shall not affect the right of the Health District to terminate the Agreement as provided below.

TERMINATION. This Contract may be terminated by either party prior to the date set forth in paragraph (1), provided that a termination shall not be effective until 30 days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately if for any reason County, State and/or Federal funding ability to satisfy this Contract is withdrawn, limited, or impaired. This Contract may also be renegotiated in the event of a reduction in the anticipated County, State, or Federal funding revenue required to satisfy this Contract.

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

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

G:/Management/Contracts/2010/School of Community Health Sciences

ATTACHMENT A: SCOPE OF EDUCATIONAL EXPERIENCE (See Attachment A)
ATTACHMENT B: WASHOE COUNTY DISTRICT HEALTH DEPARTMENT VACCINE AND TB
SCREENING REQUIREMENTS (See Attachment B)

BREACH; REMEDIES. Failure of either party to perform any obligation of this Contract shall be deemed a breach. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing party reasonable attorneys' fees and costs.

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

INDEMNIFICATION.

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

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

FORCE MAJEURE. Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.

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

WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.

SEVERABILITY. If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the nonenforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.

ASSIGNMENT. Neither party shall assign, transfer or delegate any rights, obligations or duties under this Contract without the prior written consent of the other party.

PUBLIC RECORDS. Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.

CONFIDENTIALITY. Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Contract.

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

GOVERNING LAW; JURISDICTION. This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the jurisdiction of the Washoe County, Nevada district courts for enforcement of this Contract.

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

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

APPROVED BY BOARD OF HEALTH

_____ On _____ Chairman
Washoe County Board of Health Date Title

ATTEST:

_____ On _____
Date

APPROVED BY BOARD OF REGENTS

_____ On _____
Date Title

_____ On _____

ATTACHMENT A
SCOPE OF EDUCATIONAL EXPERIENCE
SCHOOL OF Community Health Sciences

Responsibilities of the Parties

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

Responsibilities of the University

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

Responsibilities of the WCHD

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

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

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

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

Scheduling and Tracking Student Placements

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

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

The School of Community Health Sciences agrees to prepare specific student schedules and other plans for instruction practice with the primary view of obtaining maximum educational

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

Communication between School and District Program Staff

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

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

Contact for the District

Steve Kutz RN, MPH
Division Director
Community and Clinical Health Services
PO Box 11130
Reno, NV 89520
775-328-6159
Email: SKutz@washoecounty.us

Contact for School of Community Health Sciences

Gerold Dermid
School of Community Health Sciences MS
274
University of Nevada, Reno
Reno, NV 89557
775-784-3538

ATTACHMENT B

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

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

* Requirements are based on student activities and location.



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: 6/26/14

DATE: June 13, 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: Ratification of Interlocal Agreement between Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide educational opportunities for Orvis School of Nursing students to engage in practical application of classroom instruction in a public health agency environment for the period upon approval of the Board of Regents and the Washoe County Board of Health through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Interlocal Agreement.

SUMMARY

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

District Board of Health Strategic Goal: Strengthen District-wide infrastructure to improve public health.

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

PREVIOUS ACTION

This is an on-going Agreement that has been entered into annually for many years. The current Interlocal Agreement that terminates June 30, 2014 was approved by the District Board of Health on June 23, 2011.

BACKGROUND

The Interlocal Agreement provides opportunities for students to engage in practical application of classroom instruction in a Public Health Agency environment. The learning opportunities will have an emphasis on education rather than services without disruption of usual Washoe County Health District activities.

Orvis School of Nursing shall select, in consultation with the Health District, learning experiences to which the students will be assigned. Dates and times for the use of the facilities by students will be mutually determined. Orvis School of Nursing will prepare and provide specific student schedules and other plans for instruction practice with the primary view of obtaining maximum educational benefit from the Health District's programs.

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

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

FISCAL IMPACT

Should the Board approve this Interlocal Agreement, there will be no additional impact to the adopted FY 15 budget as students and faculty will not receive compensation in connection with this Interlocal Agreement.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Interlocal Agreement between Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide educational opportunities for Orvis School of Nursing students to engage in practical application of classroom instruction in a public health agency environment for the period upon approval of the Board of Regents and the Washoe County Board of Health through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Interlocal Agreement.

POSSIBLE MOTION

Move to ratify the Interlocal Agreement between Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide educational opportunities for Orvis School of Nursing students to engage in practical application of classroom instruction in a public health agency environment for the period upon approval of the Board of Regents and the Washoe County Board of Health through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Interlocal Agreement.

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

and

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

WHEREAS, University conducts educational programs for the preparation of students at the Baccalaureate and Masters level, an integral portion of which includes the opportunity for students to engage in practical application of classroom instruction in a Public Health Agency environment; and

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

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

1. CONTRACT TERM. This Contract shall be effective upon approval of the Board of Regents and the Washoe County Board of Health, through June 30, 2015 unless extended by the mutual agreement of the Parties. The Agreement will automatically be renewed for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. The automatic renewal provision of this section shall not affect the right of the Health District to terminate the Agreement as provided below.
2. TERMINATION. Either party may terminate this Agreement by giving the other party written notice of the intent to terminate. The notice will specify a date upon which termination will be effective, which date may not be less than thirty (30) calendar days from the date of the termination notice.
3. SEVERABILITY. The provisions of this Agreement shall be deemed severable and if any portion shall be held invalid, illegal or unenforceable for any reason, the remainder of the Agreement shall be in effect and binding upon the parties.
4. NON APPROPRIATION. In the event funds are not appropriated for the purposes specified in this Agreement, contractor hereby consents to the termination of this Agreement. In such event, Health District will notify contractor in writing and the Agreement will terminate on the date specified in the notice. Both parties understand that this funding out provision is required by N.R.S. 354.626.

5. NOTICE. All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.
6. INCORPORATED DOCUMENTS. The parties agree that the services to be performed shall be specifically described; this Contract incorporates the following attachments:
ATTACHMENT A: SCOPE OF EDUCATIONAL EXPERIENCE (See Attachment A)
ATTACHMENT B: WASHOE COUNTY HEALTH DISTRICT VACCINE AND TB SCREENING REQUIREMENTS (See Attachment B)
7. BREACH; REMEDIES. Failure of either party to perform any obligation of this Contract shall be deemed a breach. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing party reasonable attorneys' fees and costs.
8. LIMITED LIABILITY. The parties will not waive and intends to assert available NRS Chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. To the extent applicable, actual contract damages for any breach shall be limited by NRS 354.626.
9. INDEMNIFICATION.
- a. Consistent with the Limited Liability provision stated above, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other party from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the indemnifying party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise exist as to any party or person, described in this paragraph.
 - b. The indemnification obligation under this paragraph is conditioned upon receipt of written notice by the indemnifying party within 30 days of the indemnified party's actual notice of any actual or pending claim or cause of action.
10. FORCE MAJEURE. Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.
11. HIPAA. As covered entities, the parties acknowledge the applicability of the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191 ("HIPAA") to any covered functions, which may be performed pursuant to this Agreement.

12. WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.

13. ASSIGNMENT. Neither party shall assign, transfer or delegate any rights, obligations or duties under this Contract without the prior written consent of the other party.

14. PUBLIC RECORDS. Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.

15. CONFIDENTIALITY. Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Contract.

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

17. GOVERNING LAW; JURISDICTION. This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the jurisdiction of the Washoe County, Nevada district courts for enforcement of this Contract.

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

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

APPROVED BY BOARD OF HEALTH

Washoe County Board of Health

On _____
Date

Chairman
Title

ATTEST:

On _____
Date

Recommended By:

On _____
Date Title

On _____
Date Title

APPROVED for the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada, Reno

Thomas L. Judy, Associate V.P.,
Business & Finance

On _____
Date Title

ATTACHMENT A
SCOPE OF EDUCATIONAL EXPERIENCE
ORVIS SCHOOL OF NURSING

Responsibilities of the Parties

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

Responsibilities of the University

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

Responsibilities of the WCHD

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

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

Scheduling and Tracking Student Placements

Orvis School of Nursing shall select, in consultation with the WCHD, learning experiences to which the students will be assigned from among those learning opportunities made

available by the WCHD. School and the WCHD shall mutually determine dates and times for the use of these facilities by such students.

Types of WCHD student placements:

Groups of undergraduate nursing students

Individual graduate level students

RN to BSN students

Orvis School of Nursing agrees to prepare specific student schedules and other plans for instruction practice with the primary view of obtaining maximum educational benefit from the District's programs. The instruction period for each student or group of students is planned on academic semesters or an equivalent time period and will conform to the School calendar as approved by the Board of Regents.

Communication between School and District Program Staff

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

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

Contact for the District:

Steve Kutz RN MPH
Division Director
Community and Clinical Health Services
PO Box 11130
Reno, NV 89520
775-328-6159
Email: SKutz@washoecounty.us

Contact for Orvis School of Nursing:

Patsy L. Ruchala, RN, DNSc, Director
Orvis School of Nursing
1664 N. Virginia St. MS 0134
Reno, NV 89557
775-784-6841
pruchala@unr.edu

ATTACHMENT B

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

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

* Requirements are based on student activities and location.

ATTACHMENT C to the CONTRACT AGREEMENT
between WASHOE COUNTY HEALTH DISTRICT (Facility) and the
BOARD OF REGENTS of the NEVADA SYSTEM OF HIGHER EDUCATION on behalf of the
UNIVERSITY OF NEVADA SCHOOL OF MEDICINE
concerning the
COMMITMENT TO THE JOINT SPONSORSHIP OF THE FAMILY MEDICINE RESIDENCY
PROGRAM

FOR THE PERIOD JULY 1, 2014 - JUNE 30, 2017

- A. Officials at the participating institution or facility who will assume administrative, educational, and supervisory responsibility for the residents.
1. It is agreed that David Fiore, M.D. shall serve as residency program director. Dr. Fiore will have full authority to direct and coordinate the program's activities in all participating institutions, including all responsibilities designate to the program director in the ACGME's Institutional and Program Requirements. Should it be necessary to appoint a new residency program director, the appointment will be made by the Chair of the School's responsible academic department with the concurrence of the Facility's Director and the School's Dean.
 2. David Fiore, M.D. shall have administrative, educational and/or supervisory responsibility for residents at the Facility during rotations to the Facility.
 3. All teaching staff participating in the clinical training of residents at Facility must have faculty appointments in a Department of the School and must have clinical privileges at the Facility. Participation in resident teaching also requires the concurrence of the residency program director. Faculty is appointed following Board of Regents of the Nevada System of Higher Education Handbook. Facility policies control the granting of clinical privileges at the Facility.
- B. Educational goals and objectives are attached hereto as Exhibit A and incorporated herein by this reference.
1. Facility will provide the educational setting in which the goals and objectives of the curricular elements of Community and Preventive Medicine are accomplished.
- C. Period of assignment of the residents to the Facility, the financial arrangements, and the details of insurance and benefits.
1. Residents' assignments for the academic year will be:

Postgraduate year (PGY)-III residents are assigned to Facility for a period of two (2) weeks during each preceptor rotation.
- D. Financial Arrangements, insurance and benefits
1. All residents will be University employees and will receive employee benefits as approved by the Board of Regents. The School will obtain malpractice coverage for the Residents as well as State Industrial Insurance.
- E. Facility's responsibilities for teaching, supervision, and formal evaluation of the residents' performance.

1. Facility agrees to cooperate with School in the appointment of clinical faculty as described in paragraphs 1.A., B., and C., above, who will have teaching, supervision, and evaluation responsibilities in the clinical training of residents at Facility. Formal evaluations must be completed at the end of each rotation based on the Educational Goals and Objectives published in the program's Resident Handbook and Exhibit A, attached hereto and incorporated herein by this reference, and returned to the program administration office.
 2. Supervision will be accomplished according to the guidelines established in the program's Resident Handbook, the Facility's approved guidelines for resident supervision, Facility bylaws, and in the ACGME Program Requirements.
- F. Policies and procedures that govern the residents' education while rotating to Facility.
1. Policies and procedures that govern the residents' education while rotating to Facility are stated in the Facility's Bylaws, Rules and Regulations, and Resident Supervision Policy, in the ACGME Program Requirements, the Program's Resident Handbook, the Processes, Procedures, Rules for GME and the Nevada System of Higher Education Board of Regents Handbook.
- G. Special program requirements.
1. Facility will make available the space, equipment, supplies, and support staff necessary to carry out the resident's patient care responsibilities and education while at the Facility.
 2. While assigned to Facility, residents will attend their continuity clinics and core conferences.

[SIGNATURE PAGE FOLLOWS]

Washoe County District Board of Board of Health

Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada School of Medicine

A. M. Smith III
Chairman

Date

David Fiore, M.D.
Residency Director
Family Medicine, Reno

Date

Miriam Bar-on, M.D.
Associate Dean of Graduate Medical
Education

Date

Cheryl Hug-English, MD, MPH
Dean School of Medicine

Date

Exhibit A
Educational Goals and Objectives

COMMUNITY MEDICINE

1. GENERAL DESCRIPTION

- A. The rotation in Community and Preventive Medicine is somewhat unique in our residency in that not only is it part rotational and part longitudinal, but is also involves doing independent discovery to answer specific cases with an associated written summary. Family Physicians actual practices may vary to the extent that they are involved in public and community health care. This portion of the curriculum is designed to provide residents with the skills and expertise expected of family physicians with active practices involving this area. This rotation will provide a concentrated experience in the field of Community Medicine.
- B. The two week rotation in Community and Preventive Medicine is centered on experiences offered by the Washoe County Health District. You should meet with the Division Director, Community and Clinical Services, to discuss the time you will be spending with the Health District. Assigned readings are also a part of the learning process. Prior to starting your Community and Preventive Medicine rotation please review the list of cases and questions that are listed on e'value. Please select three cases that you wish to explore and let Dr. Fiore know of your choices. Your written assignment on this rotation is a one page write up for each case or personnel/functions question that you select (five pages total). You should answer each question posed and list the people you have spoken to in researching the questions. Independent research is also encouraged.
- C. The longitudinal aspect of Community and Preventive Medicine involves multiple components. As with nearly all aspects of our training in Family Medicine, we cannot completely compartmentalize our learning. It is expected that you will learn content and philosophy pertinent to Community and Preventive Medicine throughout your residency and beyond. To encourage this, each resident is required to attend *at least* one UNSOM Student Outreach Clinic by April of their third year. Additionally, each class is to select a community project that they are interested in and in which each resident will participate.
- D. Residents are expected to follow their patients in the Family Medicine Center during this rotation.
- E. Level – (PGY)-111
- F. Location – Community Medicine is an office/health department based rotation.
- G. Duration – One two week block.
- H. Community Medicine is a full time rotation.
- I. Three to four half days per week will be spent in the Family Medicine Center.
- J. Participation in the Family Medicine call pool is required during this rotation.
- K. Work hour form submission is required at the completion of this rotation during work hour tracking months.
- L. Evaluation of Rotation
 - a. The evaluation of the resident on this rotation will be done by the completion of an evaluation form by the attending physician at the end of the rotation.
 - b. The resident will fill out a rotation evaluation for at the end of the rotation.

- c. The knowledge, skills and competencies acquired during this rotation will be evaluated by a Family Medicine attending as the resident provides care to patients in the Family Medicine Center.
- d. The resident's performance on the American Board of Family Medicine In-Training examination will also be used to assess knowledge in this area.

2. **PATIENT CARE** and **MEDICAL KNOWLEDGE** skills to be mastered

- A. Learn to assess and understand the important health needs of the community in which they work.
- B. Understand and be able to interact with community health resources that may be utilized in the care of patients and their families, including school health services and public health services.
- C. Understand and be able to implement disease prevention/health promotion, including appropriate strategies and behaviors such as immunizations and healthful lifestyle changes that will protect children, adults, and families from illness or injury.

3. **PRACTICE BASED LEARNING AND IMPROVEMENT**

- A. This competency is addressed longitudinally throughout the rotation.
 - a. Scientific evidence will be reviewed by the resident and supervisors.
 - b. The practical implementation of evidence-based medicine will be discussed as the medical decision making and public health decision making is reviewed.
 - c. Information technology will be utilized by the resident as he or she is required to research topics for completing the community medicine cases.

4. **INTERPERSONAL AND COMMUNICATION SKILLS**

- A. This competency is addressed longitudinally throughout the rotation by helping the resident improve his or her ability to communicate effectively with public health workers at all levels. Written communication will also be evaluated by review of the case write-ups.

5. **PROFESSIONALISM**

- A. This competency is addressed longitudinally throughout the rotation.
 - a. The resident's sense of personal responsibility including attendance, promptness, motivation, completion of duties, and appropriate dress will be observed and evaluated.
 - b. Ethical and legal practice skills will be taught.
 - c. Respect for cultural, gender and age, differences will be taught, observed and evaluated.
 - d. The resident is expected to treat patients, families, public health workers and colleagues with respect, understanding, sympathy and honesty.

6. **SYSTEMS BASED PRACTICE**

- A. This competency is addressed longitudinally throughout the rotation.

- a. The resident will learn to become aware of available resources and the cost effectiveness of testing and therapeutic options from a public health point of view.
- b. The resident will gain an increasing understanding of the role of the patient, physician, support staff, public resources and insurer in the health care environment.
- c. The resident will become aware of the available resources in our community as well as to the limitations of the resources in our community that our available.



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT BOARD MEETING DATE: 6/26/14

DATE: June 13, 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: Ratification of Interlocal Agreement between the Washoe County Health District and the Board of Regents of the Nevada System of Higher Education on Behalf of the University of Nevada School of Medicine to provide community and clinical public health opportunities for School of Medicine residents during their preceptorship experience for the period upon approval of all parties through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved authorize the Chairman to execute the Interlocal Agreement.

SUMMARY

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

District Board of Health Strategic Goal: Strengthen District-wide infrastructure to improve public health.

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

PREVIOUS ACTION

This is an on-going Agreement that has been entered into annually for many years. The current Interlocal Agreement that terminates June 30, 2014 was approved by the District Board of Health on June 23, 2011.

BACKGROUND

The Interlocal Agreement provides opportunities for medical residents to engage in practical application of classroom instruction in a Public Health Agency environment. The learning opportunities will have an emphasis on education rather than services without disruption to usual Washoe County Health District activities.

The University School of Medicine shall select, in consultation with the Health District, learning experiences to which residents will be assigned. Dates and times for the use of the facilities by residents will be mutually determined. The Health District shall allow the University School of Medicine utilization of the Health District's programs for a period of two weeks during each preceptor rotation.

The University School of Medicine will prepare and provide resident schedules and other plans for instruction with the primary view of obtaining maximum educational benefit from the Health District's programs. The resident's instructor will provide a copy of the course syllabus, which includes the evaluation form(s) and expectations.

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

FISCAL IMPACT

Should the Board approve this Interlocal Agreement, there will be no fiscal impact to the adopted FY 15 budget as students and faculty will not receive compensation in connection with this Interlocal Agreement.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Interlocal Agreement between the Washoe County Health District and the Board of Regents of the Nevada System of Higher Education on Behalf of the University of Nevada School of Medicine to provide community and clinical public health opportunities for School of Medicine residents during their preceptorship experience for the period upon approval of all parties through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved authorize the Chairman to execute the Interlocal Agreement.

POSSIBLE MOTION

Move to ratify the Interlocal Agreement between the Washoe County Health District and the Board of Regents of the Nevada System of Higher Education on Behalf of the University of Nevada School of Medicine to provide community and clinical public health opportunities for School of Medicine residents during their preceptorship experience for the period upon approval of all parties through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved authorize the Chairman to execute the Interlocal Agreement.

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

and

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

WHEREAS, the University of Nevada School of Medicine desires to have access to community and clinical public health opportunities for medical residents during their preceptorship experience; and

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

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

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

CONTRACT TERM. This Contract shall be effective upon approval of the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada School of Medicine and the Washoe County Board of Health, through June 30, 2015, unless extended by the mutual agreement of the Parties. The Agreement will automatically be renewed for two successive one-year periods for a total of 3 year on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. The automatic renewal provision of this section shall not affect the right of the Health District to terminate the Agreement as provided below.

TERMINATION. This Contract may be terminated by either party prior to the date set forth in paragraph (1), provided that a termination shall not be effective until 30 days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately if for any reason County, State and/or Federal funding ability to satisfy this Contract is withdrawn, limited, or impaired. This Contract may also be renegotiated in the event of a reduction in the anticipated County, State, or Federal funding revenue required to satisfy this Contract.

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

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

ATTACHMENT A: SCOPE OF COMMUNITY AND PREVENTIVE MEDICINE ROTATION (See Attachment A)

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

ATTACHMENT C: COMMITMENT TO THE JOINT SPONSORSHIP OF THE FAMILY MEDICINE RESIDENCY PROGRAM (See Attachment C)

EXHIBIT A: EDUCATIONAL GOALS AND OBJECTIVES - COMMUNITY MEDICINE (See Exhibit A)

BREACH; REMEDIES. Failure of either party to perform any obligation of this Contract shall be deemed a breach. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing party reasonable attorneys' fees and costs.

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

INDEMNIFICATION.

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

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

FORCE MAJEURE. Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.

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

WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.

SEVERABILITY. If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the nonenforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.

ASSIGNMENT. Neither party shall assign, transfer or delegate any rights, obligations or duties under this Contract without the prior written consent of the other party.

PUBLIC RECORDS. Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.

CONFIDENTIALITY. Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Contract.

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

GOVERNING LAW; JURISDICTION. This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the jurisdiction of the Washoe County, Nevada district courts for enforcement of this Contract.

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

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

APPROVED BY BOARD OF HEALTH

_____ On _____ Chairman
Washoe County Board of Health Date Title

ATTEST:

_____ On _____
Date

APPROVED BY BOARD OF REGENTS OF THE NEVADA SYSTEM OF HIGHER EDUCATION ON BEHALF OF THE UNIVERSITY OF NEVADA SCHOOL OF MEDICINE

_____ On _____
Cheryl Hug-English, MD, MPH Date Title

_____ On _____

ATTACHMENT A
SCOPE OF COMMUNITY AND PREVENTIVE MEDICINE ROTATION
UNIVERSITY OF NEVADA SCHOOL OF MEDICINE

Responsibilities of the Parties

1. The parties agree to jointly plan for the utilization of the WCHD's facilities for opportunities for medical residents during their clinical rotation. The maximum number of residents and the specific period shall be jointly determined after consideration of the WCHD's facilities and adequacy, extent and variety of learning experiences available.
2. Both parties agree that residents are not considered employees of either party under this Agreement.

Responsibilities of the University

1. University shall designate a lead faculty person for oversight of all residents during their Community and Preventive Medicine rotation.
2. University shall require residents to review and comply with WCHD polices regarding infection control, blood borne pathogen exposures, TB exposures, confidentiality of records, and to practice standard precautions while on site at the WCHD's facilities.
3. University shall ensure that all residents carry and have evidence of adequate group medical insurance prior to the participation in any clinical rotation at the WCHD.
4. University shall ensure that vaccine and TB screening requirements have been met for all residents prior to the beginning of their clinical rotation on site at the WCHD based on individual resident activities. These requirements are contained in Attachment B: WASHOE COUNTY HEALTH DISTRICT VACCINE AND TB SCREENING REQUIREMENTS FOR STUDENTS/INTERNS/RESIDENTS.
5. University shall comply with all applicable laws, ordinances and regulations of governmental entities having jurisdiction over matters, which are the subject of this Agreement. Further, pursuant to NRS Chapter 239B, University shall require background checks for residents participating in the activities covered by this Agreement. The University or resident will pay any cost associated with the background investigation. The results of these background checks may result in removal of a participant from the program, at Agency's discretion, or termination of this Agreement.
6. University shall immediately upon notice remove any medical resident from Agency program under this Agreement whom Agency determines, in its reasonable discretion, imposes an unreasonable risk of harm to Agency personnel, clients, property or to him/herself, or who violates Agency policies, regulations or procedures despite warning.

Responsibilities of the WCHD

1. WCHD shall allow the UNSOM utilization of the WCHD's programs for a period of two weeks during each preceptor rotation.
2. WCHD shall be responsible for providing clinical environment for learning and evaluation of the residents while performing their Community and Preventive Medicine rotation.
3. WCHD shall not compensate residents for services provided.
4. WCHD will provide physical facilities as necessary to the administration of this Agreement and to the conduct of the learning experiences conducted under the auspices of this Agreement, within the limits of the WCHD.
5. WCHD administration and personnel recognize their responsibility to maintain a learning environment of high quality in which sound educational experiences can occur.
6. WCHD will provide learning opportunities for residents within the limits of WCHD. The emphasis shall be on education rather than services without disruption of usual WCHD activities.
7. WCHD shall appoint a liaison officer and notify University of same. Such officer shall be the principal contact between WCHD and University for purposes of administration of this Agreement.
8. WCHD may remove and restrict from entry upon its premises University personnel or residents who it determines, in its reasonable discretion, impose an unreasonable risk of harm to WCHD personnel, clients, property of him/herself, or who violates WCHD policies, regulations or procedures despite warning. WCHD shall exercise reasonable efforts under the circumstances to notify University of its intent to remove or restrict prior to taking action and shall notify University as soon thereafter as is reasonable.

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

Scheduling and Tracking Resident Placements

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

University agrees to prepare residents schedules and other plans for instruction with the primary view of obtaining maximum educational benefit from the WCHD's programs.

Communication between School and WCHD Program Staff

The resident's instructor will provide a copy of the course syllabus, which includes the evaluation form(s) and expectations. Each resident will identify areas of interest from those available and a mutually agreed upon plan for educational experience will be developed.

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

Contact for the WCHD:

Steve Kutz RN MPH
Division Director
Community and Clinical Health Services
PO Box 11130
Reno, NV 89520
775-328-6159
Email: SKutz@washoecounty.us

Contact for University of Nevada

School of Medicine:
David C. Fiore, M.D.
Dept. of Community and Family Medicine
Brigham Building/316
Reno, NV 89557-0046
775-784-6180
Email: fiore@med.unr.edu

ATTACHMENT B

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

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

* Requirements are based on student activities and location.

ATTACHMENT C to the CONTRACT AGREEMENT
between WASHOE COUNTY HEALTH DISTRICT (Facility) and the
BOARD OF REGENTS of the NEVADA SYSTEM OF HIGHER EDUCATION on behalf of the
UNIVERSITY OF NEVADA SCHOOL OF MEDICINE
concerning the
COMMITMENT TO THE JOINT SPONSORSHIP OF THE FAMILY MEDICINE RESIDENCY
PROGRAM

FOR THE PERIOD JULY 1, 2014 - JUNE 30, 2017

- A. Officials at the participating institution or facility who will assume administrative, educational, and supervisory responsibility for the residents.
1. It is agreed that David Fiore, M.D. shall serve as residency program director. Dr. Fiore will have full authority to direct and coordinate the program's activities in all participating institutions, including all responsibilities designate to the program director in the ACGME's Institutional and Program Requirements. Should it be necessary to appoint a new residency program director, the appointment will be made by the Chair of the School's responsible academic department with the concurrence of the Facility's Director and the School's Dean.
 2. David Fiore, M.D. shall have administrative, educational and/or supervisory responsibility for residents at the Facility during rotations to the Facility.
 3. All teaching staff participating in the clinical training of residents at Facility must have faculty appointments in a Department of the School and must have clinical privileges at the Facility. Participation in resident teaching also requires the concurrence of the residency program director. Faculty is appointed following Board of Regents of the Nevada System of Higher Education Handbook. Facility policies control the granting of clinical privileges at the Facility.
- B. Educational goals and objectives are attached hereto as Exhibit A and incorporated herein by this reference.
1. Facility will provide the educational setting in which the goals and objectives of the curricular elements of Community and Preventive Medicine are accomplished.
- C. Period of assignment of the residents to the Facility, the financial arrangements, and the details of insurance and benefits.
1. Residents' assignments for the academic year will be:

Postgraduate year (PGY)-III residents are assigned to Facility for a period of two (2) weeks during each preceptor rotation.
- D. Financial Arrangements, insurance and benefits
1. All residents will be University employees and will receive employee benefits as approved by the Board of Regents. The School will obtain malpractice coverage for the Residents as well as State Industrial Insurance.
- E. Facility's responsibilities for teaching, supervision, and formal evaluation of the residents' performance.

1. Facility agrees to cooperate with School in the appointment of clinical faculty as described in paragraphs 1.A., B., and C., above, who will have teaching, supervision, and evaluation responsibilities in the clinical training of residents at Facility. Formal evaluations must be completed at the end of each rotation based on the Educational Goals and Objectives published in the program's Resident Handbook and Exhibit A, attached hereto and incorporated herein by this reference, and returned to the program administration office.
 2. Supervision will be accomplished according to the guidelines established in the program's Resident Handbook, the Facility's approved guidelines for resident supervision, Facility bylaws, and in the ACGME Program Requirements.
- F. Policies and procedures that govern the residents' education while rotating to Facility.
1. Policies and procedures that govern the residents' education while rotating to Facility are stated in the Facility's Bylaws, Rules and Regulations, and Resident Supervision Policy, in the ACGME Program Requirements, the Program's Resident Handbook, the Processes, Procedures, Rules for GME and the Nevada System of Higher Education Board of Regents Handbook.
- G. Special program requirements.
1. Facility will make available the space, equipment, supplies, and support staff necessary to carry out the resident's patient care responsibilities and education while at the Facility.
 2. While assigned to Facility, residents will attend their continuity clinics and core conferences.

[SIGNATURE PAGE FOLLOWS]

Washoe County District Board of Board of Health

Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada School of Medicine

A. M. Smith III
Chairman

Date

David Fiore, M.D.
Residency Director
Family Medicine, Reno

Date

Miriam Bar-on, M.D.
Associate Dean of Graduate Medical
Education

Date

Cheryl Hug-English, MD, MPH
Dean School of Medicine

Date

Exhibit A
Educational Goals and Objectives

COMMUNITY MEDICINE

1. GENERAL DESCRIPTION

- A. The rotation in Community and Preventive Medicine is somewhat unique in our residency in that not only is it part rotational and part longitudinal, but is also involves doing independent discovery to answer specific cases with an associated written summary. Family Physicians actual practices may vary to the extent that they are involved in public and community health care. This portion of the curriculum is designed to provide residents with the skills and expertise expected of family physicians with active practices involving this area. This rotation will provide a concentrated experience in the field of Community Medicine.
- B. The two week rotation in Community and Preventive Medicine is centered on experiences offered by the Washoe County Health District. You should meet with the Division Director, Community and Clinical Services, to discuss the time you will be spending with the Health District. Assigned readings are also a part of the learning process. Prior to starting your Community and Preventive Medicine rotation please review the list of cases and questions that are listed on e'value. Please select three cases that you wish to explore and let Dr. Fiore know of your choices. Your written assignment on this rotation is a one page write up for each case or personnel/functions question that you select (five pages total). You should answer each question posed and list the people you have spoken to in researching the questions. Independent research is also encouraged.
- C. The longitudinal aspect of Community and Preventive Medicine involves multiple components. As with nearly all aspects of our training in Family Medicine, we cannot completely compartmentalize our learning. It is expected that you will learn content and philosophy pertinent to Community and Preventive Medicine throughout your residency and beyond. To encourage this, each resident is required to attend *at least* one UNSOM Student Outreach Clinic by April of their third year. Additionally, each class is to select a community project that they are interested in and in which each resident will participate.
- D. Residents are expected to follow their patients in the Family Medicine Center during this rotation.
- E. Level – (PGY)-111
- F. Location – Community Medicine is an office/health department based rotation.
- G. Duration – One two week block.
- H. Community Medicine is a full time rotation.
- I. Three to four half days per week will be spent in the Family Medicine Center.
- J. Participation in the Family Medicine call pool is required during this rotation.
- K. Work hour form submission is required at the completion of this rotation during work hour tracking months.
- L. Evaluation of Rotation
 - a. The evaluation of the resident on this rotation will be done by the completion of an evaluation form by the attending physician at the end of the rotation.
 - b. The resident will fill out a rotation evaluation for at the end of the rotation.

- c. The knowledge, skills and competencies acquired during this rotation will be evaluated by a Family Medicine attending as the resident provides care to patients in the Family Medicine Center.
- d. The resident's performance on the American Board of Family Medicine In-Training examination will also be used to assess knowledge in this area.

2. **PATIENT CARE** and **MEDICAL KNOWLEDGE** skills to be mastered

- A. Learn to assess and understand the important health needs of the community in which they work.
- B. Understand and be able to interact with community health resources that may be utilized in the care of patients and their families, including school health services and public health services.
- C. Understand and be able to implement disease prevention/health promotion, including appropriate strategies and behaviors such as immunizations and healthful lifestyle changes that will protect children, adults, and families from illness or injury.

3. **PRACTICE BASED LEARNING AND IMPROVEMENT**

- A. This competency is addressed longitudinally throughout the rotation.
 - a. Scientific evidence will be reviewed by the resident and supervisors.
 - b. The practical implementation of evidence-based medicine will be discussed as the medical decision making and public health decision making is reviewed.
 - c. Information technology will be utilized by the resident as he or she is required to research topics for completing the community medicine cases.

4. **INTERPERSONAL AND COMMUNICATION SKILLS**

- A. This competency is addressed longitudinally throughout the rotation by helping the resident improve his or her ability to communicate effectively with public health workers at all levels. Written communication will also be evaluated by review of the case write-ups.

5. **PROFESSIONALISM**

- A. This competency is addressed longitudinally throughout the rotation.
 - a. The resident's sense of personal responsibility including attendance, promptness, motivation, completion of duties, and appropriate dress will be observed and evaluated.
 - b. Ethical and legal practice skills will be taught.
 - c. Respect for cultural, gender and age, differences will be taught, observed and evaluated.
 - d. The resident is expected to treat patients, families, public health workers and colleagues with respect, understanding, sympathy and honesty.

6. **SYSTEMS BASED PRACTICE**

- A. This competency is addressed longitudinally throughout the rotation.

- a. The resident will learn to become aware of available resources and the cost effectiveness of testing and therapeutic options from a public health point of view.
- b. The resident will gain an increasing understanding of the role of the patient, physician, support staff, public resources and insurer in the health care environment.
- c. The resident will become aware of the available resources in our community as well as to the limitations of the resources in our community that our available.



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT BOARD MEETING DATE: 6/26/14

DATE: June 13, 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, 775-328-2418, estickney@washoecounty.us

SUBJECT: Ratification of Interlocal Agreement between the Washoe County Health District and the Washoe County School District to provide student educational experiences as part of career exploration in public health related professions for the period upon approval of the Washoe County Board of Health and Washoe County School District through June 30, 2015, unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Interlocal Agreement.

SUMMARY

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

District Board of Health Strategic Goal: Strengthen District-wide infrastructure to improve public health.

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

PREVIOUS ACTION

The current Interlocal Agreement that terminates June 30, 2014 was approved by the District Board of Health on June 23, 2011.

BACKGROUND

The Interlocal Agreement provides an opportunity for high school interns to engage in mentor-directed activities in a public health agency environment. The learning opportunities for students will have an emphasis on education rather than services without disruption of usual Washoe County Health District activities.

The Washoe County School District shall select, in consultation with the Health District, learning experiences to which the students will be assigned. Dates and times for the use of the facilities by students will be mutually determined. The School District will prepare specific student schedules and other plans for instruction practice with the primary view of obtaining maximum educational benefit from the Health District's programs.

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

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

FISCAL IMPACT

Should the Board approve this Amendment to the Agreement, there will be no additional impact to the adopted FY 15 budget as students will not receive compensation in connection with this Agreement.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Interlocal Agreement between the Washoe County Health District and the Washoe County School District to provide student educational experiences as part of career exploration in public health related professions for the period upon approval of the Washoe County Board of Health and Washoe County School District through June 30, 2015, unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Interlocal Agreement.

POSSIBLE MOTION

Move to ratify the Interlocal Agreement between the Washoe County Health District and the Washoe County School District to provide student educational experiences as part of career exploration in public health related professions for the period upon approval of the Washoe County Board of Health and Washoe County School District through June 30, 2015, unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Interlocal Agreement.

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

and

The Washoe County School District
(hereinafter referred to as WCSD)
425 E. Ninth Street
Reno, NV 89503

WHEREAS, WCSD conducts educational programs for the exploration of public health careers of students at the high school level, an integral portion of which includes the opportunity for students to engage in mentor-directed activities for high school interns in a Public Health Agency environment; and

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

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

1. **CONTRACT TERM.** This Contract shall be effective upon approval of the Washoe County Board of Health and Washoe County School District, through June 30, 2015, unless extended by the mutual agreement of the Parties. The Agreement will automatically be renewed for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. The automatic renewal provision of this section shall not affect the right of the Health District to terminate the Agreement as provided below.
2. **TERMINATION.** This Contract may be terminated by either party prior to the date set forth in paragraph (1), provided that a termination shall not be effective until 30 days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately if for any reason County, State and/or Federal funding ability to satisfy this Contract is withdrawn, limited, or impaired. This Contract may also be renegotiated in the event of a reduction in the anticipated County, State, or Federal funding revenue required to satisfy this Contract.
3. **NOTICE.** All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.

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

- ATTACHMENT A: SCOPE OF EDUCATIONAL EXPERIENCE (See Attachment A)
- ATTACHMENT B: WASHOECOUNTY HEALTH DISTRICT VACCINE AND TB SCREENING REQUIREMENTS (See Attachment B)

5. BREACH; REMEDIES. Failure of either party to perform any obligation of this Contract shall be deemed a breach. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing party reasonable attorneys' fees and costs.

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

7. INDEMNIFICATION.

- a. Consistent with the Limited Liability provision stated above, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other party from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the indemnifying party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise exist as to any party or person, described in this paragraph.
- b. The indemnification obligation under this paragraph is conditioned upon receipt of written notice by the indemnifying party within 30 days of the indemnified party's actual notice of any actual or pending claim or cause of action.

8. FORCE MAJEURE. Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.

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

10. WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.

11. SEVERABILITY. If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the nonenforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.

12. ASSIGNMENT. Neither party shall assign, transfer or delegate any rights, obligations or duties under this Contract without the prior written consent of the other party.

13. PUBLIC RECORDS. Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.

14. CONFIDENTIALITY. Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Contract.

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

16. GOVERNING LAW; JURISDICTION. This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the jurisdiction of the Washoe County, Nevada district courts for enforcement of this Contract.

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

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

APPROVED BY BOARD OF HEALTH

_____ On _____ Chairman
Washoe County Board of Health Date Title

ATTEST:

_____ On _____
Date

APPROVED BY WASHOE COUNTY SCHOOL DISTRICT

_____ On _____
Date Title

_____ On _____
Date Title

**ATTACHMENT A
SCOPE OF EDUCATIONAL EXPERIENCE
WASHOE COUNTY SCHOOL DISTRICT**

Responsibilities of the Parties

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

Responsibilities of the WCSD

1. WCSD shall maintain oversight of students participating in educational opportunities through WCHD programs.
2. WCSD shall ensure that all students have access to medical care prior to the participation in any educational experience at the WCHD.
3. WCSD shall ensure that vaccine and TB screening requirements have been met for all students and faculty prior to the beginning of an educational experience on site at the WCHD based on individual student activities/placement. The requirements for each student placement are contained in Attachment B: WASHOE COUNTY HEALTH DISTRICT VACCINE AND TB SCREENING REQUIREMENTS FOR STUDENTS/INTERNS/RESIDENTS.
4. WCSD shall comply with all applicable laws, ordinances and regulations of governmental entities having jurisdiction over matters which are the subject of this Agreement. Further, pursuant to NRS Chapter 239B, WCSD shall require background checks for students and instructional personnel participating in the activities covered by this Agreement, if they are 18 years or older. The WCSD or the student will pay any cost associated with the background investigation. The results of these background checks may result in removal of a participant from the program, at Agency's discretion, or termination of this Agreement.
5. WCSD shall immediately upon notice remove any student from Agency program under this Agreement whom Agency determines, in its reasonable discretion, imposes an unreasonable risk of harm to Agency personnel, clients, property or to him/herself, or who violates Agency policies, regulations or procedures despite warning.
6. The Department Director or delegate will be the liaison officer and the principle contact between Agency and WCSD for purposes of administration of this Agreement.

Responsibilities of the WCHD

1. WCHD shall have sole responsibility for establishing the policies, regulations and procedures applicable to its operations and activities. It shall notify WCSD of all policies, regulations and procedures that it expects WCSD's personnel and students to adhere to while on WCHD premises

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

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

Scheduling and Tracking Student Placements

WCS D shall select, in consultation with the WCHD, learning experiences to which the students will be assigned from among those learning opportunities made available by the WCHD. WCS D and the WCHD shall mutually determine dates and time for the use of these facilities by such students.

WCS D agrees to prepare specific student schedules and other plans for instruction practice with the primary view of obtaining maximum educational benefit from the District's programs. The instruction period for each student or group of students is planned on academic semesters or an equivalent time period and will conform to the School calendar as approved by the Washoe County School board.

Communication between WCS D and WCHD Staff

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

WCS D and WCHD have appointed the following principal contacts for all communications in connection with this Agreement:

Contact for Washoe County Health District:
Steve Kutz, RN, MPH, Division Director
Community and Clinical Health Services
PO Box 11130
Reno, NV 89520
775-328-6159
skutz@washoecounty.us

Contact for Washoe County School District:
Lisa Riggs, Administrator
Gifted and Talented Education Program
William Raggio Bldg,
UNR Learning Resource Center
Reno, NV 89557
775-682-5548

ATTACHMENT B

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

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

* Requirements are based on student activities and location.



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: 6/26/14

DATE: June 13, 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: Ratification of Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and the University of Nevada School of Medicine Multi-Specialty Group Practice North, Inc. (MSAN) in the total amount not to exceed \$11,300 annually in support of male sterilization procedures for the period July 1, 2014 through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved authorize the Chairman to execute the Interlocal Agreement.

SUMMARY

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

District Board of Health Strategic Goal: Achieve targeted improvements in health outcomes and health equity.

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

PREVIOUS ACTION

This is an on-going Agreement that has been entered into annually for many years. The current Interlocal Agreement that terminates June 30, 2014 was approved by the District Board of Health on June 23, 2011.

BACKGROUND

The Washoe County Health District's Family Planning Program proposes to contract at the rate of \$452 per completed vasectomy not to exceed a total amount of \$11,300 annually. The contract provides for up to twenty-five (25) vasectomy procedures per year for patients referred from the Health District.

The District will conduct a patient assessment to assist with determining an authorized referral and notify MSAN of the preauthorized patient's name using a process agreed upon by both parties. The District will complete the Consent to Sterilization, Statement of Person Obtaining Consent and the Interpreter Statement (if indicated) and provide a copy to MSAN so they may complete the Physician's Statement.

MSAN will assume all responsibility for maintaining patient records; ensure that each patient receives a pre-surgery physical exam, a signed consent for the procedure, the surgical procedure, post-operative semen analysis and any additional treatment necessary to ensure the efficacy of the procedure. MSAN will complete the Consent for Sterilization Physician's statement and return to the District with request for payment.

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

FISCAL IMPACT

This Interlocal Agreement is federally funded by the Family Planning Title X award. If approved, expenses for this contract will be posted in the Family Planning Title X Grant Program, internal order 10025, under account 710714, Referral Services.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and the University of Nevada School of Medicine Multi-Specialty Group Practice North, Inc. (MSAN) in the total amount not to exceed \$11,300 annually in support of male sterilization procedures for the period July 1, 2014 through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved authorize the Chairman to execute the Interlocal Agreement.

POSSIBLE MOTION

Move to ratify the Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and the University of Nevada School of Medicine Multi-Specialty Group Practice North, Inc. (MSAN) in the total amount not to exceed \$11,300 annually in support of male sterilization procedures for the period July 1, 2014 through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved authorize the Chairman to execute the Interlocal Agreement.

INTERLOCAL AGREEMENT

THIS AGREEMENT is made and entered into between the WASHOE COUNTY HEALTH DISTRICT, hereinafter referred to as "District," and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Associates North, hereinafter referred to as "MSAN."

WHEREAS, the District administers Title X funding to provide male sterilization to clients without insurance or sufficient funding to cover the cost of the procedure; and

WHEREAS, MSAN desires to provide male sterilization procedures through the University of Nevada School of Medicine Family Medicine Center;

NOW THEREFORE, in view of their complementary goals, the parties wish to enter into this agreement to decrease the rate of unintended pregnancy in Washoe County.

MSAN agrees to:

1. Provide up to fifteen (15) vasectomy procedures before 6/30/15 for patients referred from the District.
2. Assume all responsibility for maintaining patient records.
3. Ensure that each patient receives a pre-surgery physical exam, a signed consent for the procedure, the surgical procedure, post-operative semen analysis and any additional treatment necessary to ensure the efficacy of the procedure.
4. Complete the Consent for Sterilization Physician's statement and return to District with request of payment (See attached).
5. Bill the Health District monthly after providing services to pre-authorized patients.
6. Comply with all applicable laws, ordinances and regulations of governmental entities including but not limited to blood-borne pathogens, tuberculosis, and professional licensure.
7. Provide the District access to the University of Nevada School of Medicine Family Medicine Center records if requested, to verify services.

The District agrees to:

1. Advertise the availability of subsidized male sterilization to HAWC, Planned Parenthood, Washoe Pregnancy Center, and District Family Planning patients.
2. Conduct a patient assessment to assist with determining an authorized referral. Priority for services is given to low-income males and those who are un/under insured, medically indigent or have no other resources for health care.
3. Notify MSAN of the pre-authorized patient's name using a process agreed upon by both parties.
4. The District will complete the Consent to Sterilization, Statement of Person Obtaining Consent and the Interpreter Statement (if indicated) and provide a copy to MSAN so they may complete the Physician's Statement as indicated above (See attached).
5. Reimburse MSAN in the amount of \$452.00 per completed vasectomy up to a maximum of \$11,300 annually.
6. Provide no payment in advance of services. Payment is due within 30 days. Payments are to be mailed to the following address:

MEDSchool Associates North
Nelson Building – MS 353
Attn: Accounts Receivable
401 West Second Street, Suite 237
Reno, NV 89503-5353

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

INDEMNIFICATION.

- a. Consistent with the Limited Liability provision stated below, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other party from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the indemnifying party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity, which would otherwise exist as to any party or person, described in this paragraph.
- b. The indemnification obligation under this paragraph is conditioned upon receipt of written notice by the indemnifying party within 30 days of the indemnified party's actual notice of any actual or pending claim or cause of action. The indemnifying party shall not be liable to hold harmless any attorneys' fees and costs for the indemnified party's chosen right to participate with legal counsel.
- c. In the event that the provisions of NRS Chapter 41 do not apply to a party, the party not covered by Chapter 41 agrees to indemnify the other party for any amount of damages in excess of the capped amount contained in Chapter 41 that may be awarded.

LIMITED LIABILITY. The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. To the extent applicable, actual contract damages for any breach shall be limited by NRS 353.260 and NRS 354.626.

TERM. The term of this Agreement is from July 1, 2014 through June 30, 2015 unless extended by the mutual agreement of the Parties. The Agreement will automatically be renewed for successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. The automatic renewal provision of this section shall not affect the right of the Health District to terminate the Agreement as provided.

TERMINATION. Either party may terminate this Agreement and any amendments at any time, without cause or penalty upon 30 days written notice to the other party. The District shall reimburse MSAN for any services still owing prior to the termination date of this Agreement but reserves the right to withhold payment if it is determined that the services were not provided.

NON-APPROPRIATION. In the event funds are not appropriated for the purposes specified in this Agreement, MSAN hereby consents to the termination of this Agreement. In such event, District will notify MSAN in writing and the agreement will terminate on the date specified in the notice. Both parties understand that this funding out provision is required by N.R.S. 354.626.

SEVERABILITY. The provisions of this Agreement shall be deemed severable and if any portion shall be held invalid, illegal or unenforceable for any reason, the remainder of the Agreement shall be in effect and binding upon the parties.

WAIVER OF PROVISION. Any waiver of any terms or conditions hereof must be in writing and signed by the parties hereto. A waiver of any of the terms or conditions hereof shall not be construed as a waiver of any other terms or conditions hereof.

AMENDMENTS. This Agreement may be amended at any time by mutual agreement of the parties without additional consideration, provided that before any amendment shall be operative or valid it shall be reduced to writing and signed by the parties. This Agreement may be reviewed at any time by both parties to determine whether the Agreement is appropriate as it relates to individuals referred from the District.

ENTIRE AGREEMENT. This Agreement contains the entire agreement between the parties and shall be binding upon the parties and no other agreements, oral or written, have been entered into with respect to the subject of this Agreement.

ASSIGNMENT. Nothing contained in this Agreement shall be construed to permit assignment by MSAN of any rights, duties or obligations under this Agreement and such assignment is expressly prohibited.

NOTICES. Official notices required under this Agreement shall be sent to the parties by certified or registered mail, return receipt requested, postage prepaid in the United States Postal Service to the addresses set forth below, or to such other addresses as the parties may designate in writing from time to time by notice given in accordance with the provisions of this section.

Notices to MSAN shall be addressed to:

Gail Smith, Director of Contracting
UNSOM
1664 N. Virginia Street
M/S 0332 – Pennington Bldg. # 231
Reno, Nevada 89557-0332

Notices to the District shall be addressed to:

Kevin Dick, District Health Officer
Washoe County Health District
P. O. Box 11130
Reno NV 89520-0027

Witness whereof, the parties hereto or a representative of either have set their hands and subscribed their signatures as of the date and year indicated.

DISTRICT BOARD OF HEALTH

By: _____ Date: _____
A. M. Smith III, Chairman

University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Associates North

By: _____ Date: _____
Daniel Spogen, MD, FFAFP Chairman
Director of Medical Education/Professor
Family Medicine Center

By: _____ Date: _____
Thomas Schwenk, MD
Dean, University School of Medicine
Vice President, University of Nevada, Reno Division of Health Sciences

CONSENT FOR STERILIZATION

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from _____ . When I first asked _____

Doctor or Clinic

for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Temporary Assistance for Needy Families (TANF) or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a _____ . The discomforts, risks

Specify Type of Operation

and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on: _____ Date

I, _____ , hereby consent of my own free will to be sterilized by _____

Doctor or Clinic

by a method called _____ . My

Specify Type of Operation

consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

Representatives of the Department of Health and Human Services, or Employees of programs or projects funded by the Department but only for determining if Federal laws were observed.

I have received a copy of this form.

Signature

Date

You are requested to supply the following information, but it is not required: (Ethnicity and Race Designation) (please check)

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race (mark one or more):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

■ INTERPRETER'S STATEMENT ■

If an Interpreter is provided to assist the individual to be sterilized:

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in _____

language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

Interpreter's Signature

Date

HHS-687 (05/10)

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before _____ signed the _____

Name of Individual

consent form, I explained to him/her the nature of sterilization operation _____ , the fact that it is

Specify Type of Operation

intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

Signature of Person Obtaining Consent

Date

Facility

Address

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon _____

Name of Individual

Date of Sterilization

I explained to him/her the nature of the sterilization operation _____ , the fact that it is

Specify Type of Operation

intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraph: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- Premature delivery
Individual's expected date of delivery: _____
- Emergency abdominal surgery (describe circumstances): _____

Physician's Signature

Date



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: 6/26/14

DATE: June 13, 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: Ratification of Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc. and University of Nevada School of Medicine Multispecialty Group Practice North, Inc. to provide physician consultative services for the Sexually Transmitted Disease clinic in the total amount of \$10,200 per year, for the period July 1, 2014 through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize Chairman to execute the Interlocal Agreement.

SUMMARY

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

District Board of Health Strategic Goal: Strengthen District-wide infrastructure to improve public health.

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

PREVIOUS ACTION

This is an on-going Agreement that has been entered into annually for many years. The Interlocal Agreement that terms June 30, 2014 was approved by the Board on May 26, 2011.

BACKGROUND

The Washoe County Health District proposes to renew the contract with the University of Nevada School of Medicine Integrated Clinical Services, Inc. and University of Nevada School of Medicine Multispecialty Group Practice North for the period July 1, 2011 through June 30, 2012 unless extended by the mutual agreement of the Parties. The contract rate is \$850 per month not to exceed a total amount of \$10,200 per year.

The Interlocal Agreement provides for a physician consultant for the Sexually Transmitted Disease clinic. The School will also review and approve treatment protocols and clinical evaluations performed by nurses; conduct clinical examination of clinic patients as requested by the District Program staff; provide STD in-services and updates two to four times per year; and discuss and review problem clinic patients as requested by District Program staff.

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

FISCAL IMPACT

Should the Board approve this Interlocal Agreement, there will no additional impact to the adopted FY 15 budget as expenses for this contract were anticipated and projected in the Sexually Transmitted Disease Program (cost centers 171300) under account 710108, MD Consulting.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc. and University of Nevada School of Medicine Multispecialty Group Practice North, Inc. to provide physician consultative services for the Sexually Transmitted Disease clinic in the total amount of \$10,200 per year, for the period July 1, 2014 through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize Chairman to execute the Interlocal Agreement.

POSSIBLE MOTION

Move to approve ratification of the Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc. and University of Nevada School of Medicine Multispecialty Group Practice North, Inc. to provide physician consultative services for the Sexually Transmitted Disease clinic in the total amount of \$10,200 per year, for the period July 1, 2014 through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize Chairman to execute the Interlocal Agreement.

INTERLOCAL AGREEMENT

THIS AGREEMENT is made and entered into between the WASHOE COUNTY HEALTH DISTRICT, hereinafter referred to as "District," and the UNIVERSITY OF NEVADA SCHOOL OF MEDICINE INTEGRATED CLINICAL SERVICES, INC., AND UNIVERSITY OF NEVADA SCHOOL OF MEDICINE MULTISPECIALTY GROUP PRACTICE NORTH, INC., dba MEDSchool Associates North, hereinafter referred to as "School."

WITNESSETH:

WHEREAS, the District conducts several clinical public health programs including a Sexually Transmitted Disease (STD) Clinic which requires the services of a physician consultant; and

WHEREAS, the School has faculty physicians who are licensed to practice medicine in the State of Nevada; and

WHEREAS, the School agrees to provide consultative and clinical services to the District for the STD Clinic as described herein;

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

The School agrees to:

1. Designate a faculty member to serve as Medical Consultant to the District for the STD Clinic.
2. Review and approve the treatment protocols and clinical evaluations performed by District nurses.
3. Serve on District committees as requested.
4. Discuss and review problem clinic patients with District staff on site and by telephone.
5. Conduct clinical examination of clinic patients as requested by the District Program staff based on a schedule mutually agreed upon by both parties.
6. Provide STD in-services and updates two to four times per year, based on a schedule mutually agreed upon by both parties.
7. Provide physician coverage 52 weeks a year. The School will provide coverage when the assigned physician is on vacation, or out of town or otherwise unavailable and will advise the District of the process to contact the School's back-up physician.
8. Bill the District each month for consultative/clinical services provided.
9. Comply with all applicable laws, ordinances and regulations of governmental entities including but not limited to bloodborne pathogens, tuberculosis exposures, professional licensure, and confidentiality of District medical records.
10. Require the physician(s) to submit the following documentation to the program supervisor prior to beginning services at the District: proof of immunity to measles and rubella, proof of hepatitis B immunization or a declination form, and a negative two-step baseline Tuberculosis Skin Test (TST) within 30 days prior to beginning services at the District; or a negative TST within the last year with a second negative TST within 30

days prior to beginning services at the District; or other TB screening documentation as may be required by the District's TB program Coordinator.

11. Review and comply with District policies regarding infection control, blood borne pathogen exposures, TB exposure, confidentiality of records, and to practice standard precautions while on site at the District.
12. Comply with OSHA Blood borne Pathogen requirements for Medical Service Providers. The requirements of Exhibit A are attached and included by reference.
13. Have the medical consultants for the STD Clinic submit to a full background investigation pursuant to NRS 179.180 et seq., which includes a criminal history check and fingerprinting, and authorize the District to receive the records. The discovery of a) an undisclosed conviction for a sexual offense or a conviction based on an arrest or initial charge for a sexual offense, b) an undisclosed pending arrest or initial charge for a sexual offense, or c) two or more incidents resulting in arrest or initial charge of sexual offense which have not resulted in conviction and were not disclosed may be grounds for immediate termination of this Agreement without prior notice by the District, as may the arrest, initial charge or conviction of physician for a sexual offense during the term of this Agreement.

The District agrees to:

1. Pay School \$10,200.00 annually at the rate of \$850.00 per calendar month for the administrative services provided as Medical Consultant of the STD Clinic.
2. Pay the School any sums still owing should this Agreement be terminated as provided hereafter and if such termination occurs during a month, School shall be paid a pro-rated amount for the fee for the month.
3. Reserve the right to withhold any payment if it is determined that the services described herein have not been provided.
4. Be responsible for all fiscal and program responsibilities, records and reports for patients provided services through District programs.
5. Refer patients to other health care providers should they require medical treatment outside of the STD protocol.
6. Provide physician(s) with appropriate forms to obtain fingerprints at the Washoe County Sheriff's Office.

HIPAA. To the extent applicable to this Agreement, the parties agree to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 USC 1320d ("HIPAA") and any current and future regulations promulgated thereunder including without limitation the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Regulations"), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as "HIPAA Requirements.", including the Health Information Technology for Economic and Clinical Health Act ("HITECH") that was adopted as part of the American Recovery and Reinvestment Act of 2009. It is agreed that in addition to maintaining such records and data in accordance with HIPAA and any more restrictive provisions of state law, including but not limited to, chapters 441A of the Nevada Revised Statutes and the Nevada Administrative Code, the parties will require that all employees, contractors and agents with whom they share the records and data provide comparable protections to those provided by the parties. The parties agree not to use or further disclose any

Protected Health Information (as defined in 42 USC 1320d), other than as permitted by HIPAA Requirements and the terms of this Agreement. The parties shall make their internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations.

INDEMNIFICATION.

- a. Consistent with the Limited Liability provision stated below, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other party from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the indemnifying party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity, which would otherwise exist as to any party or person, described in this paragraph.
- b. The indemnification obligation under this paragraph is conditioned upon receipt of written notice by the indemnifying party within 30 days of the indemnified party's actual notice of any actual or pending claim or cause of action. The indemnifying party shall not be liable to hold harmless any attorneys' fees and costs for the indemnified party's chosen right to participate with legal counsel.
- c. In the event that the provisions of NRS Chapter 41 do not apply to a party, the party not covered by Chapter 41 shall indemnify the other party for any amount of damages in excess of the capped amount contained in Chapter 41 that may be awarded.

LIMITED LIABILITY. The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages.

TERM. The term of this Agreement is from July 1, 2014 through June 30, 2015 unless extended by the mutual agreement of the Parties. The Agreement will automatically be renewed for successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. The automatic renewal provision of this section shall not affect the right of the Health District to terminate the Agreement as provided.

TERMINATION. Either party may terminate this Agreement by giving the other party written notice of the intent to terminate. The notice will specify a date upon which termination will be effective, which date may not be less than thirty (30) calendar days from the date of the termination notice.

SEVERABILITY. The provisions of this Agreement shall be deemed severable and if any portion shall be held invalid, illegal or unenforceable for any reason, the remainder of the Agreement shall be in effect and binding upon the parties.

NON APPROPRIATION. In the event funds are not appropriated for the purposes specified in this Agreement, contractor hereby consents to the termination of this Agreement. In such event, Health District will notify contractor in writing and the Agreement will terminate on the date

specified in the notice. Both parties understand that this funding out provision is required by N.R.S. 354.626.

WAIVER OF PROVISION. Any waiver of any terms or conditions hereof must be in writing and signed by the parties hereto. A waiver of any of the terms or conditions hereof shall not be construed as a waiver of any other terms or conditions hereof.

AMENDMENTS. This Agreement may be amended at any time by mutual agreement of the parties without additional consideration, provided that before any amendment shall be operative or valid it shall be reduced to writing and signed by the parties. Ratification by the governing bodies shall be a condition precedent to its entry into force. This Agreement may be reviewed at any time by both parties to determine whether the Agreement is appropriate as it relates to individuals referred from the District.

ENTIRE AGREEMENT. This Agreement contains the entire agreement between the parties and shall be binding upon the parties and no other agreements, oral or written, have been entered into with respect to the subject of this Agreement.

ASSIGNMENT. Nothing contained in this Agreement shall be construed to permit assignment by School of any rights, duties or obligations under this Agreement and such assignment is expressly prohibited.

NOTICES. Official notices required under this Agreement shall be sent to the parties by certified or registered mail, return receipt requested, postage prepaid in the United States Postal Service to the addresses set forth below, or to such other addresses as the parties may designate in writing from time to time by notice given in accordance with the provisions of this section.

Notices to School shall be addressed to:

Gail Smith, Director of Contracting
UNR - UNSOM
1664 North Virginia Street
Penn Bldg, M/S 0332
Reno, Nevada 89557-0332

Notices to the District shall be addressed to:

District Health Officer
Washoe County Health District
P O Box 11130
Reno NV 89520-0027

Witness whereof, the parties hereto or a representative of either have set their hands and subscribed their signatures as of the date and year indicated.

District Board of Health

By: _____ Date: _____
Chairman

University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada school of Medicine Multispecialty Group Practice North, Inc., dba MEDSchool Associates North

By: _____ Date: _____
Daniel Spogen, MD, FAAFP Chairman
Director of Medical Education/Professor
Family Medicine Center

By: _____ Date: _____
Thomas Schwenk, MD
Dean, University School of Medicine
Vice President, University of Nevada, Reno Division of Health Sciences

EXHIBIT A

**Washoe County Health District
OSHA Bloodborne Pathogen Requirements for
Independent Contractors**

Although the OSHA Standard for bloodborne pathogens covers employees, the Washoe County Health District (WCHD) wishes to insure that all individuals working on site (independent contractor) at risk for exposure will adhere to the recommendations outline in the WCDHD Bloodborne Pathogens Exposure Control Plan. Copies of the plan are available in the Divisions within the Department.

Your signature below indicates your agreement that:

You have reviewed a current copy of the WCHDH Bloodborne Pathogen Exposure Control Plan as of the date below.

You will abide by those policies.

You have designated a health care provider to provide you post exposure evaluation and prophylaxis at your own expense in the event you are exposed to blood or body fluids.

The WCDHD offers independent contractors initial and annual blood borne pathogen training. Should you decline this training, you agree to comply with any OSHA requirements for Bloodborne Pathogen training that might apply to you under Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030, enacted in December, 1991, to reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens.

NAME

DATE



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: 6/26/14

DATE: June 13, 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: Ratification of Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc. and University of Nevada School of Medicine Multispecialty Group Practice North, Inc. in the total amount of \$2,700 per year to provide laboratory director services for the period July 1, 2014 through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize Chairman to execute the Interlocal Agreement.

SUMMARY

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

District Board of Health Strategic Goal: Strengthen District-wide infrastructure to improve public health.

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

PREVIOUS ACTION

This is an on-going Agreement that has been entered into annually for many years. The previous Interlocal Agreement was approved by the District Board of Health on June 23, 2011.

BACKGROUND

The Interlocal Agreement provides for a laboratory director that will assume responsibility for the overall operations and administration of the laboratory by assuring the competency of personnel who perform FDA CLIA (Clinical Laboratory Improvement Amendments) waive test procedures and that test results are recorded and reported promptly, accurately, and proficiently in compliance with applicable regulations. Some examples of FDA CLIA waive tests are: dipstick or tablet reagent urinalysis, blood glucose testing (HemoCue, blood glucose device, etc.), hemoglobin, Rapid HIV-1 antibody tests, etc.

MSAN will also review and approve the laboratory manual annually; discuss and review laboratory issues with staff on site at least once every 30 consecutive days and by telephone as needed; provide periodic in-service education to District staff upon request; provide physician coverage 52 weeks per year; bill the District monthly for services provided; review and comply with District policies regarding infection control, blood-borne pathogen exposures, TB exposure, confidentiality of records, and to practice standard precautions while on site at the District; comply with OSHA blood-borne pathogen requirements for medical service providers; require the physician(s) to submit immunization documentation prior to beginning services at the District; ensure that the physician consultant has submitted to a full background investigation pursuant to NRS 179.180 et seq.

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

FISCAL IMPACT

Should the Board approve this Agreement, there will no additional impact to the adopted FY 15 budget as expenses for this contract were anticipated and projected in the Sexual Health and Family Planning programs (cost centers 171300 and internal order 10025) under General Ledger account 710108-MD Consulting.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc. and University of Nevada School of Medicine Multispecialty Group Practice North, Inc. in the total amount of \$2,700 per year to provide laboratory director services for the period July 1, 2014 through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize Chairman to execute the Interlocal Agreement.

POSSIBLE MOTION

Move to Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc. and University of Nevada School of Medicine Multispecialty Group Practice North, Inc. in the total amount of \$2,700 per year to provide laboratory director services for the period July 1, 2014 through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize Chairman to execute the Interlocal Agreement.

INTERLOCAL AGREEMENT

THIS AGREEMENT is made and entered into between the Washoe County Health District, hereinafter referred to as "District," and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., dba MEDSchool Associates North, hereinafter referred to as "MSAN."

WHEREAS, the District conducts several public health programs which require the services of a physician consultant; and

WHEREAS, MSAN has faculty physicians who are licensed to practice medicine in the State of Nevada, and specialize in pathology; and

WHEREAS, MSAN agrees to provide a faculty member to serve as the District's Laboratory Director;

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

The MSAN agrees to:

1. Designate a faculty member to assume responsibility for the overall operations and administration of the laboratory by assuring the competency of personnel who perform test procedures; that test results are recorded and reported promptly, accurately, and proficiently in compliance with applicable regulations.
2. Review and approve the laboratory manual annually.
3. Discuss and review laboratory issues with staff on site at least once every 30 consecutive days and by telephone as needed.
4. Provide periodic in-service education to District staff upon request.
5. Provide physician coverage 52 weeks per year. If the director is absent from the laboratory for 30 consecutive days or more, he shall provide a licensed substitute to serve in his place.
6. Bill the District each month for services provided.
7. Review and comply with District policies regarding infection control, blood borne pathogen exposures, TB exposure, confidentiality of records, and to practice standard precautions while on site at the District.
8. Comply with OSHA blood borne pathogen requirements for medical service providers. The requirements of Exhibit A are attached and included by reference.
9. Require the physician(s) to submit the following documentation prior to beginning services at the District: proof of immunity to measles and rubella, proof of hepatitis B immunization or a declination form, and a negative two-step baseline Tuberculosis Skin Test (TST) within 30 days prior to beginning services at the District; or a negative TST within the last year with a second negative TST within 30 days prior to beginning services at the District; or other TB screening documentation as may be required by the District's TB program Coordinator.
10. Ensure that the physician consultant has submitted to a full background investigation pursuant to NRS 179.180 et seq., which includes a criminal history check and fingerprinting, and authorize the District to receive the records. The discovery of a) an undisclosed

conviction for a sexual offense or a conviction based on an arrest or initial charge for a sexual offense, b) an undisclosed pending arrest or initial charge for a sexual offense, or c) two or more incidents resulting in arrest or initial charge of sexual offense which have not resulted in conviction and were not disclosed may be grounds for immediate termination of this Agreement without prior notice by the District, as may the arrest, initial charge or conviction of physician for a sexual offense during the term of this Interlocal Agreement.

The District agrees to:

1. Pay MSAN \$2,700 per year in 12 monthly installments of \$225 for medical consultant services described herein. Pay MSAN any sums still owing should this Agreement be terminated as provided hereafter and if such termination occurs during a month, MSAN shall be paid a pro-rated amount for the fee for that month.
2. Reserve the right to withhold any payment if it is determined that the services described herein have not been provided.
3. Be responsible for all fiscal and program responsibilities, records and reports for patients provided services through District programs.
4. Provide physician(s) with appropriate forms to obtain fingerprints at the Washoe County Sheriff's Office.
5. Provide no payment in advance of services. Payment is due within 30 days. Payments are to be mailed to the following address:

MEDSchool Associates North
Nelson Building – MS 353
Attention: Accounts Receivable
401 West Second Street, Suite 237
Reno, NV 89503-5353

INDEMNIFICATION.

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

b. The indemnification obligation under this paragraph is conditioned upon receipt of written notice by the indemnifying party within 30 days of the indemnified party's actual notice of any actual or pending claim or cause of action. The indemnifying party shall not be liable to hold harmless any attorneys' fees and costs for the indemnified party's chosen right to participate with legal counsel.

c. In the event that the provisions of NRS Chapter 41 do not apply to a party, the party not covered by Chapter 41 agrees to indemnify the other party for any amount of damages in excess of the capped amount contained in Chapter 41 that may be awarded.

LIMITED LIABILITY. The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive

damages. To the extent applicable, actual contract damages for any breach shall be limited by NRS 353.260 and NRS 354.626.

HIPAA. To the extent applicable to this Agreement, the parties agree to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 USC 1320d (“HIPAA”) and any current and future regulations promulgated thereunder including without limitation the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the “Federal Privacy Regulations”), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as “HIPAA Requirements.”, including the Health Information Technology for Economic and Clinical Health Act (“HITECH”) that was adopted as part of the American Recovery and Reinvestment Act of 2009. It is agreed that in addition to maintaining such records and data in accordance with HIPAA and any more restrictive provisions of state law, including but not limited to, chapters 441A of the Nevada Revised Statutes and the Nevada Administrative Code, the parties will require that all employees, contractors and agents with whom they share the records and data provide comparable protections to those provided by the parties. The parties agree not to use or further disclose any Protected Health Information (as defined in 42 USC 1320d), other than as permitted by HIPAA Requirements and the terms of this Agreement. The parties shall make their internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations.

TERM. The term of this Agreement is from July 1, 2014 through June 30, 2015 unless extended by the mutual agreement of the Parties. The Agreement will automatically be renewed for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. The automatic renewal provision of this section shall not affect the right of the Health District to terminate the Agreement as provided below.

TERMINATION. This Agreement and any amendments may be terminated by either party at any time, without cause or penalty upon 30 days written notice to the other party. The District shall reimburse MSAN for any services still owing prior to the termination date of this Agreement but reserves the right to withhold payment if it is determined that the services were not provided.

NON-APPROPRIATION. In the event funds are not appropriated for the purposes specified in this Agreement, MSAN hereby consents to the termination of this Agreement. In such event, District will notify MSAN in writing and the agreement will terminate on the date specified in the notice. Both parties understand that this funding out provision is required by N.R.S. 354.626.

SEVERABILITY. The provisions of this Agreement shall be deemed severable and if any portion shall be held invalid, illegal or unenforceable for any reason, the remainder of the Agreement shall be in effect and binding upon the parties.

WAIVER OF PROVISION. Any waiver of any terms or conditions hereof must be in writing and signed by the parties hereto. A waiver of any of the terms or conditions hereof shall not be construed as a waiver of any other terms of conditions hereof.

AMENDMENTS. This Agreement may be amended at any time by mutual agreement of the parties without additional consideration, provided that before any amendment shall be operative or valid it shall be reduced to writing and signed by the parties. Ratification by the governing bodies shall be a condition precedent to its entry into force. This Agreement may be reviewed at any time by both parties to determine whether the Agreement is appropriate as it relates to individuals referred from the District.

ENTIRE AGREEMENT. This Agreement contains the entire agreement between the parties and shall be binding upon the parties and no other agreements, oral or written, have been entered into with respect to the subject of this Agreement.

ASSIGNMENT. Nothing contained in this Agreement shall be construed to permit assignment by MSAN of any rights, duties or obligations under this Agreement and such assignment is expressly prohibited.

NOTICES. Official notices required under this Agreement shall be sent to the parties by certified or registered mail, return receipt requested, postage prepaid in the United States Postal

Service to the addresses set forth below, or to such other addresses as the parties may designate in writing from time to time by notice given in accordance with the provisions of this section.

Notices to MSAN shall be addressed to:

Gail Smith, MBA
UNSOM
1664 North Virginia Street M/S 1332
Reno, Nevada 89557-0332

Notices to the District shall be addressed to:

District Health Officer
Washoe County Health District
P O Box 11130
Reno NV 89520-0027

Witness whereof, the parties hereto or a representative of either have set their hands and subscribed their signatures as of the date and year indicated.

District Board of Health

By: _____ Date: _____
Chairman, District Board of Health

University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., dba MEDSchool Associates North, hereinafter referred to as "MSAN."

By: _____ Date: _____
Daniel Spogen, MD, FAAFP Chairman
Director of Medical Education/Professor
Family Medicine Center

By: _____ Date: _____
Thomas Schwenk, MD
Dean, University School of Medicine
Vice President, University of Nevada, Reno Division of Health Sciences

EXHIBIT A

**Washoe County Health District
OSHA Bloodborne Pathogen Requirements for
Independent Contractors**

Although the OSHA Standard for bloodborne pathogens covers employees, the Washoe County Health District (WCHD) wishes to insure that all individuals working on site (independent contractor) at risk for exposure will adhere to the recommendations outline in the WCDHD Bloodborne Pathogens Exposure Control Plan. Copies of the plan are available in the Divisions within the Department.

Your signature below indicates your agreement that:

You have reviewed a current copy of the WCHDH Bloodborne Pathogen Exposure Control Plan as of the date below.

You will abide by those policies.

You have designated a health care provider to provide you post exposure evaluation and prophylaxis at your own expense in the event you are exposed to blood or body fluids.

The WCDHD offers independent contractors initial and annual blood borne pathogen training. Should you decline this training, you agree to comply with any OSHA requirements for Bloodborne Pathogen training that might apply to you under Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030, enacted in December, 1991, to reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens.

NAME

DATE



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: 6/26/14

DATE: June 13, 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: **Ratification of Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., dba MEDSchool Associates North (MSAN), to provide physician consultative services in the total amount of \$7,650 for the period July 1, 2014 through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Interlocal Agreement.**

SUMMARY

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

District Board of Health Strategic Goal: Strengthen District-wide infrastructure to improve public health.

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

PREVIOUS ACTION

This is an on-going Agreement that has been entered into annually for many years. The Agreement that terminates June 30, 2014 was approved by the District Board of Health on May 26, 2011.

BACKGROUND

The Health District proposes to renew the contract with the University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., dba MEDSchool Associates North (MSAN) for the period July 1, 2014 through June 30, 2015 unless extended by the mutual agreement of the Parties. The contract rate is \$637.50 per month, not to exceed a total amount of \$7,650.

The Interlocal Agreement provides for a physician consultant for the Immunization Program, a physician preceptor for the District's Advanced Practitioner of Nursing, and to provide consultative and clinical services for designated District programs. The school will also: review and approve treatment protocols and clinical evaluations performed by nurses; discuss and review problem clinic patients with staff; conduct clinical examination of clinic patients as requested by the District; provide physician coverage for all programs listed above 52 weeks per year, including coverage when the assigned physician is unavailable; provide periodic in-service education to District staff upon request; review and comply with the District policies regarding infection control, blood borne pathogen exposures, TB exposure, confidentiality of records, and to practice standard precautions while on site at the District; comply with OSHA blood borne pathogen requirements for medical service providers; require the physician(s) to submit documentation to the District prior to beginning services of required immunizations; and ensure that the physician consultant has submitted to a full background investigation pursuant to NRS 179.180 et seq.

Washoe County's Risk Manager and District Attorney have reviewed and approved this Agreement.

FISCAL IMPACT

Should the Board approve this Interlocal Agreement, there will be no additional impact to the adopted FY15 budget as expenses for this contract were anticipated and projected in the Immunization Program (Cost Centers 173500 and Internal Order 10028) under General Ledger account 710108-MD Consulting.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., dba MEDSchool Associates North (MSAN), to provide physician consultative services in the total amount of \$7,650 for the period July 1, 2014 through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Interlocal Agreement.

POSSIBLE MOTION

Move to approve ratification of the Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., dba MEDSchool Associates North (MSAN), to provide physician consultative services in the total amount of \$7,650 for the period July 1, 2014 through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Interlocal Agreement.

INTERLOCAL AGREEMENT

THIS AGREEMENT is made and entered into between the WASHOE COUNTY HEALTH DISTRICT, hereinafter referred to as "District," and the UNIVERSITY OF NEVADA SCHOOL OF MEDICINE INTEGRATED CLINICAL SERVICES, INC., AND UNIVERSITY OF NEVADA SCHOOL OF MEDICINE MULTISPECIALTY GROUP PRACTICE NORTH, INC., dba MEDSchool Associates North, hereinafter referred to as "School."

WITNESSETH:

WHEREAS, the District conducts the clinical public health programs the Immunization Program, which requires the services of a physician consultant; and

WHEREAS, the School has faculty physicians who are licensed to practice medicine in the State of Nevada, and specialize in pediatric medicine; and

WHEREAS, the School agrees to provide a physician preceptor for the District's Advanced Practitioners of Nursing, and to provide consultative and clinical services for designated District programs as described herein;

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

The School agrees to:

1. Designate a faculty member to serve as the physician consultant to the District for the Immunization Programs including off-site clinic locations.
2. Review and approve treatment protocols and clinical evaluations performed by nurses.
3. Discuss and review problem clinic patients with staff on site and by telephone.
4. Conduct clinical examination of clinic patients as requested by the District Program staff.
5. Provide physician coverage for all programs listed above 52 weeks per year. Provide coverage when the assigned physician is on vacation, out of town or otherwise unavailable, and will notify the District who the back-up physician will be. School will also notify the back-up physician that he or she will be covering for the medical consultant during the time the medical consultant is unavailable.
6. Provide periodic in-service education to District staff upon request.
7. Bill the District each month for consultative/clinical services provided.
8. Review and comply with District policies regarding infection control, blood borne pathogen exposures, TB exposure, confidentiality of records, and to practice standard precautions while on site at the District.
9. Comply with OSHA blood borne pathogen requirements for medical service providers. The requirements of Exhibit A are attached and included by reference.
10. Require the physician(s) to submit the following documentation prior to beginning services at the District: proof of immunity to measles and rubella, proof of hepatitis B immunization or a declination form, and a negative two-step baseline Tuberculosis Skin Test (TST) within 30 days prior to beginning services at the District; or a negative TST within the last year with a

second negative TST within 30 days prior to beginning services at the District; or other TB screening documentation as may be required by the District's TB program Coordinator.

11. Ensure that the physician consultant has submitted to a full background investigation pursuant to NRS 179.180 et seq., which includes a criminal history check and fingerprinting, and authorize the District to receive the records. The discovery of a) an undisclosed conviction for a sexual offense or a conviction based on an arrest or initial charge for a sexual offense, b) an undisclosed pending arrest or initial charge for a sexual offense, or c) two or more incidents resulting in arrest or initial charge of sexual offense which have not resulted in conviction and were not disclosed may be grounds for immediate termination of this Agreement without prior notice by the District, as may the arrest, initial charge or conviction of physician for a sexual offense during the term of this Interlocal Agreement.

The District agrees to:

1. Pay School \$7,650 per year in 12 monthly installments of \$637.50 for medical consultant services described herein. Pay School any sums still owing should this Agreement be terminated as provided hereafter and if such termination occurs during a month, School shall be paid a pro-rated amount for the fee for that month.
2. Reserve the right to withhold any payment if it is determined that the services described herein have not been provided.
3. Be responsible for all fiscal and program responsibilities, records and reports for patients provided services through District programs.
4. Provide physician(s) with appropriate forms to obtain fingerprints at the Washoe County Sheriff's Office.

HIPAA. To the extent applicable to this Agreement, the parties agree to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 USC 1320d ("HIPAA") and any current and future regulations promulgated thereunder including without limitation the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Regulations"), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as "HIPAA Requirements.", including the Health Information Technology for Economic and Clinical Health Act ("HITECH") that was adopted as part of the American Recovery and Reinvestment Act of 2009. It is agreed that in addition to maintaining such records and data in accordance with HIPAA and any more restrictive provisions of state law, including but not limited to, chapters 441A of the Nevada Revised Statutes and the Nevada Administrative Code, the parties will require that all employees, contractors and agents with whom they share the records and data provide comparable protections to those provided by the parties. The parties agree not to use or further disclose any Protected Health Information (as defined in 42 USC 1320d), other than as permitted by HIPAA Requirements and the terms of this Agreement. The parties shall make their internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations.

INDEMNIFICATION.

- a. Consistent with the Limited Liability provision stated below, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other party from and

against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the indemnifying party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity, which would otherwise exist as to any party or person, described in this paragraph.

- b. The indemnification obligation under this paragraph is conditioned upon receipt of written notice by the indemnifying party within 30 days of the indemnified party's actual notice of any actual or pending claim or cause of action. The indemnifying party shall not be liable to hold harmless any attorneys' fees and costs for the indemnified party's chosen right to participate with legal counsel.
- c. In the event that the provisions of NRS Chapter 41 do not apply to a party, the party not covered by Chapter 41 shall indemnify the other party for any amount of damages in excess of the capped amount contained in Chapter 41 that may be awarded.

LIMITED LIABILITY. The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. To the extent applicable, actual contract damages for any breach shall be limited by NRS 353.360 and NRS 354.626.

TERM. The term of this Agreement is from July 1, 2014 through June 30, 2015 unless extended by the mutual agreement of the Parties. The Agreement will automatically be renewed for successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. The automatic renewal provision of this section shall not affect the right of the Health District to terminate the Agreement as provided below.

TERMINATION. This Agreement and any amendments may be terminated by either party at any time, without cause or penalty upon 30 days written notice to the other party. The District shall reimburse School for any services still owing prior to the termination date of this Agreement but reserves the right to withhold payment if it is determined that the services were not provided.

NON APPROPRIATION: In the event funds are not appropriated for the purposes specified in this Agreement, contractor hereby consents to the termination of this Agreement. In such event, Health District will notify contractor in writing and the Agreement will terminate on the date specified in the notice. Both parties understand that this funding out provision is required by N.R.S. 354.626.

SEVERABILITY. The provisions of this Agreement shall be deemed severable and if any portion shall be held invalid, illegal or unenforceable for any reason, the remainder of the Agreement shall be in effect and binding upon the parties.

WAIVER OF PROVISION. Any waiver of any terms or conditions hereof must be in writing and signed by the parties hereto. A waiver of any of the terms or conditions hereof shall not be construed as a waiver of any other terms of conditions hereof.

AMENDMENTS. This Agreement may be amended at any time by mutual agreement of the parties without additional consideration, provided that before any amendment shall be operative or valid it shall be reduced to writing and signed by the parties. Ratification by the governing bodies shall be a condition precedent to its entry into force. This Agreement may be reviewed at any time by both parties to determine whether the Agreement is appropriate as it relates to individuals referred from the District.

ENTIRE AGREEMENT. This Agreement contains the entire agreement between the parties and shall be binding upon the parties and no other agreements, oral or written, have been entered into with respect to the subject of this Agreement.

ASSIGNMENT. Nothing contained in this Agreement shall be construed to permit assignment by School of any rights, duties or obligations under this Agreement and such assignment is expressly prohibited.

NOTICES. Official notices required under this Agreement shall be sent to the parties by certified or registered mail, return receipt requested, postage prepaid in the United States Postal Service to the addresses set forth below, or to such other addresses as the parties may designate in writing from time to time by notice given in accordance with the provisions of this section.

Notices to School shall be addressed to:

Gail Smith, Director of Contracting
UNR - UNSOM
1664 North Virginia Street
Penn Bldg, M/S 0332
Reno, Nevada 89557-0332

Notices to the District shall be addressed to:

District Health Officer
Washoe County Health District
P O Box 11130
Reno NV 89520-0027

Witness whereof, the parties hereto or a representative of either have set their hands and subscribed their signatures as of the date and year indicated.

District Board of Health

By: _____ Date: _____
Chairman

University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., dba MEDSchool Associates North

By: _____ Date: _____

Daniel Spogen, MD, FAAFP Chairman
Director of Medical Education/Professor
Family Medicine Center

By: _____ Date: _____

Thomas Schwenk, MD
Dean, University School of Medicine
Vice President, University of Nevada, Reno Division of Health Sciences

EXHIBIT A

**Washoe County Health District
OSHA Bloodborne Pathogen Requirements for
Independent Contractors**

Although the OSHA Standard for bloodborne pathogens covers employees, the Washoe County Health District (WCHD) wishes to insure that all individuals working on site (independent contractor) at risk for exposure will adhere to the recommendations outline in the WCDHD Bloodborne Pathogens Exposure Control Plan. Copies of the plan are available in the Divisions within the Department.

Your signature below indicates your agreement that:

You have reviewed a current copy of the WCHDH Bloodborne Pathogen Exposure Control Plan as of the date below.

You will abide by those policies.

You have designated a health care provider to provide you post exposure evaluation and prophylaxis at your own expense in the event you are exposed to blood or body fluids.

The WCDHD offers independent contractors initial and annual blood borne pathogen training. Should you decline this training, you agree to comply with any OSHA requirements for Bloodborne Pathogen training that might apply to you under Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030, enacted in December, 1991, to reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens.

NAME

DATE



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: 6/26/14

DATE: June 13, 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 Notice of Subgrant Award from the State of Nevada Division of Public and Behavioral Health in the amount of \$58,000 for the period July 1, 2014 to June 30, 2015 in support of the Fetal Infant Mortality Review (FIMR) 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 has received a Notice of Subgrant Award from the State of Nevada Division of Public and Behavioral Health in the total amount of \$58,000 for the period July 1, 2014 through June 30, 2015 in support of the Fetal Infant Mortality Review Program. A copy of the Notice of Subgrant Award is attached.

District Board of Health Strategic Goal: Achieve targeted improvements in health outcomes and health equity.

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

PREVIOUS ACTION

There has been no previous action taken by the District Board of Health.

BACKGROUND

The Washoe County Health District's Maternal Child and Adolescent Health (MCAH) program has been receiving \$58,000 per fiscal year through a subgrant from the Division of Public and Behavioral Health since January 1, 2009. The goal of this program has been to improve perinatal health outcomes in Washoe County through outreach, case management and support of local and state maternal and child health policies which was accomplished by providing home visitation services to pregnant women in our community. The current grant ends on June 30, 2014. MCAH staff were notified that the grant would not be renewed as the Washoe County Health

District is not using an evidenced based model. MCAH staff was advised that a subgrant could be awarded for other MCAH activities.

The MCAH program submitted an application to the Division of Public and Behavioral Health and was awarded \$58,000 for FY15 to conduct a Fetal Infant Mortality Review (FIMR), which is a public health surveillance project. With the discontinuation of home visitation services as of June 30, 2014, this was an opportune time for the MCAH program to shift its scope of work to FIMR implementation and activities.

FIMR is an evidence based program designed to reduce fetal and infant mortality in Washoe County. FIMR implementation activities include:

- Identify disparately impacted (e.g.; by race and ethnicity, etc.) populations for Washoe County's fetal (greater than 20 weeks), neonatal (birth to 28 days) and postneonatal (29 days to 1 year) deaths.
- Examine contributing factors to fetal, neonatal, and postneonatal deaths.
- Complete the FIMR review on at least 30 cases. This is approximately 50% of all fetal, neonatal, and postneonatal deaths in Washoe County per year.
- Identify three recommendations and implement at least one intervention involving policy, systems, or community norm changes that will lead to the prevention of fetal, neonatal, and postneonatal deaths.

FISCAL IMPACT

Should the Board approve this Notice of Subgrant Award, the adopted FY15 budget will include two new internal orders to reflect FIMR grant activity. The FY15 adopted budget authority will be transferred from Internal Order 10007 (MCAH – State Funding) and Internal Order 10828 (MCAH – Federal Funding) to Internal Order TBA (FIMR – State Funding) and Internal Order TBA (FIMR – Federal Funding).

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve the Notice of Subgrant Award from the State of Nevada Division of Public and Behavioral Health in the amount of \$58,000 for the period July 1, 2014 to June 30, 2015 in support of the Fetal Infant Mortality Review (FIMR) Program; and if approved authorize the Chairman to execute.

POSSIBLE MOTION

Move to approve the Notice of Subgrant Award from the State of Nevada Division of Public and Behavioral Health in the amount of \$58,000 for the period July 1, 2014 to June 30, 2015 in support of the Fetal Infant Mortality Review (FIMR) Program; and if approved authorize the Chairman to execute.



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

HD #: 14433
 Budget: 3222
 Account: 15/MCHBG/GF
 Category: 8516
 GL: 9394413A
 Job Number:

NOTICE OF SUBGRANT AWARD

Program Name: Maternal and Child Health Program Bureau of Child, Family, and Community Wellness	Subgrantee Name: Washoe County Health District Lisa Lottritz, (775) 328-2465
Address: 4150 Technology Way, Suite #210 Carson City, NV 89706-2009	Address: P.O. Box 11130 Reno, NV 89520
Subgrant Period: July 1, 2014 through June 30, 2015.	Subgrantee's: EIN: 88-6000138 Vendor #: T40283400 Dun & Bradstreet: 73-786-998

Purpose of Award: To conduct a community-based Fetal Infant Mortality Review (FIMR) Program and develop reports of findings and recommendations to address contributing factors to fetal and infant deaths.

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

Approved Budget Categories:

1. Personnel	\$ 48,474.00
2. Travel	\$ 1,319.00
3. Operating	\$ 3,101.00
4. Equipment	\$ 0
5. Contractual/Consultant	\$ 0
6. Training	\$ 0
7. Other	\$ 5,106.00
Total Cost:	\$ 58,000.00

Disbursement of funds will be as follows:

Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant*. Total reimbursement will not exceed **\$58,000.00** during the subgrant period.

Source of Funds:	% of Funds:	CFDA:	Federal Grant #:
1. MCH Block Grant – Federal 57%	\$33,060.00	93.994	B04MC26680
2. State General Fund 43%	\$24,940.00	n/a	n/a

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

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

Incorporated Documents:

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

	Signature	Date
Washoe County Health District		
Deborah Aquino Program Manager, MCH <i>kt 5/14/14</i>	<i>Deborah S Aquino</i>	<i>5/14/2014</i>
Christine Mackie Bureau Chief, BCFCW	<i>Handler for</i>	<i>5/21/14</i>
for Richard Whitley, MS Administrator, Division of Public & Behavioral Health		

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

SECTION A

Assurances

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

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

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

5. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. To comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of protected health information (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.
9. Subgrantee certifies, by signing this notice of subgrant award, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.

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

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

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, as well as federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133, revised June 27, 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, NV 89706-2009***

This copy of the final audit must be sent to the Division within nine (9) months of the close of the subgrantee's fiscal year. **To ensure this requirement is met Section E of this notice of subgrant award must be filled out.**

THIS SPACE INTENTIONALLY LEFT BLANK

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

SECTION B

Description of Services, Scope of Work and Deliverables

Washoe County Health District, hereinafter referred to as Subgrantee, agrees to provide the following services and reports for the State Fiscal year July 1, 2014 through June 30, 2015 according to the identified timeframes:

Scope of Work for Washoe County Health District

Goal 1: Reduce Fetal and Infant Mortality.			
Objective	Activities	Due Date	Documentation Needed
1. Conduct a community-based Fetal Infant Mortality Review (FIMR) Program based on Division of Public and Behavioral Health Maternal and Child Health Program guidelines.	<p>1.1. Identify disparately impacted (e.g.; by race and ethnicity, etc.) populations for Washoe County's (WC) fetal (greater than 20 weeks), neonatal (birth to 28 days) and postneonatal (29 days to 1 year) deaths.</p> <p>1.2. Examine contributing factors to fetal, neonatal, and postneonatal deaths.</p> <p>1.3. Complete the FIMR review on at least 30 cases. This is approximately 50% of all fetal, neonatal, and postneonatal deaths in Washoe County per year.</p> <p>1.4. Identify three recommendations and implement at least one intervention involving policy, systems, or community norm changes that will lead to the prevention of fetal, neonatal, and postneonatal deaths.</p> <p>1.5. Obtain an Interlocal Agreement from the Division of Public and Behavioral Health (DPBH), granting authority to the WCHD to implement NAC 442.054 in respect to fetal, neonatal, and postneonatal deaths in Washoe County as they apply to FIMR, which authorizes identification and contact of patients who have been discharged with birth defects or adverse birth outcomes (including fetal and infant death).</p> <p>1.6. Participate in local MCAH trainings/meetings and visit an established FIMR program for orientation to the FIMR process.</p> <p>1.7. Develop the Washoe County FIMR Policies and Procedures, which are derived from the National FIMR policies. (See FIMR Policies and Procedures).</p>	06/30/15	<p>1. Report the information detailed in Activities 1.1-1.4 in the Annual Report.</p> <p>1.5. Submit a copy of the Interlocal Agreement from the DPBH with the subgrant award and when the State Health Officer changes.</p> <p>1.6. Document attendance at trainings/meetings and keep on file for audit purposes.</p> <p>1.7. Submit a master copy of the Washoe County FIMR Policies and Procedures with the subgrant award during the first year of the budget cycle, FY2015. For additional years of</p>

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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<p>2. Develop periodic local summary report of findings and recommendations that address the identified contributing factors leading to fetal and infant deaths.</p>	<p>1.8. The WCHD will establish, facilitate, and maintain a Case Review Team (CRT) and a Community Action Team (CAT) to:</p> <ul style="list-style-type: none"> a. Review selected cases b. Identify medical and nonmedical factors contributing to fetal and infant deaths c. Recommend and implement changes that address the review findings and are designed to prevent further deaths. <p>2.1. Based on case findings with community input, develop and implement objectives, interventions, timelines and evaluation components for identified recommendations that address systems, community norm or public policy changes.</p> <p>2.2. Disseminate local periodic summary report findings and recommendations to the community action team, local and State policymakers, the community at large, and other local MCAH Programs through published reports, press releases, and presentations to increase public awareness of recurring factors causing or contributing to fetal and infant deaths.</p>	<p>the budget cycle, submit changes only with the Annual Report.</p> <p>1.8a. Complete and submit the following forms: Committee Membership; FIMR Issues Checklist; and FIMR Tracking Log</p> <p>1.8b. Report the information requested in the Annual Report.</p> <p>2.1. Report the information requested in the Annual Report.</p> <p>2.2. Report the information requested in the Annual Report.</p>
--	--	---

- Program will be culturally and linguistically appropriate.
- Provide monthly reimbursement requests to NDPBH (see attached).
- Attach all receipts/invoices for items purchased or costs incurred and reconcile expenses to subgrant budget categories.
- Quarterly progress report must be sent. This report must include the names of all partners and collaborators who work with Washoe County Health District on the implementation of a national evidence based program with in their community. Reported details must include the number of women and children served by each organization during the quarterly timeframe.
- Annual written report to be submitted within 30 days of final date of grant date.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number B04MC26680 from the Health Resources and Services Administration. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of neither Division nor the Health Resources and Services Administration."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number B04MC26680 from the Health Resources and Services Administration.

Subgrantee agrees to adhere to the following budget:

<u>Category</u>		<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>
1. Personnel	\$	48,474		
			\$21,442	Public Health Nurse II - 0.3 of 1.0 FTE Base Salary
			\$0	Incentive
			\$4,532	Group Insurance
			\$136	Worker's Compensation Insurance
			\$29	Unemployment Insurance
			\$5,521	Retirement
			\$282	Medicare
			\$31,942	<i>Staff Member Subtotal</i>
			\$11,290	Public Health Nurse II - 0.24 of 0.6 FTE Base Salary
			\$108	Incentive
			\$1,933	Group Insurance
			\$109	Worker's Compensation Insurance
			\$24	Unemployment Insurance
			\$2,907	Retirement
			\$161	Medicare
			\$16,532	<i>Staff Member Subtotal</i>

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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2. Travel	\$	1,319		
			\$280	Auto Mileage
			\$147	Home Visits (50 @ 10 mi. X 0.56/mi.)
				Community (75 @ 3.5 mi. x 0.56/mi.)
			\$224	Contra Costa FIMR Training
			\$404	Mileage (400mi. @0.56/mi.)
			\$264	Hotel GSA (2 rooms, 2 days, \$101/day)
				Per Diem GSA (66/day@2 days/2 staff)
				Reimbursement made in accordance with SAM
3. Operating	\$	3,101		
			\$312	To include: March of Dimes booklets/edu. Material
			\$500	FIMR resource materials
			\$250	Postage: reports, client mailings
			\$500	Interview incentive (50@ \$10/giftcard)
			\$750	Printing Information packets (150@\$5.00 each)
			\$150	Annual reports (50@\$3.00 each)
			\$289	Gen. program materials
			\$300	Copy medical records
			\$50	Thank you cards: families
4. Equipment	\$	0		
			\$	
5. Contractual Consultant	\$			
			\$	
6. Training	\$			
			\$	
7. Other	\$	5,106		
			\$2,916	Indirect revenue (IR) 15.6% salaries + wage
			\$2,190	Federal IR 8.91% salary + wage
				State IR 6.69% salaries + wage
Total Cost	\$	58,000		

- There is 10% per line item of flexibility in the shifting of funds from one category to another. Subgrantee MUST notify and obtain written (via email is adequate), prior authorization for such modifications beyond the 10%.
- 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.

- To provide culturally and linguistically competent services to target population;
- Monthly requests will indicate the amount of payments will be made within 30 days of the past quarter/installments and timeframe for such payments;
- The maximum available through the subgrant payable by June 30, 2015 is \$58,000;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Reimbursement request will be accompanied by a brief outcome measure report/completion report; and

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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- Additional expenditure detail will be provided upon request from the Division.
- All required reports requested will be completed on time.

Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.

The Division agrees:

- Payment will be made monthly upon submission of reimbursement and necessary report by Subgrantee.
- To provide technical assistance, upon request from the Subgrantee.
- Provide required reports on time as submitted by Subgrantee.
- Provide monthly report form for submission by Subgrantee.
- The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:

The site visit/monitoring schedule will be at least annual and more regularly if needed by the grantor or requested by the subgrantee.

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.

- This subgrant may be extended up to a maximum term of four years upon agreement of both parties and if funding is available.

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

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly or quarterly basis, based on the terms of the subgrant agreement, no later than the 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.
- Please report in whole dollars.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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Request for Reimbursement Instructions

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

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

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

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

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

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

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

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

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

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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SECTION D

Request for Reimbursement

HD#: 14433
Budget Account: 3222/15
GL: 8516
Draw #: 1

Program Name: Maternal and Child Health Program, BCFCW Nevada Division of Public and Behavioral Health	Subgrantee Name: Washoe County Health District
Address: 4150 Technology Way, Suite #210 Carson City, NV 89706-2009	Address: P.O. Box 11130 Reno, NV 89520
Subgrant Period: July 1, 2014 through June 30, 2015	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400</u>

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

Month(s): _____ Calendar year: _____

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Curent Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$48,474.00	\$0.00	\$0.00	\$0.00	\$48,474.00	\$0.00
2 Travel	\$1,319.00	\$0.00	\$0.00	\$0.00	\$1,319.00	\$0.00
3 Operating	\$3,101.00	\$0.00	\$0.00	\$0.00	\$3,101.00	\$0.00
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6 Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7 Other	\$5,106.00	\$0.00	\$0.00	\$0.00	\$5,106.00	\$0.00
Total	\$58,000.00	\$0.00	\$0.00	\$0.00	\$58,000.00	\$0.00

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 Subgran 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 E

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. Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to:

Nevada State Division of Public and Behavioral Health
Attn: Administrative Services Officer IV
4150 Technology Way, Suite 300
Carson City, NV 89706-2009

2. Did your organization expend \$500,000.00 or more in all federal awards during your organization's most recent fiscal year? YES NO

3. When does your organization's fiscal year end?

June 30, 2014

4. What is the official name of your organization?

Washoe County Health District

5. How often is your organization audited?

Annually

6. When was your last audit performed?

BCC approved 11/12/13

7. What time period did your last audit cover

7/1/12-6/30/13

8. Which accounting firm conducted your last audit?

Kaufung, Armstrong & Co.

Signature Date

Administrative Health Services

Title Officer

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

SECTION F

Confidentiality Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as "Division"

and

Washoe County Health District

hereinafter referred to as "Contractor"

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

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

NOW, THEREFORE, Division and Contractor agree as follows:

I. **DEFINITIONS**

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

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

II. **TERM**

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

III. **LIMITS ON USE AND DISCLOSURE ESTABLISHED BY TERMS OF CONTRACT OR LAW**

Contractor hereby agrees it shall not use or disclose the confidential information provided, viewed or made available by Division for any purpose other than as permitted by Agreement or required by law.

IV. **PERMITTED USES AND DISCLOSURES OF INFORMATION BY CONTRACTOR**

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

V. **USE OR DISCLOSURE OF INFORMATION**

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

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

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

VI. OBLIGATIONS OF CONTRACTOR

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

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

CONTRACTOR/ORGANIZATION

DIVISION

Signature Date

Signature Date

Print Name

for Richard Whitley, MS

Title

Administrator,
Division of Public and Behavioral Health
Title



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: 6/26/14

DATE: June 13, 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 Subgrant Amendment #1 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 \$223,370 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 Amendment 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 Goal: Achieve targeted improvements in health outcomes and health equity.

BCC Strategic Objective supported by this item: Safe, secure, and healthy communities.

Approval of the Notice of Subgrant Amendment #1 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 2014 in the amount of \$111,685, representing "Round 1" of funding, in support of the Immunization Program on February 27, 2014.

BACKGROUND

The Division of Public and Behavioral Health has received “Round 2” of funding from the Centers for Disease Control and Prevention (CDC). As such, the Amendment reflects the subgrant period of January 1, 2014 through December 31, 2014, with additional funding of \$111,685. This represents two-thirds 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 Subgrant Amendment #1 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 \$223,370 for the Immunization Program Grant (IOs 10028 & 10029); and if approved authorize the Chairman to execute.

POSSIBLE MOTION

Move to approve Subgrant Amendment #1 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 \$223,370 for the Immunization Program Grant (IOs 10028 & 10029); and if approved authorize the Chairman to execute.



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

Original HD #: 14265
 Budget Account: 3213
 Category: 20
 GL: 8516
 Job Number: 9326814

SUBGRANT AMENDMENT # 1

Program Name: Immunization Program Bureau of Child, Family & Community Wellness	Subgrantee Name: Washoe County Health District
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.	Amendment Effective Date: Upon approval by all parties.

This amendment reflects a change to:

- Scope of Work
 Term
 Budget

Reason for Amendment: The Nevada State Immunization Program received Round 2 funding from the CDC issued on 4/10/2014. It is necessary for the program to increase the subgrant award so that the subgrantee can accomplish the scope of work set out in the original subgrant. This amendment increases the original subgrant budget by \$111,685 for a total budget award of \$223,370.

Required Changes:

Current Language: N/A

Amended Language: N/A

Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$ 92,261.00	\$ 92,261.00	\$ 184,522.00
2. Travel	\$ 2,517.00	\$ 2,517.00	\$ 5,034.00
3. Operating	\$ 667.00	\$ 667.00	\$ 1,334.00
4. Equipment	\$ 0.00	\$ 0.00	\$ 0.00
5. Contractual/Consultant	\$ 0.00	\$ 0.00	\$ 0.00
6. Other	\$ 3,095.00	\$ 3,095.00	\$ 6,190.00
7. Indirect	\$ 13,145.00	\$ 13,145.00	\$ 26,290.00
Total	\$ 111,685.00	\$ 111,685.00	\$ 223,370.00

Incorporated Documents:

- Exhibit A: Original subgrant Notice of Subgrant Award and all previous amendments; and
 Exhibit B: Amended Budget Detail (Please see attached)

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
Matt Smith, Chairman District Board of Health, WCHD		
Karissa Loper, MPH Program Manager, Immunizations	<i>Karissa Loper</i>	5/22/14
Christine Mackie Bureau Chief, BCFCW for Richard Whitley, MS Administrator, Division of Public & Behavioral Health	<i>Blindler for</i>	5/22/14

IZ

JUN _ 2 2014

RECEIVED

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 #: 8501
 Job Number: 9326814

EXHIBIT A

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: Washoe County

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 *specific to this subgrant*. 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
		2-27-14
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		3/27/14

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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	Date Due By	Documentation
(IPOM A-7) By 12/31/2014, assure that VFC-enrolled providers comply with VFC Program requirements through annual compliance site visits to at least <u>50%</u> of active VFC-enrolled providers and other means as defined in the current VFC Operations Guide.	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: 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	12/31/2014	<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.**

Goal: Assess program performance for program improvement.			
Objectives	Activities	Date Due By	Documentation
<p>(IPOM 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 4.3.3.3.1.4 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>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> <ol 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>(IPOM B-1d) By 12/31/2014, promote evidence-based strategies.</p>	<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>	<p>12/31/2014</p>	<p>Mid-Year & End-of-Year Progress Report</p>

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.			
Objectives	Activities	Date Due By	Documentation
(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

	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.	12/31/2014	Mid-Year & End-of-Year Progress Report
	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.	12/31/2014	Mid-Year & End-of-Year Progress Report
	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.	12/31/2014	Mid-Year & End-of-Year Progress Report
(IPOM C-5c) By 12/31/2014, increase timely completion of doses two and three.	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.	12/31/2014	Mid-Year & End-of-Year Progress Report
	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.	12/31/2014	Mid-Year & End-of-Year Progress Report
	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.	12/31/2014	Mid-Year & End-of-Year Progress Report
(IPOM C-5d) By 12/31/2014, increase post-vaccination serology.	1) Throughout 2014, identify contributing factors that prevent infants from obtaining post-vaccination serologic testing (PVST) within the ACIP-recommended testing and time frame.	12/31/2014	Mid-Year & End-of-Year Progress Report
	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.	6/30/2014	Mid-Year & End-of-Year Progress Report • 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

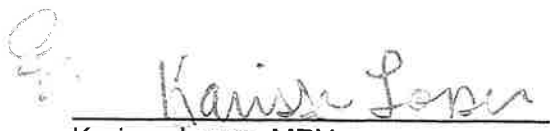
CHAPTER E – IMPROVE AND MAINTAIN PREPAREDNESS

SEASONAL INFLUENZA VACCINATION

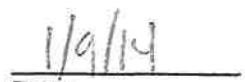
Goal: Conduct seasonal influenza vaccine activities to improve preparedness for an influenza pandemic.			
Objectives	Activities	Date Due By	Documentation
(IPOM E-3) Throughout the 2014-2015 Influenza Season work with new and existing partners to increase demand for seasonal influenza vaccine to improve preparedness for an influenza pandemic, including school-located vaccination.	1) Work with Immunize Nevada, Washoe County School District and other local partners, especially those who serve groups at high risk for complications from influenza infection and/or in underserved population groups, to increase demand for seasonal influenza immunization.	12/31/2014	• Mid-Year & End-of-Year Progress Report
	2) In partnership with Immunize Nevada and the Washoe County School District, conduct school-located vaccination clinics during the 2014-2015 influenza season. a) Reports should include, where feasible, the number of flu clinics held, total number of individuals targeted, dates of clinics with respect to jurisdiction's influenza season, and a description of target population by age and race/ethnicity.	12/31/2014	• Mid-Year & End-of-Year Progress Report

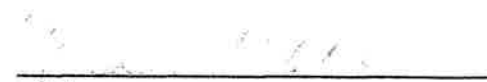
- Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public & Behavioral Health through Grant Number 5H23IP000727-02 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Division of Public & Behavioral Health or the Centers for Disease Control and Prevention."
- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number 5H23IP000727-02 from the Centers for Disease Control and Prevention.
- When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.


The following individuals agree to this Scope of Work:



Karissa Loper, MPH
Nevada Immunization Program Manager


Date


Linda Gabor, MSN, RN
WCHD, Immunization Director


Date

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

- '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

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? 3/31/14
4. Official name of organization? Neuroscience Center of the University of Nevada, Reno
5. How often is your organization audited? Annually
6. When was your last audit performed? Completed April 1, 2013
7. What time period did it cover? 12/1/12 - 11/30/13
8. Which accounting firm conducted the audit? Wynn & Associates, LLC

[Handwritten Signature] Administrative Services Officer IV 3/17/14

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

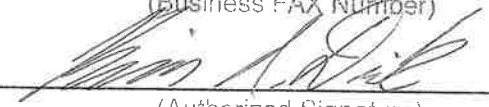
(City, State and Zip Code)

(775)

(Business Phone Number)

(775)

(Business FAX Number)



(Authorized Signature)

Kevin Dick
(Print Name)

District Health Officer

(Title)



(Date)

EXHIBIT B-1
S-14265 Washoe County Health District
Amendment #1 Subgrant Award
Budget Breakout per funding component

	VFC Ops (01)	VFC/AFIX (04)	317 Ops (00)	Pan Flu (05)	Total Funds
Personnel	\$ 120,862		\$ 63,660		\$ 184,522
Travel	\$ 2,234		\$ 2,800		\$ 5,034
Operating	\$ 1,000		\$ 334.00		\$ 1,334
Equipment	\$ -		\$ -		\$ -
Contractual	\$ -		\$ -		\$ -
Other	\$ 6,190		\$ -		\$ 6,190
Indirect	\$ 17,064		\$ 9,226.00		\$ 26,290
Total	\$ 147,350		\$ 76,020		\$ 223,370

EXHIBIT B-2
S-14265 Washoe County Health District

317 Ops Approved Budget					317 Ops Round 1 Award - 12/17/2013					317 Ops Round 2 Award - 04/10/2014				
	Qty	Total Wages	Time	Total		Qty	Rate	Time	Total		Qty	Rate	Time	Total
Position 1	1	103,036	0.32545	\$ 33,533	33% of \$95,491	1	95,491	0.33333	\$ 31,830	33% of \$95,491	1	95,491	0.33333	\$ 31,830
Position 2	1	105,761	0.38868	\$ 41,107	(rounded)					(rounded)				
Position 3	1	66,310	0.03936	\$ 2,610										
Position 4	1	107,962	0.11746	\$ 12,681										
Position 5	1	111,200	0.05	\$ 5,560										
Total Wages include Fringe				\$ -										
Total Personnel:				\$ 95,491	Total Personnel:				\$ 31,830	Total Personnel:				\$ 31,830
Travel:	Qty	Rate	Time	Total	Travel:	Qty	Rate	Time	Total	Travel:	Qty	Rate	Time	Total
Mileage	29.76		0.56 12 mos.	\$ 200.00	33% of \$4,200	1	\$ 4,200.00	0.33333	\$ 1,400	33% of \$4,200	1	\$ 4,200.00	0.33333	\$ 1,400
Out of State Travel	1		1500 n/a	\$ 1,500.00										
Out of State Travel	1		2000 n/a	\$ 2,000.00										
Registration Fees	2		250 n/a	\$ 500.00										
Total Travel:				\$ 4,200.00	Total Travel:				\$ 1,400	Total Travel:				\$ 1,400
Operating/Supplies:	Qty	Rate	Time	Total	Operating/Supplies:	Qty	Rate	Time	Total	Operating/Supplies:	Qty	Rate	Time	Total
General Office Supplies	1		41.67 12 mos.	\$ 500.00	33% of \$500	1	\$ 500.00	0.3333	\$ 167	33% of \$500	1	\$ 500.00	0.3333	\$ 167
Total Operating:				\$ 500.00	Total Operating:				\$ 167	Total Operating:				\$ 167
Equipment:	Qty	Rate	Time	Total	Equipment:	Qty	Rate	Time	Total	Equipment:	Qty	Rate	Time	Total
Total Equipment:				\$ -	Total Equipment:				\$ -	Total Equipment:				\$ -
Contractual:	Qty	Rate	Time	Total	Contractual:	Qty	Rate	Time	Total	Contractual:	Qty	Rate	Time	Total
Total Contractual:				\$ -	Total Contractual:				\$ -	Total Contractual:				\$ -
Other:	Qty	Rate	Time	Total	Other:	Qty	Rate	Time	Total	Other:	Qty	Rate	Time	Total
Total Other:				\$ -	Total Other:				\$ -	Total Other:				\$ -
Indirect	Qty	Rate	Time	Total	Indirect	Qty	Rate	Time	Total	Indirect	Qty	Rate	Time	Total
(rounded)	95,491		0.144925	\$ 13,839.00	33% of \$13,839	1	\$ 13,839.00	0.3333	\$ 4,613	33% of \$13,839	1	\$ 13,839.00	0.3333	\$ 4,613
Total Indirect:				\$ 13,839.00	Total Indirect:				\$ 4,613	Total Indirect:				\$ 4,613
Total 317 Ops Budget:				114,030.00	Total 317 Ops Budget:				\$ 38,010	Total 317 Ops Budget:				\$ 38,010

VFC Ops Approved Budget					VFC Ops Round 1 Award - 12/17/2013					VFC Ops Round 2 Award - 04/10/2014				
Personnel:	Qty	Rate	Time	Total	Personnel:	Qty	Rate	Time	Total	Personnel:	Qty	Rate	Time	Total
Position 1	1	103,036	0.62455	\$ 64,352	33% of \$181,294	1	181,294	0.33	\$ 60,431	33% of \$181,294	1	181,294	0.33	\$ 60,431
Position 2	1	105,761	0.36132	\$ 38,214	(rounded)					(rounded)				
Position 3	1	66,310	0.36064	\$ 23,914										
Position 4	1	107,962	0.22254	\$ 24,026										
Position 6	1	109,957	0.28000	\$ 30,788										
Total Wages include Fringe														
Total Personnel:					Total Personnel:					Total Personnel:				
\$ 181,294					\$ 60,431					\$ 60,431				
Travel:	Qty	Rate	Time	Total	Travel:	Qty	Rate	Time	Total	Travel:	Qty	Rate	Time	Total
Mileage	89.29		0.56 12 mos.	\$ 600.00	33% of \$3,350	1	\$ 3,350.00	0.33333	\$ 1,117	33% of \$3,350	1	\$ 3,350.00	0.33333	\$ 1,117
In-state Travel	1		500 n/a	\$ 500.00					\$ -					\$ -
Out of State Travel	1		2000 n/a	\$ 2,000.00					\$ -					\$ -
Registration Fees	1		250 n/a	\$ 250.00					\$ -					\$ -
Total Travel:					Total Travel:					Total Travel:				
\$ 3,350.00					\$ 1,117					\$ 1,117				
Operating:	Qty	Rate	Time	Total	Operating:	Qty	Rate	Time	Total	Operating:	Qty	Rate	Time	Total
General Office Supplies	1		125 12 mos.	\$ 1,500.00	33% of \$1,500	1	\$ 1,500.00	0.33333	\$ 500	33% of \$1,500	1	\$ 1,500.00	0.33333	\$ 500
Total Operating:					Total Operating:					Total Operating:				
\$ 1,500.00					\$ 500					\$ 500				
Equipment:	Qty	Rate	Time	Total	Equipment:	Qty	Rate	Time	Total	Equipment:	Qty	Rate	Time	Total
Total Equipment:					Total Equipment:					Total Equipment:				
\$ -					\$ -					\$ -				
Contractual:	Qty	Rate	Time	Total	Contractual:	Qty	Rate	Time	Total	Contractual:	Qty	Rate	Time	Total
Total Contractual:					Total Contractual:					Total Contractual:				
\$ -					\$ -					\$ -				
Other:	Qty	Rate	Time	Total	Other:	Qty	Rate	Time	Total	Other:	Qty	Rate	Time	Total
MD Consultant	1	3,782	n/a	\$ 3,782	33% of \$9,284	1	9,284	0.33333	\$ 3,095	33% of \$9,284	1	9,284	0.33333	\$ 3,095
Service Contract (Refrigerator Alarm)	1	2,268	n/a	\$ 2,268					\$ -					\$ -
Repair & Maintenance	1	568	n/a	\$ 568					\$ -					\$ -
Copy Machine	1	108.33	12 mos	\$ 1,300					\$ -					\$ -
Books & Subscription	1	500	n/a	\$ 500					\$ -					\$ -
Postage	1	8.33	12 mos	\$ 100					\$ -					\$ -
Printing	1	46	n/a	\$ 46					\$ -					\$ -
Telephone	1	60	12 mos	\$ 720					\$ -					\$ -
Total Other:					Total Other:					Total Other:				
\$ 9,284					\$ 3,095					\$ 3,095				
Indirect	Qty	Rate	Time	Total	Indirect	Qty	Rate	Time	Total	Indirect	Qty	Rate	Time	Total
	181,294		0.14118	\$ 25,595	1	\$ 25,595.00		0.333346	\$ 8,532	1	\$ 25,595.00		0.333346	\$ 8,532
Total Indirect:					Total Indirect:					Total Indirect:				
\$ 25,595.00					\$ 8,532					\$ 8,532				
Total VFC Ops Budget:					Total VFC Ops Budget:					Total VFC Ops Budget:				
221,023.00					73,675					73,675				



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: 6/26/14

DATE: June 13, 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: Ratification of Interlocal Agreement between the Washoe County Health District and the State of Nevada Division of Public and Behavioral Health to conduct a community-based Fetal Infant Mortality Review (FIMR) Program for the period upon approval until December 30, 2014 and will be renewed automatically every year unless sooner terminated by either party as set forth in the contract; and if approved, authorize Chairman to execute the Interlocal Agreement.

SUMMARY

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

District Board of Health Strategic Goal: Strengthen District-wide infrastructure to improve public health.

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

PREVIOUS ACTION

There has been no previous action taken by the Board.

BACKGROUND

The Washoe County Health District's Maternal Child and Adolescent Health (MCAH) program has been receiving \$58,000 per fiscal year through a subgrant from the Division of Public and Behavioral Health since January 1, 2009. The goal of this program has been to improve perinatal health outcomes in Washoe County through outreach, case management and support of local and state maternal and child health policies which was accomplished by providing home visitation services to pregnant women in our community. The current grant ends on June 30, 2014. MCAH staff were notified that the grant would not be renewed as the Washoe County Health District is not using an evidenced based model. MCAH staff was advised that a subgrant could be awarded for other MCAH activities.

The MCAH program submitted an application to the Division of Public and Behavioral Health and was awarded \$58,000 for FY15 to conduct a Fetal Infant Mortality Review (FIMR), which is a public health surveillance project. With the discontinuation of home visitation services as of June 30, 2014, this was an opportune time for the MCAH program to shift its scope of work to FIMR implementation and activities.

FIMR is an evidence based program designed to reduce fetal and infant mortality in Washoe County. FIMR implementation activities include:

- Identify disparately impacted (e.g.; by race and ethnicity, etc.) populations for Washoe County's fetal (greater than 20 weeks), neonatal (birth to 28 days) and postneonatal (29 days to 1 year) deaths.
- Examine contributing factors to fetal, neonatal, and postneonatal deaths.
- Complete the FIMR review on at least 30 cases. This is approximately 50% of all fetal, neonatal, and postneonatal deaths in Washoe County per year.
- Identify three recommendations and implement at least one intervention involving policy, systems, or community norm changes that will lead to the prevention of fetal, neonatal, and postneonatal deaths.

The Interlocal Agreement is required as it grants the Washoe County Health District authority to implement NAC 442.054 in respect to fetal, neonatal, and postneonatal deaths in Washoe County as they apply to FIMR, which authorizes identification and contact of patients who have been discharged with birth defects or adverse birth outcomes (including fetal and infant death).

Information is gathered from birth and death certificates, medical records and autopsy reports. Standard medical record abstraction forms, developed by the National Fetal and Infant Mortality Review Program (a partnership between the American College of Obstetricians and Gynecologists and the Health Resources and Services Administration Maternal and Child Health Bureau) are used to collect a small subset of information. The Washoe County Health District FIMR staff summarizes this information. Names of providers, institutions and families are carefully removed from the summary in order to de-identify the information. Confidentiality is key to FIMR. The information requested represents the minimum necessary to carry out the public health purposes of the project pursuant to 45 CFR 164.514(d) of the Privacy Rule.

Grant funding in the total amount of \$58,000 supports this program and is received through the Notice of Subgrant Award.

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

FISCAL IMPACT

Should the Board approve this Interlocal Agreement, there will no additional impact to the adopted FY 15 budget as expenses for this contract were anticipated and projected in the MCAH Program (Internal Orders 10007 and 10828). FY15 budget authority will be transferred from these two cost objects to new internal orders that will be reflective of FIMR activities.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Interlocal Agreement between the Washoe County Health District and the State of Nevada Division of Public and Behavioral Health to conduct a community-based Fetal Infant Mortality Review (FIMR) Program for the period upon approval until December 30, 2014 and will be renewed automatically every year unless sooner terminated by either party as set forth in the contract; and if approved, authorize Chairman to execute the Interlocal Agreement.

POSSIBLE MOTION

Move to approve ratification of the Interlocal Agreement between the Washoe County Health District and the State of Nevada Division of Public and Behavioral Health to conduct a community-based Fetal Infant Mortality Review (FIMR) Program for the period upon approval until December 30, 2014 and will be renewed automatically every year unless sooner terminated by either party as set forth in the contract; and if approved, authorize Chairman to execute the Interlocal Agreement.

INTRASTATE INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES

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

Department of Health and Human Services
Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706
Phone: (775) 684-4200 Fax: (775) 684-4211

and

Washoe County Health District
P. O. Box 11130
Reno, NV 89520-0027
Phone: (775) 328-2400 Fax: (775) 328-2279

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

WHEREAS, NRS 442.320 requires the Division of Public and Behavioral Health to establish and maintain a statewide system for the collection and analysis of information concerning birth defects and other adverse birth outcomes, and the Fetal and Infant Mortality Review (FIMR) project addresses some of the reporting requirements; and

WHEREAS, NAC 442.054 allows the Chief Medical Officer of the State of Nevada or a representative thereof to review certain records, identify and contact patients, or if a patient is a minor, a parent or legal guardian of the patient who have been discharged with birth defects or adverse birth outcomes including fetal and infant death and who do not request in writing to exclude the name of the patient from the system; and

WHEREAS, it is deemed that the services of Washoe County Health District hereinafter set forth are both necessary to the Division of Public and Behavioral Health and in the best interests of the State of Nevada;

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

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

1. REQUIRED APPROVAL. This Contract shall not become effective until and unless approved by appropriate official action of the governing body of each party.
2. DEFINITIONS. "State" means the State of Nevada and any state agency identified herein, its officers, employees and immune contractors as defined in NRS 41.0307.
3. CONTRACT TERM. This Contract shall be effective from date of final signature until December 30, 2014 and will be renewed automatically every year unless sooner terminated by either party as set forth in this Contract.
4. TERMINATION. This Contract may be terminated by either party prior to the date set forth in paragraph (3), provided that a termination shall not be effective until 30 days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately if for any reason Division of Public and Behavioral Health, State and/or federal funding ability to satisfy this Contract is withdrawn, limited, or impaired.
5. NOTICE. All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.
6. INCORPORATED DOCUMENTS. The parties agree that the services to be performed shall be specifically described; this Contract incorporates the following attachments in descending order of constructive precedence:

ATTACHMENT A: SCOPE OF WORK

7. CONSIDERATION. Washoe County Health District agrees to provide the services set forth in paragraph (6) with costs to be detailed in the associated subgrant. Any intervening end to an annual or biennial appropriation period shall be deemed an automatic renewal (not changing the overall Contract term) or a termination as the results of legislative appropriation may require.
8. ASSENT. The parties agree that the terms and conditions listed on incorporated attachments of this Contract are also specifically a part of this Contract and are limited only by their respective order of precedence and any limitations expressly provided.
9. INSPECTION & AUDIT.
 - a. Books and Records. Each party agrees to keep and maintain under general accepted accounting principles full, true and complete records, agreements, books, and documents as are necessary to fully disclose to the other party, the State or United States Government, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with any applicable regulations and statutes.
 - b. Inspection & Audit. Each party agrees that the relevant books, records (written, electronic, computer related or otherwise), including but not limited to relevant accounting procedures and practices of the party, financial statements and supporting documentation, and documentation related to the work product shall be subject, at any reasonable time, to inspection, examination, review, audit, and copying at any office or location where such records may be found, with or without notice by the other party, the State Auditor, Employment Security, the Department of Administration, Budget Division, the Nevada State Attorney General's Office or its Fraud Control Units, the State Legislative Auditor, and with regard to any federal funding, the relevant federal agency, the Comptroller General, the General Accounting Office, the Office of the Inspector General, or any of their authorized representatives.
 - c. Period of Retention. All books, records, reports, and statements relevant to this Contract must be retained by each party for a minimum of three years and for five years if any federal funds are used in this Contract. The retention period runs from the date of termination of this Contract. Retention time shall be extended when an audit is scheduled or in progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue.

10. BREACH; REMEDIES. Failure of either party to perform any obligation of this Contract shall be deemed a breach. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing party reasonable attorneys' fees and costs.
11. LIMITED LIABILITY. The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. To the extent applicable, actual contract damages for any breach shall be limited by NRS 353.260 and NRS 354.626.
12. FORCE MAJEURE. Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.
13. INDEMNIFICATION. Neither party waives any right or defense to indemnification that may exist in law or equity.
14. INDEPENDENT PUBLIC AGENCIES. The parties are associated with each other only for the purposes and to the extent set forth in this Contract, and in respect to performance of services pursuant to this Contract, each party is and shall be a public agency separate and distinct from the other party and, subject only to the terms of this Contract, shall have the sole right to supervise, manage, operate, control, and direct performance of the details incident to its duties under this Contract. Nothing contained in this Contract shall be deemed or construed to create a partnership or joint venture, to create relationships of an employer-employee or principal-agent, or to otherwise create any liability for one agency whatsoever with respect to the indebtedness, liabilities, and obligations of the other agency or any other party.
15. WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.
16. SEVERABILITY. If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the nonenforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.
17. ASSIGNMENT. Neither party shall assign, transfer or delegate any rights, obligations or duties under this Contract without the prior written consent of the other party.
18. OWNERSHIP OF PROPRIETARY INFORMATION. Unless otherwise provided by law or this Contract, any reports, histories, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps, data, system designs, computer code (which is intended to be consideration under this Contract), or any other documents or drawings, prepared or in the course of preparation by either party in performance of its obligations under this Contract shall be the joint property of both parties.
19. PUBLIC RECORDS. Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.
20. CONFIDENTIALITY. Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Contract.
21. PROPER AUTHORITY. The parties hereto represent and warrant that the person executing this Contract on behalf of each party has full power and authority to enter into this Contract and that the parties are authorized by law to perform the services set forth in paragraph (6).

22. GOVERNING LAW; JURISDICTION. This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the jurisdiction of the Nevada district courts in Washoe County for enforcement of this Contract.

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

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

Signature: Matt Smith

Date Chairman, Washoe County District Board of Health

Signature: Richard Whitley, MS

Date Administrator, Division of Public and Behavioral Health

Signature: Michael J. Willden

Date Director, Department of Health and Human Services

Approved as to form by:

Deputy Attorney General for Attorney General, State of Nevada

On _____
(Date)

INTRASTATE INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES: ATTACHMENT A

FETAL INFANT MORTALITY REVIEW (FIMR) SCOPE OF WORK (SOW)

The Washoe County Health District (WCHD) shall work toward achieving the following goals and objectives by performing the specified activities, evaluating the results and focusing on process and/or outcome.

Goal 1: Reduce Fetal and Infant Mortality

Timelines: Conduct all of the implementation activities identified in this SOW within the term of this agreement's fiscal year.

Objective 1

Conduct a community-based Fetal Infant Mortality Review (FIMR) Program based on Division of Public and Behavioral Health Maternal and Child Health Program guidelines.

Implementation Activities

- Identify disparately impacted (e.g.; by race and ethnicity, etc.) populations for Washoe County's (WC) fetal (greater than 20 weeks), neonatal (birth to 28 days) and postneonatal (29 days to 1 year) deaths.
- Examine contributing factors to fetal, neonatal, and postneonatal deaths.
- Complete the FIMR review on at least 30 cases. This is approximately 50% of all fetal, neonatal, and postneonatal deaths in Washoe County per year.
- Identify three recommendations and implement at least one intervention involving policy, systems, or community norm changes that will lead to the prevention of fetal, neonatal, and postneonatal deaths.

Evaluation Process or Outcomes

Report the information detailed above in the Annual Report.

Implementation Activities

- 1.1 Obtain an Interlocal Agreement from the Division of Public and Behavioral Health (DPBH), granting authority to the WCHD to implement NAC 442.054 in respect to fetal, neonatal, and postneonatal deaths in Washoe County as they apply to FIMR, which authorizes identification and contact of patients who have been discharged with birth defects or adverse birth outcomes (including fetal and infant death).

Evaluation Process or Outcomes

- 1.1.1 Submit a copy of the Interlocal Agreement from the DPBH with the subgrant award and when the State Health Officer changes.
- 1.2 Participate in local MCAH trainings/meetings and visit an established FIMR program for orientation to the FIMR process.

Evaluation Process or Outcomes

1.2.1 Document attendance at trainings/meetings and keep on file for audit purposes.

- 1.3 Develop the Washoe County FIMR Policies and Procedures, which are derived from the National FIMR policies.
(See FIMR Policies and Procedures)

Evaluation Process or Outcomes

1.3.1 Submit a master copy of the Washoe County FIMR Policies and Procedures with the subgrant award during the first year of the budget cycle, FY2015. For additional years of the budget cycle, submit changes only with the Annual Report.

- 1.4 The WCHD will establish, facilitate, and maintain a Case Review Team (CRT) and a Community Action Team (CAT) to:
- Review selected cases
 - Identify medical and nonmedical factors contributing to fetal and infant deaths
 - Recommend and implement changes that address the review findings and are designed to prevent further deaths.

Evaluation Process or Outcomes-

1.4.1 Complete and submit the following forms:

- Committee Membership
- FIMR Issues Checklist
- FIMR Tracking Log

1.4.2 Report the information requested in the Annual Report.

Objective 2

Develop periodic local summary report of findings and recommendations that address the identified contributing factors leading to fetal and infant deaths.

Implementation Activities

- 2.1 Based on case findings with community input, develop and implement objectives, interventions, timelines and evaluation components for identified recommendations that address systems, community norm or public policy changes.

Evaluation Process or Outcomes

2.1.1 Report the information requested in the Annual Report.

- 2.2 Disseminate local periodic summary report findings and recommendations to the community action team, local and State policymakers, the community at large, and other local MCAH Programs through published reports, press releases, and presentations to increase public awareness of recurring factors causing or contributing to fetal and infant deaths.

Evaluation Process or Outcomes

2.2.1 Report the information requested in the Annual Report.

STATE OF NEVADA

BRIAN SANDOVAL
Governor

MICHAEL J. WILLEN
Deputy Governor



RICHARD WHITLEY, MS
Administrator

TRACY D. GREEN, MD
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
4150 Technology Way, Suite 300
Carson City, Nevada 89706
Telephone: (775) 684-4200 • Fax: (775) 684-4211

July 29, 2013

To Whom It May Concern,

The Division of Public and Behavioral Health (DPBH), in partnership with the Washoe County District Health Department (WCDHD), is conducting a public health surveillance project called Fetal and Infant Mortality Review (FIMR). WCDHD will be performing data collection, review, and analysis in its capacity as a public health authority defined by the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule), Health Insurance Portability and Accountability Act (HIPAA) [45 CFR Parts 160 and 164].

Pursuant to 45 CFR 164.512(b) of the Privacy Rule and NAC 442.054, covered entities such as your organization may disclose, without individual authorization, protected health information of patients who have been discharged with birth defects or adverse birth outcomes (including fetal and infant death) to the Chief Medical Officer or his representative (NAC 442.054).

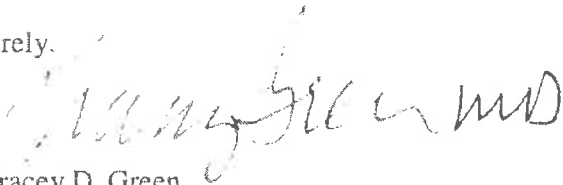
This memorandum provides authorization for WCDHD public health staff to serve as representatives of the Chief Medical Officer, to obtain protected health information from covered entities for the purpose of public health investigation of fetal and infant deaths.

Information is gathered from birth and death certificates, medical records and autopsy reports. Standard medical record abstraction forms, developed by the National Fetal and Infant Mortality Review Program (a partnership between the American College of Obstetricians and Gynecologists and the Health Resources and Services Administration Maternal and Child Health Bureau) are used to collect a small subset of information. The WCDHD FIMR staff summarizes this information. Names of providers, institutions and families are carefully removed from the summary in order to de-identify the information. Confidentiality is key to FIMR. The information being requested represents the minimum necessary to carry out the public health purposes of the project pursuant to 45 CFR 164.514(d) of the Privacy Rule.

The authority shall be valid until December 31, 2013, and will be renewed automatically every year. I urge you, as a key partner in this process, to facilitate access to information for these reviews. I appreciate your cooperation in this public health endeavor to further promote and protect the health

and well being of women, infants, and families in Nevada. For more information about the Fetal Infant Mortality Review Program, you may contact Steve Kutz, RN, MPH, Washoe County Health District Division Director of Community Clinical Health Services at 775-328-3759.

Sincerely,



Dr. Tracey D. Green
Chief Medical Officer

Cc: Richard Whitley, MS, Administrator
Linda Anderson, Chief Deputy Attorney General
Amber Howell, Administrator, Division of Child and Family Services
Deborah A. Harris, Bureau Chief, Child, Family, and Community Wellness
Steve Kutz, Division Director Community and Clinical Health Services



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION

STAFF REPORT

BOARD MEETING DATE: 6/26/14

DATE: June 13, 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 amendments totaling an increase of \$15,201 in revenue and expense to the Ryan White Part B – Health Education/Risk Reduction Grant Program (internal order #tba) FY 14 budget.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget. The Washoe County Health District accepted an award in the total amount of \$16,791 for the period April 1, 2014 through June 30, 2014 from the Division of Public and Behavioral Health in support of the Ryan White Part B – Health Education/Risk Reduction Program. A copy of the Award is attached.

District Board of Health Strategic Goal: Achieve targeted improvements in health outcomes and health equity.

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

PREVIOUS ACTION

The Board approved amendments totaling an increase of \$9,512 in revenue and expense to the Ryan White Part B Grant Program, IO 11147 on April 24, 2014.

BACKGROUND

The District Health Officer accepted an award in the total amount of \$10,463 for the period January 1, 2014 through March 31, 2014 to provide outreach services to reach those in at-risk populations for new and existing Ryan White Part B clients in Washoe County.

The WCHD will assist the Ryan White CARE Act (RWCA) Program in meeting goals related to providing Health Education and Risk Reduction (HERR) services to the RWCA Program Part B clients in Washoe County. The goal of the HERR is to reduce the risk of HIV transmission in a culturally competent manner through targeted counseling, referral services, linkage to care, and health education and literacy training that enable clients to navigate the HIV system of care. Individuals will be identified through points of entry or while accessing services.

The \$16,791 in funding will be used to support personnel expenditures, operating expenditures including 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.), and indirect costs associated with carrying out the scope of work outlined in the award.

This award was not anticipated in the FY14 budget. A budget amendment in the total amount of \$8,872 is necessary to bring the Award into alignment with the program budget.

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

FISCAL IMPACT

Should the Board approve these budget amendments, the total adopted FY14 budget will be **increased by \$15,201** by adjustments to the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-TBA-431100	Federal Revenue	\$15,201
2002-IO-TBA-701412	Salary Adjustment	15,016
2002-IO-TBA-710350	Office Supplies	125
2002-IO-TBA-710500	Other Expense	60
	Total Expenditures	\$15,201

The difference between the Notice of Subgrant Award amount of \$16,791 and the budget amendment is \$1,590 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 \$15,201 in revenue and expense to the Ryan White Part B – Health Education/Risk Reduction Grant Program (internal order #tba) FY 14 budget.

POSSIBLE MOTION

Move to approve amendments totaling an increase of \$15,201 in revenue and expense to the Ryan White Part B – Health Education/Risk Reduction Grant Program (internal order #tba) FY 14 budget.

Department of Health and Human Services
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
(hereinafter referred to as the DIVISION)

Division #: 14460

Budget Account # 3215
Category#: 24
GL #: 8516
Job Number: 9391714

NOTICE OF SUBGRANT AWARD

Program Name: Ryan White CARE Act Program Bureau of Child, Family and Community Wellness Division of Public and Behavioral Health		Subgrantee Name: Washoe County Health District (WCHD) Health Education/Risk Reduction Contact Person: Stacy Hardie 775-328-3752	
Address: 4150 Technology Way, Suite #106 Carson City, NV 89706-2009		Address: 1001 E. 9 th Street Reno, NV 89512	
Subgrant Period: April 1, 2014 through March 31, 2015 3 Month Funding Period: April 1, 2014 through June 30, 2014		Subgrantee's EIN#: 88-6000138 Vendor#: T40283400 Dun & Bradstreet#: 073786998	
Reason for Award: Health Education/Risk Reduction/Support Services for Ryan White Part B			
County(ies) to be served: () Statewide (x) Specific county or counties: Washoe			
Approved Budget Categories:			
1. Personnel	\$	15,016.00	
2. Travel	\$		
3. Operating/Supplies	\$	125.00	
4. Equipment	\$		
5. Contractual/Consultant	\$		
6. Training	\$		
7. Other	\$	60.00	
8. Indirect	\$	1,590.00	
Total Cost	\$	16,791.00	
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 \$16,791.00 during the subgrant period.			
Source of Funds:	% of Funds:	CFDA#:	Federal Grant #:
1. Health Resources and Services Administration	100 %	93.917	2 X07HA00001-24-00
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.			
Authorized Subgrantee Official Title	Signature		Date
Dan Olsen, MPH Program Manager			
Christine Mackie Bureau Chief			
Richard Whitley, MS Administrator, Division of Public and Behavioral Health			

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

SECTION A
Assurances

As a condition of receiving subgranted funds from the Nevada State Division of Public and Behavioral Health, the subgrantee agrees to the following conditions:

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

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

5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offer for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted 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, 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 subgrants are subject to inspection and audit by representatives of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
 - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. ascertain whether policies, plans and procedures are being followed;
 - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. determine reliability of financial aspects of the conduct of the project.
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 (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27th, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE 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

RWCA Service Category: 2e. Support Services-Health Education and Risk Reduction

Washoe County Health District (WCHD) and Nevada's Ryan White CARE Act (RWCA) Program join together to provide Health Education and Risk Reduction (HERR) services to RWCA Program Part B clients in Washoe County. The goal of the HERR is to reduce the risk of HIV transmission in a culturally competent manner through targeted counseling, referral services, linkage to care, and health education and literacy training that enable clients to navigate the HIV system of care. Individuals will be identified through points of entry or while accessing services.

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

Through March 31, 2015:

- Subgrantee will continue a client-centered approach through the delivery of the Anti-Retroviral Therapy Access Study (ARTAS) project. The overarching goal of ARTAS is to increase the instance of successful and timely linkage to medical care for individuals recently diagnosed with HIV. Based on social cognitive theory, this client-level, multi-session intervention provides a science-based approach to self-efficacy. The four core elements of ARTAS are:
 - Build an effective, working relationship between the Linkage Coordinator and clients.
 - Assist clients in identifying personal strengths and using individualized assets (e.g., positive characteristics) to stay engaged in medical care.
 - Assist clients in developing a step-by-step plan for achieving such goal(s), by addressing potential barriers, misconceptions, and stigma associated with diagnosis and treatment.
 - Maintain a client-driven approach by conducting between one and five structured sessions with each client (see Methodology Section for more information).
 - These sessions will include discussions about coordinating linkages to available community resources, support services and advocating (as needed) to ensure consistent connection to medical care or other needed services.

Target Population:

The target population is broken into three primary categories:

- Newly diagnosed: Those who have been diagnosed within the last three months
 - Subgrantee will identify and enroll a minimum of **15 newly diagnosed unduplicated HIV positive clients** into the ARTAS program throughout the grant year. These encounters will result in a minimum of 10 newly diagnosed unduplicated HIV positive individuals (70% of total) being successfully linked back to primary care between six and 12 months post-diagnosis.
- Out of Care: Those who have been out of care for a minimum of three months
 - Subgrantee will identify a minimum of 5 unduplicated out of care HIV positive individuals through ARTAS intake encounters. These encounters will result in a minimum of 3 of these unduplicated out of care HIV positive individuals being successfully linked back to primary care between six and 12 months post-diagnosis.
- New to Jurisdiction: Those who recently moved to southern Nevada
 - Subgrantee will identify a minimum of 4 unduplicated new to jurisdiction HIV positive individuals through ARTAS intake encounters. These encounters will result in a minimum of 2 of these unduplicated new to jurisdiction HIV positive individuals being successfully linked back to primary care between six and 12 months post-diagnosis.

- Subgrantee will be expected to distinguish the number of RWPB clients who fall into the three above-mentioned categories (See Reporting Requirements).

Methodology

Objective #1: Establish Ryan White (RW) HERR activities, including monitoring and evaluation in the WCHD Sexual Health Program.

By June 30th, 2014, staff will:

- Complete ARTAS training.
- Complete an ARTAS policy and procedure manual.
- Create an electronic medical record for monitoring and evaluation documentation.
- Gain access and familiarity with the RW reporting documents and software.

Objective #2: ARTAS model implementation and tracking of clients.

- Assist clients in identifying personal strengths and use individualized assets to stay engaged in medical care.
- Assist clients in developing a step by step plan for achieving such goals by addressing barriers, misconceptions and stigma associated with diagnosis and treatment.
- Maintain a client driven approach by conducting between one and five structured sessions with each client. The discussions will include available community resources, support services and advocating/ensuring consistent connection to medical care or other needed services.
- Maintain client records and develop a tracking system for planning and completing follow-up ARTAS sessions.

Objective #3: Increase HIV positive client ability to reduce HIV transmission risk through evidence-based risk reduction counseling.

- Disease Intervention Specialist (DIS) will meet with 30 HIV positive clients and utilizing the ARTAS model will assist clients in the development of a linkage to care plan.
- Advocate for and encourage (through the use of a small incentive if necessary), follow-up ARTAS sessions to ensure care linkage is completed.

Evaluation

- Data collection forms will be developed and utilized that track required client level information, units of service, referrals, and status of session activities.
- Complete a policy and procedure manual, and staff training.
- Gain access to RW reporting software and input data.
- Monitor and analyze data collection.
- Track number of clients that receive ARTAS sessions.
- List date(s) of client attendance at ARTAS session.
- Track number of referrals per client.
- Track number of successful linkages to care.
- Track number of clients enrolled in program.
- Track number of risk reduction sessions completed by client.
- Track status of linkage to care rates will be communicated to staff to monitor program success and to investigate opportunities for improvement.

Program Requirements

- **Subgrantee** shall provide care and support services to HIV/AIDS infected persons regardless of age, race, ethnicity, religion, gender, gender identity or gender expression and sexual orientation with services that are culturally sensitive, linguistically appropriate and appropriate to patient functional acuity level.

- **Subgrantee** must establish a system of written procedures through which a client or their representative may present grievances about the operation of services. Upon request, provide advice to such persons as to the grievance procedure. Subgrantee shall submit resolved grievances to the DPBH staff quarterly by the 15th of the month following the end of the quarter.
- **Subgrantee** shall obtain written approval from Department of Public and Behavioral Health (DPBH) HIV/AIDS Section prior to making programmatic changes in the scope of the project.
- **Subgrantee** will utilize the AIDS Regional Information and Evaluation System (ARIES) to manage eligible client data, provided by DPBH HIV/AIDS Section. Encounter data must be entered within one (1) business day of delivery of service to client.
- **Subgrantee** shall ensure that 100% of clients are registered in the ARIES system prior to the receipt of services.
- **Subgrantee** shall refer 100% of clients for eligibility assessment, to a RWPB funded Case Management agency.
- **Subgrantee** shall check eligibility status on 100% of clients prior to the delivery of services.
- **Subgrantee** must work in partnership with all RWCA providers.
- **Subgrantee** shall participate in DPBH HIV/AIDS Section sustainability planning activities and strategies for system sustainability.
- **Subgrantee** shall supply DPBH with a copy of the most recent Office of Management and Budget (OMB) A-133 Audit within six (6) months of completion of subgrant period.
- **Subgrantee** must use RWCA funds in a manner consistent with current and future Health Resources and Services Administration (HRSA) policies as developed by the Division of Services Systems, HIV/AIDS Bureau (HAB). These policies can be reviewed on the HAB website at <http://hab.hrsa.gov>.
- **Subgrantee** shall 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 Division of Public and Behavioral Health through Grant #2 X07HA00001-24-00 from the Health Resources and Services Administration. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division of Public and Behavioral Health nor the Health Resources and Services Administration."
- **Subgrantee** shall acknowledge any activities performed under this subgrant that the funding was provided through the Division of Public and Behavioral Health by Grant #2 X07HA00001-24-00 from the Health Resources and Services Administration.

Reporting Requirements

- **Subgrantee** shall complete and submit to DPBH HIV/AIDS Section/HRSA all federally mandated program data no later than the due dates specified by HRSA.
- **Subgrantee** shall submit the following reports to DPBH HIV/AIDS Section electronically in the format provided:
 - **Ryan White Part B Quarterly Report**
 - July 15, 2014 – (From April 1, 2014 through June 30, 2014)
 - October 15, 2014 – (From July 1, 2014 through September 30, 2014)
 - January 15, 2015 – (From October 1, 2014 through December 21, 2014)
 - May 15, 2015 – (From January 1, 2015 through March 31, 2015)
 - **Request for Reimbursement (RFR)**
 - February 15, 2015 – (From January 1, 2014 through December 31, 2014)
 - **Women Infant Child Youth (WICY) Report**
 - July 1, 2015 (From April 1, 2014 through March 31, 2015)
 - All subgrantees must document Part B expenditures separately for WICY, as mandated by the Ryan White Treatment and Modernization Extension Act of 2009.
 - Subgrantee will provide the amounts and percentages of Part B service-related expenditures to WICY.

Quality Management Requirements

- **Subgrantee** shall actively assist in quality improvement effort(s) for the DPBH HIV/AIDS Section by encouraging their clients to participate in various client opinion sampling opportunities which may include ongoing written client satisfaction surveys, personal onsite interviews or focus groups and/or needs assessment for the purpose of ongoing or periodic assessments of client needs to improve the quality of care.
- **Subgrantee** agrees, pursuant to HRSA/HAB and the quality management requirements, to maintain and annually update a written quality management plan. The plan shall integrate culturally relevant, client-centered services as defined and outlined in the HRSA Quality Management Technical Assistance Manual. The work plan shall have a planned, systematic process for monitoring, evaluating, improving and measurement methodology for the following domains: accessibility of care, appropriateness of care, continuity of care, effectiveness of care, and efficacy of care. Subgrantee shall demonstrate that findings are used to improve access and remove barriers to services; improve capacity to provide services in a timely manner; improve the quality of care provided and the coordination of benefits; and strengthen and expand prevention, early intervention and education services. The quality management plan will identify the population served, objectives, indicators, performance goals and measurement method for each of the domains listed above.
- **Subgrantee** shall provide DPBH HIV/AIDS Section with an annual quality management plan within sixty (60) days of the executed subgrant.
- **Subgrantee** shall provide quality management updates in the Ryan White Part B quarterly reports. This will include a quarterly update on all indicators, outcomes, and any steps taken to improve these outcomes.

RWPB clients will meet the following measures:

- In Medical Care: 76% of clients are in medical care (at least one medical visit per measurement period).
- Maintained adherence to medical care: 76% of clients maintain adherence to medical care visits within the measurement year (at least two medical visits with a provider with prescribing privileges at least three months apart in the measurement year).
- Stabilized CD4 T-cell Count: 76% of clients will stabilize or increase their CD4 T-cell count from initial count within the measurement period.
- Most Recent CD4 Stable: 76% of clients with at least one CD4 T-cell count within the measurement year and those that are considered medically stable ($CD4 \geq 200$).
- Undetectable Viral Load: 76% of clients that maintained an undetectable viral load or achieved an undetectable viral load from initial count within the measurement period.
- Most Recent Viral Load Undetectable: 76% of clients with at least one viral load within the measurement year will be considered undetectable (<50).

Clients to be served and service unit definitions: encounter data

Clients to be served – Goal: 15 unduplicated newly diagnosed clients; 5 unduplicated out of care clients; 4 unduplicated new to jurisdiction clients.

- 1 unit = 1 RWPB eligible client enrolled in ARTAS – unduplicated within the quarter.
(Unduplicated: individual client counted once during the reporting period)
- 1 unit = 1 RWPB eligible client enrolled in ARTAS – unduplicated within the grant year.
(Unduplicated: running unduplicated client count within the grant year)
- 1 unit = 1 RWPB eligible client referral to RW service – tracking to include the following:
Date referred
Type of RW Service referred to
- 1 unit = 1 RWPB eligible client referred and linked to medical care.
- 1 unit = 1 day = Length of time from enrollment and inclusion of medical care.
- 1 unit = 1 session with client.
- 1 unit = 1 - 15 minute increment = length of individual client session.
- 1 unit = 1 HERR visit with individual client.
- 1 unit = 1 HERR class attended.

Subgrantee agrees to adhere to the following budget:

(continued on next page)

- Division policy is to allow adjustments to the budget not to exceed **10%** within the approved scope of work, unless prior authorization is approved.
- 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.
- When salaries are part of the subgrant invoices for payment, personnel costs will not be paid without the submission of payroll reports which document the time and effort of all staff paid under the terms of this subgrant. The subgrantee will notify the Bureau of Child, Family and Community Wellness of any changes in personnel responsible for the provisions of these duties within 30 days of the change taking place.
- 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 U.S. General Services Administration (GSA), 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 reimbursements will be submitted monthly,
- Requests for reimbursement will be accompanied by supporting documentation such as, ledgers, check numbers, dates and amounts of payments, including a line item description of expenses incurred;
- Submit monthly requests for reimbursement no later than 15 days following the end of the month; submit a request for reimbursement for activities completed through the month of June no later than July 15, 2014.
- The maximum amount of funding available through this subgrant is \$16,791.
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.

The Division agrees to provide:

- Annual program monitoring with technical assistance available throughout the grant period. The new site monitoring tool to be will provided at a later date.
- Provide reimbursements, not to exceed a total of \$16,791.00 for the entire subgrant period.
- Provide technical assistance as requested and within our ability to provide it.
- Provide HRSA with all OMB A-133 Audits submitted by the subgrantee.
- The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:

- The Division will conduct a programmatic and fiscal site monitor in the second quarter of the grant period (July/August/September 2014).

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 Division.

- Both parties agree that no work related to this subgrant may begin until a Business Associate Agreement has been signed and placed on file with the Division's Administration Office. To satisfy this requirement, for this agreement, fill out and sign Section E.
- This subgrant may be extended up to a maximum term of four years upon agreement of both parties and if funding is available.

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

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the notice of subgrant award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this agreement is withdrawn, limited, or impaired.

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD
SECTION C
Financial Reporting Requirements

- A request for reimbursement is due on a monthly or quarterly basis, based on the terms of the subgrant agreement, no later than the 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the notice of subgrant award.

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, draw number, employer I.D. number (EIN), and vendor number.

An explanation of the form is provided below. The cells are pre-programmed 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 of the total expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the **previous** request for reimbursement/advance form. If this is the first request for the subgrant period, the amount in this column equals zero.

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

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

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

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

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

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD
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



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: 6/26/14

DATE: June 13, 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 amendments totaling an increase of \$8,061 in revenue and expense to the Ryan White Part B - Outreach Grant Program (internal order # 11147) FY 14 budget.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget. The Washoe County Health District accepted an award in the total amount of \$8,872.00 for the period April 1, 2014 through June 30, 2014 from the Division of Public and Behavioral Health in support of the Ryan White Part B - Outreach Program. A copy of the Award is attached.

District Board of Health Strategic Goal: Achieve targeted improvements in health outcomes and health equity.

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

PREVIOUS ACTION

The Board approved amendments totaling an increase of \$9,512 in revenue and expense to the Ryan White Part B Grant Program, IO 11147 on April 24, 2014.

BACKGROUND

The District Health Officer accepted an award in the total amount of \$10,463 for the period January 1, 2014 through March 31, 2014 to provide outreach services to reach those in at-risk populations for new and existing Ryan White Part B clients in Washoe County.

The WCHD will assist the Ryan White CARE Act Program in meeting goals related to identifying people with unknown HIV disease, know their status but not enrolled in care or treatment services, or out-of-care and link them into healthcare, health education and risk reduction to enhance their health and well-being.

The \$8,872 in funding will be used to support personnel expenditures operating expenditures including 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.), and indirect costs associated with carrying out the scope of work outlined in the award.

This award was not anticipated in the FY14 budget. A budget amendment in the total amount of \$8,872 is necessary to bring the Award into alignment with the program budget.

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

FISCAL IMPACT

Should the Board approve these budget amendments, the total adopted FY14 budget will be **increased by \$8,061** by adjustments to the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-11147-431100	Federal Revenue	\$8,061
2002-IO-11147-701412	Salary Adjustment	7,863
2002-IO-11147-710350	Office Supplies	63
2002-IO-11147-710500	Other Expense	135
	Total Expenditures	\$8,061

The difference between the Notice of Subgrant Award amount of \$8,872 and the budget amendment is \$811 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 \$8,061 in revenue and expense to the Ryan White Part B – Outreach Grant Program (internal order # 11147) FY 14 budget.

POSSIBLE MOTION

Move to approve amendments totaling an increase of \$8,061 in revenue and expense to the Ryan White Part B – Outreach Grant Program (internal order # 11147) FY 14 budget.

Department of Health and Human Services
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
(hereinafter referred to as the DIVISION)

Division #: 14459

Budget Account # 3215
Category#: 24
GL #: 8516
Job Number: 9391714

NOTICE OF SUBGRANT AWARD

Program Name: Ryan White CARE Act Program Bureau of Child, Family and Community Wellness Division of Public and Behavioral Health		Subgrantee Name: Washoe County Health District (WCHD) Outreach Contact Person: Stacy Hardie 775-328-3752	
Address: 4150 Technology Way, Suite #106 Carson City, NV 89706-2009		Address: 1001 E. 9 th Street Reno, NV 89512	
Subgrant Period: April 1, 2014 through March 31, 2015 3 Month Funding Period: April 1, 2014 through June 30, 2014		Subgrantee's EIN#: 88-6000138 Vendor#: T40283400 Dun & Bradstreet#: 073786998	
Reason for Award: Health Education/Risk Reduction/Support Services for Ryan White Part B			
County(ies) to be served: () Statewide (x) Specific county or counties: Washoe			
Approved Budget Categories:			
1. Personnel	\$	7,863.00	
2. Travel	\$		
3. Operating/Supplies	\$	63.00	
4. Equipment	\$		
5. Contractual/Consultant	\$		
6. Training	\$		
7. Other	\$	135.00	
8. Indirect	\$	811.00	
Total Cost	\$	8,872.00	
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 \$8,872.00 during the subgrant period.			
Source of Funds:	% of Funds:	CFDA#:	Federal Grant #:
1. Health Resources and Services Administration	100 %	93.917	2 X07HA00001-24-00
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.			
Authorized Subgrantee Official Title	Signature		Date
Dan Olsen, MPH Program Manager			
Christine Mackie Bureau Chief			
Richard Whitley, MS Administrator, Division of Public and Behavioral Health			

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

As a condition of receiving subgranted funds from the Nevada State Division of Public and Behavioral Health, the subgrantee agrees to the following conditions:

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

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

5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offer for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted 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, 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 subgrants are subject to inspection and audit by representatives of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
 - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. ascertain whether policies, plans and procedures are being followed;
 - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. determine reliability of financial aspects of the conduct of the project.
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 (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27th, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE 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

RWCA Service Category: 2e. Support Services-Health Education and Risk Reduction

Washoe County Health District (WCHD) and Nevada's Ryan White CARE Act (RWCA) Program join together to provide Health Education and Risk Reduction (HERR) services to RWCA Program Part B clients in Washoe County. The goal of the HERR is to reduce the risk of HIV transmission in a culturally competent manner through targeted counseling, referral services, linkage to care, and health education and literacy training that enable clients to navigate the HIV system of care. Individuals will be identified through points of entry or while accessing services.

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

Through March 31, 2015:

- Subgrantee will continue a client-centered approach through the delivery of the Anti-Retroviral Therapy Access Study (ARTAS) project. The overarching goal of ARTAS is to increase the instance of successful and timely linkage to medical care for individuals recently diagnosed with HIV. Based on social cognitive theory, this client-level, multi-session intervention provides a science-based approach to self-efficacy. The four core elements of ARTAS are:
 - Build an effective, working relationship between the Linkage Coordinator and clients.
 - Assist clients in identifying personal strengths and using individualized assets (e.g., positive characteristics) to stay engaged in medical care.
 - Assist clients in developing a step-by-step plan for achieving such goal(s), by addressing potential barriers, misconceptions, and stigma associated with diagnosis and treatment.
 - Maintain a client-driven approach by conducting between one and five structured sessions with each client (see Methodology Section for more information).
 - These sessions will include discussions about coordinating linkages to available community resources, support services and advocating (as needed) to ensure consistent connection to medical care or other needed services.

Target Population:

The target population is broken into three primary categories:

- Newly diagnosed: Those who have been diagnosed within the last three months
 - Subgrantee will identify and enroll a minimum of **15 newly diagnosed unduplicated HIV positive clients** into the ARTAS program throughout the grant year. These encounters will result in a minimum of 10 newly diagnosed unduplicated HIV positive individuals (70% of total) being successfully linked back to primary care between six and 12-months post-diagnosis.
- Out of Care: Those who have been out of care for a minimum of three months
 - Subgrantee will identify a minimum of 5 unduplicated out of care HIV positive individuals through ARTAS intake encounters. These encounters will result in a minimum of 3 of these unduplicated out of care HIV positive individuals being successfully linked back to primary care between six and 12 months post-diagnosis.
- New to Jurisdiction: Those who recently moved to southern Nevada
 - Subgrantee will identify a minimum of 4 unduplicated new to jurisdiction HIV positive individuals through ARTAS intake encounters. These encounters will result in a minimum of 2 of these unduplicated new to jurisdiction HIV positive individuals being successfully linked back to primary care between six and 12 months post-diagnosis.

- Subgrantee will be expected to distinguish the number of Ryan White Part B (RWPB) clients who fall into the three above-mentioned categories (See Reporting Requirements).

Methodology

Objective #1: Establish Ryan White (RW) HERR Activities, including monitoring and evaluation in the WCHD Sexual Health Program.

By June 30th, 2014, staff will:

- Complete ARTAS training.
- Complete an ARTAS policy and procedure manual.
- Create an electronic medical record for monitoring and evaluation documentation.
- Gain access and familiarity with the RW reporting documents and software.

Objective #2: ARTAS Model implementation and tracking of clients.

- Assist clients in identifying personal strengths and use individualized assets to stay engaged in medical care.
- Assist clients in developing a step by step plan for achieving such goals by addressing barriers, misconceptions and stigma associated with diagnosis and treatment.
- Maintain a client driven approach by conducting between one and five structured sessions with each client. The discussions will include available community resources, support services and advocating/ensuring consistent connection to medical care or other needed services.
- Maintain client records and develop a tracking system for planning and completing follow-up ARTAS sessions.

Objective #3: Increase HIV positive client ability to reduce HIV transmission risk through evidence-based risk reduction counseling.

- Disease Intervention Specialist (DIS) will meet with 30 HIV positive clients utilizing the ARTAS model. DIS will assist clients in the development of a linkage to care plan.
- Advocate for and encourage (through the use of a small incentive if necessary) follow-up ARTAS sessions to ensure care linkage is completed.

Evaluation

- Data collection forms will be developed and utilized that track required client level information, units of service, referrals, and status of session activities.
- Complete policy and procedure manual, and staff training.
- Gain access to RW reporting software and input data.
- Monitor and analyze data collection.
- Track number of clients that receive ARTAS sessions.
- List date(s) of client attendance at ARTAS session.
- Track number of referrals per client.
- Track number of successful linkages to care.
- Track number of clients enrolled in program.
- Track number of risk reduction sessions completed by client.
- Track status of linkage to care rates. Communicate rates to staff to monitor program success and to investigate opportunities for improvement.

Program Requirements

- **Subgrantee** shall provide care and support services to HIV/AIDS infected persons regardless of age, race, ethnicity, religion, gender, gender identity or gender expression and sexual orientation with services that are culturally sensitive, linguistically appropriate and appropriate to patient functional acuity level.

- **Subgrantee** must establish a system of written procedures through which a client or their representative may present grievances about the operation of services. Upon request, provide advice to such persons as to the grievance procedure. Subgrantee shall submit resolved grievances to the DPBH staff quarterly by the 15th of the month following the end of the quarter.
- **Subgrantee** shall obtain written approval from Division of Public and Behavioral Health (DPBH) HIV/AIDS Section prior to making programmatic changes in the scope of the project.
- **Subgrantee** will utilize the AIDS Regional Information and Evaluation System (ARIES) to manage eligible client data, provided by DPBH HIV/AIDS Section. Encounter data must be entered within one (1) business day of delivery of service to client.
- **Subgrantee** shall ensure that 100% of clients are registered in the ARIES system prior to the receipt of services.
- **Subgrantee** shall refer 100% of clients for eligibility assessment, to a RWPB funded Case Management agency.
- **Subgrantee** shall check eligibility status on 100% of clients prior to the delivery of services.
- **Subgrantee** must work in partnership with all RWCA providers.
- **Subgrantee** shall participate in DPBH HIV/AIDS Section sustainability planning activities and strategies for system sustainability.
- **Subgrantee** shall supply DPBH with a copy of the most recent Office of Management and Budget (OMB) A-133 Audit within six (6) months of completion of subgrant period.
- **Subgrantee** must use RWCA funds in a manner consistent with current and future Health Resources and Services Administration (HRSA) policies as developed by the Division of Services Systems, HIV/AIDS Bureau (HAB). These policies can be reviewed on the HAB website at <http://hab.hrsa.gov>.
- **Subgrantee** shall 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 Division of Public and Behavioral Health through Grant #2 X07HA00001-24-00 from the Health Resources and Services Administration. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division of Public and Behavioral Health nor the Health Resources and Services Administration."
- **Subgrantee** shall acknowledge any activities performed under this subgrant that the funding was provided through the Division of Public and Behavioral Health by Grant #2 X07HA00001-24-00 from the Health Resources and Services Administration.

Reporting Requirements

- **Subgrantee** shall complete and submit to DPBH HIV/AIDS Section/HRSA all federally mandated program data no later than the due dates specified by HRSA.
- **Subgrantee** shall submit the following reports to DPBH HIV/AIDS Section electronically in the format provided:
 - **Ryan White Part B Quarterly Report**
 - July 15, 2014 – (From April 1, 2014 through June 30, 2014)
 - October 15, 2014 – (From July 1, 2014 through September 30, 2014)
 - January 15, 2015 – (From October 1, 2014 through December 31, 2014)
 - May 15, 2015 – (From January 1, 2015 through March 31, 2015)
 - **Request for Reimbursement (RFR)**
 - February 15, 2015 – (From January 1, 2014 through December 31, 2014)
 - **Women Infant Child Youth (WICY) Report**
 - July 1, 2015 (From April 1, 2014 through March 31, 2015)
 - All subgrantees must document Part B expenditures separately for WICY, as mandated by the Ryan White Treatment and Modernization Extension Act of 2009.
 - Subgrantee will provide the amounts and percentages of Part B service-related expenditures to WICY.

Quality Management Requirements

- **Subgrantee** shall actively assist in quality improvement effort(s) for the DPBH HIV/AIDS Section by encouraging their clients to participate in various client opinion sampling opportunities which may include ongoing written client satisfaction surveys, personal onsite interviews or focus groups and/or needs assessment for the purpose of ongoing or periodic assessments of client needs to improve the quality of care.
- **Subgrantee** agrees, pursuant to HRSA/HAB and the quality management requirements, to maintain and annually update a written quality management plan. The plan shall integrate culturally relevant, client-centered services as defined and outlined in the HRSA Quality Management Technical Assistance Manual. The work plan shall have a planned, systematic process for monitoring, evaluating, improving and measurement methodology for the following domains: accessibility of care, appropriateness of care, continuity of care, effectiveness of care, and efficacy of care. Subgrantee shall demonstrate that findings are used to improve access and remove barriers to services; improve capacity to provide services in a timely manner; improve the quality of care provided and the coordination of benefits; and strengthen and expand prevention, early intervention and education services. The quality management plan will identify the population served, objectives, indicators, performance goals and measurement method for each of the domains listed above.
- **Subgrantee** shall provide DPBH HIV/AIDS Section with an annual quality management plan within sixty (60) days of the executed subgrant.
- **Subgrantee** shall provide quality management updates in the Ryan White Part B quarterly reports. This will include a quarterly update on all indicators, outcomes, and any steps taken to improve these outcomes.

RWPB clients will meet the following measures:

- In Medical Care: 76% of clients are in medical care (at least one medical visit per measurement period).
- Maintained adherence to medical care: 76% of clients maintain adherence to medical care visits within the measurement year (at least two medical visits with a provider with prescribing privileges at least three months apart in the measurement year).
- Stabilized CD4 T-cell Count: 76% of clients will stabilize or increase their CD4 T-cell count from initial count within the measurement period.
- Most Recent CD4 Stable: 76% of clients with at least one CD4 T-cell count within the measurement year and those that are considered medically stable ($CD4 \geq 200$).
- Undetectable Viral Load: 76% of clients that maintained an undetectable viral load or achieved an undetectable viral load from initial count within the measurement period.
- Most Recent Viral Load Undetectable: 76% of clients with at least one viral load within the measurement year will be considered undetectable (<50).

Clients to be served and service unit definitions: encounter data

Clients to be served – Goal: 15 unduplicated newly diagnosed clients; 5 unduplicated out of care clients; 4 unduplicated new to jurisdiction clients.

- 1 unit = 1 RWPB eligible client enrolled in ARTAS – unduplicated within the quarter.
(Unduplicated: individual client counted once during the reporting period)
- 1 unit = 1 RWPB eligible client enrolled in ARTAS – unduplicated within the grant year.
(Unduplicated: running unduplicated client count within the grant year)
- 1 unit = 1 RWPB eligible client referral to RW service – tracking to include the following:
Date referred.
Type of RW Service referred to.
- 1 unit = 1 RWPB eligible client referred and linked to medical care.
- 1 unit = 1 day = Length of time from enrollment and inclusion of medical care.
- 1 unit = 1 session with client.
- 1 unit = 1 - 15 minute increment = length of individual client session.
- 1 unit = 1 HERR visit with individual client.
- 1 unit = 1 HERR class attended.

Subgrantee agrees to adhere to the following budget:

(continued on next page)

- Division policy is to allow adjustments to the budget not to exceed **10%** within the approved scope of work, unless prior authorization is approved.
- 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.
- When salaries are part of the subgrant invoices for payment, personnel costs will not be paid without the submission of payroll reports which document the time and effort of all staff paid under the terms of this subgrant. The subgrantee will notify the Bureau of Child, Family and Community Wellness of any changes in personnel responsible for the provisions of these duties within 30 days of the change taking place.
- 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 U.S. General Services Administration (GSA), 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 reimbursements will be submitted monthly,
- Requests for reimbursement will be accompanied by supporting documentation such as, ledgers, check numbers, dates and amounts of payments, including a line item description of expenses incurred;
- Submit monthly requests for reimbursement no later than 15 days following the end of the month; submit a request for reimbursement for activities completed through the month of June no later than July 15, 2014.
- The maximum amount of funding available through this subgrant is \$8,872.00.
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.

The Division agrees to provide:

- Annual program monitoring with technical assistance available throughout the grant period. The new site monitoring tool to be will provided at a later date.
- Provide reimbursements, not to exceed a total of \$8,872.00 for the entire subgrant period.
- Provide technical assistance as requested and within our ability to provide it.
- Provide HRSA with all OMB A-133 Audits submitted by the subgrantee.
- The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:

- The Division will conduct a programmatic and fiscal site monitor in the second quarter of the grant period (July/August/September 2014).

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 Division.

- Both parties agree that no work related to this subgrant may begin until a Business Associate Agreement has been signed and placed on file with the Division's Administration Office. To satisfy this requirement, for this agreement, fill out and sign Section E.
- This subgrant may be extended up to a maximum term of four years upon agreement of both parties and if funding is available.

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

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the notice of subgrant award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

NOTICE OF SUBGRANT AWARD

SECTION C

Financial Reporting Requirements

- A request for reimbursement is due on a monthly or quarterly basis, based on the terms of the subgrant agreement, no later than the 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the notice of subgrant award.

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, draw number, employer I.D. number (EIN), and vendor number.

An explanation of the form is provided below. The cells are pre-programmed 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 of the total expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the **previous** request for reimbursement/advance form. If this is the first request for the subgrant period, the amount in this column equals zero.

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

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

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

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

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

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD
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



Date: June 2014

To: Kevin Dick, Washoe County District Health Officer
Washoe County District Board of Health

From: Kristi Jamason, Past Chair
Washoe County Food Policy Council

Re: June 2014 Washoe County Food Policy Council Update to the Washoe County District Board of Health

Current Council Membership: Kristi Jamason, Theresa Bohannon, Haley Anderton-Folmer (Chair), Lisa Hill, Barb Scott, Ty Whitaker, Nikki Boyce, Jana Vanderhaar, Tom Stille, Mallory Principe

WCFPC Vision: Washoe County has a healthy local food system nourishing our community.

WCFPC Mission: The mission of the Washoe County Food Policy Council is to support a vibrant, healthy and equitable local food system for Washoe County, Nevada.

Washoe's was the first Food Policy Council in Nevada and is now two years old.

WCFPC Active Projects, June 2014

WCSD Student Wellness Policy

The Washoe County Food Policy Council (WCFPC) is working with the Washoe County School District on better implementation of the WCSD Student Wellness Policy. It seems that some components are being implemented well (e.g., Nutrition Services following USDA meal pattern requirements) and others are not (e.g., having Wellness Coordinators at each school, vending machine standards, establishment/meetings of the community Wellness Advisory Committee). Guests Pete Etchart, WCSD COO, and Bill Al Soussi, Aramark/WCSD Nutrition Services Director, were invited to our January 24 meeting to discuss the policy's implementation and how the Council might work with WCSD to strengthen the efforts. During this meeting, they agreed to the following:

- Hiring a Marketing Coordinator to better communicate with schools;
- Sending the District's Wellness Policy to all principals and other interested stakeholders at all schools;
- Completing the inventory of all vending machines in the District and working toward a consolidated contracting process through which these machines can be made to conform to the Wellness Policy;
- Keeping the WCFPC informed of the public input opportunities, re: update of the WCSD Strategic Plan;
- Creating a District Wellness Advisory Committee;
- Engaging in conversation with Chief of Staff, Kristen McNeill, around approval of new school garden projects

Food Regulation Roadmap

The WCFPC is leading a collaborative effort to develop a Food Regulation Roadmap - an online tool that will assist local entrepreneurs intending to start new small-scale food businesses by guiding them to applicable regulations, licenses and certifications they will need. The user will select the location of their operation (City of Reno, Sparks or unincorporated Washoe), the type of food business they wish to start (cottage food, whole produce, eggs, etc.) and where/through whom they intend to sell (retail, wholesale, farmers market, school, etc.), and they will be presented with a checklist and links to online resources that apply (zoning, business license, Environmental Health information, etc.). The Roadmap will be hosted on the Nevada Small Business Development Center's site: NevadaFoodBusiness.org.

Food Policy in the City of Reno

Over the past two years, the WCFPC has met with key City of Reno leadership, including the Assistant City Manager, Director of Finance & Budget, Director of Community Development, building inspectors, and Council members. WCFPC outreach efforts have primed the City of Reno to adopt food policy into its awareness and major planning documents. Council member Lisa Hill was invited to present food planning goals suitable for including in Master Plan and ordinance revisions at the April 2, 2014 Planning Commission meeting. The Planning Commission engaged and adopted food policy as a 2014 goal. These proposals have the potential to improve access to healthy foods for all Reno residents. Goals include:

- Support and potential to improve access to healthy foods for all Reno residents.
- Facilitate community food security + economic access to safe, healthy food
- Support existing and new opportunities for urban agriculture
- Promote sustainable agriculture and food production
- Reduce solid food-related waste and develop a reuse, recycling, and disposal system for food waste and related packaging

Many WCFPC members attended recent City Council Forums sending a unified message about the importance of local, healthy food policy. Several Council members and City staffers have warmly received the message and encouraged continued work. WCFPC plans to continue positive developments within the City of Reno and extend these accomplishments to surrounding bodies and leaders.

Sustainable Food System Indicators for Washoe County

The WCFPC is developing a list of Indicators for a Sustainable Food System in Washoe County with benchmark data that support the following seven goals:

1. Promotes food choices that lead to healthy eating
2. Provides easy access to healthy food from retail outlets for all eaters in Washoe County
3. Provides affordable food for all eaters in Washoe County
4. Provides for meaningful livelihoods and opportunities for all food and farming workers
5. Facilitates continuous entry for beginning farmers, fishers, foresters, processors, retailers, restaurateurs and ranchers
6. Provides eaters with foods produced and processed as close to home as possible
7. Encourages eaters to know where, how, and by whom their food is produced

Upcoming Scheduled Meetings:

4th Friday of the month from Noon
- 2 p.m. in Conference Room B of
the WCHD unless otherwise noted
June 27, 2014
July 25, 2014
August 22, 2014
September 26, 2014

Washoe County School District School Garden Committee

WCFPC council member Jana Vanderhaar is actively participating on WCSD's school garden committee in order to help bridge the gap between interested school staff wanting to start school gardens and risk management and facilities concerns. A School Garden Handbook was developed and accepted by the WCSD Board of Trustees at their April meeting. The school garden committee agreed to meet on a quarterly basis to review the process. Long-term maintenance of school gardens and standards for STEM curriculum integration in garden activities are being reviewed by the committee as well.

Recent Guest Speakers at WCFPC Meetings:

- 5/23/14 – Melanie Flores, Wellness & Health Promotion Program Manager, Nevada Div. of Public & Behavioral Health
3/28/14 – Maggie Cowee, Food Systems Analyst, University Center for Economic Development
2/28/14 – Angela Owings, State of Nevada Food Security Coordinator
1/24/14 - Pete Etchart, Chief Operating Officer, Washoe County School District and Bill Al Soussi, Nutrition Services Director, WCSD/Aramark
12/13/13 - Lee Bryant, Washoe County Environmental Health - The Food Safety Modernization Act
11/22/13 – Chad Geisinger, Washoe County Planning Department – Supportive Food Policies in Planning



Update to the Washoe County District Board of Health June 2014

Kristi Jamason
Food Bank of Northern Nevada

Mission & Vision

- The mission of the Washoe County Food Policy Council is to support a vibrant, healthy and equitable local food system for Washoe County, Nevada.
- Our Vision: Washoe County has a healthy local food system nourishing our community.

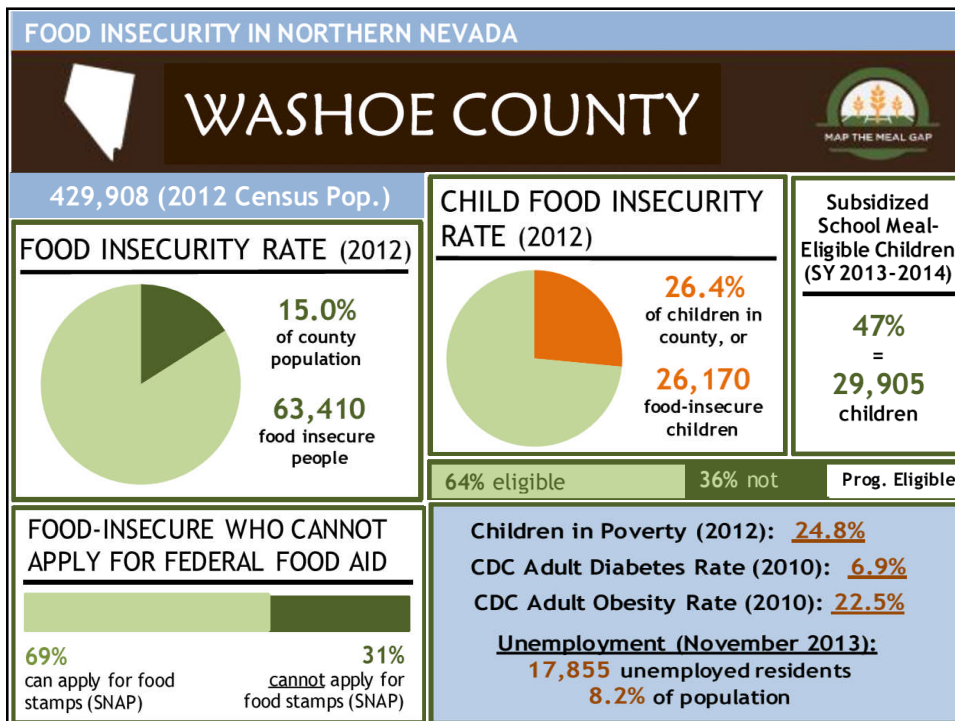


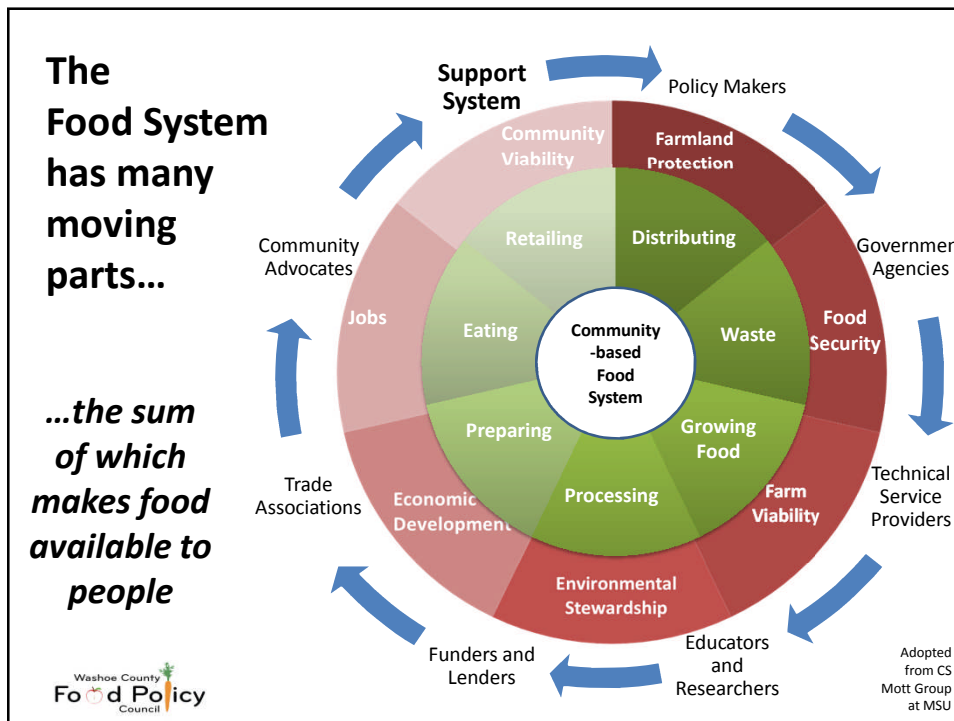
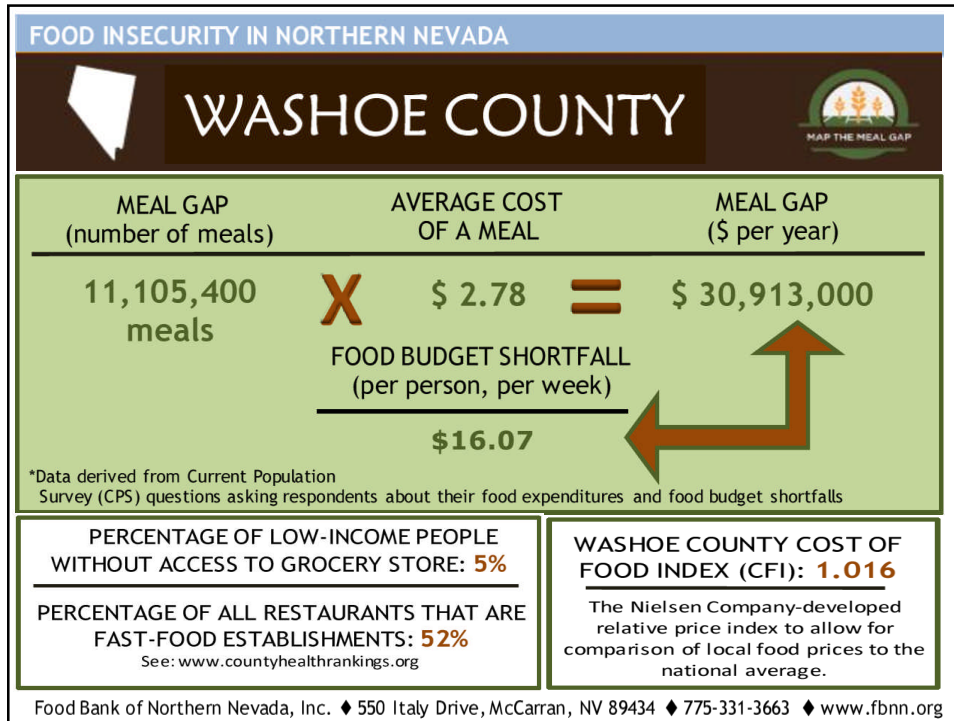
Food Security

Household Food Security – access to enough food for an active, healthy life

Community Food Security is a condition in which all community residents obtain a:

- safe,
- culturally acceptable,
- nutritionally adequate diet through a
- sustainable food system that
- maximizes community self-reliance and
- social justice

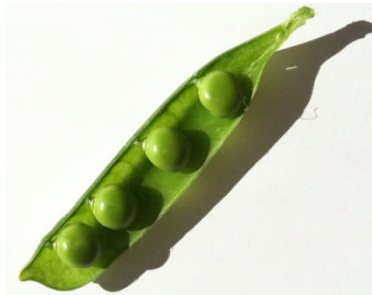




WCFPC Focus Areas

Increasing:

- ↑ The supply of locally produced foods
- ↑ Access to healthy foods by community members of all income levels
- ↑ Acceptance / consumption of healthy, minimally processed, locally produced foods



Council Projects & Priorities

- Nevada and Washoe County School Wellness Policies
- Food Regulation Roadmap
- City of Reno Food Policy
- WCSD School Garden Policy
- Sustainable Food System Indicators
- Outreach



Student Wellness Policies

- Invited WCD Nutrition Services Director and COO to join our January meeting
- Outlined concerns about lack of implementation in certain areas
 - Vending machines
 - Dedicated staff
 - No District Wellness Advisory Committee
- Commented on new draft Nevada Student Wellness Policy



Washoe County Food Regulation Roadmap

Where are you located?

City of Reno

City of Sparks

Unincorporated Washoe County

Make a selection from each column...

Will you be selling... ?

Whole fresh fruits, vegetables or herbs

Cottage Foods

Eggs

Honey

Meat

Dairy/Milk

Beer/Wine/Spirits

Where will the product be sold?

To a Restaurant or Caterer

To a Retailer

At a Certified Farmers Market

To a private individual

At a temporary food event


From my home

On my farm / Farm-to-Fork event

To a School

To Donate

Sample Navigation...



Nevada Food Business Resource

helping food industry businesses start and succeed in Nevada

Proudly powered by Non-profits:

- Nevada Small Business Development Center
- USDA Rural Development
- University of Nevada Cooperative Extension
- U.S. Small Business Administration

Home
Business ▾
Financials ▾
Facilities ▾
Specialty ▾
Blog
Submit a Resource ▾

Protected: Food Regulation Roadmap

Welcome to the Food Regulation Roadmap!

The Food Regulation Roadmap is a collaboratively developed tool intended to help small food business entrepreneurs navigate the regulatory environments that govern how and where you can make and sell various products. Simply select the appropriate choices from each of the three drop-down menus below to navigate to a wealth of pertinent information and links related to zoning, health department requirements, licensing and more.

This tool is designed to assist people looking to start small food businesses, such as those selling fresh produce, cottage foods, honey, eggs, etc. If you are interested in starting a "food establishment" ([Nevada Revised Statute definitions here](#)), such as a restaurant or food truck, please [CLICK HERE](#) for more information and to be redirected to the Health District.

Choose from the options below

Where are you Located?

City of Reno ▾

As a producer what will you be selling?

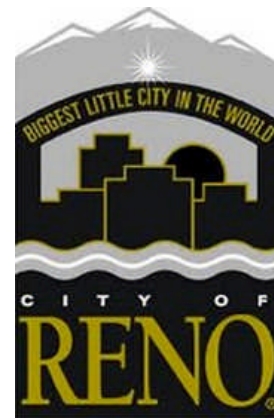
Beer, Wine & Spirits ▾

To Whom/Where will product be sold?

Certified Farmers Market ▾

City of Reno Food Policy

- Meetings with Reno city leadership
- Presentation at Reno Planning Commission
4/2/14
- Planning Commission adopted food policy as a 2014 goal
- Zoning and Master Plan recommendations on the horizon



Our City of Reno Food Policy Goals

- Improve access to healthy foods for all Reno residents
- Facilitate community food security
- Create opportunities for urban agriculture
- Promote sustainable agriculture and food production
- Reduce solid food-related waste



WCSD School Garden Policy

- Participation on WCSD School Garden Committee
- School Garden Handbook developed and approved by Board of Trustees
- Working on STEM curriculum integration
- Working on long-term garden maintenance plans



Sustainable Food System Indicators

- Benchmarking and monitoring data that supports:
 - Food choices that lead to healthy eating
 - Easy access to healthy food from retail outlets
 - Affordable food for all
 - Meaningful livelihoods for food producers/workers
 - Continuous entry for beginning food producers
 - Food available from as close to home as possible
 - Knowledge of where, how and by whom our food is produced



WCFPC Outreach

- www.wcfpc.org
- Facebook
- Business cards
- Meeting and event participation



HOME CURRENT NEWS ABOUT POLICY OUR WORK RESOURCES f t



Recent News

CALENDAR

June 2014

M	T	W	T	F	S	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

FEBRUARY 26, 2014 / FOOD NEWS
The Hands That Feed Us
 We are encouraged to know where our food comes from but have you thought about who makes our food? Food workers are employed in production, processing.

FEBRUARY 26, 2014 / FOOD NEWS
If You Waste Food, Are You Eating Sustainably?
 Sustainable eating is popular but how does this help if 40% of food is wasted? Before installing a solar panel, we must first reduce energy consumption.

NOVEMBER 26, 2013 / FOOD NEWS
The Hands That Feed Us
 We are encouraged to know where our food comes from but have you thought about who makes our food? Food workers are employed in production.



Council Membership



JANA VANDERHAAR



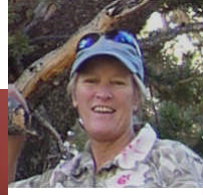
TY WHITAKER



HALEY ANDERTON-FOLMER



KRISTI JAMASON



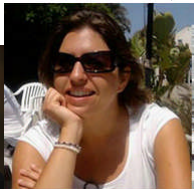
BARBARA SCOTT



NIKKI BOYCE



LISA HILL



THERESA BOHANNAN



MALLORY PRINCIPE



TOM STILLE



Questions?





Update to the Washoe County District Board of Health June 2014

Kristi Jamason
Food Bank of Northern Nevada

Mission & Vision

- The mission of the Washoe County Food Policy Council is to support a vibrant, healthy and equitable local food system for Washoe County, Nevada.
- Our Vision: Washoe County has a healthy local food system nourishing our community.

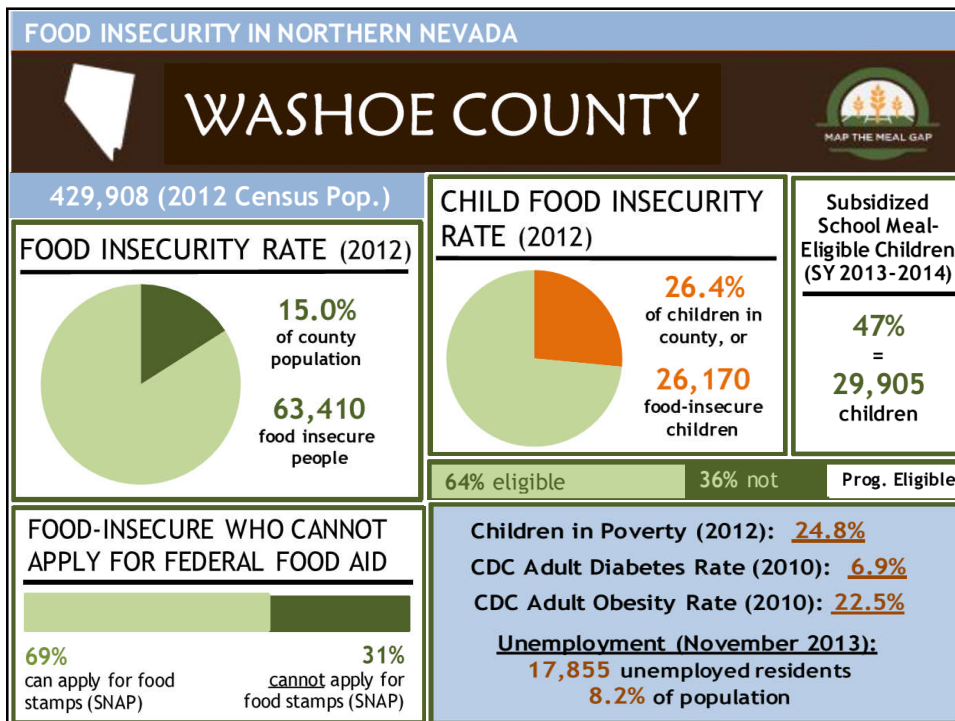


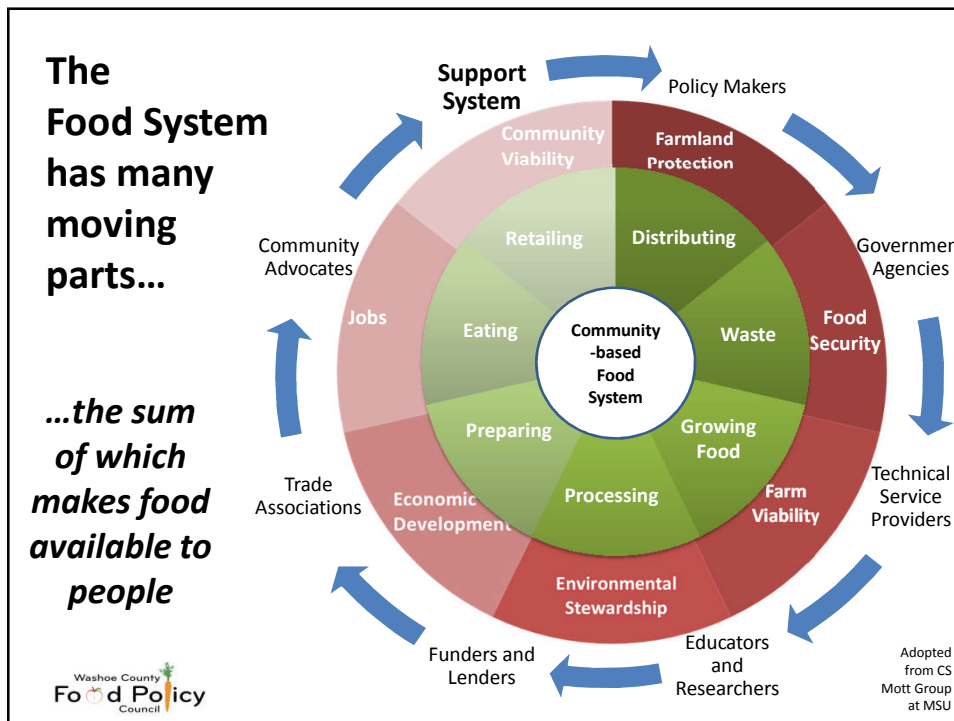
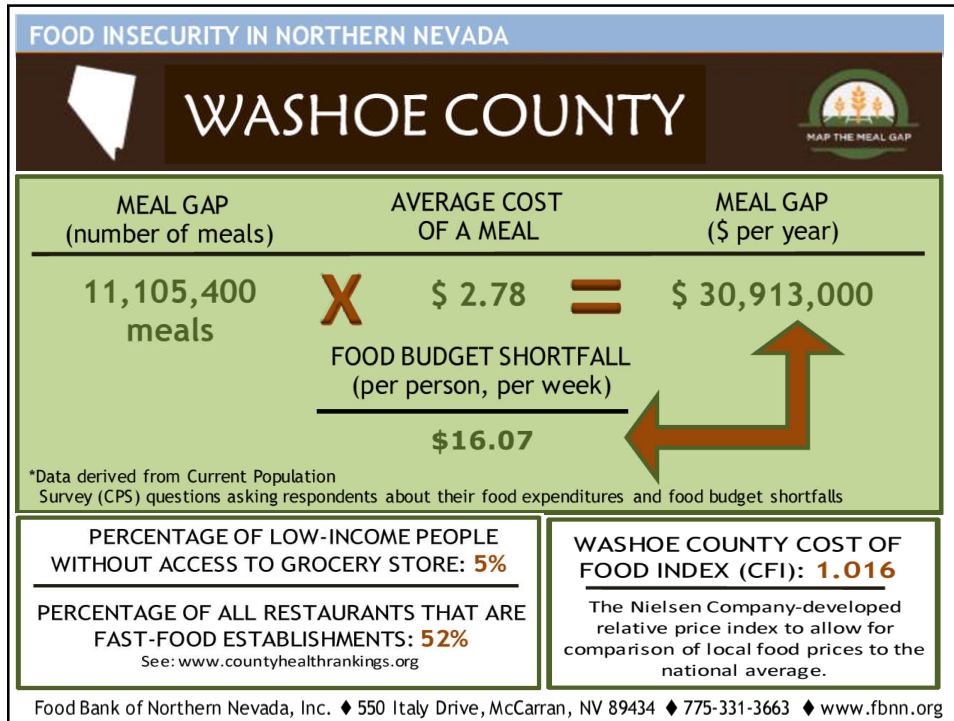
Food Security

Household Food Security – access to enough food for an active, healthy life

Community Food Security is a condition in which all community residents obtain a:

- safe,
- culturally acceptable,
- nutritionally adequate diet through a
- sustainable food system that
- maximizes community self-reliance and
- social justice

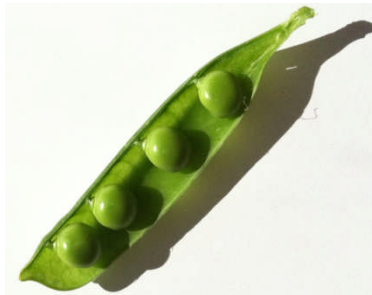




WCFPC Focus Areas

Increasing:

- ↑ The supply of locally produced foods
- ↑ Access to healthy foods by community members of all income levels
- ↑ Acceptance / consumption of healthy, minimally processed, locally produced foods



Council Projects & Priorities

- Nevada and Washoe County School Wellness Policies
- Food Regulation Roadmap
- City of Reno Food Policy
- WCSD School Garden Policy
- Sustainable Food System Indicators
- Outreach



Student Wellness Policies

- Invited WCD Nutrition Services Director and COO to join our January meeting
- Outlined concerns about lack of implementation in certain areas
 - Vending machines
 - Dedicated staff
 - No District Wellness Advisory Committee
- Commented on new draft Nevada Student Wellness Policy



Washoe County Food Regulation Roadmap

Where are you located?

City of Reno

City of Sparks

Unincorporated Washoe County

Make a selection from each column...

Will you be selling... ?

Whole fresh fruits, vegetables or herbs

Cottage Foods

Eggs

Honey

Meat

Dairy/Milk

Beer/Wine/Spirits

Where will the product be sold?

To a Restaurant or Caterer

To a Retailer

At a Certified Farmers Market

To a private individual

At a temporary food event


From my home

On my farm / Farm-to-Fork event

To a School

To Donate

Sample Navigation...



Nevada Food Business Resource
helping food industry businesses start and succeed in Nevada

Proudly powered by Non-profits:

- Nevada Small Business Development Center
- USDA Rural Development
- University of Nevada Cooperative Extension
- U.S. Small Business Administration

Home
Business ▾
Financials ▾
Facilities ▾
Specialty ▾
Blog
Submit a Resource ▾

Protected: Food Regulation Roadmap

Welcome to the Food Regulation Roadmap!

The Food Regulation Roadmap is a collaboratively developed tool intended to help small food business entrepreneurs navigate the regulatory environments that govern how and where you can make and sell various products. Simply select the appropriate choices from each of the three drop-down menus below to navigate to a wealth of pertinent information and links related to zoning, health department requirements, licensing and more.

This tool is designed to assist people looking to start small food businesses, such as those selling fresh produce, cottage foods, honey, eggs, etc. If you are interested in starting a "food establishment" ([Nevada Revised Statute definitions here](#)), such as a restaurant or food truck, please [CLICK HERE](#) for more information and to be redirected to the Health District.

Choose from the options below

Where are you Located?

City of Reno ▾

As a producer what will you be selling?

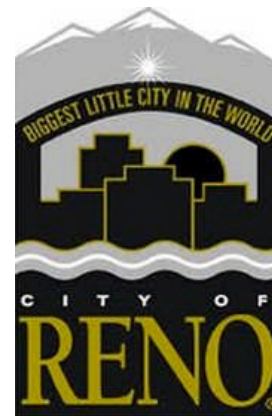
Beer, Wine & Spirits ▾

To Whom/Where will product be sold?

Certified Farmers Market ▾

City of Reno Food Policy

- Meetings with Reno city leadership
- Presentation at Reno Planning Commission
4/2/14
- Planning Commission adopted food policy as a 2014 goal
- Zoning and Master Plan recommendations on the horizon



Our City of Reno Food Policy Goals

- Improve access to healthy foods for all Reno residents
- Facilitate community food security
- Create opportunities for urban agriculture
- Promote sustainable agriculture and food production
- Reduce solid food-related waste



WCSD School Garden Policy

- Participation on WCSD School Garden Committee
- School Garden Handbook developed and approved by Board of Trustees
- Working on STEM curriculum integration
- Working on long-term garden maintenance plans



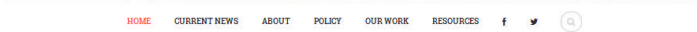
Sustainable Food System Indicators

- Benchmarking and monitoring data that supports:
 - Food choices that lead to healthy eating
 - Easy access to healthy food from retail outlets
 - Affordable food for all
 - Meaningful livelihoods for food producers/workers
 - Continuous entry for beginning food producers
 - Food available from as close to home as possible
 - Knowledge of where, how and by whom our food is produced



WCFPC Outreach

- www.wcfpc.org
- Facebook
- Business cards
- Meeting and event participation



Recent News

FEBRUARY 26, 2014 / FOOD NEWS
The Hands That Feed Us
 We are encouraged to know where our food comes from but have you thought about who makes our food? Food workers are employed in production, processing.

FEBRUARY 26, 2014 / FOOD NEWS
If You Waste Food, Are You Eating Sustainably?
 Sustainable eating is popular but how does this help if 40% of food is wasted? Before installing a solar panel, we must first reduce energy consumption.

NOVEMBER 26, 2013 / FOOD NEWS
The Hands That Feed Us
 We are encouraged to know where our food comes from but have you thought about who makes our food? Food workers are employed in production.

CALENDAR

June 2014

M	T	W	T	F	S	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						



Council Membership



JANA VANDERHAAR



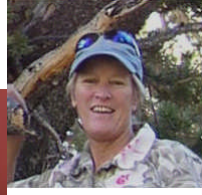
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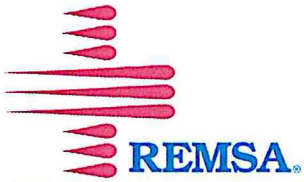


TOM STILLE



Questions?





Regional Emergency Medical Services Authority

REMSA

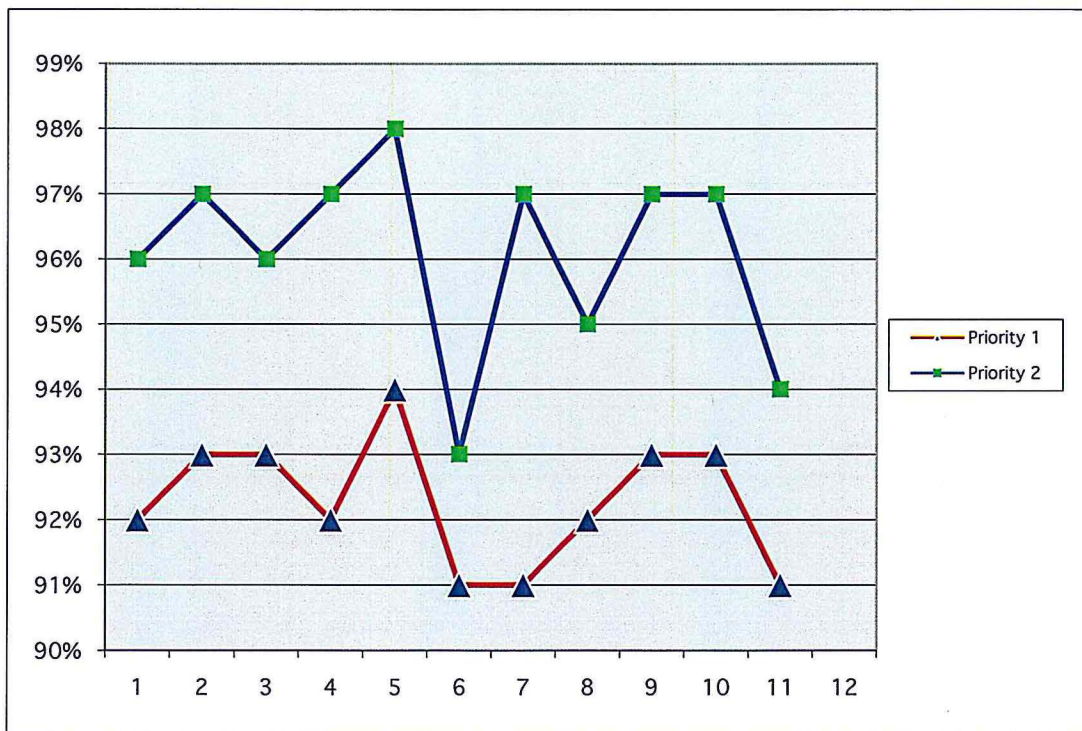
OPERATIONS REPORTS

FOR

MAY 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.	5 mins. 44 secs.	4 mins. 43 secs.	92%	95%
Mar.	5 mins. 45 secs.	4 mins. 51 secs.	93%	97%
Apr.			93%	97%
May			91%	94%
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.	11	\$83,307	\$7,573	\$7,981
Mar.	13	\$96,656	\$7,435	\$7,915
Apr.	10	\$72,571	\$7,257	\$7,858
May	15	\$137,664	\$9,178	\$8,008
June			\$0	\$8,008
Totals	132	\$1,057,091	\$8,008	\$8,008

Adjusted Allowed Average Bill - \$7,641.00

REMSA Ground

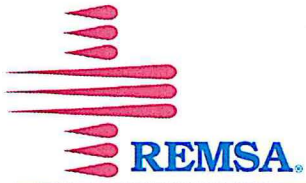
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-13	3528	\$3,760,993	\$1,066	\$1,066
Aug.	3361	\$3,580,384	\$1,065	\$1,066
Sept.	3269	\$3,475,246	\$1,063	\$1,065
Oct.	3376	\$3,597,764	\$1,066	\$1,065
Nov.	3316	\$3,543,650	\$1,069	\$1,066
Dec.	3559	\$3,824,810	\$1,075	\$1,067
Jan. 2014	3393	\$3,622,271	\$1,068	\$1,067
Feb.	3051	\$3,246,776	\$1,064	\$1,067
Mar.	3278	\$3,504,742	\$1,069	\$1,067
Apr.	3369	\$3,587,581	\$1,065	\$1,067
May	3656	\$3,894,253	\$1,065	\$1,067
June			\$0	\$1,067
Totals	37156	\$39,638,469	\$1,067	\$1,067

Allowed ground avg bill - \$1,067.00

Monthly Payments

REMSA
Monthly Debt Payments
as of 6/16/2014

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	46,400.25
10099003	11,871.59
10099004	11,871.59
10099005	12,488.60
Total	\$ 239,964.65



Regional Emergency Medical Services Authority

**CARE FLIGHT
OPERATIONS REPORT
FOR
MAY 2014**



**CARE FLIGHT OPERATIONS REPORT
MAY 2014
WASHOE COUNTY**

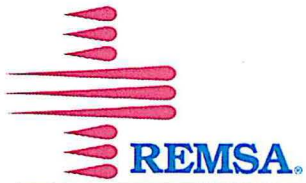
- ❖ **In Town Transfer:**
 - 0 Ground ITTs were completed**

- ❖ **Outreach, Education, & Marketing:**
 - **0 Community Education & Public Events**

❖ **Statistics**

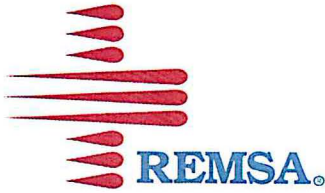
Washoe County Flights

	# patients
Total Flights:	15
Total Patients	15
Expired on Scene	0
Refused Transport (AMA)	0
Scene Flights	13
Hospital Transports	2
Burns	0
Cardiac	4
Trauma	8
Medical	1
Pulmonary	2
High Risk OB	0
Neuro	0
Pediatrics	0
Newborn	0
Full Arrest	0
Surgical	0
Total	15



Regional Emergency Medical Services Authority

REMSA
GROUND OPERATIONS REPORT
FOR
MAY 2014



GROUND AMBULANCE OPERATIONS REPORT

May 2014

1. OVERALL STATISTICS:

Total Number Of System Responses	5433
Total Number Of Responses In Which No Transport Resulted	1726
Total Number Of System Transports	3707

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	1%
Medical	54%
OB	1%
Psychiatric/Behavioral	6%
Transfers	17%
Trauma	19%
Trauma – MVA	3%
Trauma – Non MVA	16%
Unknown/Other	2%
Total Number of System Responses	100%

3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director or designee reviewed:

- 100% of cardiopulmonary arrests
- 100% of pediatric patients (transport and non-transport patients)
- 100% of advanced airways (outside cardiac arrests)
- 100% of STEMI Alert or STEMI rhythms
- 100% of deliveries and neonatal resuscitation
- 100% Advanced Airway Success rates for nasal/oral intubation and King Airway placement for adult and pediatric patients.
- 100% of TAP (paramedic orientee) charts during orientation period and 10% in the first month post orientation clearance.

Total number of ALS calls resulting in a system transport: 3058

Total number of above calls receiving QA reviews: 313

Percentage of charts reviewed from the above ALS transports: 10%

Note: In addition to the above manually reviewed charts, all call system responses with a documented PCR are electronically reviewed for protocol compliance.

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
5/6/2014	Scott Kesler	2
5/6/2014	REMSA	11
5/7/2014	REMSA	14
5/9/2014	REMSA	6
5/15/2014	REMSA	2
5/27/2014	REMSA	10

Advanced Cardiac Life Support Recert

Date	Course Location	Students
5/10/2014	EMS CES 911 Training	2
5/13/2014	EMS CES 911 Training	1
5/14/2014	REMSA	9
5/14/2014	Eastern Plumas Healthcare	5
5/15/2014	American Medflight	2
5/15/2014	Tahoe Pacific Hospital	9
5/16/2014	National Guard	2
5/17/2014	REMSA	1
5/17/2014	EMS CES 911 Training	2
5/19/2014	REMSA	8

5/20/2014	EMS CES 911 Training	2
5/20/2014	Saint Mary's Regional Medical Center	2
5/20/2014	Saint Mary's Regional Medical Center	5
5/24/2014	EMS CES 911 Training	1
5/28/2014	EMS CES 911 Training	4

Advanced Cardiac Life Support Skills

Date	Course Location	Students
4/16/2014	John Mohler & Co	1
5/19/2014	REMSA	1

Advanced Cardiac Life Support Prep Course

Date	Course Location	Students
5/2/2014	REMSA	5
5/6/2014	REMSA	13

Bloodborne Pathogen

Date	Course Location	Students
5/1/2014	US Forest Service - REMSA	14
5/4/2014	Carson City BLM - REMSA	18
5/8/2014	Carson City BLM - REMSA	15
5/14/2014	Carson City BLM - REMSA	17
5/18/2014	Carson City BLM - REMSA	11

Basic Life Support Instructor

Date	Course Location	Students
5/4/2014	Jennifer Kraushaar	6
5/6/2014	Beth Burwell	4
5/6/2014	Elko County School District	3

Family & Friends CPR Awareness

Date	Course Location	Students
3/9/2014	Saint Mary's Maternal Child Services	12
3/10/2014	Saint Mary's Maternal Child Services	14
3/24/2014	Saint Mary's Maternal Child Services	9
4/14/2014	Saint Mary's Maternal Child Services	11
4/27/2014	Saint Mary's Maternal Child Services	4
4/28/2014	Saint Mary's Maternal Child Services	12
5/1/2014	Saint Mary's Maternal Child Services	7
5/23/2014	Saint Mary's Maternal Child Services	3

Health Care Provider CPR

Date	Course Location	Students
3/30/2014	Jennifer Kraushaar	7
4/21/2014	Milan Institute	11
4/25/2014	Career College of Northern Nevada	18
4/30/2014	Christopher McNally	1
4/30/2014	Silver Legacy	5
5/1/2014	REMSA	10
5/3/2014	EMS CES 911 Training	3
5/3/2014	Great Basin College	9
5/4/2014	Shelly White	2
5/5/2014	Trent Waechter	1
5/5/2014	Jennifer Kraushaar	8
5/6/2014	REMSA	8
5/7/2014	Kenneth Cohen	1

5/7/2014	Shelly White	2
5/8/2014	Eastern Plumas Healthcare	4
5/8/2014	Lander County Community Health	1
5/10/2014	REMSA	10
5/12/2014	Nye County EMS	5
5/13/2014	REMSA	10
5/13/2014	Storey County Fire Department	5
5/13/2014	Jennifer Kraushaar	3
5/13/2014	EMS CES 911 Training	3
5/14/2014	REMSA	7
5/14/2014	Sierra Nevada Job Corps	6
5/18/2014	Humboldt General Hospital	3
5/19/2014	Silver Legacy	2
5/19/2014	EMS CES 911 Training	3
5/19/2014	EMS CES 911 Training	6
5/20/2014	Milan Institute	8
5/21/2014	REMSA	6
5/21/2014	EMS CES 911 Training	2
5/21/2014	EMS CES 911 Training	7
5/21/2014	EMS CES 911 Training	1
5/21/2014	Storey County Fire Department	1
5/21/2014	Milan Institute	10
5/22/2014	West Hills Hospital	3
5/22/2014	CPR 1st Aid Training	1
5/22/2014	Regent Care Center Reno	6
5/22/2014	Sierra Nevada Job Corps	2

5/22/2014	REMSA	7
5/23/2014	Elko BLM	5
5/24/2014	Audrey Green	1
5/26/2014	EMS CES 911 Training	4
5/26/2014	Nye County EMS	3
5/27/2014	Sierra Nevada Job Corps	12
5/27/2014	REMSA	8
5/27/2014	Barrick Cortez Gold Mines	1
5/29/2014	Willow Springs Center	2
5/29/2014	Elko BLM	1
5/29/2014	Jennifer Kraushaar	4
5/30/2014	Jennifer Kraushaar	6
5/30/2014	Bobbi Shanks	1
5/31/2014	Nye County Sheriff's Office	13

Health Care Provider Employee

Date	Course Location	Students
5/1/2014	REMSA	1
5/8/2014	REMSA	1
5/9/2014	REMSA	1
5/21/2014	REMSA	1
5/27/2014	Josh Duffy	2
5/30/2014	REMSA	1

Health Care Provider Recert

Date	Course Location	Students
5/2/2014	EMS CES 911 Training	1

5/5/2014	Humboldt General Hospital	4
5/6/2014	Tahoe Forest Hospital	13
5/8/2014	REMSA	9
5/8/2014	Nampa Fire Department	1
5/8/2014	Great Basin College	1
5/9/2014	REMSA	9
5/11/2014	EMS CES 911 Training	1
5/12/2014	REMSA	8
5/12/2014	EMS CES 911 Training	4
5/13/2014	EMS CES 911 Training	1
5/15/2014	REMSA	10
5/15/2014	Nampa Fire Department	4
5/17/2014	National Guard	1
5/17/2014	REMSA	9
5/20/2014	EMS CES 911 Training	1
5/20/2014	EMS CES 911 Training	1
5/20/2014	REMSA	8
5/21/2014	Washoe County School District	7
5/21/2014	REMSA	10
5/23/2014	REMSA	9
5/24/2014	EMS CES 911 Training	1
5/26/2014	EMS CES 911 Training	2
5/27/2014	EMS CES 911 Training	2
5/28/2014	EMS CES 911 Training	2
5/28/2014	REMSA	9
5/29/2014	REMSA	10

5/29/2014	Eastern Plumas Healthcare	1
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Health Care Provider Skills

Date	Course Location	Students
3/28/2014	Tahoe Pacific Hospital	1
3/31/2014	Tahoe Forest Hospital	1
4/21/2014	Tahoe Forest Hospital	1
5/1/2014	Majen	1
5/1/2014	Riggs Ambulance	1
5/1/2014	Tahoe Forest Hospital	1
5/5/2014	American Medflight	1
5/8/2014	REMSA	1
5/14/2014	Majen	1
5/14/2014	Tahoe Forest Hospital	1
5/15/2014	Majen	1
5/15/2014	Tahoe Pacific Hospital	7
5/16/2014	Willow Springs Center	8
5/19/2014	Tahoe Forest Hospital	1
5/22/2014	Willow Springs Center	4
5/27/2014	Majen	17
5/29/2014	Majen	1
5/30/2014	Elko County School District	1

Heart Saver CPR/AED

Date	Course Location	Students
2/10/2014	Washoe County School District	3
2/11/2014	Sierra Nevada Job Corps	3

2/19/2014	Sierra Nevada Job Corps	6
5/2/2014	Washoe County School District	1
5/5/2014	Washoe County School District	5
5/7/2014	Majen	1
5/7/2014	REMSA	10
5/8/2014	Washoe County School District	4
5/8/2014	Storey County Fire Department	6
5/10/2014	EMS CES 911 Training	1
5/12/2014	iHeart Elko, Inc	4
5/12/2014	Washoe County School District	2
5/14/2014	ABC Fire	9
5/14/2014	Washoe County School District	4
5/14/2014	Elko County School District	2
5/15/2014	REMSA	1
5/15/2014	SPB Utilities - REMSA	8
5/15/2014	Washoe County School District	3
5/15/2014	EMS CES 911 Training	1
5/16/2014	Alex MacLennan	10
5/20/2014	Nancy Tyler	8
5/20/2014	Nampa Fire Department	8
5/20/2014	Nampa Fire Department	1
5/21/2014	Storey County Fire Department	6
5/22/2014	Washoe County School District	3
5/22/2014	Nampa Fire Department	21
5/27/2014	Elko County School District	13
5/27/2014	Washoe County School District	6
5/28/2014	Alex MacLennan	7

5/29/2014	Washoe County School District	5
5/29/2014	Elko County School District	1
5/29/2014	Christopher McNally	27

Heart Saver CPR/First Aid

Date	Course Location	Students
3/12/2014	Amazon	7
4/7/2014	Silver Legacy	2
5/2/2014	Majen	7
5/2/2014	Sierra Nevada Job Corps	10
5/3/2014	REMSA	5
5/3/2014	Seniors Helping Senior - REMSA	7
5/4/2014	Carson City BLM - REMSA	18
5/5/2014	Community Living Options	8
5/7/2014	Majen	7
5/7/2014	Amazon	7
5/8/2014	Carson City BLM - REMSA	14
5/8/2014	Sierra Army Depot Training Division	12
5/9/2014	Sierra Nevada Job Corps	6
5/10/2014	EMS CES 911 Training	2
5/13/2014	Christopher McNally	8
5/13/2014	Eagle Valley Childrens Home	5
5/13/2014	Majen	2
5/14/2014	Carson City BLM - REMSA	18
5/14/2014	Eastern Plumas Healthcare	5
5/15/2014	Majen	12
5/15/2014	Community Living Options	3

5/16/2014	Sierra Army Depot Training Division	4
5/16/2014	Christopher McNally	11
5/16/2014	Sierra Nevada Job Corps	9
5/17/2014	REMSA	8
5/18/2014	Carson Nugget	4
5/18/2014	Carson City BLM - REMSA	11
5/19/2014	Majen	6
5/19/2014	Humboldt General Hospital	5
5/19/2014	Humboldt General Hospital	7
5/20/2014	Majen	13
5/20/2014	Humboldt General Hospital	5
5/21/2014	Riggs Ambulance	10
5/21/2014	Elko BLM	32
5/22/2014	Nevada ANG CSMS Carson City	5
5/22/2014	US Forest Service - REMSA	14
5/23/2014	ABC Fire	6
5/28/2014	JS Redpath	7
5/29/2014	Community Living Options	5
5/29/2014	Elko County School District	10
5/29/2014	Majen	9
5/30/2014	Sierra Nevada Job Corps	5

Heart Saver CPR/First Aid Skills

Date	Course Location	Students
5/19/2014	Work of Heart	5

Heart Saver First Aid

Date	Course Location	Students
3/30/2014	Silver Legacy	5
4/22/2014	Milan Institute	11
5/8/2014	REMSA	0
5/19/2014	Silver Legacy	2
5/21/2014	Milan Institute	9
5/22/2014	Milan Institute	9
5/26/2014	EMS CES 911 Training	4
5/29/2014	Community Living Options	1

Heart Saver Pediatric First Aid / CPR

Date	Course Location	Students
5/10/2014	REMSA	6
5/17/2014	Christopher McNally	9
5/19/2014	Elko County School District	5
5/24/2014	Christopher McNally	9
5/28/2014	EMS CES 911 Training	1
5/29/2014	EMS CES 911 Training	1

International Trauma Life Support Recert

Date	Course Location	Students
5/20/2014	REMSA	8

Pediatric Advanced Life Support

Date	Course Location	Students
5/12/2014	REMSA	7
5/21/2014	REMSA	5

Pediatric Advanced Life Support Recert

Date	Course Location	Students
5/7/2014	REMSA	1
5/14/2014	EMS CES 911 Training	5
5/17/2014	REMSA	2
5/23/2014	Tahoe Forest Hospital - REMSA	8
5/25/2014	EMS CES 911 Training	1
5/29/2014	REMSA	9

Pediatric Advanced Life Support Skills

Date	Course Location	Students
5/1/2014	Tahoe Douglas Fire Department	2

Ongoing Courses

Date	Course Description / Location	Students
4/15/14	REMSA Education- A EMT	30
2/1/14	REMSA Education- Paramedic	13
8/14/13	REMSA Education – Paramedic	13
Total Students This Report		1422

5. COMMUNITY RELATIONS:

Community Outreach:

Point of Impact

Date	Description	Attending
5/17/14	Child Safety Seat Checkpoint, hosted by Northern Nevada R.A.V.E. Family Foundation at Nevada Early Intervention Services, Reno; 18 cars and 25 seats inspected.	14 volunteers, 3 staff

5/30/14	Technician Update providing CEUs for recertification.	7 volunteers, 3 staff
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Northern Nevada Fitting Station Project

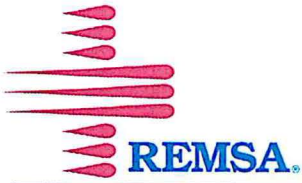
Date	Description	Attending
5/6/14	Training with Community Health Alliance WIC on Fitting Station referrals	1 staff

Safe Kids Washoe County

Date	Description	Attending
5/6/14	2014 Nevada Health Conference Planning meeting, Reno.	1 staff
5/6/14	Safe Kids Board of Directors special meeting, REMSA.	9 volunteers, 1 staff
5/7/14	National Bike to School Day. Esther Bennett Elementary School Safety Committee sponsored classroom bike activities, Sun Valley.	300 students
5/7/14 and 5/10/14	Kiwanis Club Bike Clinics for National Bike to School Day in partnership with Safe Kid Washoe County, Reno.	10 attendees, 2 volunteers
5/10/14	Cribs for Kids presents Reno Association for the Education of Young Children (RAEYC) Rural mini-conference, Carson City.	1 staff, 10 attendees
5/13/14	Miniature Golf Tournament fundraising subcommittee meeting, Sparks.	6 volunteers
5/13/14	Safe Kids Coalition monthly meeting, Sparks.	17 volunteers
5/20/14	Give Kids A Boost subcommittee meeting, Sun Valley.	6 volunteers
5/21/14	Immunize Nevada monthly meeting, Reno.	1 staff
5/27/14	Immunize Nevada quarterly board meeting, Reno.	1 volunteer

Public Relations

Date	Description	Attending
5/2/14	James D. Hoff Police Memorial, Idlewild Park.	1 staff
5/20/14	Interview with Lotus Radio to promote Give Kids A Boost Health and Safety Fair, bike safety and car seat safety through Point of Impact and Northern Nevada Fitting Station.	1 staff



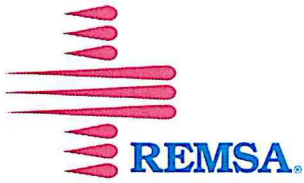
Regional Emergency Medical Services Authority

**GROUND AMBULANCE AND CARE FLIGHT
INQUIRIES
FOR
MAY 2014**

INQUIRIES

May 2014

There were no inquiries in the month of May.



Regional Emergency Medical Services Authority

**GROUND AMBULANCE
CUSTOMER SERVICE
FOR
MAY 2014**

GROUND AMBULANCE CUSTOMER COMMENTS MAY 2014

What Did We Do Well?		What Can We Do To Serve You Better	Description / Comments
1	Got me to the hospital at the busy time of 3-4.	Ask me why I am going to urgent care.	Med Express van was fine. I was not an emergency. I thought I had flu. It was all - from start out of my hands. I was sick like flu. The REMSA service was fine. However, the day (3:30 to 11:00 PM) was awful! Most of time I had no one in room - not told what was going on and will not use service again - if I'm able to say something. It was an awful day. Useless. All I had was an upset stomach and chills. Had not eaten a thing all 24 hrs. Bill was ridiculous uncalled for! My bill was unbelievable. I am 87 on Medicare!
2	Don't know.		Still in hospital. This admit was from another hospital - a transfer.
3			Sorry, cannot answer any of your questions 'cause we did not know who called REMSA for her. But we are sure you gave a good quality of service to the patient. Thanks.
4			How can I answer - I was unconscious.
5			I was unconscious - can't help you.
6	Everything went well - patient care - efficient team - excellent driving of ambulance.	Get our insurance information at time of service.	No problems - your work was well done!
7		Train personnel to do "ports" instead of only IVs.	
8	This trip I felt that the EMTs resented the firemen.	Nothing.	The EMTs were especially helpful on March 28 and April ? (the second trip). This was the 3rd on 4/11/14.
9			One of the men made a comment to another I did not need assistance. It could have been a man from the fire department that made the comment.
10		Keep personnel better inform location to proper hospital.	
11	Getting him to the hospital very fast.	Don't assume he is drunk or on drugs.	
12	You were very prompt in responding to the call and caring.	Did not appreciate receiving an IV port in the back of my hand without my permission.	The IV port was unnecessary and was never used.
13	Prompt arrival - worked well with Fire Dept. personell on scene - gentle & caring.		I don't understand why the IV port was necessary.
14	Very polite and put me at ease.	Serve food. In flight meal/movie.	
15	The female EMT was very caring and understanding. She made feel and comfortable. (?)		N/A
16	Everything.		
17	Caring, attentive, calm, knowledgeable.		
18	All great.		
19	Everything.		They are always polite.
20	Everything.	You're perfect just the way you are.	Great care.
21	Everything to make my husband as comfortable as possible.	Not a single thing.	Excellent. I was so scared, but they put me at ease.
22	Everything.		
23	Both EMTs are true pros. Negotiated 16 step stairs with me easily - moving potential obstacles in path; opened double front door.	Keep up the good work.	Very concerned about my wife's well being. Offered transport to hospital - much appreciated. Please thank my EMTs for their courtesy and professionalism.
24	They were very helpful.		Thank you for good service.
25	Everything.		Please send all future correspondence to the following address...
26	The response time was excellent.	Nothing. Service was good.	Billing sent me a bill, my private insurance should have paid and Indian Health is responsible for the remainder.
27	Everything.		
28	Everything.	?	
29	Everything.	You're perfect.	Great care.
30	Very prompt, very competent. Don't remember much more.	Nothing.	
31	Saved my life!	Lower prices.	
32			Overall - very good service.
33	Everything.		
34	The two paramedics were caring and very professional.	Not a thing!	The two were GREAT! Thank you two paramedics!
35	Everything.		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
36	So kind - thoughtful. They were patient and firm. Also very good looking young men/women.		
37	Everything.		
38	The medics were very helpful, calm and professional.	Dispatch was having a hard time understanding me and it was frustrating.	
39	All OK.		Patient still in hospital.
40	Dispatcher was knowledgeable and helped keep me calm. (Name of EMT) was one of the EMTs which helped us the first incident. He was so valuable during the incident and I couldn't have kept it together without him.	I have used REMSA 3 times in the last 48 days. Your staff is knowledgeable and worth every penny. I love you guys!	
41	Respond in a timely manner. Explained what they were doing for my husband.	Nothing.	
42	Everything. Worked hard getting my brother-in-law out and get him the help that he needed.	Nothing.	
43			My father was transported from Manor Care on Lakeside to Washoe (Renown) Medical Center.
44	Arrived fast and operator kept me calm on phone. Thank you.	Nothing...you were fantastic.	Thank you.
45			Paramedics were gentle and kind in caring for my 95 year old mother. Thank you!
46	Made me feel comfortable and overall very nice staff. Thank you.		
47	You transported me from Renown Mill Street to Renown South Meadows and back.		Thank you.
48	Wiped all the blood up before wheeling the stretcher over the floor so it didn't get on the rug. Thank you.		
49	Make the pain go away.	Be yourself.	
50	Your EMTs are very courteous, helpful and professional.		Excellent.
51	Responded promptly.		
52	Can't think of anything.	Can't think of any anything.	No comment.
53	Everything, my son was treated very well, and they were very understanding.		
54	Everything.	Nothing.	
55	Everything - arrived immediately - 3 well-groomed, friendly and knowledgeable men who got me downstairs in a chair and into the ambulance - they were very efficient and put me at ease, even though I was extremely ill. I very much appreciated having REMSA available to us.		
56	The staff that came was very professional and kind.		
57	Everything!	Nothing!	Hope I can help you sometime!
58	Got there fast.	None.	Very good service.
59	Transport.		Billing dept. mistake prone.
60	Prompt and professional. Very kind and respectful.		
61	Immediately made me feel safe.	Nothing, really.	At 87 years of age this was the first time I had ever been in an ambulance. I immediately felt safe. Thank you for your care.
62	As has been with prior trips via REMSA, I can't say enough about the care the EMTs gave me.	Not a thing.	
63	Everything.	Just keep doing things the way you are.	
64	Very, very well. They arrived quickly, were patient and understanding of my pain.		The nurse on the ambulance was wonderful.
65	Prompt.		
66	Made us all feel like things were going to be alright. Show that they cared.	Nothing. I feel you were just perfect.	
67	Great group of guys.	Very helpful.	
68	Just about everything.	Nothing. You are perfect!	
69	Your dispatch said 5-8 minutes, but they were here in less than 5 minutes - they were wonderful and they really were professional and they went into overdrive once they realized how bad things were and they still took the time to let me know and reassure me that he was in good hands. They deserve a Gold Star and raise, as far as we are concerned. They even took time to be sure I had a ride to the hospital and would have taken me, if not!! God Bless them!!		THE BEST EVER.
70	Yes. A++. Excellent!		

What Did We Do Well?		What Can We Do To Serve You Better	Description / Comments
71	Everything.	Nothing.	The care was great.
72			O.K.
73	Got me to the hospital quickly and safely.	N/A.	
74	On time, respectful, caring. RE: The NEW "REMSA Home Care of Community Service" is absolutely WONDERFUL!	Not much.	Acknowledgeable people - much appreciated.
75	The men were very sweet, caring and kind.	Just keep them sweet!	
76	Probably everything.		
77	Pleasant.	Can't think of a thing!	Very professional.
78	Everything excellent. Great workers. They do the job very, very well. Very professional.	No need anything. Everyone do a beautiful wonderful job.	They do a terrific job to explain everything to me and the nurse they even understand my broken English. To all of you, thank you so much for treat me nice.
79	Everything done was professional.		
80	All of it was great.	I don't know of anything.	I was from out of state, and they treated me like family.
81	Good patient care, on time, professional.		
82	Being kind to patient.		
83	The EMTs were very calm and reassuring to my mother, my sisters and me.		
84	Came ASAP.	You came quickly, but the driver took the longest possible route and stayed in the slow lane; extending the time lapse (critical in strokes) unnecessarily.	long way, she said it was to miss traffic - a joke? Moana to Kietzke is jammed on Saturday!! Arlington to Liberty to Renown was a straight shot.
85	Everything. Very pleased.		
86	The crew worked well with the fire crew who were the first responders. The crew was compassionate and patient.	It was unfortunate that the crew was not able to administer a full dose of Zofran. It could have prevented another 2 hours of discomfort for my husband - and possibly the trip to the ER would not have been necessary. However, we truly appreciate the care and compassion.	
87	The personnel listened and were very responsive. The lead EMT was very professional, yet caring. I very much appreciated their care and concern.		Best ever!
88	Everything was done well.	-	-
89	Everything.	All is well.	
90	Communication.		
91	Everyone was kind, caring and professional!! Thank you.		
92			Was very helpful in getting me to the hospital.
93	Pick me up.	-0-	
94	Got me to hospital. Made me feel better.		The care was very good and professional.
95	If you billed VA Med Center, you did very well.		
96	Everything.	Keep up the wonderful care.	You served our family 3 times within 2 weeks for 80 year old couple. We are so pleased of your care and understanding by everyone.
97	Explained to protocol. Made certain the hand off, when I arrived at Carson Tahoe Behavioral, went smoothly and comfortably.	Help ensure the doctor makes certain the patient receives something for anxiety for transport from ER to Behavioral Health Hospital.	I was very impressed with how professional and attentive and concerned the paramedic was.
98	Yes.	Don't know.	
99	Polite and caring.	Nothing, everything was fine.	
100	Took steps to control my pain right away. Kept me warm.	Nothing. They were perfect.	Couldn't ask for better.
101	Everything! Kind, gentle, informative. ALL WAS GREAT!	??	
102	They explain what they are doing.	Nothing. Everything is perfect.	
103	The staff was very comforting and helpful.		
104	You transported my husband.		
105	Showed up.	I believe everything was just right.	
106	Just being kind and caring. The paramedics were awesome and professional.	I never had a problem with REMSA. The staff has always been super.	You've great leadership, because you hired people who care about people.
107	Everything.	Everything was fine.	
108		All is well.	
109	I have no complaints.		
110	Courteous, helpful.		All good.
111			Care was very good - made me feel at ease.
112	Patience and friendly.	?	
113	Fast and pro at what they do.		God bless you all for saving people and doing a great job.

What Did We Do Well?		What Can We Do To Serve You Better	Description / Comments
114	Everything.		
115	PLEASE NOTE: I was told that you were extremely good with my brother. You took very good care of him on the trip up here. Thank you so very much for being there. God bless you all.		
116	Personnel very professional.		
117	Prompt service.		
118	Prompt response and explaining what was happening and what I need to do and bring to hospital to assist my wife at ER.	Continue fine service and professionalism to victim and family members.	Only negative was taking wife out front door. Broke hinge and arm that closed screen door off.
119	Prompt service.		
120	The service was fast and good - and the personnel helpful. I was in pain.		
121	Put me at ease. Fast response.		
122	I was very impressed and satisfied.	Have no complaints.	Good.
123	Everything.	Our experience was great, given the circumstances.	
124	Everything you did was well. If I ever need you again, I will call.	Everything you did was good.	
125	Everything.	Keep up the good work.	Fantastic. Wouldn't make it without you.
126	All. Don't know.		Patient still in hospital at 5/2/14.
127			Very professional.
128	Tried to make me comfortable in a small, bumpy plane.	?? Did great with what you had! Thank you.	-
129	Everything.	Everything was fine.	No comment except flight crew was very professional.
130	Explaining what was necessary and caring about my needs.		
131	Everything.	Send money???	They're a great group.
132	Very wonderful and friendly with us and cared for us, as if we were their family.	Nothing. You do your best.	
133	Promptness and courtesy.	Stay the same.	
134	The ride you gave patient was, I think, from hospital to rest home. She is my wife. Or, it may have been from rest home to hospital. That was it, I think.		I was not with her. Thank you for the ride!
135	Once on scene, took command of situation. Set about putting me at ease, getting me assistance in breathing and transporting in expeditious manner. Of course, it seemed like forever for you to get here, but when you do, your attendant and fire crew work flawlessly together. A good experience in a terrible situation.		
136	The guys were professional and quick! Did their checks and put me at ease, and my wife!	Maybe turn up the heat a bit in the ambulance. But so minor! No complaints.	Thank you for your assistance!!
137	Considering I weight 400 lbs., your crew did an excellent job on this transfer.		
138	Staff was efficient and polite. Dr. seemed caring - decent bedside manner.		
139	Everything from start to finish! I am 78 years old - afraid of the unknown - happy with your service!		
140	Prompt and polite.		
141	Everything. REMSA has great people.		
142	Everything.	Keep it up - all good.	
143	Everything OK.		
144	Overall helpful, clear, friendly, caring.	Put shocks in the ambulance. Very bumpy, when you're hurt.	5 Star to all who were involved. Thank you.
145	Everything.		
146	Made me relax.	N/A	
147	Everything! Made my mother very comfortable and not fearful!	Keep doing the same great job!	
148	Fast response, obtained data from fire department who arrived first. Prompt trip to St. Mary's emergency.		
149	They asked the right questions. Also, the right treatments were started promptly.	Could have communicated better with my husband.	
150	You are always wonderful to me, as well as to my husband. Very respectful.		
151	Everything! Sweet, professional, quick and considerate.	Nothing.	Thank you!
152	Treat me.	Service is a 10 now.	Great care.
153	All staff members involved from phone to getting her to hospital were excellent. Couldn't ask for more.		We have not seen or talked to anyone about billing.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
154	Everything was very caring and professional.	Nothing.	Care was great. Your staff was very caring and professional during my tough time.
155	Very careful in attending to me in my RV.		The firemen were considerate and attentive.
156	Very professional.	Keep up the great job.	Great service.
157	Everything.		
158	Everything - very professional.	Can't think of anything.	
159	The services were just great! The crew made me feel very safe, and I know they really cared about me. They are always so polite. Thank you.		
160	Responded quickly.	More comfortable "bed" in truck.	The care was great.
161	Everything.	It was very good help.	
162	Arrived promptly.	Nothing.	
163	Made me comfortable as I could be under circumstances - gathered information.		Good.
164	Very professional.		Was paid by Northern Nevada Medical?
165	I was greatly impressed with your personnel. As a retired police officer, I know a good crew when I see it. I would like to add a few things to my comments on the front page. I have had my back go out, like it did with this incident. I have never been incapacitated like that before. When your team arrived, they kept things professional and my cousin who was there and is a nurse, your team took her input and used it to help me. They took great care to get me off the floor and onto the gurney without causing me any pain. I have a tendency to be joking when I'm nervous or scared. Your folks sensed that about me and kept things lighthearted all the way to the ER. That made me at ease and I cannot thank them enough for doing that. I would appreciate it if you would share this with them and place a copy in their personnel files, as they all deserve praise and they have my gratitude for all they did. Respectfully.		
166	Took care of my problem.	Keep up the good work.	Good.
167	Saved my husband's life.	Not much.	My husband says he felt he was in good hands, flight was good.
168	Everything.		
169	Got them here fast.	Everything was fine.	N/A
170	Everything.		They guys did a great job.
171	Prompt response, caring attitude, very professional.		Excellent.
172		said and my directions - my neighbor would not have had to chase down the ambulance and bring them to us.	
173	REMSA was prompt, came as soon as we needed them.	When it's a big emergency, sirens on.	
174	Everything.	Nothing. Help me with my drinking.	
175	Everything!!		
176	Excellent personnel; very caring and efficient.		
177	All personnel excellent. The supervisor was clear, good at info, this helped.		Crew went to load my mother, said would wait for me while talked to my father. Excellent.
178	They put me at ease and allowed my husband to ride with me. He has Muscular Dystrophy and I do all the driving. They came right away and took me to emergency. Thank you very much.		
179	The paramedics were extremely helpful and friendly. They contacted family members to provide updates.	Nothing.	They took great care of me and I would like to thank all involved!
180	Everything.	N/A	Excellent in every way.
181	Cheerful. Put at ease.	Did well.	
182	Everything was perfect!	No improvements necessary.	All was perfect.
183	Very quick response; spoke to my family and patient in a calm voice. Did all things necessary to maintain comfort for patient.	N/A	Well done. I thank you for all you did. My husband did pass away that weekend. He had brain cancer.
184	Everything! Thank you for helping! Save my mom's life, you did over and above.	N/A	N/A
185		Respond faster. Three hours is long.	
186	Acted very professional and very caring.	Keep the standard in your work.	
187	Response quick and reassuring.	You did a good job.	

What Did We Do Well?		What Can We Do To Serve You Better	Description / Comments
188	Everything.		All was fine.
189	Everything possible.	Nothing, hopefully, for a long time.	Great.
190	Arrived quickly at pickup place.	Roughest ride ever - get some auto "shocks." An "ENT" put a huge device into my right arm and the hospital didn't even use it for blood withdrawal. This was not a good experience, but better than nothing because I had to get to the hospital for a mini stroke. I did like the ENTs. An improvement would be to have a cell phone for patient use. At the hospital it took me another TWO HOURS to get a phone, so I could have a friend go to my house and give my 90 year old mother her medication. I don't have a cell because I can't afford one.	
191	Everything.		
192	Taking me to the hospital.	Nothing.	You did the best you could do.
193	Everything.		
194	Sending me in the hospital, Renown.		Good job!
195	The people were patient and arrived fast.		
196	Very great medical help! Very professional and nice.	Nothing.	
197	Transport of elderly, barely-conscious, very disoriented patient, elderly wife rode along. Reassured my elderly, hard-of-hearing mother and making sure she knew exactly what they would be doing.		Staff was wonderful and waited until I arrived (following in car) before leaving my mother.
198	Everything, thank you.		
199	Was great trying to figure out what was wrong.		The team was great. The only thing I hated was IV lines.
200	Everything.	?	Great care. Thank you.
201	A-OK!	Keep on - keeping on!	Always the best!
202	Everything - your service was great. You saved my life!	Help with billing payments. I have received a medical hardship from all providers.	In the hospital for over 200,000. Any help you could provide in lowering all due would be appreciated. I will try and get you something soon. You deserve every penny you charge. I am just on limited income with no insurance. Thank you.
203	Your staff was very gentle and considerate - your response time was amazing.		
204			All of the people that came out here were very nice and courteous.
205	Courteous to my needs and condition. Explained everything in detail.	Did a great job.	
206	Quick response and professional help indeed. Very compassionate crew.		Excellent!!
207	Got me to St. Mary's OK - good job.	Get those teams on the road - 3 hour wait!	
208	Handling my 91 year old husband up from the floor.	Can't think of anything else.	It was excellent. Thank you!
209		Not take a ride.	The two EMTs were great guys.
210	EMT explained your new arrangement apparently with some local urgent care facilities. This took quite a while, as I was laying in the ambulance in a lot of pain. I signed the OK to be taken to urgent care and was told there were just a few facilities with whom REMSA had this agreement. EMT called the urgent care at Mae Ann and Robb and got the OK to take me there. Then the problems began: The driver did not know how to get to the facility and the EMT wasn't sure, either. But they headed north on McCarran, drove west on Mae Ann to Robb, turned left, then right into the WRONG office center. After a few minutes, they figured out where we needed to be. When we got there the person in charge (?) told the EMT they could NOT take care of me - all they could do was take my vital signs! So they did so and were taking more of my info, but the urgent care would not allow my friend (who had followed the ambulance) to come into the exam room. At this point, I was completely upset and angry, so I left. I feel the whole experience was dreadful. I am very much in favor of reducing medicare care costs. However, I received no real care from anyone!		
211	Kindness.	Nothing.	All is good. Thank you for your Silver Saver program.
212	How fast you arrive in the house and the way you communicate very helpful.	You are doing great job. Just you present make us feel better.	You guys do a great job helping people. Keep up the good work.

What Did We Do Well?		What Can We Do To Serve You Better	Description / Comments
213	EMT was kind and responsive.	I was freezing cold in ambulance - the blanket was thin and didn't begin to keep me warm.	
214	Everything.	Nothing, but more comfortable bed for ride.	
215	Extremely professional and made me feel comfortable.	Nothing.	
216	All were professional and very helpful.		
217	I was completely disabled by back pain. Two men from the fire truck gently carried me to the gurney where the ambulance crew took over with excellent skill and care in making the trip tolerable. Too bad I can't say the same about Renown Hospital.	Just keep up the level of positive attitude and caring, as well as skill, as I really hate to scream. Thankfully, it didn't come to that.	
218	Everything you did!		Excellent!
219	Everything! If you had not responded as quickly, my husband would have died. His blood pressure dropped so suddenly!	Just keep up the good work you are trained to do.	Excellent!
220	They were very kind and helped put me at ease.		
221	Immediate and helpful response.	Not anything.	
222	Everything was great.	You've done well with all calls.	
223	The team was extremely caring and compassionate. They CARED and they kept us informed and involved.		I cannot say enough about the team both for transport but also after we lost the baby. Everyone was compassionate, caring and loving. We knew Kannon got the best care and that the team went above and beyond to help, especially from St. Mary's team.
224	Service was good.	You are doing fine.	
225	They were very understanding and patient with me. Considerate of the situation.	Nothing, in my opinion.	
226	Very fast response and professional service!	N/A	
227	Arrived quickly, communicated throughout the whole trip to the hospital and were very professional.	The driver took the freeway to the hospital, which was not the shortest or fastest way there.	Overall, I was pleased with the care I received and thought the team did a good job.
228	Everything; prompt, polite, informative, caring, understanding, knowledgeable, positive.	You guys are great.	See above. Thank you!
229	Everything.	Can't think of a thing.	Always good.
230	The female seemed to be qualified, but the male was not as efficient as should have been. Needs much more instruction as to inserting needle into veins, etc. It was VERY painful to me and when I told him it was, he just pushed harder. The back of my hand was discolored and sore for a week after. Same as the needle in my "above the wrist" vein. Still tender. He really needs to be retrained.		Did not speak to anyone regarding billing.
231	Everything.	All is good.	Great all around.
232	I felt safe and in good hands.		I was having a CVA and don't remember much.
233	Arrived quickly. Dispatcher was clear in her instructions of what I should do. Very professional.		
234	Everything.		Don't leave the clear plastic tabs around. Need to be put in trash.
235	By doing their jobs.		
236	Communicate.	Bring pizza.	
237	Everything.	Not now.	No comments.
238	They were calm and explained everything they did to me before doing it.		
239	Everything.		
240	Very patient. My son could barely speak. I had to be the "go-between."		
241	Good work.		
242	Everything, no complaints. Thank you!		Outstanding personnel! Couldn't ask for better care.
243	Prompt, professional, caring service.	Cannot think of a thing.	
244	Everything - thank you.		
245	Everything.	Bring ice cream.	
246	Very efficient.		
247	Everything.		
248	Very well!		
249	Speed, care, concern, compassion, feeling, knowledge, skill and communication.	Ongoing training for staff in order to remain sharp.	One of the EMTs is an example of a REMSA model employee. He is REMSA's ambassador. A true asset to REMSA. / What billing staff? Is there a bill?
250	Communication with family and patient.	You are great!	They are all so caring, but at same time focused and professional.
251	Everything.		

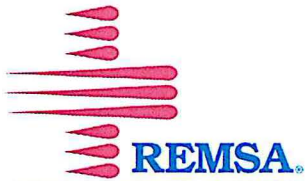
	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
252	Maintained a professional manner during emergency. Listened to all questions. Went to hospital requested.		Staff was awesome! Very helpful.
253	Respond timely, dog respect, consideration for my delema.	Tell me how to just press 1 button on the phone, I was in seizure, 911 and speaking was hard.	Better than I have received from others.
254	Very professional and polite ambulance staff.	Service was excellent.	Outstanding service and care.
255	Reassured patient.	You do great!	
256	Everything!	Pay your EMTs (more) paramedics \$\$.	While REMSA service is 5 Star/Renown's is 1/2 Star.
257	Prompt response after 911 call.	Offer insurance for service.	
258	Response time, courtesy and knowledge of medics on site, calming manner of services to spouse.	N/A	Excellent attention to spouse's concerns during anxious time.
259	Great job. Thanks.		
260	Everything.		Very good.
261	Check all my vital/cardiogram - blood pressure - etc., and give my I ride to Renown - I still under control by REMSA.	Will be difficult to do better.	Your very good.
262	Everything.		
263	Did not feel transport was warranted - felt pressured by EMT to go to hospital.		
264	Everything.		
265	Everything.	Can't think of anything.	
266	Everything - information I needed, relaxed me and updated me on everything they were doing.	Nothing.	They took great care of me.
267	Very professional and accommodating. They took me out through the garage, when I did not want to go through main lobby.	Not much.	All very well done in general.
268	Communicating during all the trip to the emergency and the staff were friendly.	Good.	Good service.
269	From what I remember, the guys were very well on top of the situation and polite and made sure my little dog was safe.	You guys are fantastic.	Dispatch was very polite.
270	Prompt service, courteous, kind.	Continue your good service.	
271	Move patient very carefully.	Your service is fine.	
272	Appeared at the accident soon.	I hope you won't have to!	I can barely remember the occasion, but I do remember the female EMT - very caring.
273	From what I remember, the response time was amazing.		I appreciate that the EMT helped me stay calm, even though I was scared.
274	Got to the motel in record time and wasted no time in deciding to take me to the hospital.		Very good and fast - I couldn't breathe and I feel their fast actions saved me.
275	Both EMTs were very helpful. The young lady made sure that I stayed covered. I really appreciated, since I was wearing a dress.		Thank you very much for your help.
276	Very well.	Nothing.	
277	Good service - helpful staff.		
278	Assessed need, transported to hospital.		
279	The guys that help me was kind, professional. However, when one of the guys grab my shoes he got two left shoes. It was funny when it was time to leave hospital.	Grab one right shoe, one left one.	Overall, great service. Thank you all for being there for me.
280	Made me comfortable. Very professional, but also caring and kind.		
281	Everything your people do is top notch! I've had to be transported twice within 6 months and the staff always makes me feel as if I'm safe, secure and getting THE BEST care.	I LOVE your staff. Gratefully!	I only wish the staff could be paid more money. For the expertise, they must be underpaid like MOST in the medical field.
282	Very polite and friendly. Told me what was going on. Very professional.	Nothing.	Thank you for your help!
283	Everything.		Very good.
284		Please follow instructions next time. I specifically said DO NOT MOVE HIM! I am the father of the patient - to the ambulance crew to not move my son and I ended up having to meet them down the hill of Mt. Rose.	
285	Professional staff.	-0-	
286	The medical personnel were friendly and helpful.		
287	Everything. Don't change anything.	Your crew has to be the best. I thank God for REMSA and the people who for REMSA.	
288	The crew were in one word: "Fantastic." Thank you so much for kindness and expertise.		
289	When you are hurting and some friendly EMT helps you to feel - what more can you ask for.	The way I see it there is nothing that you could do any better, friendly, good service.	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
290	You did a very good job. I was comfortable through the flight.	I think the job that the crew did, to make me relax, was great.	One nurse, on board, was happy and joking to make me less nervous.
291	The incident was fine and each of the participants were great.	Hope I don't need them again.	I think they were doing their job as learned and very efficient.
292	You were very quick to get here and get patient on O2.		Very good service. Thank you so very much. Unfortunately, my husband died May 10th, however, I am grateful for that time. All my children and grand and great-grand children had the opportunity to get here in time to say "goodbye" to him.
293	You are so professional and friendly.	-0-	Great service.
294	You provided comfort right away and calmed me down very well. You kept me informed and answered my questions.	I can't think of anything - I'm very grateful that you responded so quickly - my injuries were severe and I would have been much worse, if you were not there for me.	
295	The 2 women who transported were very compassionate, their communication and professional manner made me relaxed.	I hope there will not be another time for me to use REMSA, but if I do, I hope I get the same 2 women!	I was nervous at first when I saw the 2 women because I am overweight - but they were great and professional!
296			Friendly.
297	The crew were all compassionate and very helpful. We appreciate their professionalism.	None that I can think of. You all are doing your best already.	I've observed that the crew members do care for the patient.
298	The care and treatment to me was excellent - my questions were answered, were truthful and understood.	Nothing - as care was outstanding - thank you.	Service in general was superb - thank you.
299	Took me to the hospital.	Don't yell at someone having chest pains and a panic attack.	you." She asked offensive questions repeatedly! No compassion and rude!
300	They were very nice and polite, they made sure I was comfortable.	Keep doing what you do!	
301	They were fast and efficient and cared for me in the best way possible.		
302	REMSA staff were calm and informative.		
303	The personnel were thoughtful and kind.		
304	You were prompt and cheerful - made me feel relaxed.	Can't think of anything.	
305	Was very considerate.	Nothing I can think of.	
306	Everything.	Keep doing everything the same.	
307	All the service was excellent.		
308	All is well.	All is good.	
309	Everything.	All are good.	
310	Listened to my concerns, were quick and efficient.	Nothing I can think of.	
311	Three young men very polite, helpful, calming and professional.	My needs were met.	
312	Friendly and compassionate.	Everyone was great. Thank you.	God bless you for what you do.
313	Everything was good.		
314	Everything was fine.		
315	Very professional service and very comforting! Thank you!		
316	Paramedics were courteous and extremely careful. They were wonderful.		
317	Everything.	I've used your service twice and both times the crews were great.	Great service.
318	Everything.	Nothing.	
319	Good transport care.	Keep up the good work.	
320	Everything.	Good job.	
321	Everything.		
322	Kind and helped me relax.		
323	Everything! Am very pleased.	No improvement.	
324	Arrived promptly, administered emergency aid immediately and arrived at hospital in time.		Always courteous and respectful and prompt.
325	Very quick response, assessed situation quickly, very helpful responding to help me.	-	Very polite, knowledgeable staff - REMSA came 2 days and both times great care. We appreciate it VERY MUCH! tHANK YOU!
326	Pick up.	OK	OK
327	Keeping me informed.	Can't see how the service could get any better.	Keep the present service at the same level.
328	Explained options, carefully transported.		
329	To find out what happened to me.	Nothing.	It was good.
330	Everything.	Can't think of anything.	
331	Handled me carefully.	Nothing.	Responded quickly and efficiently. The ride was a little bumpy.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
332	Assessment of patient prior to transport was very thorough and courteous.		
333	Everything OK.	OK	OK
334	You did everything necessary.	I can't think of anything.	Your quick service saved my wife's life.
335	Everyone performed exactly as was necessary to care for me.	?	
336		their self and say, "Take me to the hospital," your wife can't speak for your husband unless you can show them a Power of Attorney. This is unbelievable to me as how many people have that paper with them at the time of the emergency. My husband was totally unresponsive and couldn't say those	
337	Excellent people skills, sincere concern, provided immediate medical facility Renown Urgent Care on Vista.	Continue excellent medical service.	I was made comfortable and felt I was in excellent care and professional care.
338	Overall, it was a perfect trip to the hospital and timely.		
339	You took exceptional care of my husband bringing him home on hospice. He was comfortable.	Nothing. You were great.	
340	Everything.		
341	Very patient, helpful, kind and comfortable.	You all do great.	Will always call when ya'll are needed. Thank you!
342	Everything.		
343	Customer Service Rep allowed me to wait an extra month before paying bill. (Husband died...I went back home to NC before starting to settle estate.)		
344	Everything was great. So thankful for their help and prompt response.	Team was great. Can't think of anything.	Have not dealt with billing at this time. Thank you for everything.
345	Able to put IV needle while being transferred.		I still did not/rather received the bill.
346		Continue to hire great EMTs!	Your EMTs were "awesome." Keep up the great work and thank you for your help!!
347	Arrival time was good. Everything good.		Don't remember much conversation with the crew.
348	Everything.	The EMTs were very trained.	
349	Getting me there.	Don't put victims together.	I don't think I should pay when I was forced to share.
350	Communicate.		
351	Everyone was very helpful. They were just wonderful. I am very happy they are here.		
352	You made me comfortable and took my stress away.	Can't think of anything.	Everything was great.
353	All was handled extremely well.		I checked "does not apply" on billing staff - they were most helpful.
354	You got me to Reno fast.	Stay in business.	
355	Checked vitals.		
356	Very calming in a very stressful situation.		Excellent care.
357	Yes - very helpful - reassuring.	Everyone was great - thank you.	
358		Nothing.	They were here in minutes, and just knew what to do. We're grateful.
359	Great.	-0-	
360	Responded quickly, personnel very caring and sensitive.	Vehicle was freezing cold, said heater was broken.	
361	They got me settled back to Rosewood quickly. Polite, professional and caring.	No - they did a good job.	
362	All personnel: communication, care outstanding, medical knowledge outstanding. GREAT CREW!!	Everything was great.	
363	The staff was very kind and helpful. Gave us advice on hospital, since we were from out of town. He thought the staff was very professional. They wanted to know if there was anything more they could do for us.		
364	They cleaned up her blood on the bathroom floor before moving her on their cart out of the house.		
365	Responded quickly and provided excellent, caring medical aid.		
366			I have not received a bill yet.
367	You were gentle in bringing my husband home, he died the next day.		
368	Everything.	Nothing.	Keep up the great work!!
369	Everything.	You did good.	
370	Treated me like a human being.	It seems to be alright the way it is.	
371	Very professional, helpful and understanding.	Keep up the good work.	

What Did We Do Well?		What Can We Do To Serve You Better	Description / Comments
372	ASA & NTG for C/P.	Quick response time to 15' and I was stuck away from RRMC. ALWAYS give patient w/chest pain oxygen! I had chest pain. I was not given oxygen at the scene or in the ambulance.	
373	Equipment ordered by St. Mary's was not appropriate. Oxygen levels could not be kept above 88. EMTs stayed, brought in O2 tank. Helped nurse.		
374	All of your crews are so well trained. Congratulations on their training.		
375	Every time I use REMSA, they do well.		
376	Personnel were very kind and put me at ease.	Nothing.	Great service.
377	Excellent care.		
378	Got 1 nite away.		Very good.
379	You were all professionals who cared. You did all told. You have done a good job.		No complaints.
380	Personnel kind and thoughtful.		Great service.
381	Made the transport to the hospital easy.	Just be there when needed.	Personnel were very considerate and caring!
382	Excellent!!!	One of the EMTs was great!!	
383	Gave me great care and tended to my pain promptly.	Just keep doing what you are doing.	
384	Everything.		It was the best.
385	All.	Nothing.	
386	Friendly, clear, recognized and honored my concerns re which hospital was being taken to.	Some inconsistency between REMSA and Reno Fire Department staff that helped me first, but not sure REMSA can help that.	Overall, good experience, considering.
387	Kind and understanding.	If a person's problem involves - they need help in alcohol about, not taken to a mental hospital.	That place almost drove me nuts. I did not belong there. The patients were very disturbing to watch.
388	The EMTs were very professional.	Keep up on training.	
389	Quick action saved my husband's life.		
390	Everything, very polite and very helpful.	Great job/well done.	Everything was very caring and professional and we appreciate all you did!
391	Everything. They were very kind. Asked me the important questions.	Nothing. Really, they were great.	
392	Kind and helpful.	Dispatch told me to lay husband flat when he was having difficult breathing and oxygen 65. No, I didn't do that. Should sit up. Then ambulance came fast.	
393	REMSA crew was able to get my pain under control and take me to the hospital.	Nothing.	The crew was 100% professional.
394	Transported me from the hospital to another place just fine.	Nothing, everything was done right.	N/A
395	Everything, just the way they were taught.		
396			I'm a Silver Saver 101890.
397	You were kind to my dying wife.	Keep up the good work.	
398	The dispatcher guided my neighbor into CPR with directions until the EMTs arrived.	They were awesome.	
399	The professionalism of the crew and communication.	Nothing at this time, except keep up the good work.	
400	Quick response.	?	
401	They told me what they were doing, and they made me comfortable with blankets.	They were too concerned with making sure they got back all of their property.	When they came out the first time (my O.T. called them) they asked me about 20 questions. Because I could answer maybe 2 of them, they did not take me. My nurse came out the second time and I then told her that I would agree to go with your personnel. They first seemed agitated when they had to come out again. Then they asked why I didn't go, etc., of course, I could not answer. I spent 4 days in Renown Hospital.
402	Arrived in timely manner and were very professional and well trained.	Not much room for improvement, keep quality up.	
403	Very professional and courteous.		I wasn't there at the time of this incident but was there for 2 previous.
404	Timely service, courteous, professional.	Service great.	
405	I was very sick, so I don't remember very much. But as I recall, your service was very good.	I have no complaints whatsoever.	I think your service is excellent.
406	Everything.		
407	Everything - thank you.	Not a thing.	
408	Not over react! (That's huge. If the paramedic gets in a tissy, it creates stress.) So, thank you. Your folks are always calm and competent.		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
409	This is patient's husband filling this out. I was not there when patient was taken. I think it may have been a Regent Care to the hospital trip. I didn't hear anything bad - I'm sure you do a good job with sick people. You got her when she needed to go.	? Bring patient home. No. She's at Regent Care.	I thought you sent a good letter to get our view of what you do.
410	Very efficient, supportive.	Took a little longer than expected to arrive but not life-threatening emergency.	
411			All was done well and efficient.
412			All was taken care of very well.
413	The EMT crew moved me carefully down a flight of stairs and onto the gurney. They were professional.		
414	OK	OK	All right.
415	Everything.	Nothing - you were very helpful.	Couldn't have been more helpful (thank you).
416	The crew was very helpful and made me feel at ease.		
417	Caring, patient, emphatic, helpful, kind, they were wonderful. Thank you REMSA.		
418	Everything.		
419	Excellent crew!		
420	Very professional and pleasant. Could not ask for more.		
421	They did evreything great.	Evreything was done professionally.	
422	I have recently returned home after recovering from broken hip / Many thanks to the Mayberry Branch of REMSA for their wonderful care.		
423	Responding quickly.		The staff was awesome - very friendly EMT and dr.
424	Everything, the EMT was friendly, helpful & professional.		
425	Very good.		Friendly, everyone full of energy, ready to help.
426	Everything. Thank you.	All was perfect.	Everything was perfect! Thank you for everything!
427	Well treated & they gaved me all the necessary what I need & good communication with the family.	Continue to treat the patient & the family members of the patient well. Good job.	Well done.
428	Nothing - A DNR was in place, and no one took the few seconds to find out if there was one before starting to work on my husband for 20 minutes to bring him back.		To say I am pissed off is an understatement. Atria had a copy of the DNR. It was pretty simple.
429	Very nice, personable staff. Made me feel comfortable the whole time.	I could have used the wheelchair service rather than the ambulance, but it worked.	
430	Prompt, courteous, friendly, and reassuring.		
431	Except for having the person causing the accident riding in same ambulance and hearing all about her recent trip to Rome - where my only vacation for years and for time to come would be a trip to the ER by REMSA...I have no complaints.	As stated above.	Your employees were very kind and helpful. My cat was in her carrier in the car. I was very worried about her and the fact no one could find my phone. I couldn't recall phone #'s very well, so...no family, or friends, to call. But the crew of REMSA knew the only way to relax me was to help me know about my little "ten pounds of cat - called Hope" was doing.
432	Very respectful and calming service. Thank you very much for your assistance.		
433	Took care of me and helped my wife. Explained the process to her.		Everything was fine.
434	He was admitted on a need be notice.		
435	The hole thing was done professional.	Everything was done just fine.	
436	Comfort the situation. She did a great job! Thanks.	-	
437	Timely arrival.	Keep up the good work.	
438	I have paid yearly, but did not get forms in March when it was time to pay the \$69.		Anytime my husband or I have used REMSA, they have been great.



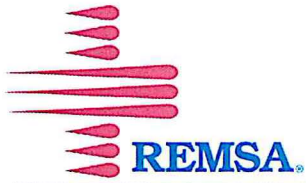
Regional Emergency Medical Services Authority

**CARE FLIGHT
CUSTOMER SERVICE
FOR
MAY 2014**



CARE FLIGHT CUSTOMER COMMENTS MAY 2014

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
1	Got me to hospital fast!		
2	Helpful and supportive.	Keep up the good work.	
3	Everything	Nothing	Very good
4	I was unconscious during the entire event,. I even wished you woke me up as I cannot remember.		
5	Very nice and understanding. They communicated with the family. It meant alot to my wife when they called to say we had landed and that I was doing well!!		
6	Everything!		
7	Your flight nurse "ALAN" was my angel!He was so kind and explained everything. He was awesome.	Great care, no complaints. If you need any PR, I'd happily tell my story. Life saving event!	I was scared but both people, Dee & Alan calmed me and cared for me.
8	Everything	Continue as you are.	
9	Everything!	Can't think of anything.	
10	On time and very nice.		
11	Prompt, pleasant personnel.		
12	Great staff, fast response.		
13	The crew on the copter were very professional they helped made me as comfortable as possible and helped by talking me thru muy fright.	In my book they were all a one.	
14	Time from Fallon to Carson and arriving at Fallon.		Very nice, helpful, professional staff.
15	Fantastic "really fun" flight. I've never experienced anything like the flight before.	Best flight I've ever been on and the personnel were incredibly great. Maggie and Vanessa crew members.	Were really great at making me feel safe and we arrived perfectly at St. Mary's Hospital.
16	Everything	Nothing I can think of.	
17	Your staff did ok (and) got my lift working on my 2' fift	Keep doing a good job.	
18	Everything, he had hemorrhaging and you saved his life (he lost 60% of his blood).	Continue to do what you're doing.	Between REMSA paramedics and Care Flight and fire dept our seven sons still have a father and our grandchildren still have their papa.
19	Very polite.	I am 98 yrs old and do not live in your area. Our home is in Redding, CA.	I can't answer anymore. He was flown alone.
20	Everything was perfect.		
21	Very polite, kept me calm and were very gentle and polite.		Absolutely no complaints.
22	The crew was extremely afficient. They took the time to explain exactly what was going to happen and answered all our questions.		We were very grateful to have such skilled and compassionate emergency personnel available. Thanks so much!
23	Made us feel like there was nothing more important.		Can't say much else, was unconscious most of the time.
24	Friendly and professional in our time of need. You provided a much needed service. Thank you so very much!		



Regional Emergency Medical Services Authority

REMSA
PUBLIC RELATIONS REPORT
FOR
MAY 2014

PUBLIC RELATIONS

May 2013

ACTIVITY	RESULTS
Continued follow-up regarding TEMS training.	KPS 3 worked with the City of Reno on a media alert regarding the training at City Hall.
Wrote and distributed Lisa Lee promotion press release.	The Northern Nevada Business Weekly and Reno Gazette Journal both ran "People" briefs about Lisa's new position.
Coordinated and assisted in new Assignment Editor at Channel 2 on a ride along to introduce REMSA to them.	Ride along took place on May 10
Participated in the Airport's triennial Broken Wing drill.	Drill took place on May 29
Wrote and distributed press release regarding Commendation ceremony as part of EMS week.	Channel 2, 4 and 8 attended and ran stories regarding the commendations on May 22.
Wrote join press release with District Board of Health regarding the new Franchise Agreement.	Reno Gazette Journal ran the story on May 23.



Northern Nevada Nurses of Achievement

Award Ceremony

John Ascuaga's Nugget
Sparks, Nevada
Friday, May 9, 2014



Program Schedule

- 5:00 Doors Open - Silent Auction - Raffle Tickets
- 6:00 Dinner Served - Opening Remarks
Elizabeth Mead, Chairperson
Silent Auction - Shelby Hunt
- 6:30 Facility Winners - Elizabeth Mead
- 7:00 Special Award - Doreen Begley
- 7:10 Scholarship Winners - Diane Rolfs
- 7:15 Silent Auction Closes at 8:00
- 8:00 Raffle Drawing for Louis Vuitton Purse
- 8:05 Awards Presentation Begins
Closing Remarks - Elizabeth Mead

Official Picture of 2014 NOA Winners to be taken on stage immediately following event

Committee Members

Doreen Begley, RN Early Head Start	Becky Haase, RN Renown Regional Medical Center	Melinda Miller, RN VA Sierra Nevada Health Care System
Laurie Boyer, MHA Nevada Hospital Association	Shelby Hunt, RN Northern Nevada Medical Center	Melodie Osborn, RN Renown South Meadows Medical Center
Marissa Brown, RN Nevada Hospital Association	Laurel Lindstrom, RN Retired, VA Sierra Nevada Health Care System	Diane Rolfs, RN REMSA
Katie Grimm, RN Saint Mary's Regional Medical Center	Jeanne Meacham, RN VA Sierra Nevada Health Care System	Paula Schmidt, RN Northern Nevada Medical Center
Karyn Grow, RN Sierra Surgery Hospital	Elizabeth Mead, RN Renown Regional Medical Center	

Event Sponsors

Platinum (\$2,500)	Distinguished (\$1,000)	Contributing (\$750)
Carson Tahoe Health	Nevada Hospital Association	Immunize Nevada
Nevada Organization of Nurse Leaders	Nevada Nurses Association-District 1	Supporting (\$250)
Renown Health-Ambulatory Services	Northern Nevada Medical Center	Northern Nevada Emergency Physicians
Renown Regional Medical Center	Renown South Meadows Medical Center	
Saint Mary's Regional Medical Center		
VA Sierra Nevada Health Care System		



SENDS A "SHOT OUT" TO THIS YEAR'S NORTHERN NEVADA NURSES OF ACHIEVEMENT!

CONGRATULATIONS!

www.ImmunizeNevada.org

Award Nominees

ADVANCED PRACTICE

Catherine Estipona, Saint Mary's
Rebecca Evans, Renown
Debra Madison, Pediatric
Dave Morgan, Renown
Heather Sabol, VA
Heather Thomas, Carson Medical Group

BEHAVIORIAL/COMMUNITY HEALTH

Christine Bernabe, Renown
Mary Kiernan, Carson Tahoe
Renate Mize, Carson Tahoe
Olivia Moschetti, Saint Mary's
Lisa Papa, Saint Mary's
Sue Sienko, Carson Tahoe
Toril Strand, Willow Springs Center
Sadie Tate-Matthews, Willow Springs Center
Kaye Tudorache, Saint Mary's

* CRITICAL CARE *

Gail Adler, Renown
Windi Altemeyer, Renown
Juli Anderson, Renown
Madeline Antipa, Renown
Nathan Barajas, Renown
Sylvia Berges, Renown
Brandi Bettinghouse, Renown
Selena Blackburn, Northern Nevada
Summer Block, Northern Nevada
Heidie Briant, Renown
Kimberly Buell, Renown
Laura Carmona, Renown
Daizy Chan, Renown
Tracey Crews, Saint Mary's
Jason Davidsaver, Renown
Karen Devries, Saint Mary's
Krystal Dorman, Renown
Jana Elliot, Renown
Wendy Ferguson, Saint Mary's
Jeff Fisher, Saint Mary's
Danae Foley, Renown
Bill Ford, Saint Mary's
Christine Fulton, Renown
Lisa Goldenstein, Sierra Surgery
Chelsie Gretsche, Renown
Holley Guinn, Saint Mary's
Shawn Guinn, Saint Mary's
Sarah Haden, Renown
Kindal Hartley, Carson Tahoe
Tina Hatt, Renown
Amy Hawkins, Renown
Morgan Hawkins, Renown
Britt Hayes, Renown
Kathryn Hicks, Renown
Meridith Iban, Northern Nevada
Margaret Johnson, Renown
Katerina Jones, Renown
Dana Julian, Northern Nevada
Kristen Kalisz, Renown
Maggie Kingsbury, Renown
Annie Kukowski, Renown
Dillon Lambert, Renown
Megan Larrance, Saint Mary's

Aeju Lee, Saint Mary's
Tiffani Lenzi, Renown
*Natasha Lukasiewicz, Care Flight/REMSA *
Michele Maginn, Renown
Ashley Maples, Renown
Kimberly McGlothlin, Renown
Heacie Miller, Renown
Renee Millette, Renown
Dotty Milne, Saint Mary's
Maria Miralles, Renown
Jennifer Moss, Renown
Whitney Oehlerking, Renown
Maura O'Neill, Saint Mary's
Nina Patynowski, Carson Tahoe
McKenna Peri, Saint Mary's
Gregory Petersen, Renown
Melissa Peterson, Northern Nevada
Jacqueline Premo, Saint Mary's
Geraldene Ralleca-Llaguno, Renown
Michelle Riches, Northern Nevada
Deanna Romano, Saint Mary's
Alicia Roney, Renown
Jessica Saralegui, Renown
Andrea Shulze, Renown
Celeste Simmons, Saint Mary's
Ruth Skinner, Renown
Leslie Smith, Carson Tahoe
William Sneed, Renown
Karissa Stempeck, Renown
Kristine Strand, Renown
Angela Tanner, Renown
Christy Tolotti, Saint Mary's
Jennifer Torres, Renown
Tammy Uithoven, Saint Mary's
Dante Vengco, Saint Mary's
Kryssi White, Saint Mary's

LEADERSHIP

Martha Aiyuk, Saint Mary's
Jenn Allen, Renown
Jodie Ardans, Renown
Christina Barrineau, Renown
Rochelle Binnell, Renown
Marco Brito, Renown
Jennifer Brown, Surgery Center of Reno
Ryan Burchett, Renown
Andrea Burdette, Renown South Meadows
Kim Butler, Renown South Meadows
Ashbel Curry, Saint Mary's
Jennifer Dado, Renown
Debra Doran, Saint Mary's
Deanna Dougherty, Northern Nevada
Sara Douglas, Saint Mary's
Derek Drake, Renown
Kristi Eash, Northern Nevada
Steve Estipona, Saint Mary's
Piper Gals, Saint Mary's
Karrie Gay, Renown
Danyel Gish, Renown
Alicia Glassco, Renown
Sarina Gould, Sierra Surgery

NETWORKING

PEOPLE ON THE MOVE | New hires, promotions and achievements in Northern Nevada

» The Regional Emergency Medical Services Authority has named **Danny Mireles** as the director of human resources for REMSA and Care Flight. Mireles will be responsible for the human resources function for REMSA and Care Flight. Mireles brings more than 20 years of strategic human resources and business administration experience to REMSA.



Danny Mireles

Prior to joining REMSA, Mireles was the human resources manager for Sierra Nevada Corporation. He also spent time with IGT (International Game Technology) and Northwest Airlines. Mireles holds a Senior Professional in Human Resources and Human Resource Information Professional international certifications.

Mireles received his undergraduate degree in computer science and information systems and his MBA from the University of Nevada, Reno. He also completed his EMT (emergency medical technician) basic with REMSA in 2010.

Mireles is a member of the Northern Nevada Human Resources Association, Society for Human Resource Management, Project Management Institute and Institute of Electrical and Electronics Engineers.



Regional Emergency Medical Services Authority

FOR IMMEDIATE RELEASE:

May 15, 2014

CONTACT: Scott Walquist, KPS3, 775-686-2116, scott@kps3.com

**REMSA NAMES LISA LEE AS CONTINUOUS QUALITY IMPROVEMENT
COORDINATOR FOR NURSE HEALTH LINE**

RENO, Nev.— The Regional Emergency Medical Services Authority (REMSA) has named Lisa Lee as the Continuous Quality Improvement (CQI) coordinator for REMSA's Nurse Health Line. Lee will be responsible for the clinical review and evaluation of patient care provided by the Nurse Health Line.

Lee joined REMSA in 2013 as a nurse navigator for the Nurse Health Line. Prior to joining REMSA, Lee's experience included clinical case management, director of clinical services and occupational health. She also worked at Saint Mary's Regional Medical Center as a critical care staff nurse for several years.

REMSA's Nurse Health Line is a seven-digit phone number, 858-1000, that offers healthcare services for non-emergency conditions through REMSA's accredited medical communications center. This innovative medical service is a part of the of REMSA's Community Health Programs, which was formed as a result of the Health Care Innovation Award from the Federal Department of Health and Human Services (HHS). REMSA was one of only 107 organizations in the United States to be awarded a Health Care Innovation Award from the federal government.

The Nurse Health Line is free and available to residents 24-hours per day, seven days per week. It is staffed with registered nurses that are specially trained to assist patients, regardless of insurance status of the caller, with non-emergency medical issues over the phone and help with appropriate healthcare information or locating community health services in order to find the most appropriate medical solution.

The Nurse Health Line is located in the REMSA medical communications center, and therefore if an emergency call does come in on the line, the registered nurse taking the call can transfer the call to emergency medical dispatcher to assist. REMSA has a translation service to assist with Spanish-speaking callers as well.

###

Training Exercise at Reno City Hall Wednesday Night

Posted: May 21, 2014 4:58 PM PDT Updated: May 21, 2014 4:58 PM PDT



The Reno Police Department's SWAT unit — along with the Crisis Intervention and Negotiation Team (CINT), Reno Fire Department and REMSA's TEMS (Tactical Emergency Medical Support) team — will hold a comprehensive exercise to test response to a simulated situation of an active assailant at City Hall.

The exercise will begin this evening at approximately 5 p.m.

Residents should be advised that it is only a test.

There will be armored trucks and fire trucks on scene, as First Street from Virginia to Center will be blocked off from 4:45 to 11 p.m.



First Responders honored at the Annual Commendation Awards Ceremony

Published: 5/22 12:43 pm



RENO, Nev. (MyNews4.com & KRVN) -- Emergency responders are being honored Thursday at the third Annual Commendation Awards Ceremony. These are the brave men and women who were first on the scene to tragedies that happened right here in our own backyard.

25 paramedics, registered nurses and emergency medical technicians from REMSA who performed various acts of heroism in the last year, including those at the Sparks Middle School and Renown shootings in 2013, will be honored today.

These men and women rushed to the scene to take care of the injured, some of these responders came on to the Sparks Middle School campus back October 21st not knowing if there was more than one shooter to treat and help two students who were injured.



REMSA Employees Honored for Shooting Responses

Posted: May 22, 2014 3:23 PM PDT
Updated: May 22, 2014 3:23 PM PDT



REMSA recognized dozens of staff members on Thursday who helped save lives in our community over the past year - as part of National Emergency Medical Services Week.

The Regional Emergency Medical Services Authority honored first responders who helped save lives during last October's Sparks Middle School shooting and the Renown campus shooting last December.

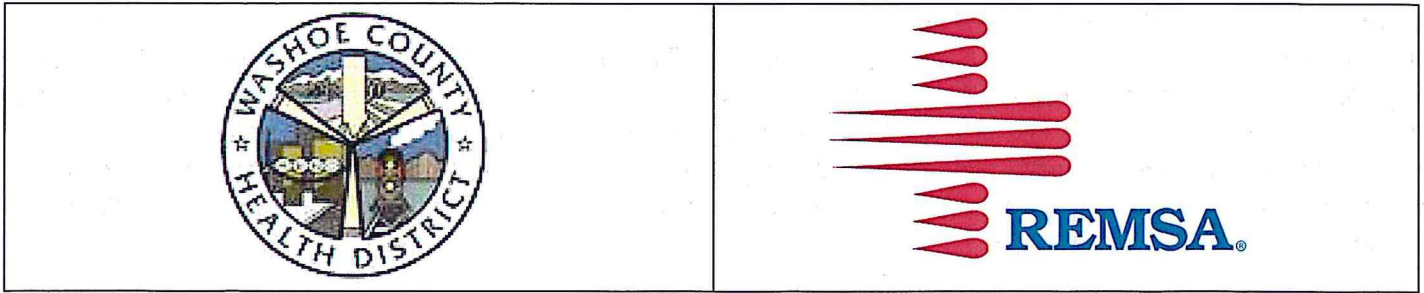
"I can tell you on the Sparks Middle School shooting, we had about 18 personnel, not including the dispatchers, so we were very pleased with REMSA's response to both of those incidents. Whenever you can get someone who's critically injured off scene in 4 minutes, you're doing an excellent job," says REMSA Vice President of Operations Kevin Romero.

The third annual commendation awards ceremony took place inside one of REMSA's buildings located on Edison Way in Reno.

Those who were recognized today included emergency medical technicians, paramedics and even one registered nurse.



ADVERTISEMENT



For Immediate Release: May 22, 2014
For More Information: Media Contacts Below

Washoe County District Board of Health Approves Revised Franchise Agreement for REMSA

Washoe County, Nevada. May 22, 2014 - Today the Washoe County District Board of Health unanimously approved the revised Franchise Agreement for the Regional Emergency Medical Services Authority (REMSA) that includes a number of measures improving the region's Emergency Medical Services (EMS) system. An EMS Working Group comprised of the City of Reno, City of Sparks, Washoe County, Washoe County Health District and REMSA worked collaboratively for almost 16 months to update the Franchise Agreement. The Working Group was guided in these efforts by 38 recommendations provided in a study completed by TriData Division, System Planning Corporation, for the Washoe County Commission in 2012.

At a concurrent meeting in February, the Reno City Council, Sparks City Council, Washoe County Board of Commissioners, and the Washoe County District Board of Health approved the development of a revised Franchise Agreement based on Principles of Agreement established by the Working Group. The original Franchise Agreement, signed in 1986, created REMSA and provided that organization with the authority to provide paramedic ambulance services. It had been updated since then, but the latest revisions from the EMS Working Group provided the most extensive changes to the franchise agreement since its inception. The revised franchise agreement will be in effect for 16 years with the possibility of two six-year extension periods if REMSA continues to perform under the requirements of the franchise agreement.

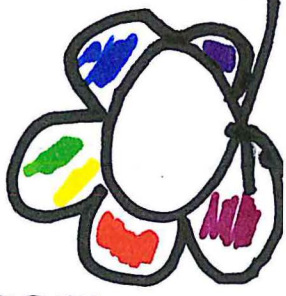
According to Washoe County District Health Officer Kevin Dick, the Franchise Agreement represents negotiated consensus by the EMS Working Group to modernize and improve the franchise agreement. It was a process in which all parties fairly represented their viewpoints, so that the Franchise Agreement represents a consensus for how REMSA can move collaboratively into the future with the rest of Washoe County's EMS system. "The District Board of Health today finalized the last step in an initiative that took many months of hard work and collaboration between our local governments and REMSA," said Dick. "We believe that the revised Franchise Agreement will enhance opportunities for REMSA and the Health District, together with other EMS providers, to improve upon an already excellent EMS system that exists in our community."

#

Media Contacts:

Scott Walquist, KPS3, (775) 287-6788 for REMSA
Stephanie Kruse, KPS3, (775) 771-4510 for REMSA
Phil Ulibarri, Washoe County Health District, (775) 328-2414 or (775) 772-1659

missy
 Jackson
 Anna
 Claire
 Ben
 Catherine
 TROY
 MACLA
 Tommy
 Ben
 Jessica
 Logan
 Ben
 Ed
 Danny
 Bianca
 Luke
 LUKA



Kids on Big Rigs

Jacobi

Sami

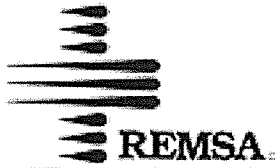
was a big success because of you

TRAY

Marysae

Taylor





Regional Emergency Medical Services Authority

FOR IMMEDIATE RELEASE:

May 29, 2014

CONTACT: Scott Walquist, KPS3, 775-686-2116, scott@kps3.com

REMSA TO PARTICIPATE IN NATIONAL CPR AND AED WEEK WITH “HANDS ONLY” CPR TRAINING

RENO, Nev. – In honor of National CPR and AED Awareness Week (June 1-7), the Regional Emergency Medical Services Authority (REMSA) will conduct “hands only” CPR demonstrations around Reno and Sparks. Community members will be taught how to respond to sudden cardiac arrest as well as how to do effective “hands-only” CPR.

REMSA has partnered with local businesses during the week where they will conduct the CPR trainings. The week’s training calendar is as follows:

- Sunday, June 1 at Squeeze Inn - South Reno (25 Foothill Road, Suite 3, Reno) from 9 a.m. to noon
- Monday June 2 at Swill Wine and Coffee (3366 Lakeside Ct., Reno) from 9 a.m. to noon
- Tuesday, June 3 at Whole Foods Market (6139 S Virginia St, Reno) from 11 a.m. to 2 p.m.
- Wednesday, June 4 at Feed the Camel (McKinley Arts & Culture Center, 925 Riverside Dr, Reno) from 5 p.m. to 8 pm..
- Thursday, June 5 at MidTown Farmers Market (MidTown District, Reno) from 10 a.m. to 2 p.m.
- Friday, June 6 at Scheels (1200 Scheels Dr, Sparks) from 2 p.m. to 6 p.m.
- Saturday, June 7 at The Club at Town Center in Somersett (7650 Town Square Way, Reno) from 9 a.m. to 11 a.m. as part of the Heart Healthy Heroes 5K and Fun Run.

REMSA will have manikins and educators to teach participants how to properly conduct cardiopulmonary resuscitation (CPR) with only using their hands in case of an emergency. The CPR training is not an official certification course, but is instead an awareness course that will lead to saving more lives in Washoe County.

Sudden cardiac arrest is a leading cause of death in the country. Everyone should know how to perform CPR in an emergency. Immediate, effective CPR could more than double a victim's chance of survival.

“Every 25 seconds someone in the United States has a heart attack,” said J.W. Hodge, education manager at REMSA. “Focusing on the health of our community, providing quality education and resources, and encouraging a heart healthy lifestyle is critical to ensure we are making a difference in the lives of the people that live and work in our area.”

For more information or questions, contact REMSA at (775) 353-0772 or www.remsaeducation.com.

About REMSA

REMSA is a private emergency medical services system serving northern Nevada. REMSA’s state-of-the-art 9-1-1 dispatch communications center is fully accredited, as are all emergency medical transport services of the company. REMSA provides quality patient care with no taxpayer support or other subsidies.

COMMUNITY NEWS



The inaugural Pets on the Plaza event will be held June 14 in Sparks. GETTY IMAGES

PAWS ON THE PLAZA SET FOR JUNE 14

On June 14, the SPCA of Northern Nevada will host the inaugural Paws on the Plaza pet event and parade in Victorian Square. The free event will run from 9:15 a.m. to 4 p.m.

Cost to participate in the parade is \$10 prior to Sunday, and \$15 from Sunday to the day of the event. The parade of dogs begins at 9:15 a.m. and goes around Victorian Avenue. There will be dog costume contests, a dog talent contest, live music from Kevin Tokarz and a kids' zone. A vendor village will feature shops with animal treats, toys and animal experts on hand to discuss pet issues.

Food and beverages will be available at the event from a select group of vendors for purchase. To find out how to register your dog for the parade and contests, visit pawsontheplaza.org.

Volunteers are sought for the event. The volunteer form can be found at pawsontheplaza.org.

Kids writing contest winners celebrated

KNPB and the Reno-Tahoe International Airport will celebrate the 2014 winners of the PBS Kids Writers Contest 5:30 p.m. Tuesday at the air-

selected May 20 from hundreds of Northern Nevada elementary school students who submitted stories and accompanying illustrations, are featured in a freestanding installation near the ticket area of the airport during the summer. Each of the 12 winners receive a hardbound copy of his or her book, among other honors, during the Tuesday evening event.

"The winning stories this year are some of the most creative I've seen," said Kurt Mische, president and CEO of KNPB. "Everyone who comes in or out of the airport will be able to read and enjoy these stories from our talented youth. I hope this helps spread the pride our community has for education and young writers."

Along with the students' hardcover book, each of the dozen winners also receive a copy of him or herself reading the book aloud on DVD; a feature which airs at a later date on KNPB. Each winning story was selected based on creativity and originality, story structure and use of literary devices, relevance, quality and originality of illustration. The top three stories from students in kindergarten through third grade were selected for top honors.

those in attendance.

For more information, visit www.knpb.org or follow KNPB on Twitter and Facebook.

★ Kids the focus of health, safety fair ★

Fire trucks, helicopters and free required school immunizations for children ages 4 to 18 will be part of the activities available to families from Washoe County at the combined Lights, Sirens, Safety and Give Kids a Boost health and safety fair on June 7 at the Sun Valley Neighborhood Center.

The Washoe County Sheriff's Office and Truckee Meadows Fire Protection District are joining forces with REMSA, Immunize Nevada, Safe Kids Washoe County, Virginia Palmer Elementary School, Rotary Club of Reno Sunrise, the Sun Valley Resource Center and a number of other community resource agencies to provide the free, three-hour event, filled with fun and information aimed at helping kids grow up safe and healthy.

The Sun Valley Neighborhood Center is at 115 W. Sixth Ave., Sun Valley. The free event runs from 10 a.m. to 1 p.m.



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

June 11, 2014

To: District Board of Health Members

From: Eileen Stickney

Subject: Approval of the Health Fund Revenue and Expenditure Report for May 2014

Recommendation

Staff recommends that the District Board of Health accept the attached report of revenues and expenditures for the Health Fund for May 2014 of fiscal year 14.

Background

The attached reports are for the accounting period 11/14 and the percentages should approximate 92% of the year. The total revenues and expenditures for the current year (FY14) compared to last year (FY13) are as follows:

MAY 2014	FY14 – REV	FY13 – REV	FY14 – EXP	FY13 – EXP
Overhead-GF			\$2,656,531.13 92%	\$1,276,686.00 50%
AHS	\$953,097.05 75%	\$961,880.36 79%	\$2,158,374.52 83%	\$2,330,497.71 90%
AQM	\$2,396,871.28 87%	\$2,040,226.56 91%	\$1,904,293.52 65%	\$1,957,341.92 67%
CCHS	\$1,559,664.05 65%	\$1,628,143.49 66%	\$4,046,486.82 83%	\$4,076,955.18 82%
EHS	\$1,714,426.33 85%	\$1,513,152.06 86%	\$4,356,060.69 76%	\$4,255,187.52 74%
EPHP	\$1,456,541.91 87%	\$1,406,713.09 76%	\$1,788,475.39 83%	\$1,807,647.92 76%
Adjustment			\$65.48	\$113.45
TOTAL	\$8,080,600.62 80%	\$7,550,115.56 79%	\$16,910,287.55 80%	\$15,704,429.70 74%
GF Transfer	\$7,169,909.20 83%	\$4,311,947.00 50%		

The Environmental Oversight Account balance for May \$108,330.33.

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
Pds 1-11, FY14

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
422503 Environmental Permits	63,177.00-	58,646.00-	4,531.00-	93	51,500.00-	58,175.00-	6,675.00	113
422504 Pool Permits	74,690.00-	93,805.00-	19,115.00-	126	68,000.00-	61,873.00-	6,127.00-	91
422505 RV Permits	13,306.00-	10,677.00-	2,629.00-	80	10,500.00-	9,172.00-	1,328.00-	87
422507 Food Service Permits	492,181.00-	399,631.00-	92,550.00-	81	369,000.00-	350,543.00-	18,457.00-	95
422508 Wat Well Const Perm	23,567.00-	25,739.00-	2,172.00	109	20,000.00-	22,569.00-	2,569.00	113
422509 Water Company Permits	3,200.00-	9,186.00-	5,986.00	287	2,500.00-	4,416.00-	1,916.00	177
422510 Air Pollution Permits	584,012.00-	484,872.50-	99,139.50-	83	448,037.00-	411,738.00-	36,299.00-	92
422511 ISDS Permits	66,522.00-	84,495.00-	17,973.00-	127	49,000.00-	50,219.00-	1,219.00	102
422513 Special Event Permits	99,623.00-	72,088.00-	27,535.00-	72	79,000.00-	59,690.00-	19,310.00-	76
422514 Initial Applic Fee	35,226.00-	31,411.00-	3,815.00-	89	27,000.00-	27,390.00-	390.00	101
* Licenses and Permits	1,455,504.00-	1,270,550.50-	184,953.50-	87	1,124,537.00-	1,055,785.00-	68,752.00-	94
431100 Federal Grants	5,301,515.05-	4,018,413.48-	1,283,101.57-	76	5,860,619.51-	4,197,777.27-	1,662,842.24-	72
431105 Federal Grants - Indirect	243,178.41-	268,124.74-	24,946.33	110	125,376.00-	104,110.39-	21,265.61-	83
432100 State Grants	741,802.00-	262,799.94-	479,002.06-	35	281,857.00-	259,836.03-	22,020.97-	92
432105 State Grants-Indirect	2,205.00-	3,691.55-	1,486.55	167				
432310 Tire Fee NRS 444A.090	468,548.00-	314,136.09-	154,411.91-	67	418,766.00-	331,900.49-	86,865.51-	79
432311 Pol Ctrl 445B.830	300,000.00-	634,731.00-	334,731.00	212	300,000.00-	314,903.00-	14,903.00	105
* Intergovernmental	7,057,248.46-	5,501,896.80-	1,555,351.66-	78	6,986,618.51-	5,208,527.18-	1,778,091.33-	75
460162 Services to Other Agencies								
460500 Other Immunizations	89,000.00-	45,080.07-	43,919.93-	51	89,000.00-	57,009.50-	31,990.50-	64
460501 Medicaid Clinical Services	8,200.00-	1,841.17-	6,358.83-	22	36,200.00-	1,429.74-	34,770.26-	4
460503 Childhood Immunizations	20,000.00-	14,000.25-	5,999.75-	70	30,000.00-	16,967.00-	13,033.00-	57
460504 Maternal Child Health								
460505 Non Title X Revenue		15.50-	15.50					
460508 Tuberculosis	4,100.00-	3,768.63-	331.37-	92	4,100.00-	4,135.20-	35.20	101
460509 Water Quality								
460510 IT Overlay	35,344.00-	33,342.00-	2,002.00-	94	113,400.00-	111,488.00-	1,912.00-	98
460511 Birth and Death Certificates	450,000.00-	413,711.00-	36,289.00-	92	400,000.00-	437,822.00-	37,822.00	109
460512 Duplication Service Fees		791.18-	791.18			304.88-	304.88	
460513 Other Health Service Charges		699.00-	699.00		2,700.00-	2,051.75-	648.25-	76
460514 Food Service Certification	19,984.00-	18,482.00-	1,502.00-	92	13,900.00-	16,305.00-	2,405.00	117
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	1,750.00-	18,909.81-	17,159.81	1,081	2,250.00-	5,000.00-	2,750.00	222
460517 Influenza Immunization	7,000.00-	5,139.75-	1,860.25-	73	7,000.00-	8,875.50-	1,875.50	127
460518 STD Fees	21,000.00-	15,695.25-	5,304.75-	75	23,000.00-	19,261.09-	3,738.91-	84
460519 Outpatient Services								
460520 Eng Serv Health	50,707.00-	48,526.00-	2,181.00-	96	44,000.00-	45,838.00-	1,838.00	104
460521 Plan Review - Pools & Spas	3,816.00-	4,931.00-	1,115.00	129	2,500.00-	2,695.00-	195.00	108
460523 Plan Review - Food Services	18,765.00-	20,544.00-	1,779.00	109	17,000.00-	27,083.00-	10,083.00	159
460524 Family Planning	27,000.00-	31,346.01-	4,346.01	116	44,000.00-	25,725.43-	18,274.57-	58
460525 Plan Review - Vector	36,021.00-	54,901.00-	18,880.00	152	30,000.00-	39,358.00-	9,358.00	131
460526 Plan Review-Air Quality	65,272.00-	28,327.00-	36,945.00-	43	40,000.00-	34,181.00-	5,819.00-	85
460527 NOE-AQM	113,934.00-	104,850.00-	9,084.00-	92	100,000.00-	86,477.00-	13,523.00-	86
460528 NESHAP-AQM	135,389.00-	69,873.00-	65,516.00-	52	84,000.00-	69,413.00-	14,587.00-	83
460529 Assessments-AQM	57,888.00-	44,467.00-	13,421.00-	77	41,000.00-	43,893.00-	2,893.00	107
460530 Inspector Registr-AQ	14,655.00-	2,671.00-	11,984.00-	18	2,600.00-	2,838.00-	238.00	109
460531 Dust Plan-Air Quality	187,690.00-	130,471.00-	57,219.00-	70	95,000.00-	103,147.00-	8,147.00	109
460532 Plan Rvw Hotel/Motel		480.00-	480.00			322.00-	322.00	
460533 Quick Start						87.00-	87.00	

Washoe County Health District
REVENUE - EXPENSE
Pds 1-11, FY14

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
460534 Child Care Inspection	10,560.00-	7,109.00-	3,451.00-	67	8,500.00-	6,589.00-	1,911.00-	78
460535 Pub Accomod Inspectn	22,540.00-	17,867.00-	4,673.00-	79	17,300.00-	14,642.00-	2,658.00-	85
460570 Education Revenue	2,900.00-	796.00-	2,104.00-	27	5,700.00-	1,691.00-	4,009.00-	30
* Charges for Services	1,403,515.00-	1,138,634.62-	264,880.38-	81	1,253,150.00-	1,184,629.09-	68,520.91-	95
484050 Donations Federal Pgm Income	37,550.00-	33,196.14-	4,353.86-	88	41,934.00-	35,559.50-	6,374.50-	85
484195 Non-Gov't'l Grants	88,263.36-	82,152.36-	6,111.00-	93	114,750.00-	60,013.00-	54,737.00-	52
484197 Non-Gov. Grants-Indirect	5,125.00-	5,125.00-		100				
485100 Reimbursements		46,450.20-	46,450.20			119.34-	119.34	
485110 Workers Comp Reimb								
485121 Jury Reimbursements		80.00-	80.00			315.00-	315.00	
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-	169,518.70-	23,648.41-	88	156,684.00-	101,174.29-	55,509.71-	65
** Revenue	10,109,434.57-	8,080,600.62-	2,028,833.95-	80	9,520,989.51-	7,550,115.56-	1,970,873.95-	79
701110 Base Salaries	9,191,189.90	7,733,130.65	1,458,059.25	84	9,442,227.37	7,865,622.98	1,576,604.39	83
701120 Part Time	565,939.67	384,762.76	181,176.91	68	529,904.89	478,517.57	51,387.32	90
701130 Pooled Positions	464,480.66	382,678.59	81,802.07	82	522,298.86	304,701.24	217,597.62	58
701140 Holiday Work	2,818.65	3,144.59	325.94-	112	1,450.00	1,786.94	336.94-	123
701150 xcContractual Wages								
701200 Incentive Longevity	165,425.50	83,144.03	82,281.47	50	158,292.00	85,224.97	73,067.03	54
701300 Overtime	69,919.68	53,481.90	16,437.78	76	50,325.11	30,934.91	19,390.20	61
701403 Shift Differential								
701406 Standby Pay		100.00-	100.00					
701408 Call Back	1,000.00	93.52	906.48	9	1,000.00	182.10	817.90	18
701412 Salary Adjustment	230,084.60-		230,084.60-		52,986.54		52,986.54	
701413 Vac Payoff/Sick Pay-Term		73,652.59	73,652.59-			83,597.19	83,597.19-	
701415 Physical Fitness Pay								
701417 Comp Time		9,750.50	9,750.50-			37,006.42	37,006.42-	
701419 Comp Time - Transfer		6,038.40	6,038.40-			9,723.83	9,723.83-	
701500 Merit Awards								
* Salaries and Wages	10,230,689.46	8,729,777.53	1,500,911.93	85	10,758,484.77	8,897,298.15	1,861,186.62	83
705110 Group Insurance	1,422,034.93	1,197,711.45	224,323.48	84	1,449,189.10	1,226,851.77	222,337.33	85
705210 Retirement	2,515,666.69	2,101,113.51	414,553.18	84	2,410,125.05	1,995,382.96	414,742.09	83
705215 Retirement Calculation								
705230 Medicare April 1986	136,701.49	118,025.50	18,675.99	86	139,962.64	120,905.32	19,057.32	86
705320 Workmens Comp	66,992.03	60,626.61	6,365.42	90	64,187.41	58,604.92	5,582.49	91
705330 Unemply Comp	15,375.22	15,179.40	195.82	99	15,533.45	15,533.45		100
705360 Benefit Adjustment					10,656.00		10,656.00	
705510 Severance Pay						55,535.73	55,535.73-	
* Employee Benefits	4,156,770.36	3,492,656.47	664,113.89	84	4,089,653.65	3,472,814.15	616,839.50	85
710100 Professional Services	1,211,769.83	368,159.45	843,610.38	30	1,091,804.38	367,721.52	724,082.86	34
710105 Medical Services	9,173.00	10,737.00	1,564.00-	117	9,264.00	2,904.50	6,359.50	31
710108 MD Consultants	46,950.00	47,912.50	962.50-	102	46,900.00	41,850.00	5,050.00	89
710110 Contracted/Temp Services	53,500.03	44,437.31	9,062.72	83	71,051.00	58,871.55	12,179.45	83
710119 Subrecipient Payments								
710200 Service Contract	103,593.00	49,440.92	54,152.08	48	105,243.00	39,250.61	65,992.39	37
710205 Repairs and Maintenance	11,470.00	11,515.05	45.05-	100	20,549.91	8,464.73	12,085.18	41
710210 Software Maintenance	15,636.00	22,318.00	6,682.00-	143	16,200.00	19,344.00	3,144.00-	119
710300 Operating Supplies	134,869.77	96,877.89	37,991.88	72	132,737.55	108,840.50	23,897.05	82
710302 Small Tools & Allow	10,685.00	1,231.71	9,453.29	12	3,685.00	877.35	2,807.65	24

Washoe County Health District
REVENUE - EXPENSE
Pds 1-11, FY14

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
710308 Animal Supplies	1,600.00	582.75	1,017.25	36	2,000.00	687.66	1,312.34	34
710312 Special Dept Expense						100.00	100.00-	
710319 Chemical Supplies	232,300.00	232,321.33	21.33-	100	231,950.00	232,131.87	181.87-	100
710325 Signs and Markers								
710334 Copy Machine Expense	28,447.00	24,154.95	4,292.05	85	28,274.89	20,940.80	7,334.09	74
710350 Office Supplies	41,073.50	31,596.07	9,477.43	77	44,171.01	33,901.86	10,269.15	77
710355 Books and Subscriptions	7,594.00	6,188.91	1,405.09	81	8,413.00	6,698.33	1,714.67	80
710360 Postage	24,435.00	16,912.38	7,522.62	69	21,954.00	23,704.15	1,750.15-	108
710361 Express and Courier	735.00	120.25	614.75	16	610.75	765.56	154.81-	125
710391 Fuel & Lube	100.00	78.52	21.48	79	100.00		100.00	
710400 Payments to Other Agencies								
710412 Do Not Use								
710500 Other Expense	24,931.96	29,450.57	4,518.61-	118	45,973.51	30,472.14	15,501.37	66
710502 Printing	33,970.00	11,801.13	22,168.87	35	31,499.00	14,544.06	16,954.94	46
710503 Licenses & Permits	7,887.00	4,230.00	3,657.00	54	8,870.00	7,546.89	1,323.11	85
710504 Registration								
710505 Rental Equipment	1,900.00		1,900.00		5,178.00	3,354.00	1,824.00	65
710506 Dept Insurance Deductible		633.86	633.86-			452.58	452.58-	
710507 Network and Data Lines	5,530.00	9,550.59	4,020.59-	173	6,486.00	10,282.80	3,796.80-	159
710508 Telephone Land Lines	42,484.00	31,502.08	10,981.92	74	46,535.00	34,464.65	12,070.35	74
710509 Seminars and Meetings	36,065.00	40,905.19	4,840.19-	113	32,320.00	33,674.60	1,354.60-	104
710512 Auto Expense	19,102.20	9,586.61	9,515.59	50	19,784.00	12,483.51	7,300.49	63
710514 Regulatory Assessments	11,920.00	5,960.00	5,960.00	50	11,920.00	11,920.00		100
710519 Cellular Phone	15,660.00	10,893.77	4,766.23	70	18,447.00	13,301.58	5,145.42	72
710524 Utility relocation								
710529 Dues	10,756.01	5,073.00	5,683.01	47	11,926.00	12,114.00	188.00-	102
710535 Credit Card Fees	11,925.00	11,871.68	53.32	100	11,455.00	10,211.87	1,243.13	89
710546 Advertising	47,600.00	12,022.99	35,577.01	25	44,728.86	58,040.71	13,311.85-	130
710550 Small Differences								
710551 Cash Discounts Lost		101.71	101.71-			113.45	113.45-	
710577 Uniforms & Special Clothing	25,500.00	4,569.88	20,930.12	18	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	72,650.56	36,464.44	67	113,439.00	91,631.42	21,807.58	81
710620 LT Lease-Equipment								
710703 Biologicals	246,790.79	218,166.61	28,624.18	88	249,583.98	186,953.42	62,630.56	75
710714 Referral Services	6,328.00	3,616.00	2,712.00	57	9,040.00	3,164.00	5,876.00	35
710721 Outpatient	93,092.55	71,586.35	21,506.20	77	110,399.15	60,651.12	49,748.03	55
710872 Food Purchases	10,175.50	682.28	9,493.22	7	11,675.00	4,032.71	7,642.29	35
711010 Utilities	180.00		180.00		2,700.00		2,700.00	
711100 ESD Asset Management	47,436.00	44,957.00	2,479.00	95	17,040.00	15,552.00	1,488.00	91
711113 Equip Srv Replace	27,084.14	24,836.92	2,247.22	92	25,938.64	25,045.15	893.49	97
711114 Equip Srv O & M	46,868.56	39,049.21	7,819.35	83	42,163.13	35,729.84	6,433.29	85
711115 Equip Srv Motor Pool	16,741.00		16,741.00		18,346.00		18,346.00	
711117 ESD Fuel Charge	55,492.05	38,384.65	17,107.40	69	51,253.35	46,320.69	4,932.66	90
711119 Prop & Liab Billings	74,502.09	68,293.83	6,208.26	92	80,283.41	73,593.08	6,690.33	92
711210 Travel	269,811.03	80,735.29	189,075.74	30	251,954.25	59,695.14	192,259.11	24
711300 Cash Over Short		40.00	40.00-					
711399 ProCard in Process						633.42	633.42-	
711400 Overhead - General Fund	2,898,034.00	2,656,531.13	241,502.87	92	2,553,372.00	1,276,686.00	1,276,686.00	50

Washoe County Health District
REVENUE - EXPENSE
Pds 1-11, FY14

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
711504 Equipment nonCapital	135,712.36	97,621.53	38,090.83	72	155,955.08	115,285.35	40,669.73	74
* Services and Supplies	6,328,754.12	4,569,889.41	1,758,864.71	72	5,897,250.85	3,217,303.00	2,679,947.85	55
781004 Equipment Capital	332,748.07	117,964.14	214,783.93	35	397,107.01	117,014.40	280,092.61	29
781007 Vehicles Capital	100,000.00		100,000.00					
* Capital Outlay	432,748.07	117,964.14	314,783.93	27	397,107.01	117,014.40	280,092.61	29
** Expenses	21,148,962.01	16,910,287.55	4,238,674.46	80	21,142,496.28	15,704,429.70	5,438,066.58	74
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-	7,169,909.20-	1,433,981.80-	83	8,623,891.00-	4,311,947.00-	4,311,944.00-	50
* Transfers In	8,603,891.00-	7,169,909.20-	1,433,981.80-	83	8,623,891.00-	4,311,947.00-	4,311,944.00-	50
811001 Transfer to General								
818000 Transfer to Intrafund								
* Transfers Out								
** Other Financing Src/Use	8,603,891.00-	7,170,562.00-	1,433,329.00-	83	8,623,891.00-	4,312,097.00-	4,311,794.00-	50
*** Total	2,435,636.44	1,659,124.93	776,511.51	68	2,997,615.77	3,842,217.14	844,601.37-	128

**Washoe County Health District
Administrative Health Services
Pds 1-11, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
431100 Federal Grants	1,109,048.06-	850,516.98-	258,531.08-	77	1,109,658.25-	897,868.02-	211,790.23-	81
431105 Federal Grants - Indirect	1,921.50-	15,302.71-	13,381.21	796				
* Intergovernmental	1,110,969.56-	865,819.69-	245,149.87-	78	1,109,658.25-	897,868.02-	211,790.23-	81
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-	82,152.36-	6,111.00-	93	114,750.00-	58,763.00-	55,987.00-	51
484197 Non-Gov. Grants-Indirect	5,125.00-	5,125.00-		100				
485100 Reimbursements						119.34-	119.34	
485300 Other Misc Govt Rev	62,228.75-		62,228.75-			5,125.00-	5,125.00	
* Miscellaneous	155,617.11-	87,277.36-	68,339.75-	56	114,750.00-	64,007.34-	50,742.66-	56
** Revenue	1,266,586.67-	953,097.05-	313,489.62-	75	1,224,408.25-	961,880.36-	262,527.89-	79
701110 Base Salaries	1,610,653.89	1,371,645.15	239,008.74	85	1,620,335.85	1,407,118.10	213,217.75	87
701120 Part Time						3,670.92	3,670.92-	
701130 Pooled Positions	5,000.00	12,451.53	7,451.53-	249	5,000.00	12,491.31	7,491.31-	250
701140 Holiday Work								
701200 Incentive Longevity	33,265.00	15,493.52	17,771.48	47	30,755.00	15,107.67	15,647.33	49
701300 Overtime	1,200.00	3,111.31	1,911.31-	259	1,200.00	1,945.45	745.45-	162
701412 Salary Adjustment	3,642.80		3,642.80		10,554.54		10,554.54	
701413 Vac Payoff/Sick Pay-Term		2,035.12	2,035.12-			22,414.22	22,414.22-	
701417 Comp Time		2,890.17	2,890.17-			16,038.92	16,038.92-	
701419 Comp Time - Transfer		1,885.60	1,885.60-					
701500 Merit Awards								
* Salaries and Wages	1,653,761.69	1,409,512.40	244,249.29	85	1,667,845.39	1,478,786.59	189,058.80	89
705110 Group Insurance	258,484.26	226,739.80	31,744.46	88	254,302.59	229,079.52	25,223.07	90
705210 Retirement	421,998.67	355,786.39	66,212.28	84	384,397.43	338,523.99	45,873.44	88
705215 Retirement Calculation								
705230 Medicare April 1986	22,856.87	19,318.47	3,538.40	85	22,639.74	21,244.86	1,394.88	94
705320 Workmens Comp	11,691.26	10,717.08	974.18	92	11,339.00	10,394.12	944.88	92
705330 Unemploy Comp	2,683.24	2,683.24		100	2,755.00	2,755.00		100
705510 Severance Pay						55,535.73	55,535.73-	
* Employee Benefits	717,714.30	615,244.98	102,469.32	86	675,433.76	657,533.22	17,900.54	97
710100 Professional Services	36,743.00	34,222.50	2,520.50	93	45,500.00	66,023.98	20,523.98-	145
710105 Medical Services	150.00	142.50	7.50	95	350.00	68.00	282.00	19
710108 MD Consultants								
710110 Contracted/Temp Services		2,896.70	2,896.70-					
710200 Service Contract	500.00	4.75	495.25	1	1,500.00		1,500.00	
710205 Repairs and Maintenance	200.00	279.50	79.50-	140	400.00	540.69	140.69-	135
710300 Operating Supplies	9,397.00	9,225.85	171.15	98	9,100.00	8,618.34	481.66	95
710312 Special Dept Expense						100.00	100.00-	
710334 Copy Machine Expense	3,500.00	7,129.41	3,629.41-	204	4,500.00	6,188.39	1,688.39-	138
710350 Office Supplies	10,963.50	6,405.07	4,558.43	58	9,993.00	6,148.19	3,844.81	62
710355 Books and Subscriptions	1,000.00	3,346.21	2,346.21-	335	1,000.00	791.44	208.56	79
710360 Postage	1,680.00	937.69	742.31	56	1,625.00	4,372.23	2,747.23-	269
710361 Express and Courier	100.00	15.00	85.00	15	100.00	40.84	59.16	41
710500 Other Expense	1,600.00	1,084.45	515.55	68	1,600.00	1,452.39	147.61	91
710502 Printing	4,480.00	1,016.51	3,463.49	23	4,780.00	464.68	4,315.32	10
710503 Licenses & Permits	1,992.00	445.00	1,547.00	22	2,340.00	1,880.50	459.50	80

**Washoe County Health District
Administrative Health Services
Pds 1-11, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
710507 Network and Data Lines	630.00	478.85	151.15	76	630.00	623.40	6.60	99
710508 Telephone Land Lines	9,580.00	6,476.07	3,103.93	68	10,080.00	7,553.02	2,526.98	75
710509 Seminars and Meetings	2,800.00	3,081.50	281.50-	110	5,300.00	2,215.50	3,084.50	42
710512 Auto Expense	2,336.00	1,198.27	1,137.73	51	3,336.00	2,171.32	1,164.68	65
710519 Cellular Phone	1,520.00	348.57	1,171.43	23	1,470.00	1,482.59	12.59-	101
710529 Dues	4,030.02	954.00	3,076.02	24	2,850.00	5,402.00	2,552.00-	190
710546 Advertising	150.00		150.00		150.00	198.00	48.00-	132
710551 Cash Discounts Lost								
710585 Undesignated Budget								
710600 LT Lease-Office Space	67,464.00	34,880.56	32,583.44	52	71,788.00	54,561.42	17,226.58	76
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	12,072.28	1,097.50	92	14,239.00	13,052.49	1,186.51	92
711210 Travel	36,428.55	6,847.89	29,580.66	19	41,165.00	6,930.68	34,234.32	17
711300 Cash Over Short		40.00	40.00-					
711504 Equipment nonCapital	3,456.01	88.01	3,368.00	3	4,275.00	3,297.81	977.19	77
* Services and Supplies	216,595.36	133,617.14	82,978.22	62	241,796.00	194,177.90	47,618.10	80
** Expenses	2,588,071.35	2,158,374.52	429,696.83	83	2,585,075.15	2,330,497.71	254,577.44	90
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	1,204,624.67	116,860.01	91	1,360,666.90	1,368,617.35	7,950.45-	101

**Washoe County Health Distirct
Air Quality Management
Pds 1-11, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
422510 Air Pollution Permits	584,012.00-	484,872.50-	99,139.50-	83	448,037.00-	411,738.00-	36,299.00-	92
* Licenses and Permits	584,012.00-	484,872.50-	99,139.50-	83	448,037.00-	411,738.00-	36,299.00-	92
431100 Federal Grants	756,090.00-	656,086.95-	100,003.05-	87	912,531.00-	769,092.33-	143,438.67-	84
431105 Federal Grants - Indirect	29,372.00-	58,235.83-	28,863.83	198	30,224.00-	22,529.67-	7,694.33-	75
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-	634,731.00-	334,731.00	212	300,000.00-	314,903.00-	14,903.00	105
* Intergovernmental	1,581,843.00-	1,531,053.78-	50,789.22-	97	1,424,755.00-	1,288,525.00-	136,230.00-	90
460513 Other Healt Service Charges		206.00-	206.00					
460526 Plan Review-Air Quality	65,272.00-	28,327.00-	36,945.00-	43	40,000.00-	34,181.00-	5,819.00-	85
460527 NOE-AQM	113,934.00-	104,850.00-	9,084.00-	92	100,000.00-	86,477.00-	13,523.00-	86
460528 NESHAP-AQM	135,389.00-	69,873.00-	65,516.00-	52	84,000.00-	69,413.00-	14,587.00-	83
460529 Assessments-AQM	57,888.00-	44,467.00-	13,421.00-	77	41,000.00-	43,893.00-	2,893.00	107
460530 Inspector Registr-AQ	14,655.00-	2,671.00-	11,984.00-	18	2,600.00-	2,838.00-	238.00	109
460531 Dust Plan-Air Quality	187,690.00-	130,471.00-	57,219.00-	70	95,000.00-	103,147.00-	8,147.00	109
* Charges for Services	574,828.00-	380,865.00-	193,963.00-	66	362,600.00-	339,949.00-	22,651.00-	94
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	2,740,683.00-	2,396,871.28-	343,811.72-	87	2,235,392.00-	2,040,226.56-	195,165.44-	91
701110 Base Salaries	1,286,296.83	1,079,705.01	206,591.82	84	1,345,462.49	1,126,128.25	219,334.24	84
701130 Pooled Positions	27,646.29	5,980.76	21,665.53	22	93,151.68	7,813.03	85,338.65	8
701140 Holiday Work	418.65		418.65		250.00	140.18	109.82	56
701150 xcContractual Wages								
701200 Incentive Longevity	20,530.00	10,141.08	10,388.92	49	19,210.00	9,449.98	9,760.02	49
701300 Overtime	3,616.68	2,629.45	987.23	73	10,045.11	3,144.45	6,900.66	31
701408 Call Back								
701412 Salary Adjustment								
701413 Vac Payoff/Sick Pay-Term		28,316.58	28,316.58-			2,023.44	2,023.44-	
701417 Comp Time		5,838.68	5,838.68-			918.38	918.38-	
701419 Comp Time - Transfer		3,721.88	3,721.88-					
701500 Merit Awards								
* Salaries and Wages	1,338,508.45	1,136,333.44	202,175.01	85	1,468,119.28	1,149,617.71	318,501.57	78
705110 Group Insurance	178,506.32	159,140.87	19,365.45	89	172,127.11	148,861.43	23,265.68	86
705210 Retirement	335,623.75	278,738.00	56,885.75	83	324,109.95	269,429.30	54,680.65	83
705230 Medicare April 1986	18,296.62	15,674.77	2,621.85	86	19,385.69	16,017.44	3,368.25	83
705320 Workmens Comp	8,275.26	7,585.71	689.55	92	7,585.40	6,953.32	632.08	92
705330 Unemply Comp	1,899.24	1,899.28	0.04-	100	1,843.00	1,843.00		100
* Employee Benefits	542,601.19	463,038.63	79,562.56	85	525,051.15	443,104.49	81,946.66	84
710100 Professional Services	590,571.26	70,966.46	519,604.80	12	385,103.78	71,618.25	313,485.53	19
710105 Medical Services	1,525.00	1,265.50	259.50	83	1,416.00	1,126.00	290.00	80
710200 Service Contract	1,600.00	212.93	1,387.07	13	500.00	171.33	328.67	34
710205 Repairs and Maintenance	1,000.00	4,802.80	3,802.80-	480	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	2,558.77	11,254.81	8,696.04-	440	11,079.55	23,444.48	12,364.93-	212
710302 Small Tools & Allow		65.56	65.56-					
710334 Copy Machine Expense	4,400.00	4,407.75	7.75-	100	4,400.00	2,645.64	1,754.36	60

**Washoe County Health Distirct
Air Quality Management
Pds 1-11, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
710350 Office Supplies	3,500.00	3,689.67	189.67-	105	4,000.00	3,612.55	387.45	90
710355 Books and Subscriptions	100.00	288.03	188.03-	288	224.00	334.13	110.13-	149
710360 Postage	3,000.00	2,883.26	116.74	96	2,900.00	3,377.80	477.80-	116
710361 Express and Courier	75.00	16.47	58.53	22	80.75	535.68	454.93-	663
710500 Other Expense	100.00	8,965.47	8,865.47-	8,965	100.00	118.85	18.85-	119
710502 Printing	800.00	961.04	161.04-	120	800.00	1,420.76	620.76-	178
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		100
710506 Dept Insurance Deductible		333.86	333.86-					
710507 Network and Data Lines		5,280.00	5,280.00-			5,155.00	5,155.00-	
710508 Telephone Land Lines	5,500.00	3,215.52	2,284.48	58	6,500.00	3,931.44	2,568.56	60
710509 Seminars and Meetings		4,329.99	4,329.99-		3,005.00	2,799.00	206.00	93
710512 Auto Expense	500.00	114.15	385.85	23	1,000.00	275.40	724.60	28
710519 Cellular Phone	4,700.00	3,218.34	1,481.66	68	4,700.00	3,566.23	1,133.77	76
710529 Dues	3,250.00	1,133.00	2,117.00	35	4,435.00	4,025.00	410.00	91
710535 Credit Card Fees	2,300.00	3,209.98	909.98-	140	1,600.00	2,336.27	736.27-	146
710546 Advertising	1,650.00	2,143.00	493.00-	130	1,000.00	11,688.00	10,688.00-	1,169
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	7,370.00	938.00-	115	2,592.00	2,472.00	120.00	95
711113 Equip Srv Replace	9,523.78	8,731.58	792.20	92	8,499.58	8,730.80	231.22-	103
711114 Equip Srv O & M	11,981.33	10,452.05	1,529.28	87	10,384.74	7,779.31	2,605.43	75
711115 Equip Srv Motor Pool								
711117 ESD Fuel Charge	12,156.58	8,369.56	3,787.02	69	10,687.05	9,727.78	959.27	91
711119 Prop & Liab Billings	9,321.78	8,545.02	776.76	92	9,525.40	8,731.58	793.82	92
711210 Travel	54,419.48	14,607.61	39,811.87	27	36,088.25	12,104.54	23,983.71	34
711300 Cash Over Short								
711399 ProCard in Process						167.42	167.42-	
711504 Equipment nonCapital	34,300.35	22,193.94	12,106.41	65	37,117.08	46,870.62	9,753.54-	126
* Services and Supplies	796,430.95	219,536.56	576,894.39	28	565,715.09	248,955.32	316,759.77	44
781004 Equipment Capital	249,176.82	85,384.89	163,791.93	34	342,770.01	115,664.40	227,105.61	34
* Capital Outlay	249,176.82	85,384.89	163,791.93	34	342,770.01	115,664.40	227,105.61	34
** Expenses	2,926,717.41	1,904,293.52	1,022,423.89	65	2,901,655.53	1,957,341.92	944,313.61	67
818000 Transfer to Intrafund								
** Other Financing Src/Use								
*** Total	186,034.41	492,577.76-	678,612.17	265-	666,263.53	82,884.64-	749,148.17	12-

**Washoe County Health District
Community and Clinical Health Services
Pds 1-11, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
431100 Federal Grants	1,890,000.86-	1,281,544.29-	608,456.57-	68	2,131,855.53-	1,410,404.98-	721,450.55-	66
431105 Federal Grants - Indirect	92,460.00-	61,770.69-	30,689.31-	67	15,300.00-	20,316.63-	5,016.63	133
432100 State Grants	195,421.00-	43,049.94-	152,371.06-	22	24,857.00-	20,836.03-	4,020.97-	84
432105 State Grants-Indirect	2,205.00-	3,691.55-	1,486.55	167				
* Intergovernmental	2,180,086.86-	1,390,056.47-	790,030.39-	64	2,172,012.53-	1,451,557.64-	720,454.89-	67
460162 Services to Other Agencies								
460500 Other Immunizations	89,000.00-	45,080.07-	43,919.93-	51	89,000.00-	57,009.50-	31,990.50-	64
460501 Medicaid Clinical Services	8,200.00-	1,841.17-	6,358.83-	22	36,200.00-	1,429.74-	34,770.26-	4
460503 Childhood Immunizations	20,000.00-	14,000.25-	5,999.75-	70	30,000.00-	16,967.00-	13,033.00-	57
460504 Maternal Child Health								
460505 Non Title X Revenue		15.50-	15.50					
460508 Tuberculosis	4,100.00-	3,768.63-	331.37-	92	4,100.00-	4,135.20-	35.20	101
460512 Duplication Service Fees		60.00-	60.00					
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	1,750.00-	18,909.81-	17,159.81	1,081	2,250.00-	5,000.00-	2,750.00	222
460517 Influenza Immunization	7,000.00-	5,139.75-	1,860.25-	73	7,000.00-	8,875.50-	1,875.50	127
460518 STD Fees	21,000.00-	15,695.25-	5,304.75-	75	23,000.00-	19,261.09-	3,738.91-	84
460519 Outpatient Services								
460524 Family Planning	27,000.00-	31,346.01-	4,346.01	116	44,000.00-	25,725.43-	18,274.57-	58
460570 Education Revenue	2,400.00-	540.00-	1,860.00-	23	4,500.00-	1,345.00-	3,155.00-	30
* Charges for Services	180,450.00-	136,396.44-	44,053.56-	76	240,050.00-	139,748.46-	100,301.54-	58
484050 Donations Federal Pgm Income	37,550.00-	33,196.14-	4,353.86-	88	41,934.00-	35,559.50-	6,374.50-	85
484195 Non-Govt'l Grants						1,250.00-	1,250.00	
485110 Workers Comp Reimb								
485300 Other Misc Govt Rev		15.00-	15.00			27.89-	27.89	
* Miscellaneous	37,550.00-	33,211.14-	4,338.86-	88	41,934.00-	36,837.39-	5,096.61-	88
** Revenue	2,398,086.86-	1,559,664.05-	838,422.81-	65	2,453,996.53-	1,628,143.49-	825,853.04-	66
701110 Base Salaries	2,046,242.25	1,736,945.50	309,296.75	85	2,237,201.94	1,784,988.59	452,213.35	80
701120 Part Time	541,787.10	378,432.30	163,354.80	70	505,752.32	454,291.61	51,460.71	90
701130 Pooled Positions	233,706.33	248,866.66	15,160.33-	106	175,944.41	180,087.76	4,143.35-	102
701140 Holiday Work		366.60	366.60-			477.11	477.11-	
701150 xcContractual Wages								
701200 Incentive Longevity	47,486.00	27,263.48	20,222.52	57	48,012.00	30,503.07	17,508.93	64
701300 Overtime	1,280.00	3,098.81	1,818.81-	242	1,280.00	569.43	710.57	44
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-			32,009.03	32,009.03-	
701415 Physical Fitness Pay								
701417 Comp Time		209.82	209.82-			7,718.60	7,718.60-	
701419 Comp Time - Transfer		430.92	430.92-			9,723.83	9,723.83-	
701500 Merit Awards								
* Salaries and Wages	2,836,042.62	2,425,881.75	410,160.87	86	2,968,115.67	2,500,369.03	467,746.64	84
705110 Group Insurance	414,555.78	324,660.33	89,895.45	78	433,968.28	357,102.68	76,865.60	82
705210 Retirement	651,180.47	549,052.38	102,128.09	84	658,011.56	538,772.38	119,239.18	82
705230 Medicare April 1986	35,230.23	31,726.18	3,504.05	90	36,909.75	32,621.16	4,288.59	88
705320 Workmens Comp	19,765.83	17,335.78	2,430.05	88	18,435.65	16,899.30	1,536.35	92
705330 Unemply Comp	4,536.42	4,340.52	195.90	96	4,479.25	4,479.25		100

**Washoe County Health District
Community and Clinical Health Services
Pds 1-11, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
* Employee Benefits	1,125,268.73	927,115.19	198,153.54	82	1,151,804.49	949,874.77	201,929.72	82
710100 Professional Services	204,547.00	115,175.70	89,371.30	56	75,150.71	81,350.63	6,199.92	108
710105 Medical Services	850.00	604.50	245.50	71	850.00	982.50	132.50	116
710108 MD Consultants	46,950.00	38,912.50	8,037.50	83	46,900.00	41,850.00	5,050.00	89
710110 Contracted/Temp Services	1,000.00	17,094.05	16,094.05	1,709	1,000.00	8,275.98	7,275.98	828
710119 Subrecipient Payments								
710200 Service Contract	3,798.00	2,836.84	961.16	75	6,048.00	3,125.76	2,922.24	52
710205 Repairs and Maintenance	3,770.00	4,800.57	1,030.57	127	3,800.00	2,518.21	1,281.79	66
710210 Software Maintenance		6,788.00	6,788.00			5,424.00	5,424.00	
710300 Operating Supplies	75,502.00	39,673.45	35,828.55	53	76,719.00	56,355.37	20,363.63	73
710334 Copy Machine Expense	14,797.00	9,390.18	5,406.82	63	13,847.00	9,286.14	4,560.86	67
710350 Office Supplies	12,760.00	7,697.62	5,062.38	60	13,520.01	9,802.32	3,717.69	73
710355 Books and Subscriptions	2,250.00	826.15	1,423.85	37	2,060.00	3,862.76	1,802.76	188
710360 Postage	3,675.00	4,036.52	361.52	110	4,490.00	2,294.32	2,195.68	51
710361 Express and Courier	335.00	68.77	266.23	21	245.00	127.71	117.29	52
710412 Do Not Use								
710500 Other Expense	15,595.96	13,066.43	2,529.53	84	30,602.51	23,153.35	7,449.16	76
710502 Printing	13,700.00	5,001.62	8,698.38	37	9,675.00	9,170.09	504.91	95
710503 Licenses & Permits	3,055.00	1,265.00	1,790.00	41	3,555.00	3,354.00	201.00	94
710504 Registration								
710505 Rental Equipment						152.58	152.58	
710506 Dept Insurance Deductible								
710507 Network and Data Lines	2,080.00	1,659.08	420.92	80	2,560.00	2,314.22	245.78	90
710508 Telephone Land Lines	13,354.00	10,452.04	2,901.96	78	13,975.00	10,939.59	3,035.41	78
710509 Seminars and Meetings	5,650.00	7,147.70	1,497.70	127	4,750.00	4,288.00	462.00	90
710512 Auto Expense	13,966.20	7,272.51	6,693.69	52	13,318.00	8,683.21	4,634.79	65
710519 Cellular Phone	360.00	1,090.85	730.85	303	540.00	715.08	175.08	132
710524 Utility relocation								
710529 Dues	800.00	1,300.00	500.00	163	1,350.00	874.00	476.00	65
710535 Credit Card Fees	3,215.00	1,690.62	1,524.38	53	3,245.00	1,957.59	1,287.41	60
710546 Advertising	30,145.00	9,879.99	20,265.01	33	34,903.86	45,300.71	10,396.85	130
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	216,936.53	26,433.47	89	246,163.19	186,953.42	59,209.77	76
710714 Referral Services	6,328.00	3,616.00	2,712.00	57	9,040.00	3,164.00	5,876.00	35
710721 Outpatient	90,957.55	70,525.99	20,431.56	78	108,264.15	59,133.88	49,130.27	55
710872 Food Purchases	6,450.00	682.28	5,767.72	11	6,550.00	3,472.35	3,077.65	53
711010 Utilities					1,700.00		1,700.00	
711100 ESD Asset Management	1,608.00	737.00	871.00	46	288.00	264.00	24.00	92
711114 Equip Srv O & M	546.37	618.06	71.69	113	550.44	597.05	46.61	108
711115 Equip Srv Motor Pool								
711117 ESD Fuel Charge	711.35	767.80	56.45	108	711.35	707.32	4.03	99
711119 Prop & Liab Billings	21,303.49	19,528.30	1,775.19	92	23,150.65	21,221.31	1,929.34	92
711210 Travel	33,713.00	18,485.09	15,227.91	55	28,184.00	8,393.67	19,790.33	30
711399 ProCard in Process						407.00	407.00	
711504 Equipment nonCapital	5,950.00	21,273.31	15,323.31	358	6,530.00	4,889.26	1,640.74	75
* Services and Supplies	883,292.92	660,910.63	222,382.29	75	809,735.87	625,361.38	184,374.49	77

**Washoe County Health District
Community and Clinical Health Services
Pds 1-11, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
781004 Equipment Capital	30,378.00	32,579.25	2,201.25-	107	17,000.00	1,350.00	15,650.00	8
* Capital Outlay	30,378.00	32,579.25	2,201.25-	107	17,000.00	1,350.00	15,650.00	8
** Expenses	4,874,982.27	4,046,486.82	828,495.45	83	4,946,656.03	4,076,955.18	869,700.85	82
811001 Transfer to General								
818000 Transfer to Intrafund								
** Other Financing Src/Use								
*** Total	2,476,895.41	2,486,822.77	9,927.36-	100	2,492,659.50	2,448,811.69	43,847.81	98

**Washoe County Health District
Environmental Health Services
Pds 1-11, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
422503 Environmental Permits	63,177.00-	58,646.00-	4,531.00-	93	51,500.00-	58,175.00-	6,675.00	113
422504 Pool Permits	74,690.00-	93,805.00-	19,115.00	126	68,000.00-	61,873.00-	6,127.00-	91
422505 RV Permits	13,306.00-	10,677.00-	2,629.00-	80	10,500.00-	9,172.00-	1,328.00-	87
422507 Food Service Permits	492,181.00-	399,631.00-	92,550.00-	81	369,000.00-	350,543.00-	18,457.00-	95
422508 Wat Well Const Perm	23,567.00-	25,739.00-	2,172.00	109	20,000.00-	22,569.00-	2,569.00	113
422509 Water Company Permits	3,200.00-	9,186.00-	5,986.00	287	2,500.00-	4,416.00-	1,916.00	177
422511 ISDS Permits	66,522.00-	84,495.00-	17,973.00	127	49,000.00-	50,219.00-	1,219.00	102
422513 Special Event Permits	99,623.00-	72,088.00-	27,535.00-	72	79,000.00-	59,690.00-	19,310.00-	76
422514 Initial Applic Fee	35,226.00-	31,411.00-	3,815.00-	89	27,000.00-	27,390.00-	390.00	101
* Licenses and Permits	871,492.00-	785,678.00-	85,814.00-	90	676,500.00-	644,047.00-	32,453.00-	95
431100 Federal Grants	412,818.04-	297,418.91-	115,399.13-	72	340,000.00-	212,784.94-	127,215.06-	63
431105 Federal Grants - Indirect	27,470.00-	22,865.95-	4,604.05-	83				
432100 State Grants	50,000.00-	37,750.00-	12,250.00-	76	75,000.00-	57,000.00-	18,000.00-	76
432310 Tire Fee NRS 444A.090	468,548.00-	314,136.09-	154,411.91-	67	418,766.00-	331,900.49-	86,865.51-	79
* Intergovernmental	958,836.04-	672,170.95-	286,665.09-	70	833,766.00-	601,685.43-	232,080.57-	72
460509 Water Quality								
460510 IT Overlay	35,344.00-	33,342.00-	2,002.00-	94	113,400.00-	111,488.00-	1,912.00-	98
460512 Duplication Service Fees		696.18-	696.18			299.88-	299.88	
460513 Other Healt Service Charges		493.00-	493.00		2,700.00-	2,051.75-	648.25-	76
460514 Food Service Certification	19,984.00-	18,482.00-	1,502.00-	92	13,900.00-	16,305.00-	2,405.00-	117
460520 Eng Serv Health	50,707.00-	48,526.00-	2,181.00-	96	44,000.00-	45,838.00-	1,838.00	104
460521 Plan Review - Pools & Spas	3,816.00-	4,931.00-	1,115.00	129	2,500.00-	2,695.00-	195.00	108
460523 Plan Review - Food Services	18,765.00-	20,544.00-	1,779.00	109	17,000.00-	27,083.00-	10,083.00	159
460525 Plan Review - Vector	36,021.00-	54,901.00-	18,880.00	152	30,000.00-	39,358.00-	9,358.00	131
460532 Plan Rvw Hotel/Motel		480.00-	480.00			322.00-	322.00	
460533 Quick Start						87.00-	87.00	
460534 Child Care Inspection	10,560.00-	7,109.00-	3,451.00-	67	8,500.00-	6,589.00-	1,911.00-	78
460535 Pub Accomod Inspectn	22,540.00-	17,867.00-	4,673.00-	79	17,300.00-	14,642.00-	2,658.00-	85
460570 Education Revenue	500.00-	256.00-	244.00-	51	1,200.00-	346.00-	854.00-	29
* Charges for Services	198,237.00-	207,627.18-	9,390.18	105	250,500.00-	267,104.63-	16,604.63	107
485100 Reimbursements		46,450.20-	46,450.20					
485121 Jury Reimbursements						315.00-	315.00	
485300 Other Misc Govt Rev		2,500.00-	2,500.00					
* Miscellaneous		48,950.20-	48,950.20			315.00-	315.00	
** Revenue	2,028,565.04-	1,714,426.33-	314,138.71-	85	1,760,766.00-	1,513,152.06-	247,613.94-	86
701110 Base Salaries	2,961,482.51	2,487,167.98	474,314.53	84	3,018,372.82	2,534,284.57	484,088.25	84
701130 Pooled Positions	195,228.04	98,997.14	96,230.90	51	236,872.77	84,656.09	152,216.68	36
701140 Holiday Work	2,400.00	2,660.05	260.05-	111	1,200.00	1,123.27	76.73	94
701150 xcContractual Wages								
701200 Incentive Longevity	50,522.50	24,028.86	26,493.64	48	50,800.00	23,903.84	26,896.16	47
701300 Overtime	62,123.00	34,680.86	27,442.14	56	36,600.00	23,909.45	12,690.55	65
701406 Standby Pay								
701408 Call Back	1,000.00	93.52	906.48	9	1,000.00	182.10	817.90	18
701412 Salary Adjustment	199,268.34-		199,268.34-					
701413 Vac Payoff/Sick Pay-Term		3,522.66	3,522.66-			24,260.54	24,260.54-	
701415 Physical Fitness Pay								
701417 Comp Time		644.69	644.69-			10,144.53	10,144.53-	
701500 Merit Awards								
* Salaries and Wages	3,073,487.71	2,651,795.76	421,691.95	86	3,344,845.59	2,702,464.39	642,381.20	81

**Washoe County Health District
Environmental Health Services
Pds 1-11, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
705110 Group Insurance	412,145.94	355,749.98	56,395.96	86	434,110.13	361,695.93	72,414.20	83
705210 Retirement	773,216.95	644,670.38	128,546.57	83	728,879.94	606,628.71	122,251.23	83
705230 Medicare April 1986	41,494.29	35,844.75	5,649.54	86	41,940.99	36,302.67	5,638.32	87
705320 Workmens Comp	19,168.03	17,570.74	1,597.29	92	18,838.38	17,268.57	1,569.81	92
705330 Unempty Comp	4,399.22	4,399.24	0.02-	100	4,577.10	4,577.10		100
* Employee Benefits	1,250,424.43	1,058,235.09	192,189.34	85	1,228,346.54	1,026,472.98	201,873.56	84
710100 Professional Services	247,318.30	33,371.25	213,947.05	13	325,401.67	7,626.31	317,775.36	2
710105 Medical Services	6,548.00	8,671.00	2,123.00-	132	6,548.00	443.00	6,105.00	7
710110 Contracted/Temp Services	35,000.03	5,056.42	29,943.61	14	65,000.00	8,052.11	56,947.89	12
710200 Service Contract	95,300.00	43,164.75	52,135.25	45	95,300.00	33,193.44	62,106.56	35
710205 Repairs and Maintenance	5,500.00	1,028.38	4,471.62	19	4,600.00	2,666.73	1,933.27	58
710210 Software Maintenance	250.00		250.00					
710300 Operating Supplies	31,900.00	25,650.49	6,249.51	80	20,100.00	8,016.49	12,083.51	40
710302 Small Tools & Allow	10,685.00	1,166.15	9,518.85	11	3,685.00	877.35	2,807.65	24
710308 Animal Supplies	1,600.00	582.75	1,017.25	36	2,000.00	687.66	1,312.34	34
710319 Chemical Supplies	232,300.00	232,321.33	21.33-	100	231,950.00	232,131.87	181.87-	100
710325 Signs and Markers								
710334 Copy Machine Expense	2,800.00	874.93	1,925.07	31	2,250.00	877.09	1,372.91	39
710350 Office Supplies	7,250.00	6,663.28	586.72	92	9,100.00	6,509.61	2,590.39	72
710355 Books and Subscriptions	2,100.00	731.85	1,368.15	35	2,400.00	694.00	1,706.00	29
710360 Postage	13,130.00	6,988.51	6,141.49	53	9,775.00	11,441.21	1,666.21-	117
710361 Express and Courier	175.00	5.68	169.32	3	175.00	26.52	148.48	15
710391 Fuel & Lube	100.00	78.52	21.48	79	100.00		100.00	
710500 Other Expense	200.00	209.47	9.47-	105	8,300.00	192.80	8,107.20	2
710502 Printing	12,600.00	1,422.64	11,177.36	11	11,525.00	1,578.21	9,946.79	14
710503 Licenses & Permits	2,690.00	2,520.00	170.00	94	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	1,257.72	962.28	57	2,500.00	1,273.92	1,226.08	51
710508 Telephone Land Lines	8,960.00	7,256.92	1,703.08	81	9,710.00	7,948.50	1,761.50	82
710509 Seminars and Meetings	21,315.00	18,822.00	2,493.00	88	13,415.00	11,702.10	1,712.90	87
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	11,920.00		100
710519 Cellular Phone	6,600.00	3,400.69	3,199.31	52	6,600.00	4,665.49	1,934.51	71
710529 Dues	1,565.99	966.00	599.99	62	1,661.00	948.00	713.00	57
710535 Credit Card Fees	4,410.00	5,133.16	723.16-	116	4,610.00	4,051.97	558.03	88
710546 Advertising	13,030.00		13,030.00		6,050.00	854.00	5,196.00	14
710551 Cash Discounts Lost		26.65	26.65-					
710577 Uniforms & Special Clothing	25,200.00	1,590.67	23,609.33	6	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	37,770.00	3,881.00	91	41,651.00	37,070.00	4,581.00	89
710721 Outpatient								
711100 ESD Asset Management	32,964.00	28,006.00	4,958.00	85	11,856.00	10,704.00	1,152.00	90
711113 Equip Srv Replace	17,182.42	15,758.84	1,423.58	92	17,061.11	15,967.85	1,093.26	94
711114 Equip Srv O & M	32,731.24	26,096.12	6,635.12	80	30,573.49	26,235.72	4,337.77	86
711115 Equip Srv Motor Pool	16,741.00		16,741.00		16,741.00		16,741.00	
711117 ESD Fuel Charge	42,624.12	29,247.29	13,376.83	69	39,776.37	35,871.03	3,905.34	90
711119 Prop & Liab Billings	21,592.09	19,792.74	1,799.35	92	23,656.38	21,685.07	1,971.31	92
711210 Travel	94,000.00	30,704.67	63,295.33	33	81,150.00	10,412.32	70,737.68	13

**Washoe County Health District
Environmental Health Services
Pds 1-11, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
711399 ProCard in Process						59.00	59.00-	
711504 Equipment nonCapital	89,242.00	43,432.97	45,809.03	49	62,544.00	6,407.23	56,136.77	10
* Services and Supplies	1,227,794.32	646,029.84	581,764.48	53	1,184,175.02	526,250.15	657,924.87	44
781004 Equipment Capital	53,193.25		53,193.25		25,000.00		25,000.00	
781007 Vehicles Capital	100,000.00		100,000.00					
* Capital Outlay	153,193.25		153,193.25		25,000.00		25,000.00	
** Expenses	5,704,899.71	4,356,060.69	1,348,839.02	76	5,782,367.15	4,255,187.52	1,527,179.63	74
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	2,641,634.36	1,034,700.31	72	4,021,601.15	2,741,885.46	1,279,715.69	68

**Washoe County Health District
Epidemiology Public Health Preparedness
Pds 1-11, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
431100 Federal Grants	1,133,558.09-	932,846.35-	200,711.74-	82	1,366,574.73-	907,627.00-	458,947.73-	66
431105 Federal Grants - Indirect	91,954.91-	109,949.56-	17,994.65	120	79,852.00-	61,264.09-	18,587.91-	77
* Intergovernmental	1,225,513.00-	1,042,795.91-	182,717.09-	85	1,446,426.73-	968,891.09-	477,535.64-	67
460511 Birth and Death Certificates	450,000.00-	413,711.00-	36,289.00-	92	400,000.00-	437,822.00-	37,822.00	109
460512 Duplication Service Fees		35.00-	35.00					
* Charges for Services	450,000.00-	413,746.00-	36,254.00-	92	400,000.00-	437,822.00-	37,822.00	109
** Revenue	1,675,513.00-	1,456,541.91-	218,971.09-	87	1,846,426.73-	1,406,713.09-	439,713.64-	76
701110 Base Salaries	1,286,514.42	1,057,667.01	228,847.41	82	1,220,854.27	1,013,103.47	207,750.80	83
701120 Part Time	24,152.57	6,330.46	17,822.11	26	24,152.57	20,555.04	3,597.53	85
701130 Pooled Positions	2,900.00	16,382.50	13,482.50-	565	11,330.00	19,653.05	8,323.05-	173
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	9,961.47	8,261.47-	586	1,200.00	1,366.13	166.13-	114
701412 Salary Adjustment					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	1,328,888.99	1,106,254.18	222,634.81	83	1,309,558.84	1,066,060.43	243,498.41	81
705110 Group Insurance	158,342.63	131,420.47	26,922.16	83	154,680.99	130,112.21	24,568.78	84
705210 Retirement	333,646.85	272,866.36	60,780.49	82	314,726.17	242,028.58	72,697.59	77
705230 Medicare April 1986	18,823.48	15,461.33	3,362.15	82	19,086.47	14,719.19	4,367.28	77
705320 Workmens Comp	8,091.65	7,417.30	674.35	92	7,988.98	7,089.61	899.37	89
705330 Unemploy Comp	1,857.10	1,857.12	0.02-	100	1,879.10	1,879.10		100
705360 Benefit Adjustment					10,656.00		10,656.00	
* Employee Benefits	520,761.71	429,022.58	91,739.13	82	509,017.71	395,828.69	113,189.02	78
710100 Professional Services	132,590.27	114,423.54	18,166.73	86	260,648.22	141,102.35	119,545.87	54
710105 Medical Services	100.00	53.50	46.50	54	100.00	285.00	185.00-	285
710108 MD Consultants		9,000.00	9,000.00-					
710110 Contracted/Temp Services	17,500.00	19,390.14	1,890.14-	111	5,051.00	42,543.46	37,492.46-	842
710200 Service Contract	2,395.00	3,221.65	826.65-	135	1,895.00	2,760.08	865.08-	146
710205 Repairs and Maintenance	1,000.00	603.80	396.20	60	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	15,512.00	11,073.29	4,438.71	71	15,739.00	12,405.82	3,333.18	79
710334 Copy Machine Expense	2,950.00	2,352.68	597.32	80	3,277.89	1,943.54	1,334.35	59
710350 Office Supplies	6,600.00	7,140.43	540.43-	108	7,558.00	7,829.19	271.19-	104
710355 Books and Subscriptions	2,144.00	996.67	1,147.33	46	2,729.00	1,016.00	1,713.00	37
710360 Postage	2,950.00	2,066.40	883.60	70	3,164.00	2,218.59	945.41	70
710361 Express and Courier	50.00	14.33	35.67	29	10.00	34.81	24.81-	348
710500 Other Expense	7,436.00	6,124.75	1,311.25	82	5,371.00	5,554.75	183.75-	103
710502 Printing	2,390.00	3,399.32	1,009.32-	142	4,719.00	1,910.32	2,808.68	40
710503 Licenses & Permits	150.00		150.00		150.00		150.00	
710505 Rental Equipment	100.00		100.00		3,378.00	1,554.00	1,824.00	46
710506 Dept Insurance Deductible								
710507 Network and Data Lines	600.00	874.94	274.94-	146	796.00	916.26	120.26-	115
710508 Telephone Land Lines	5,090.00	4,101.53	988.47	81	6,270.00	4,092.10	2,177.90	65
710509 Seminars and Meetings	6,300.00	7,524.00	1,224.00-	119	5,850.00	12,670.00	6,820.00-	217
710512 Auto Expense	2,250.00	1,001.68	1,248.32	45	2,030.00	1,323.89	706.11	65
710519 Cellular Phone	2,480.00	2,835.32	355.32-	114	5,137.00	2,872.19	2,264.81	56

**Washoe County Health District
Epidemiology Public Health Preparedness
Pds 1-11, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
710529 Dues	1,110.00	720.00	390.00	65	1,630.00	865.00	765.00	53
710535 Credit Card Fees	2,000.00	1,837.92	162.08	92	2,000.00	1,866.04	133.96	93
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	1,230.08	2,190.71	36	3,420.79		3,420.79	
710721 Outpatient	2,135.00	1,060.36	1,074.64	50	2,135.00	1,517.24	617.76	71
710872 Food Purchases	1,000.00		1,000.00		2,400.00	560.36	1,839.64	23
711010 Utilities	180.00		180.00					
711100 ESD Asset Management	6,432.00	8,844.00	2,412.00	138	2,304.00	2,112.00	192.00	92
711113 Equip Srv Replace	377.94	346.50	31.44	92	377.95	346.50	31.45	92
711114 Equip Srv O & M	1,609.62	1,882.98	273.36	117	654.46	1,117.76	463.30	171
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	8,355.49	759.46	92	9,711.98	8,902.63	809.35	92
711210 Travel	51,250.00	10,090.03	41,159.97	20	65,367.00	21,853.93	43,513.07	33
711504 Equipment nonCapital	2,764.00	10,633.30	7,869.30	385	45,489.00	53,820.43	8,331.43	118
* Services and Supplies	306,606.57	253,198.63	53,407.94	83	542,456.87	345,758.80	196,698.07	64
781004 Equipment Capital					12,337.00		12,337.00	
* Capital Outlay					12,337.00		12,337.00	
** Expenses	2,156,257.27	1,788,475.39	367,781.88	83	2,373,370.42	1,807,647.92	565,722.50	76
818000 Transfer to Intrafund								
** Other Financing Src/Use								
*** Total	480,744.27	331,933.48	148,810.79	69	526,943.69	400,934.83	126,008.86	76

**Washoe County Health District
Undesignatied
Pds 1-11, 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	2,656,531.13	241,502.87	92	2,553,372.00	1,276,686.00	1,276,686.00	50
** Expenses	2,898,034.00	2,656,531.13	241,502.87	92	2,553,372.00	1,276,686.00	1,276,686.00	50
621001 Transfer From General	8,603,891.00-	7,169,909.20-	1,433,981.80-	83	8,623,891.00-	4,311,947.00-	4,311,944.00-	50
* Transfers In	8,603,891.00-	7,169,909.20-	1,433,981.80-	83	8,623,891.00-	4,311,947.00-	4,311,944.00-	50
818000 Transfer to Intrafund								
* Transfers Out								
** Other Financing Src/Use	8,603,891.00-	7,169,909.20-	1,433,981.80-	83	8,623,891.00-	4,311,947.00-	4,311,944.00-	50
*** Total	5,705,857.00-	4,513,378.07-	1,192,478.93-	79	6,070,519.00-	3,035,261.00-	3,035,258.00-	50

**Washoe County Health District
Miscellaneous
Pds 1-11, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
710551 Cash Discounts Lost		65.48	65.48-			113.45	113.45-	
*** Total		65.48	65.48-			113.45	113.45-	

FY15 Adopted Budget

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FY15 ADOPTED BUDGET
Report Date: 05/07/14

Administrative Health Services Division		
Administrative Health Services		
	Local	FY15
	170200	Totals
701110 Base Salaries	\$ 617,853.19	\$ 617,853.19
701200 Incentive	\$ 9,850.00	\$ 9,850.00
701300 Overtime	\$ 3,000.00	\$ 3,000.00
701412 Salary Adjustment	\$ (29,769.00)	\$ (29,769.00)
Salaries and Wages	\$ 600,934.19	\$ 600,934.19
705110 Group Insurance	\$ 85,246.75	\$ 85,246.75
705210 Retirement	\$ 161,632.11	\$ 161,632.11
705230 Medicare	\$ 8,984.89	\$ 8,984.89
705320 Workmens Comp	\$ 5,889.00	\$ 5,889.00
705330 Unemployment	\$ 1,176.00	\$ 1,176.00
Employee Benefits	\$ 262,928.75	\$ 262,928.75
710100 Professional Services	\$ 1,500.00	\$ 1,500.00
710105 Medical Service	\$ 100.00	\$ 100.00
710205 Repairs Maint	\$ 200.00	\$ 200.00
710300 Operating Supplies	\$ 175.00	\$ 175.00
710334 Copy Machine Exp	\$ 3,000.00	\$ 3,000.00
710350 Office Supplies	\$ 3,000.00	\$ 3,000.00
710355 Books Subscriptions	\$ 2,100.00	\$ 2,100.00
710360 Postage	\$ 700.00	\$ 700.00
710361 Express Courier	\$ 50.00	\$ 50.00
710502 Printing	\$ 500.00	\$ 500.00
710507 Network,Data	\$ 480.00	\$ 480.00
710508 Telephone Land Lines	\$ 2,580.00	\$ 2,580.00
710509 Seminars Mtgs	\$ 2,300.00	\$ 2,300.00
710512 Auto Exp	\$ 500.00	\$ 500.00
710529 Dues	\$ 500.00	\$ 500.00
710546 Advertising	\$ 150.00	\$ 150.00
711119 Prop & Liability	\$ 5,772.00	\$ 5,772.00
711210 Travel	\$ 7,500.00	\$ 7,500.00
711504 Equip non-Capital	\$ 500.00	\$ 500.00
Services and Supplies	\$ 31,607.00	\$ 31,607.00
Expenditures	\$ 895,469.94	\$ 895,469.94
General Fund Tax Transfer	\$ 895,469.94	\$ 895,469.94

FY15 ADOPTED BUDGET
Report Date: 05/07/14

Administrative Health Services Division		
Office of the District Health Officer		
	Local	FY15
	170202	Totals
701110 Base Salaries	\$ 221,786.24	\$ 221,786.24
701120 Part Time	\$ 58,801.34	\$ 58,801.34
701200 Incentive	\$ 2,075.00	\$ 2,075.00
701412 Salary Adjustment	\$ 25,101.00	\$ 25,101.00
Salaries and Wages	\$ 307,763.58	\$ 307,763.58
705110 Group Insurance	\$ 31,763.72	\$ 31,763.72
705210 Retirement	\$ 72,785.68	\$ 72,785.68
705230 Medicare	\$ 4,018.60	\$ 4,018.60
Employee Benefits	\$ 108,568.00	\$ 108,568.00
710100 Professional Services	\$ 10,000.00	\$ 10,000.00
710105 Medical Service	\$ 50.00	\$ 50.00
710205 Repairs Maint	\$ 100.00	\$ 100.00
710334 Copy Machine Exp	\$ 1,000.00	\$ 1,000.00
710350 Office Supplies	\$ 1,000.00	\$ 1,000.00
710355 Books Subscriptions	\$ 500.00	\$ 500.00
710360 Postage	\$ 300.00	\$ 300.00
710361 Express Courier	\$ 50.00	\$ 50.00
710500 Other Exp	\$ 50.00	\$ 50.00
710502 Printing	\$ 625.00	\$ 625.00
710508 Telephone Land Lines	\$ 1,000.00	\$ 1,000.00
710509 Seminars Mtgs	\$ 1,000.00	\$ 1,000.00
710512 Auto Exp	\$ 300.00	\$ 300.00
710519 Cell Phones	\$ 660.00	\$ 660.00
710529 Dues	\$ 1,360.00	\$ 1,360.00
710872 Food Purchases	\$ 150.00	\$ 150.00
711210 Travel	\$ 2,500.00	\$ 2,500.00
711504 Equip non-Capital	\$ 500.00	\$ 500.00
Services and Supplies	\$ 21,145.00	\$ 21,145.00
Expenditures	\$ 437,476.58	\$ 437,476.58
General Fund Tax Transfer	\$ 437,476.58	\$ 437,476.58

FY15 ADOPTED BUDGET
Report Date: 05/07/14

Air Quality Management Division						
Air Quality Management						
	Local	Title V	EPA	PM 2.5	Pollution Ctrl	FY15
	172300	172302	10019	10021	20288	Totals
422510 Air Pol Permits	\$ (450,000.00)	\$ (24,103.00)	\$ -	\$ -	\$ -	\$ (474,103.00)
Licenses and Permits	\$ (450,000.00)	\$ (24,103.00)	\$ -	\$ -	\$ -	\$ (474,103.00)
431100 Federal Grants	\$ -	\$ -	\$ (669,973.00)	\$ (38,200.00)	\$ -	\$ (708,173.00)
431105 Fed Grant - I	\$ -	\$ -	\$ (29,372.00)	\$ -	\$ -	\$ (29,372.00)
432311 Pol Ctrl	\$ -	\$ -	\$ -	\$ -	\$ (318,667.29)	\$ (318,667.29)
460526 Plan Review-AQM	\$ (57,889.00)	\$ -	\$ -	\$ -	\$ -	\$ (57,889.00)
460527 NOE-AQM	\$ (116,984.00)	\$ -	\$ -	\$ -	\$ -	\$ (116,984.00)
460528 NESHAP-AQM	\$ (99,333.00)	\$ -	\$ -	\$ -	\$ -	\$ (99,333.00)
460529 Assessments-AQM	\$ (51,336.00)	\$ -	\$ -	\$ -	\$ -	\$ (51,336.00)
460530 Inspector Regis	\$ (2,162.00)	\$ -	\$ -	\$ -	\$ -	\$ (2,162.00)
460531 Dust Plan-AQM	\$ (142,403.00)	\$ -	\$ -	\$ -	\$ -	\$ (142,403.00)
Charges for Services	\$ (470,107.00)	\$ -	\$ (699,345.00)	\$ (38,200.00)	\$ (318,667.29)	\$ (1,526,319.29)
Revenue	\$ (920,107.00)	\$ (24,103.00)	\$ (699,345.00)	\$ (38,200.00)	\$ (318,667.29)	\$ (2,000,422.29)
701110 Base Salaries	\$ 656,126.30	\$ 17,196.07	\$ 392,602.68	\$ 26,389.19	\$ 217,753.36	\$ 1,310,067.60
701130 Pooled Positions	\$ -	\$ -	\$ 8,063.85		\$ -	\$ 8,063.85
701140 Holiday Work	\$ 125.00	\$ -			\$ 293.65	\$ 418.65
701200 Incentive	\$ 12,727.00	\$ 123.00	\$ 5,875.00		\$ 2,625.00	\$ 21,350.00
701300 Overtime	\$ 2,000.00	\$ -			\$ -	\$ 2,000.00
Salaries and Wages	\$ 670,978.30	\$ 17,319.07	\$ 406,541.53	\$ 26,389.19	\$ 220,672.01	\$ 1,341,900.10
705110 Group Insurance	\$ 98,453.04	\$ 2,401.81	\$ 58,965.63	\$ 3,896.85	\$ 36,443.15	\$ 200,160.48
705210 Retirement	\$ 172,229.08	\$ 4,459.82	\$ 102,608.21	\$ 6,795.34	\$ 56,746.94	\$ 342,839.39
705230 Medicare	\$ 9,313.13	\$ 244.61	\$ 5,520.98	\$ 369.43	\$ 2,999.76	\$ 18,447.91
705320 Workmens Comp	\$ 4,090.59	\$ -	\$ 3,624.00	\$ -	\$ 1,064.55	\$ 8,779.14
705330 Unemployment	\$ 884.94	\$ -	\$ 784.00	\$ -	\$ 230.30	\$ 1,899.24
Employee Benefits	\$ 284,970.78	\$ 7,106.24	\$ 171,502.82	\$ 11,061.62	\$ 97,484.70	\$ 572,126.16
710100 Professional Services	\$ 75.00	\$ -	\$ 42,815.54	\$ -	\$ -	\$ 42,890.54
710105 Medical Services	\$ 1,525.00	\$ -	\$ -	\$ -	\$ -	\$ 1,525.00
710200 Service Contract	\$ 300.00	\$ -	\$ -	\$ -	\$ -	\$ 300.00
710205 Repairs Maint	\$ 350.00	\$ -	\$ 200.00	\$ -	\$ -	\$ 550.00
710210 Software Maint	\$ -	\$ -	\$ 3,600.00	\$ -	\$ -	\$ 3,600.00
710300 Operating Supplies	\$ 250.00	\$ -	\$ 3,020.47	\$ 749.19	\$ 510.58	\$ 4,530.24
710334 Copy Machine Exp	\$ 4,400.00	\$ -	\$ -	\$ -	\$ -	\$ 4,400.00
710350 Office Supplies	\$ 3,500.00	\$ -	\$ -	\$ -	\$ -	\$ 3,500.00
710355 Books Subscriptions	\$ 100.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00
710360 Postage	\$ 3,000.00	\$ -	\$ -	\$ -	\$ -	\$ 3,000.00
710361 Express Courier	\$ 75.00	\$ -	\$ -	\$ -	\$ -	\$ 75.00
710500 Other Exp	\$ 100.00	\$ -	\$ -	\$ -	\$ -	\$ 100.00
710502 Printing	\$ 800.00	\$ -	\$ -	\$ -	\$ -	\$ 800.00
710505 Rental Equip	\$ 1,800.00	\$ -	\$ -	\$ -	\$ -	\$ 1,800.00
710507 Network, Data Lines	\$ -	\$ -	\$ 5,635.00	\$ -	\$ -	\$ 5,635.00
710508 Telephone Land Lines	\$ 5,500.00	\$ -	\$ -	\$ -	\$ -	\$ 5,500.00
710509 Seminars Mtgs	\$ -	\$ -	\$ 625.00	\$ -	\$ -	\$ 625.00
710512 Auto Exp	\$ 500.00	\$ -	\$ 60.00	\$ -	\$ -	\$ 560.00
710519 Cell Phones	\$ 4,000.00	\$ -	\$ -	\$ -	\$ -	\$ 4,000.00
710529 Dues	\$ 700.00	\$ -	\$ 1,015.87	\$ -	\$ -	\$ 1,715.87
710535 Credit Card Fee	\$ 3,000.00	\$ -	\$ -	\$ -	\$ -	\$ 3,000.00
710546 Advertising	\$ 1,650.00	\$ -	\$ -	\$ -	\$ -	\$ 1,650.00
710577 Uniforms & Spec	\$ -	\$ -	\$ 150.00	\$ -	\$ -	\$ 150.00
711100 ESD Asset Mgm	\$ 10,730.00	\$ -	\$ -	\$ -	\$ -	\$ 10,730.00
711113 Equip Serv Replaceme	\$ 9,525.36	\$ -	\$ -	\$ -	\$ -	\$ 9,525.36
711114 Equip Serv O & M	\$ 8,655.91	\$ -	\$ -	\$ -	\$ -	\$ 8,655.91
711117 ESD Fuel Charge	\$ 10,428.97	\$ -	\$ -	\$ -	\$ -	\$ 10,428.97
711119 Prop & Liability	\$ 9,321.78	\$ -	\$ 8,000.00	\$ -	\$ -	\$ 17,321.78
711210 Travel	\$ 3,000.00	\$ -	\$ -	\$ -	\$ -	\$ 3,000.00
711504 Equip non-Capital	\$ -	\$ -	\$ 500.00	\$ -	\$ -	\$ 500.00
Services and Supplies	\$ 83,287.02	\$ -	\$ 65,621.88	\$ 749.19	\$ 510.58	\$ 150,168.67
781004 Equip Capital	\$ -	\$ -	\$ 26,306.77	\$ -	\$ -	\$ 26,306.77
Capital Outlay	\$ -	\$ -	\$ 26,306.77	\$ -	\$ -	\$ 26,306.77
Expenditures	\$ 1,039,236.10	\$ 24,425.31	\$ 669,973.00	\$ 38,200.00	\$ 318,667.29	\$ 2,090,501.70
General Fund Tax Transfer	\$ 119,129.10	\$ 322.31	\$ (29,372.00)	\$ -	\$ -	\$ 90,079.41

FY15 ADOPTED BUDGET
Report Date: 05/07/14

Community & Clinical Health Services Division				
Chronic Disease & Injury Prevention				
	Health Ed	Tobacco Ctrl	Tobacco Use Prev	FY15
	170800	10010	11128	Totals
431100 Federal Grants	\$ -	\$ (113,000.00)	\$ -	\$ (113,000.00)
432100 State Grants	\$ -	\$ -	\$ (172,769.00)	\$ (172,769.00)
432105 State Grants-Indirect	\$ -	\$ -	\$ (13,821.00)	\$ (13,821.00)
Revenue	\$ -	\$ (113,000.00)	\$ (186,590.00)	\$ (299,590.00)
701110 Base Salaries	\$ 102,396.41	\$ 67,340.09	\$ -	\$ 169,736.50
701130 Pooled Positions	\$ -	\$ 298.26	\$ 20,394.00	\$ 20,692.26
701200 Incentive	\$ 960.00	\$ 600.00	\$ -	\$ 1,560.00
Salaries and Wages	\$ 103,356.41	\$ 68,238.35	\$ 20,394.00	\$ 191,988.76
705110 Group Insurance	\$ 13,915.82	\$ 9,328.95	\$ -	\$ 23,244.77
705210 Retirement	\$ 26,613.97	\$ 17,494.21	\$ -	\$ 44,108.18
705230 Medicare	\$ 1,458.19	\$ 963.61	\$ -	\$ 2,421.80
705320 Workmens Comp	\$ 656.85	\$ -	\$ -	\$ 656.85
705330 Unemployment	\$ 142.10	\$ 98.00	\$ -	\$ 240.10
Employee Benefits	\$ 42,786.93	\$ 27,884.77	\$ -	\$ 70,671.70
710100 Professional Services	\$ 30,000.00	\$ 12,551.88	\$ 47,449.00	\$ 90,000.88
710300 Operating Supplies	\$ 3,500.00	\$ 400.00	\$ 3,100.00	\$ 7,000.00
710334 Copy Machine Exp	\$ 250.00	\$ 300.00	\$ 50.00	\$ 600.00
710350 Office Supplies	\$ 200.00	\$ 400.00	\$ 200.00	\$ 800.00
710360 Postage	\$ 50.00	\$ 50.00	\$ 75.00	\$ 175.00
710361 Express Courier	\$ -	\$ 50.00	\$ -	\$ 50.00
710500 Other Expenses	\$ 50.00	\$ 25.00	\$ 1,000.00	\$ 1,075.00
710502 Printing	\$ 500.00	\$ 200.00	\$ 1,500.00	\$ 2,200.00
710508 Telephone Land Lines	\$ 375.00	\$ 300.00	\$ -	\$ 675.00
710509 Seminars Mtgs	\$ 700.00	\$ 600.00	\$ -	\$ 1,300.00
710512 Auto Exp	\$ 250.00	\$ 500.00	\$ 100.00	\$ 850.00
710529 Dues	\$ 100.00	\$ -	\$ -	\$ 100.00
710546 Advertising	\$ -	\$ -	\$ 98,901.00	\$ 98,901.00
711119 Prop & Liability Billing	\$ 1,178.45	\$ -	\$ -	\$ 1,178.45
711210 Travel	\$ 3,500.00	\$ 1,500.00	\$ -	\$ 5,000.00
Services and Supplies	\$ 40,653.45	\$ 16,876.88	\$ 152,375.00	\$ 209,905.33
Expenditures	\$ 186,796.79	\$ 113,000.00	\$ 172,769.00	\$ 472,565.79
General Fund Tax Transfer	\$ 186,796.79	\$ -	\$ (13,821.00)	\$ 172,975.79

FY15 ADOPTED BUDGET
Report Date: 05/07/14

Community & Clinical Health Services Division		
Community & Clinical Health Services		
	Local	FY15
	171100	Totals
701110 Base Salaries	\$ 118,620.70	\$ 118,620.70
701200 Incentive Longevity	\$ 2,792.50	\$ 2,792.50
Salaries and Wages	\$ 121,413.20	\$ 121,413.20
705110 Group Insurance	\$ 12,824.33	\$ 12,824.33
705210 Retirement	\$ 31,263.87	\$ 31,263.87
705230 Medicare	\$ 1,712.39	\$ 1,712.39
705320 Workmens Comp	\$ 792.75	\$ 792.75
705330 Unemployment	\$ 171.50	\$ 171.50
Employee Benefits	\$ 46,764.84	\$ 46,764.84
710100 Professional Services	\$ 1,475.00	\$ 1,475.00
710334 Copy Machine Exp	\$ 750.00	\$ 750.00
710350 Office Supplies	\$ 200.00	\$ 200.00
710355 Books Subscriptions	\$ 200.00	\$ 200.00
710360 Postage	\$ 100.00	\$ 100.00
710361 Express Courier	\$ 50.00	\$ 50.00
710500 Other Expense	\$ 100.00	\$ 100.00
710502 Printing	\$ 100.00	\$ 100.00
710508 Telephone Land Lines	\$ 1,200.00	\$ 1,200.00
710509 Seminars Mtgs	\$ 1,500.00	\$ 1,500.00
710512 Auto Exp	\$ 350.00	\$ 350.00
710529 Dues	\$ 750.00	\$ 750.00
711100 ESD Asset Mgmt	\$ 2,146.00	\$ 2,146.00
711114 Equip Srv O & M	\$ 1,861.75	\$ 1,861.75
711117 ESD Fuel Char	\$ 838.78	\$ 838.78
711119 Prop & Liability	\$ 841.75	\$ 841.75
711210 Travel	\$ 7,000.00	\$ 7,000.00
711504 Equip non-Capital	\$ 1,000.00	\$ 1,000.00
Services and Supplies	\$ 20,463.28	\$ 20,463.28
781004 Equipment Capital	\$ 40,750.00	\$ 40,750.00
Capital Outlay	\$ 40,750.00	\$ 40,750.00
Expenditures	\$ 229,391.32	\$ 229,391.32
General Fund Tax Transfer	\$ 229,391.32	\$ 229,391.32

FY15 ADOPTED BUDGET
Report Date: 05/07/14

Community & Clinical Health Services Division					
Family Planning					
	Local	Title X	WHC	Program Income	FY15
	173000	10025	10026	10478	Totals
431100 Federal Grants	\$ -	\$ (776,526.00)	\$ (4,200.00)		\$ (780,726.00)
431105 Fed. Grants-Ind	\$ -	\$ (23,312.00)	\$ -		\$ (23,312.00)
460501 Medicaid Clinic	\$ -	\$ -	\$ -	\$ (6,000.00)	\$ (6,000.00)
460516 Pgm Inc - 3rd Party	\$ -	\$ -	\$ -	\$ (300.00)	\$ (300.00)
460524 Family Planning	\$ -	\$ -	\$ -	\$ (32,000.00)	\$ (32,000.00)
Revenue	\$ -	\$ (799,838.00)	\$ (4,200.00)	\$ (38,300.00)	\$ (842,338.00)
484050 Donation Fed	\$ -	\$ -	\$ -	\$ (21,000.00)	\$ (21,000.00)
Miscellaneous	\$ -	\$ -	\$ -	\$ (21,000.00)	\$ (21,000.00)
701110 Base Salaries	\$ 64,923.70	\$ 230,554.74	\$ 4,200.00	\$ -	\$ 299,678.44
701120 Part Time	\$ 21,688.56	\$ 170,925.59	\$ -	\$ -	\$ 192,614.15
701130 Pooled Positions	\$ 11,761.07	\$ 389.97	\$ -	\$ -	\$ 12,151.04
701200 Incentive	\$ 2,247.50	\$ 4,880.00	\$ -	\$ -	\$ 7,127.50
Salaries and Wages	\$ 100,620.83	\$ 406,750.30	\$ 4,200.00	\$ -	\$ 511,571.13
705110 Group Insurance	\$ 20,071.69	\$ 72,152.58	\$ -	\$ -	\$ 92,224.27
705210 Retirement	\$ 22,881.03	\$ 104,637.23	\$ -	\$ -	\$ 127,518.26
705230 Medicare	\$ 1,235.90	\$ 5,083.69	\$ -	\$ -	\$ 6,319.59
705320 Workmens Comp	\$ 1,313.70	\$ 3,057.75	\$ -	\$ -	\$ 4,371.45
705330 Unemployment	\$ 288.12	\$ 661.50	\$ -	\$ -	\$ 949.62
Employee Benefits	\$ 45,790.44	\$ 185,592.75	\$ -	\$ -	\$ 231,383.19
710100 Professional Services	\$ -	\$ 8,000.00	\$ -	\$ -	\$ 8,000.00
710105 Medical Services	\$ -	\$ 250.00	\$ -	\$ -	\$ 250.00
710108 MD Consultants	\$ -	\$ 13,350.00	\$ -	\$ -	\$ 13,350.00
710200 Service Contr	\$ -	\$ 1,000.00	\$ -	\$ -	\$ 1,000.00
710205 Repairs Maint	\$ -	\$ 260.00	\$ -	\$ -	\$ 260.00
710300 Operating Supplies	\$ -	\$ 20,000.00	\$ -	\$ -	\$ 20,000.00
710334 Copy Machine Exp	\$ -	\$ 2,000.00	\$ -	\$ -	\$ 2,000.00
710350 Office Supplies	\$ -	\$ 2,500.00	\$ -	\$ -	\$ 2,500.00
710355 Books Subscriptions	\$ -	\$ 750.00	\$ -	\$ -	\$ 750.00
710360 Postage	\$ -	\$ 300.00	\$ -	\$ -	\$ 300.00
710361 Express Courier	\$ -	\$ 100.00	\$ -	\$ -	\$ 100.00
710500 Other Exp	\$ -	\$ 1,000.00	\$ -	\$ -	\$ 1,000.00
710502 Printing	\$ -	\$ 1,500.00	\$ -	\$ -	\$ 1,500.00
710503 Licenses & Permits	\$ -	\$ 1,250.00	\$ -	\$ -	\$ 1,250.00
710508 Telephone Land Lines	\$ -	\$ 2,280.00	\$ -	\$ -	\$ 2,280.00
710509 Seminars Mtgs	\$ -	\$ 500.00	\$ -	\$ -	\$ 500.00
710512 Auto Exp	\$ -	\$ 25.01	\$ -	\$ -	\$ 25.01
710529 Dues	\$ -	\$ 700.00	\$ -	\$ -	\$ 700.00
710535 Credit Card Fee	\$ -	\$ 350.00	\$ -	\$ -	\$ 350.00
710546 Advertising	\$ -	\$ 2,000.00	\$ -	\$ -	\$ 2,000.00
710703 Biologicals	\$ -	\$ 88,246.19	\$ -	\$ -	\$ 88,246.19
710721 Outpatient	\$ -	\$ 28,000.00	\$ -	\$ -	\$ 28,000.00
710872 Food Purchase	\$ -	\$ 75.00	\$ -	\$ -	\$ 75.00
711119 Prop & Liability	\$ 1,414.14	\$ 3,246.75	\$ -	\$ -	\$ 4,660.89
711210 Travel	\$ -	\$ 6,000.00	\$ -	\$ -	\$ 6,000.00
711504 Equip non-Capital	\$ -	\$ 500.00	\$ -	\$ -	\$ 500.00
Services and Supplies	\$ 1,414.14	\$ 184,182.95	\$ -	\$ -	\$ 185,597.09
Expenditures	\$ 147,825.41	\$ 776,526.00	\$ 4,200.00	\$ -	\$ 928,551.41
General Fund Tax Transfer	\$ 147,825.41	\$ (23,312.00)	\$ -	\$ (59,300.00)	\$ 65,213.41

FY15 ADOPTED BUDGET
Report Date: 05/07/14

Community & Clinical Health Services Division					
Immunizations					
	Local	Base	IZ - VFC	Program Income	FY15
	173500	10028	10029	10479	Totals
431100 Federal Grants	\$ -	\$ (100,191.00)	\$ (195,428.00)	\$ -	\$ (295,619.00)
431105 Fed Grants - Ind..	\$ -	\$ (13,839.00)	\$ (25,595.00)	\$ -	\$ (39,434.00)
460500 Other Immunizations	\$ -	\$ -	\$ -	\$ (89,000.00)	\$ (89,000.00)
460501 Medicaid Clinic	\$ -	\$ -	\$ -	\$ (500.00)	\$ (500.00)
460503 Child Immunizations	\$ -	\$ -	\$ -	\$ (20,000.00)	\$ (20,000.00)
460517 Influenza Immunizations	\$ -	\$ -	\$ -	\$ (7,000.00)	\$ (7,000.00)
Revenue	\$ -	\$ (114,030.00)	\$ (221,023.00)	\$ (116,500.00)	\$ (451,553.00)
484050 Donation Fed	\$ -	\$ -	\$ -	\$ (14,000.00)	\$ (14,000.00)
Miscellaneous	\$ -	\$ -	\$ -	\$ (14,000.00)	\$ (14,000.00)
701110 Base Salaries	\$ 376,808.57	\$ 45,684.71	\$ 84,225.57	\$ -	\$ 506,718.85
701120 Part Time	\$ 3,527.99	\$ 23,285.44	\$ 43,748.38	\$ -	\$ 70,561.81
701130 Pooled Positions	\$ 52,700.00	\$ -	\$ -	\$ -	\$ 52,700.00
701200 Incentive	\$ 8,420.00	\$ 785.50	\$ 1,514.00	\$ -	\$ 10,719.50
701300 Overtime	\$ 500.00	\$ (2,398.84)	\$ -	\$ -	\$ (1,898.84)
701412 Salary Adjustment	\$ 5,709.49	\$ -	\$ (3,310.65)	\$ -	\$ 2,398.84
Salaries and Wages	\$ 447,666.05	\$ 67,356.81	\$ 126,177.30	\$ -	\$ 641,200.16
705110 Group Insurance	\$ 69,430.36	\$ 8,935.11	\$ 18,939.07	\$ -	\$ 97,304.54
705210 Retirement	\$ 100,104.80	\$ 17,962.12	\$ 33,342.84	\$ -	\$ 151,409.76
705230 Medicare	\$ 5,346.04	\$ 974.46	\$ 1,783.79	\$ -	\$ 8,104.29
705320 Workmens Comp	\$ 3,578.70	\$ 226.50	\$ 906.00	\$ -	\$ 4,711.20
705330 Unemployment	\$ 823.20	\$ 49.00	\$ 196.00	\$ -	\$ 1,068.20
Employee Benefits	\$ 179,283.10	\$ 28,147.19	\$ 55,167.70	\$ -	\$ 262,597.99
710100 Professional Services	\$ 5,110.00	\$ -	\$ -	\$ -	\$ 5,110.00
710108 MD Consultants	\$ 3,825.00	\$ -	\$ 3,783.00	\$ -	\$ 7,608.00
710110 Contracted/Temp	\$ 1,000.00	\$ -	\$ -	\$ -	\$ 1,000.00
710200 Service Contract	\$ 250.00	\$ -	\$ 2,268.00	\$ -	\$ 2,518.00
710205 Repairs Maint	\$ 300.00	\$ -	\$ 568.00	\$ -	\$ 868.00
710300 Operating Supplies	\$ 16,000.00	\$ 487.00	\$ -	\$ -	\$ 16,487.00
710334 Copy Machine Exp	\$ 2,000.00	\$ -	\$ 1,300.00	\$ -	\$ 3,300.00
710350 Office Supplies	\$ 2,500.00	\$ -	\$ 1,448.00	\$ -	\$ 3,948.00
710355 Books/Subscriptions	\$ 250.00	\$ -	\$ 500.00	\$ -	\$ 750.00
710360 Postage	\$ 1,300.00	\$ -	\$ 100.00	\$ -	\$ 1,400.00
710361 Express Courier	\$ 20.00	\$ -	\$ -	\$ -	\$ 20.00
710500 Other Expenses	\$ 1,450.00	\$ -	\$ -	\$ -	\$ 1,450.00
710502 Printing	\$ 2,500.00	\$ -	\$ 46.00	\$ -	\$ 2,546.00
710503 Licenses & Permits	\$ 100.00	\$ -	\$ -	\$ -	\$ 100.00
710507 Network Data Li	\$ 1,600.00	\$ -	\$ -	\$ -	\$ 1,600.00
710508 Telephone Land Lines	\$ 3,000.00	\$ -	\$ 720.00	\$ -	\$ 3,720.00
710509 Seminars Mtgs	\$ 250.00	\$ 500.00	\$ 250.00	\$ -	\$ 1,000.00
710512 Auto Exp	\$ 1,061.00	\$ 200.00	\$ 600.00	\$ -	\$ 1,861.00
710535 Credit Card Fee	\$ 1,500.00	\$ -	\$ -	\$ -	\$ 1,500.00
710703 Biologicals	\$ 122,000.00	\$ -	\$ -	\$ -	\$ 122,000.00
710872 Food Purchase	\$ 50.00	\$ -	\$ -	\$ -	\$ 50.00
711119 Prop & Liability	\$ 5,242.90	\$ -	\$ -	\$ -	\$ 5,242.90
711210 Travel	\$ 1,000.00	\$ 3,500.00	\$ 2,500.00	\$ -	\$ 7,000.00
711504 Equip non-Capital	\$ 1,250.00	\$ -	\$ -	\$ -	\$ 1,250.00
Services and Supplies	\$ 173,558.90	\$ 4,687.00	\$ 14,083.00	\$ -	\$ 192,328.90
Expenditures	\$ 800,508.05	\$ 100,191.00	\$ 195,428.00	\$ -	\$ 1,096,127.05
General Fund Tax Transfer	\$ 800,508.05	\$ (13,839.00)	\$ (25,595.00)	\$ (130,500.00)	\$ 630,574.05

FY15 ADOPTED BUDGET
Report Date: 05/07/14

Community & Clinical Health Services Division				
Maternal, Child and Adolescent Health				
	Local	Teen Hlth Mall	Block Grant	FY15
	170600	10007	10828	Totals
432100 State Grant	\$ -	\$ (22,652.00)	\$ (30,204.00)	\$ (52,856.00)
432105 State Grants-In...	\$ -	\$ (2,205.00)	\$ (2,939.00)	\$ (5,144.00)
Revenue	\$ -	\$ (24,857.00)	\$ (33,143.00)	\$ (58,000.00)
701110 Base Salaries	\$ 190,009.81	\$ 12,544.30	\$ 21,952.70	\$ 224,506.81
701120 Part Time	\$ 73,734.17	\$ -	\$ -	\$ 73,734.17
701200 Incentive	\$ 3,092.00	\$ 352.00	\$ 616.00	\$ 4,060.00
701300 Overtime	\$ 200.00	\$ -	\$ -	\$ 200.00
701412 Salary Adjustment *	\$ 1,384.74	\$ (745.19)	\$ (639.55)	\$ -
Salaries and Wages	\$ 268,420.72	\$ 12,151.11	\$ 21,929.15	\$ 302,500.98
705110 Group Insurance	\$ 43,149.06	\$ 1,222.99	\$ 2,140.04	\$ 46,512.09
705210 Retirement	\$ 68,710.33	\$ 3,320.89	\$ 5,811.21	\$ 77,842.43
705230 Medicare	\$ 3,720.33	\$ 184.75	\$ 323.60	\$ 4,228.68
705320 Workmens Comp	\$ 2,808.60	\$ -	\$ -	\$ 2,808.60
705330 Unemployment	\$ 465.50	\$ -	\$ -	\$ 465.50
Employee Benefits	\$ 118,853.82	\$ 4,728.63	\$ 8,274.85	\$ 131,857.30
710100 Professional Services	\$ 600.00	\$ -	\$ -	\$ 600.00
710205 Repairs Maintenance	\$ 100.00	\$ -	\$ -	\$ 100.00
710300 Operating Supplies	\$ 600.00	\$ 1,000.00	\$ -	\$ 1,600.00
710334 Copy Machine Exp	\$ 800.00	\$ -	\$ -	\$ 800.00
710350 Office Supplies	\$ 500.00	\$ -	\$ -	\$ 500.00
710360 Postage	\$ 200.00	\$ -	\$ -	\$ 200.00
710361 Express Courier	\$ 20.00	\$ -	\$ -	\$ 20.00
710500 Other Expenses	\$ 1,000.00	\$ 2,050.00	\$ -	\$ 3,050.00
710502 Printing	\$ 250.00	\$ 150.00	\$ -	\$ 400.00
710503 Licenses & Permits	\$ 400.00	\$ -	\$ -	\$ 400.00
710508 Telephone Land Lines	\$ 600.00	\$ -	\$ -	\$ 600.00
710509 Seminars Mtgs	\$ 500.00	\$ -	\$ -	\$ 500.00
710512 Auto Exp	\$ 3,400.00	\$ 1,972.26	\$ -	\$ 5,372.26
710703 Biologicals	\$ -	\$ 400.00	\$ -	\$ 400.00
710872 Food Purchases	\$ -	\$ 200.00	\$ -	\$ 200.00
711119 Prop & Liability	\$ 2,284.75	\$ -	\$ -	\$ 2,284.75
711210 Travel	\$ 1,000.00	\$ -	\$ -	\$ 1,000.00
Services and Supplies	\$ 12,254.75	\$ 5,772.26	\$ -	\$ 18,027.01
Expenditures	\$ 399,529.29	\$ 22,652.00	\$ 30,204.00	\$ 452,385.29
General Fund Tax Transfer	\$ 399,529.29	\$ (2,205.00)	\$ (2,939.00)	\$ 394,385.29

FY15 ADOPTED BUDGET
Report Date: 05/07/14

Community & Clinical Health Services Division			
Sexual Health - HIV			
	Surveillance	Prevention	FY15
	10012	10013	Totals
431100 Federal Grants	\$ (64,577.00)	\$ (295,302.00)	\$ (359,879.00)
431105 Fed Grants -Ind	\$ (4,557.00)	\$ (21,759.00)	\$ (26,316.00)
Revenue	\$ (69,134.00)	\$ (317,061.00)	\$ (386,195.00)
701110 Base Salaries	\$ 50,961.30	\$ 166,847.12	\$ 217,808.42
701130 Pooled Positions	\$ -	\$ 21,011.18	\$ 21,011.18
701200 Incentive	\$ 1,170.00	\$ 2,808.00	\$ 3,978.00
701412 Salary Adj	\$ (7,904.39)	\$ (12,173.58)	\$ (20,077.97)
Salaries and Wages	\$ 44,226.91	\$ 178,492.72	\$ 222,719.63
705110 Group Insurance	\$ 4,962.04	\$ 23,529.70	\$ 28,491.74
705210 Retirement	\$ 13,423.85	\$ 43,686.02	\$ 57,109.87
705230 Medicare	\$ 755.94	\$ 2,371.57	\$ 3,127.51
705320 Workmens Comp	\$ 453.00	\$ 453.00	\$ 906.00
705330 Unemployment	\$ 98.00	\$ 333.20	\$ 431.20
Employee Benefits	\$ 19,692.83	\$ 70,373.49	\$ 90,066.32
710100 Professional Services	\$ -	\$ 100.00	\$ 100.00
710300 Operating Supplies	\$ -	\$ 7,191.80	\$ 7,191.80
710334 Copy Machine Exp	\$ -	\$ 700.00	\$ 700.00
710350 Office Supplies	\$ 150.00	\$ 400.00	\$ 550.00
710355 Books/Subscriptions	\$ -	\$ 100.00	\$ 100.00
710360 Postage	\$ -	\$ 300.00	\$ 300.00
710500 Other Expenses	\$ -	\$ 1,500.00	\$ 1,500.00
710502 Printing	\$ -	\$ 1,000.00	\$ 1,000.00
710503 Licenses & Permits	\$ -	\$ 600.00	\$ 600.00
710507 Network, Data	\$ -	\$ 480.00	\$ 480.00
710508 Telephone Land Lines	\$ -	\$ 900.00	\$ 900.00
710509 Seminars Mtgs	\$ -	\$ 250.00	\$ 250.00
710512 Auto Exp	\$ 507.26	\$ 299.99	\$ 807.25
7100519 Cellular Phone	\$ -	\$ 624.00	\$ 624.00
710546 Advertising	\$ -	\$ 12,880.00	\$ 12,880.00
710721 Outpatient	\$ -	\$ 17,860.00	\$ 17,860.00
711210 Travel	\$ -	\$ 1,250.00	\$ 1,250.00
Services and Supplies	\$ 657.26	\$ 46,435.79	\$ 47,093.05
Expenditures	\$ 64,577.00	\$ 295,302.00	\$ 359,879.00
General Fund Tax Transfer	\$ (4,557.00)	\$ (21,759.00)	\$ (26,316.00)

FY15 ADOPTED BUDGET
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Community & Clinical Health Services Division				
Sexual Health - STD				
	Local	STD Grant	Program Income	FY15
	171300	10014	10480	Totals
431100 Federal Grants	\$ -	\$ (108,913.00)	\$ -	\$ (108,913.00)
431105 Fed. Grants-Ind	\$ -	\$ (10,110.00)	\$ -	\$ (10,110.00)
460501 Medicaid Clinic	\$ -	\$ -	\$ (1,500.00)	\$ (1,500.00)
460516 Pgm Inc 3rd Party	\$ -	\$ -	\$ (400.00)	\$ (400.00)
460518 STD Fees	\$ -	\$ -	\$ (21,000.00)	\$ (21,000.00)
Revenue	\$ -	\$ (119,023.00)	\$ (22,900.00)	\$ (141,923.00)
484050 Donation Fed	\$ -	\$ -	\$ (2,500.00)	\$ (2,500.00)
Miscellaneous	\$ -	\$ -	\$ (2,500.00)	\$ (2,500.00)
701110 Base Salaries	\$ 214,644.09	\$ 65,483.64	\$ -	\$ 280,127.73
701120 Part Time	\$ 9,295.08	\$ -	\$ -	\$ 9,295.08
701130 Pooled Positions	\$ 20,000.00	\$ -	\$ -	\$ 20,000.00
701200 Incentive	\$ 4,550.00	\$ 700.00	\$ -	\$ 5,250.00
701300 Overtime	\$ 480.00	\$ -	\$ -	\$ 480.00
Salaries and Wages	\$ 248,969.17	\$ 66,183.64	\$ -	\$ 315,152.81
705110 Group Insurance	\$ 35,016.83	\$ 8,277.38	\$ -	\$ 43,294.21
705210 Retirement	\$ 58,835.52	\$ 17,041.82	\$ -	\$ 75,877.34
705230 Medicare	\$ 3,202.67	\$ 942.73	\$ -	\$ 4,145.40
705320 Workmens Comp	\$ 1,540.20	\$ 453.00	\$ -	\$ 1,993.20
705330 Unemployment	\$ 475.30	\$ 98.00	\$ -	\$ 573.30
Employee Benefits	\$ 99,070.52	\$ 26,812.93	\$ -	\$ 125,883.45
710100 Professional Services	\$ 8,000.00	\$ -	\$ -	\$ 8,000.00
710105 Medical Services	\$ 100.00	\$ -	\$ -	\$ 100.00
710108 MD Consultants	\$ 11,550.00	\$ -	\$ -	\$ 11,550.00
710200 Service Contr	\$ 100.00	\$ -	\$ -	\$ 100.00
710205 Repairs Maintenance	\$ 260.00	\$ -	\$ -	\$ 260.00
710210 Software Maintenance	\$ 435.00	\$ -	\$ -	\$ 435.00
710300 Operating Supplies	\$ 7,000.00	\$ -	\$ -	\$ 7,000.00
710334 Copy Machine Exp	\$ 500.00	\$ -	\$ -	\$ 500.00
710350 Office Supplies	\$ 1,000.00	\$ -	\$ -	\$ 1,000.00
710355 Books / Subscriptions	\$ 40.00	\$ -	\$ -	\$ 40.00
710360 Postage	\$ 200.00	\$ -	\$ -	\$ 200.00
710500 Other Expenses	\$ 100.00	\$ -	\$ -	\$ 100.00
710502 Printing	\$ 300.00	\$ -	\$ -	\$ 300.00
710503 Licenses & Permits	\$ 825.00	\$ -	\$ -	\$ 825.00
710508 Telephone Land Lines	\$ 1,320.00	\$ -	\$ -	\$ 1,320.00
710509 Seminars Meetings	\$ 500.00	\$ -	\$ -	\$ 500.00
710512 Auto Expense	\$ 100.00	\$ -	\$ -	\$ 100.00
710535 Credit Card Fee	\$ 300.00	\$ -	\$ -	\$ 300.00
710703 Biologicals	\$ 4,000.00	\$ -	\$ -	\$ 4,000.00
710721 Outpatient	\$ 14,000.00	\$ 15,916.43	\$ -	\$ 29,916.43
710872 Food Purchases	\$ 25.00	\$ -	\$ -	\$ 25.00
711119 Prop & Liability	\$ 4,930.25	\$ -	\$ -	\$ 4,930.25
711210 Travel	\$ 1,500.00	\$ -	\$ -	\$ 1,500.00
711504 Equip non-Capital	\$ 500.00	\$ -	\$ -	\$ 500.00
Services and Supplies	\$ 57,585.25	\$ 15,916.43	\$ -	\$ 73,501.68
Expenditures	\$ 405,624.94	\$ 108,913.00	\$ -	\$ 514,537.94
General Fund Tax Transfer	\$ 405,624.94	\$ (10,110.00)	\$ (25,400.00)	\$ 370,114.94

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Community & Clinical Health Services Division				
Tuberculosis				
	Local	CDC Grant	Income	FY15
	171400	10016	10481	Totals
431100 Federal Grants	\$ -	\$ (95,022.00)	\$ -	\$ (95,022.00)
431105 Fed. Grants-Ind	\$ -	\$ (6,564.00)	\$ -	\$ (6,564.00)
460501 Medicaid Clinic	\$ -	\$ -	\$ (200.00)	\$ (200.00)
460508 Tuberculosis	\$ -	\$ -	\$ (4,100.00)	\$ (4,100.00)
460516 Pgm 3 rd Prt	\$ -	\$ -	\$ (1,050.00)	\$ (1,050.00)
Revenue	\$ -	\$ (101,586.00)	\$ (5,350.00)	\$ (106,936.00)
484050 Donation Fed	\$ -	\$ -	\$ (50.00)	\$ (50.00)
Miscellaneous	\$ -	\$ -	\$ (50.00)	\$ (50.00)
701110 Base Salaries	\$ 220,087.18	\$ 45,473.26	\$ -	\$ 265,560.44
701120 Part Time	\$ 62,721.60	\$ -	\$ -	\$ 62,721.60
701130 Pooled Positions	\$ 7,000.00	\$ 4,158.40	\$ -	\$ 11,158.40
701140 Holiday Work	\$ 500.00	\$ -	\$ -	\$ 500.00
701200 Incentive	\$ 3,205.50	\$ 1,247.00	\$ -	\$ 4,452.50
701300 Overtime	\$ 100.00	\$ -	\$ -	\$ 100.00
Salaries and Wages	\$ 293,614.28	\$ 50,878.66	\$ -	\$ 344,492.94
705110 Group Insurance	\$ 43,661.55	\$ 7,058.94	\$ -	\$ 50,720.49
705210 Retirement	\$ 73,648.76	\$ 12,030.33	\$ -	\$ 85,679.09
705230 Medicare	\$ 3,984.32	\$ 643.61	\$ -	\$ 4,627.93
705320 Workmens Comp	\$ 1,721.40	\$ 453.00	\$ -	\$ 2,174.40
705330 Unemployment	\$ 343.00	\$ 98.00	\$ -	\$ 441.00
Employee Benefits	\$ 123,359.03	\$ 20,283.88	\$ -	\$ 143,642.91
710100 Prof Services	\$ 3,800.00	\$ -	\$ -	\$ 3,800.00
710105 Medical Serv	\$ 600.00	\$ -	\$ -	\$ 600.00
710108 MD Consultants	\$ 14,400.00	\$ -	\$ -	\$ 14,400.00
710200 Service Contract	\$ 150.00	\$ -	\$ -	\$ 150.00
710205 Repairs Maint	\$ 2,250.00	\$ -	\$ -	\$ 2,250.00
710300 Operating Supplies	\$ 600.00	\$ -	\$ -	\$ 600.00
710334 Copy Machine Exp	\$ 1,925.00	\$ -	\$ -	\$ 1,925.00
710350 Office Supplies	\$ 500.00	\$ -	\$ -	\$ 500.00
710355 Books/Subscr	\$ 100.00	\$ -	\$ -	\$ 100.00
710360 Postage	\$ 400.00	\$ -	\$ -	\$ 400.00
710361 Express Courier	\$ 20.00	\$ -	\$ -	\$ 20.00
710500 Other Expenses	\$ 3,575.00	\$ 4,634.46	\$ -	\$ 8,209.46
710502 Printing	\$ 100.00	\$ -	\$ -	\$ 100.00
710503 Licenses & Permits	\$ 300.00	\$ -	\$ -	\$ 300.00
710508 Telephone Land Lines	\$ 1,650.00	\$ -	\$ -	\$ 1,650.00
710509 Seminars Mtgs	\$ 500.00	\$ -	\$ -	\$ 500.00
710512 Auto Exp	\$ 2,000.00	\$ -	\$ -	\$ 2,000.00
710519 Cellular Phone	\$ 360.00	\$ 1,600.00	\$ -	\$ 1,960.00
710535 Credit Card Fee	\$ 55.00	\$ -	\$ -	\$ 55.00
710703 Biologicals	\$ 7,150.00	\$ -	\$ -	\$ 7,150.00
710721 Outpatient	\$ 7,200.00	\$ 3,675.00	\$ -	\$ 10,875.00
710872 Food Purchases	\$ 700.00	\$ -	\$ -	\$ 700.00
711119 Prop & Liability	\$ 2,164.50	\$ -	\$ -	\$ 2,164.50
711210 Travel	\$ 1,000.00	\$ 6,000.00	\$ -	\$ 7,000.00
711504 Equipment non-Capital	\$ -	\$ 7,950.00	\$ -	\$ 7,950.00
Services and Supplies	\$ 51,499.50	\$ 23,859.46	\$ -	\$ 75,358.96
Expenditures	\$ 468,472.81	\$ 95,022.00	\$ -	\$ 563,494.81
General Fund Tax Transfer	\$ 468,472.81	\$ (6,564.00)	\$ (5,400.00)	\$ 456,508.81

FY15 ADOPTED BUDGET
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Community & Clinical Health Services Division			
Women, Infants & Children			
	Local	Grant	FY15
	174600	10031	Totals
431100 Federal Grants	\$ -	\$ (1,109,048.00)	\$ (1,109,048.00)
431105 Fed. Grants-Ind	\$ -	\$ (1,921.50)	\$ (1,921.50)
Revenue	\$ -	\$ (1,110,969.50)	\$ (1,110,969.50)
701110 Base Salaries	\$ 78,402.00	\$ 706,084.61	\$ 784,486.61
701130 Pooled Positions	\$ 5,000.00	\$ 15,000.00	\$ 20,000.00
701200 Incentive	\$ 1,400.00	\$ 19,500.00	\$ 20,900.00
701300 Overtime	\$ -	\$ 199.88	\$ 199.88
701412 Salary Adj	\$ -	\$ (46,593.05)	\$ (46,593.05)
Salaries and Wages	\$ 84,802.00	\$ 694,191.44	\$ 778,993.44
705110 Group Insurance	\$ 15,340.02	\$ 155,014.58	\$ 170,354.60
705210 Retirement	\$ 20,548.93	\$ 186,838.13	\$ 207,387.06
705230 Medicare	\$ 1,041.04	\$ 9,778.85	\$ 10,819.89
705320 Workmens Comp	\$ 625.14	\$ 6,342.00	\$ 6,967.14
705330 Unemployment	\$ 135.24	\$ 1,372.00	\$ 1,507.24
Employee Benefits	\$ 37,690.37	\$ 359,345.56	\$ 397,035.93
710105 Medical Services	\$ -	\$ 50.00	\$ 50.00
710300 Operating Supplies	\$ -	\$ 8,933.00	\$ 8,933.00
710334 Copy Machine Exp	\$ -	\$ 1,000.00	\$ 1,000.00
710350 Office Supplies	\$ -	\$ 4,000.00	\$ 4,000.00
710360 Postage	\$ -	\$ 80.00	\$ 80.00
710500 Other Expenses	\$ -	\$ 1,500.00	\$ 1,500.00
710502 Printing	\$ -	\$ 500.00	\$ 500.00
710503 Licenses & Permits	\$ -	\$ 366.00	\$ 366.00
710507 Network, Data	\$ -	\$ 600.00	\$ 600.00
710508 Telephone Land Lines	\$ 5,000.00	\$ -	\$ 5,000.00
710509 Seminars Mtgs	\$ -	\$ 500.00	\$ 500.00
710512 Auto Exp	\$ -	\$ 1,000.00	\$ 1,000.00
710519 Cellular Phone	\$ -	\$ 200.00	\$ 200.00
710529 Dues	\$ -	\$ 50.00	\$ 50.00
710600 LT Lease-Office	\$ 33,732.00	\$ 33,732.00	\$ 67,464.00
711119 Prop & Liability	\$ 7,397.78	\$ -	\$ 7,397.78
711210 Travel	\$ -	\$ 3,000.00	\$ 3,000.00
Services and Supplies	\$ 46,129.78	\$ 55,511.00	\$ 101,640.78
Expenditures	\$ 168,622.15	\$ 1,109,048.00	\$ 1,277,670.15
General Fund Tax Transfer	\$ 168,622.15	\$ (1,921.50)	\$ 166,700.65

FY15 ADOPTED BUDGET
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Environmental Health Services Division			
Environmental Health Services			
	Local	IT Overlay	FY15
	172400	172402	Totals
422503 Environ Permits	\$ (21,317.00)	\$ -	\$ (21,317.00)
422504 Pool Permits	\$ (97,000.00)	\$ -	\$ (97,000.00)
422505 RV Permits	\$ (11,000.00)	\$ -	\$ (11,000.00)
422508 Water Well Const Perm	\$ (30,000.00)	\$ -	\$ (30,000.00)
422509 Water Co Permit	\$ (5,000.00)	\$ -	\$ (5,000.00)
422511 ISDS Permits	\$ (75,000.00)	\$ -	\$ (75,000.00)
Licenses and Permits	\$ (239,317.00)	\$ -	\$ (239,317.00)
460510 IT Overlay	\$ -	\$ (35,344.00)	\$ (35,344.00)
460520 Eng Serv Health	\$ (50,000.00)	\$ -	\$ (50,000.00)
460521 Plan Review - Pool	\$ (3,600.00)	\$ -	\$ (3,600.00)
460534 Child Care Insp	\$ (8,514.00)	\$ -	\$ (8,514.00)
460535 Pub Accomod Ins	\$ (19,000.00)	\$ -	\$ (19,000.00)
Charges and Services	\$ (81,114.00)	\$ (35,344.00)	\$ (116,458.00)
Revenue	(320,431.00)	(35,344.00)	(355,775.00)
701110 Base Salaries	\$ 990,400.11	\$ -	\$ 990,400.11
701130 Pooled Positions	\$ 9,000.00	\$ -	\$ 9,000.00
701140 Holiday Work	\$ 400.00	\$ -	\$ 400.00
701200 Incentive	\$ 21,115.00	\$ -	\$ 21,115.00
701300 Overtime	\$ 5,000.00	\$ -	\$ 5,000.00
701408 Call Back	\$ 1,000.00	\$ -	\$ 1,000.00
Salaries and Wages	\$ 1,026,915.11	\$ -	\$ 1,026,915.11
705110 Group Insurance	\$ 148,602.83	\$ -	\$ 148,602.83
705210 Retirement	\$ 260,465.38	\$ -	\$ 260,465.38
705230 Medicare	\$ 13,320.34	\$ -	\$ 13,320.34
705320 Workmens Comp	\$ 7,112.10	\$ -	\$ 7,112.10
705330 Unemployment	\$ 1,789.48	\$ -	\$ 1,789.48
Employee Benefits	\$ 431,290.13	\$ -	\$ 431,290.13
710105 Medical Services	\$ 6,048.00	\$ -	\$ 6,048.00
710200 Service contract	\$ 1,300.00	\$ -	\$ 1,300.00
710205 Repairs Maint	\$ 200.00	\$ -	\$ 200.00
710300 Operating Supplies	\$ 900.00	\$ 2,600.00	\$ 3,500.00
710302 Small Tools	\$ 250.00	\$ -	\$ 250.00
710319 Chemical Supplies	\$ 400.00	\$ -	\$ 400.00
710334 Copy Machine Exp	\$ 1,300.00	\$ -	\$ 1,300.00
710350 Office Supplies	\$ 4,000.00	\$ -	\$ 4,000.00
710355 Books Subscriptions	\$ 425.00	\$ -	\$ 425.00
710360 Postage	\$ 6,000.00	\$ -	\$ 6,000.00
710361 Express Courier	\$ 25.00	\$ -	\$ 25.00
710502 Printing	\$ 1,000.00	\$ -	\$ 1,000.00
710503 Licenses & Permits	\$ 2,455.00	\$ -	\$ 2,455.00
710507 Network Data Li	\$ 1,500.00	\$ -	\$ 1,500.00
710508 Telephone Land Lines	\$ 5,000.00	\$ -	\$ 5,000.00
710509 Seminars Mtgs	\$ 3,600.00	\$ -	\$ 3,600.00
710514 Reg Assessment	\$ 11,920.00	\$ -	\$ 11,920.00
710519 Cell Phones	\$ 4,500.00	\$ -	\$ 4,500.00
710529 Dues	\$ 100.00	\$ -	\$ 100.00
710535 Credit Card Fee	\$ 2,500.00	\$ 600.00	\$ 3,100.00
710546 Advertising	\$ 500.00	\$ -	\$ 500.00
711100 ESD Asset Mgm	\$ 12,876.00	\$ -	\$ 12,876.00
711113 Equip Serv Replacement	\$ 6,388.44	\$ -	\$ 6,388.44
711114 Equip Serv O & M	\$ 9,250.81	\$ -	\$ 9,250.81
711117 ESD Fuel Charge	\$ 9,709.30	\$ -	\$ 9,709.30
711119 Prop & Liability	\$ 8,783.06	\$ -	\$ 8,783.06
711210 Travel	\$ 6,000.00	\$ 3,000.00	\$ 9,000.00
711504 Equip non-Capital	\$ -	\$ 29,144.00	\$ 29,144.00
Services and Supplies	\$ 106,930.61	\$ 35,344.00	\$ 142,274.61
Expenditures	\$ 1,565,135.85	\$ 35,344.00	\$ 1,600,479.85
General Fund Tax Transfer	\$ 1,244,704.85	\$ -	\$ 1,244,704.85

FY15 ADOPTED BUDGET
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Environmental Health Services Division			
Food Program			
	Local	FDA-Vol Retail Food	FY15
	172404	11088	Totals
422507 Food Serv Permits	\$ (420,000.00)	\$ -	\$ (420,000.00)
422513 Special Events	\$ (105,000.00)	\$ -	\$ (105,000.00)
422514 Initial Application	\$ (31,000.00)	\$ -	\$ (31,000.00)
Licenses and Permits	\$ (556,000.00)	\$ -	\$ (556,000.00)
431100 Federal Grants	\$ -	\$ (63,000.00)	\$ (63,000.00)
431105 Fed Grants - Ind..	\$ -	\$ (6,300.00)	\$ (6,300.00)
460514 Food Service Certs	\$ (18,000.00)	\$ -	\$ (18,000.00)
460523 Plan Review-Food Fac	\$ (20,000.00)	\$ -	\$ (20,000.00)
Charges for Services	\$ (38,000.00)	\$ (69,300.00)	\$ (107,300.00)
Revenue	\$ (594,000.00)	\$ (69,300.00)	\$ (663,300.00)
701110 Base Salaries	\$ 1,157,272.28	\$ -	\$ 1,157,272.28
701130 Pooled Position	\$ 49,000.00	\$ -	\$ 49,000.00
701140 Holiday Worked	\$ 3,000.00	\$ -	\$ 3,000.00
701200 Incentive	\$ 18,105.00	\$ -	\$ 18,105.00
701300 Overtime	\$ 34,500.00	\$ -	\$ 34,500.00
Salaries and Wages	\$ 1,261,877.28	\$ -	\$ 1,261,877.28
705110 Group Insurance	\$ 166,845.14	\$ -	\$ 166,845.14
705210 Retirement	\$ 302,658.17	\$ -	\$ 302,658.17
705230 Medicare	\$ 16,362.07	\$ -	\$ 16,362.07
705320 Workmens Comp	\$ 6,908.25	\$ -	\$ 6,908.25
705330 Unemployment	\$ 1,494.50	\$ -	\$ 1,494.50
Employee Benefits	\$ 494,268.13	\$ -	\$ 494,268.13
710100 Prof Services	\$ -	\$ 60,000.00	\$ 60,000.00
710300 Operating Supplies	\$ 3,800.00	\$ -	\$ 3,800.00
710334 Copy Machine Exp	\$ 300.00	\$ -	\$ 300.00
710350 Office Supplies	\$ 1,500.00	\$ -	\$ 1,500.00
710355 Books/Subscrip	\$ 200.00	\$ -	\$ 200.00
710360 Postage	\$ 850.00	\$ 1,000.00	\$ 1,850.00
710502 Printing	\$ 800.00	\$ 1,000.00	\$ 1,800.00
710508 Telephone Landlines	\$ 2,000.00	\$ -	\$ 2,000.00
710509 Seminars Meetings	\$ 1,000.00	\$ -	\$ 1,000.00
710535 Credit Card Fee	\$ 2,000.00	\$ -	\$ 2,000.00
710546 Advertising	\$ -	\$ 1,000.00	\$ 1,000.00
711100 ESD Asset Mgm	\$ 16,095.00	\$ -	\$ 16,095.00
711113 Equip Srv Rep	\$ 9,152.88	\$ -	\$ 9,152.88
711114 Equip Srv O & M	\$ 9,953.43	\$ -	\$ 9,953.43
711117 ESD Fuel Char	\$ 10,495.20	\$ -	\$ 10,495.20
711119 Prop & Liability	\$ 7,335.25	\$ -	\$ 7,335.25
711210 Travel	\$ 9,000.00	\$ -	\$ 9,000.00
Services and Supplies	\$ 74,481.76	\$ 63,000.00	\$ 137,481.76
Expenditures	\$ 1,830,627.17	\$ 63,000.00	\$ 1,893,627.17
General Fund Tax Transfer	\$ 1,236,627.17	\$ (6,300.00)	\$ 1,230,327.17

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Environmental Health Services Division		
Safe Drinking Water		
	PWSS	FY15
	10017	Totals
431100 Federal Grants	\$ (81,230.00)	\$ (81,230.00)
731105 Fed. Grants-Ind	\$ (8,770.00)	\$ (8,770.00)
Revenue	\$ (90,000.00)	\$ (90,000.00)
701110 Base Salaries	\$ 53,816.42	\$ 53,816.42
701300 Overtime	\$ 500.00	\$ 500.00
Salaries and Wages	\$ 54,316.42	\$ 54,316.42
705110 Group Insurance	\$ 9,007.49	\$ 9,007.49
705210 Retirement	\$ 13,857.77	\$ 13,857.77
705230 Medicare	\$ 734.09	\$ 734.09
Employee Benefits	\$ 23,599.35	\$ 23,599.35
710100 Professional Services	\$ 1,170.96	\$ 1,170.96
710509 Seminars Mtgs	\$ 143.27	\$ 143.27
711210 Travel	\$ 2,000.00	\$ 2,000.00
Services and Supplies	\$ 3,314.23	\$ 3,314.23
Expenditures	\$ 81,230.00	\$ 81,230.00
General Fund Tax Transfer	\$ (8,770.00)	\$ (8,770.00)

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Environmental Health Services Division			
Solid Waste Management			
	Local	Tire Fee	FY15
	172700	20269	Totals
422503 Environ Permits	\$ (25,000.00)	\$ -	\$ (25,000.00)
432310 Tire Fee	\$ -	\$ (468,548.00)	\$ (468,548.00)
Revenue	\$ (25,000.00)	\$ (468,548.00)	\$ (493,548.00)
701110 Base Salaries	\$ 22,165.93	\$ 314,600.44	\$ 336,766.37
701130 Pooled Positions	\$ -	\$ 500.00	\$ 500.00
701200 Incentive	\$ 350.00	\$ 4,830.00	\$ 5,180.00
701300 Overtime	\$ -	\$ 500.00	\$ 500.00
701412 Salary Adjust	\$ -	\$ (21,840.94)	\$ (21,840.94)
Salaries and Wages	\$ 22,515.93	\$ 298,589.50	\$ 321,105.43
705110 Group Insurance	\$ 1,908.45	\$ 48,696.98	\$ 50,605.43
705210 Retirement	\$ 5,797.94	\$ 82,252.55	\$ 88,050.49
705230 Medicare	\$ 326.54	\$ 4,431.53	\$ 4,758.07
705320 Workmens Comp	\$ 453.00	\$ 1,812.00	\$ 2,265.00
705330 Unemployment	\$ 196.00	\$ 392.00	\$ 588.00
Employee Benefits	\$ 8,681.93	\$ 137,585.06	\$ 146,266.99
710334 Copy Mach Exp	\$ -	\$ 100.00	\$ 100.00
710350 Office Supplies	\$ -	\$ 2,663.06	\$ 2,663.06
710355 Books/Subscriptions	\$ -	\$ 500.00	\$ 500.00
710360 Postage	\$ -	\$ 600.00	\$ 600.00
710508 Telephone Land Lines	\$ -	\$ 660.00	\$ 660.00
710509 Seminars Mtgs	\$ -	\$ 2,500.00	\$ 2,500.00
710529 Dues	\$ -	\$ 680.73	\$ 680.73
710535 Credit Card Fees	\$ 300.00	\$ -	\$ 300.00
710585 Undesignated Budget	\$ -	\$ 13,760.99	\$ 13,760.99
711100 ESD Asset Mgm	\$ 3,219.00	\$ 2,146.00	\$ 5,365.00
711113 Equip Serv Replacement	\$ 880.44	\$ -	\$ 880.44
711114 Equip Serv O & M	\$ 1,668.96	\$ 2,244.37	\$ 3,913.33
711117 ESD Fuel Charge	\$ 2,379.20	\$ 2,895.68	\$ 5,274.88
711119 Prop & Liability	\$ 3,367.00	\$ -	\$ 3,367.00
711210 Travel	\$ -	\$ 3,622.61	\$ 3,622.61
Services and Supplies	\$ 11,814.60	\$ 32,373.44	\$ 44,188.04
Expenditures	\$ 43,012.46	\$ 468,548.00	\$ 511,560.46
General Fund Tax Transfer	\$ 18,012.46	\$ -	\$ 18,012.46

FY15 ADOPTED BUDGET
Report Date: 05/07/14

Environmental Health Services Division		
Underground Storage Tank		
	Grant	FY14
	10023	Totals
431100 Federal Grants	\$ (208,236.40)	\$ (208,236.40)
431105 Fed. Grants-Ind	\$ (9,763.60)	\$ (9,763.60)
Revenue	\$ (218,000.00)	\$ (218,000.00)
701110 Base Salaries	\$ 123,566.40	\$ 123,566.40
701200 Incentive	\$ 2,150.00	\$ 2,150.00
701412 Salary Adjustment	\$ 21,840.94	\$ 21,840.94
Salaries and Wages	\$ 147,557.34	\$ 147,557.34
705110 Group Insurance	\$ 16,330.44	\$ 16,330.44
705210 Retirement	\$ 32,372.03	\$ 32,372.03
705230 Medicare	\$ 1,773.82	\$ 1,773.82
705320 Workmens Comp	\$ 453.00	\$ 453.00
705330 Unemployment	\$ 98.00	\$ 98.00
Employee Benefits	\$ 51,027.29	\$ 51,027.29
710210 Software Maintenance	\$ 250.00	\$ 250.00
710300 Operating Supplies	\$ 1,801.77	\$ 1,801.77
710334 Copy Machine Exp	\$ 100.00	\$ 100.00
710350 Office Supplies	\$ 250.00	\$ 250.00
710360 Postage	\$ 750.00	\$ 750.00
710502 Printing	\$ 50.00	\$ 50.00
710508 Telephone Land	\$ 250.00	\$ 250.00
710509 Seminars & Mtg	\$ 1,200.00	\$ 1,200.00
711210 Travel	\$ 5,000.00	\$ 5,000.00
Services and Supplies	\$ 9,651.77	\$ 9,651.77
Expenditures	\$ 208,236.40	\$ 208,236.40
General Fund Tax Transfer	\$ (9,763.60)	\$ (9,763.60)

FY15 ADOPTED BUDGET
Report Date: 05/07/14

Environmental Health Services Division		
Vector Borne Diseases		
	Local	FY15
	172100	Totals
460525 Plan Review	\$ (42,000.00)	\$ (42,000.00)
Revenue	\$ (42,000.00)	\$ (42,000.00)
701110 Base Salaries	\$ 233,936.56	\$ 233,936.56
701130 Pooled Positions	\$ 65,000.00	\$ 65,000.00
701200 Incentive	\$ 2,100.00	\$ 2,100.00
701300 Overtime	\$ 2,600.00	\$ 2,600.00
Salaries and Wages	\$ 303,636.56	\$ 303,636.56
705110 Group Insurance	\$ 26,770.77	\$ 26,770.77
705210 Retirement	\$ 60,779.51	\$ 60,779.51
705230 Medicare	\$ 3,345.29	\$ 3,345.29
705320 Workmens Comp	\$ 1,984.14	\$ 1,984.14
705330 Unemployment	\$ 429.24	\$ 429.24
Employee Benefits	\$ 93,308.95	\$ 93,308.95
710100 Professional Services	\$ 10,000.00	\$ 10,000.00
710105 Medical Service	\$ 500.00	\$ 500.00
710200 Service Contract	\$ 44,000.00	\$ 44,000.00
710205 Repairs Maint	\$ 500.00	\$ 500.00
710300 Operating Supplies	\$ 5,500.00	\$ 5,500.00
710302 Small Tools	\$ 435.00	\$ 435.00
710308 Animal Supplies	\$ 1,600.00	\$ 1,600.00
710319 Chemical Supplies	\$ 231,500.00	\$ 231,500.00
710334 Copy Machine Exp	\$ 100.00	\$ 100.00
710350 Office Supplies	\$ 600.00	\$ 600.00
710355 Books Subscriptions	\$ 200.00	\$ 200.00
710360 Postage	\$ 100.00	\$ 100.00
710361 Express Courier	\$ 100.00	\$ 100.00
710391 Fuel & Lube	\$ 100.00	\$ 100.00
710500 Other Expense	\$ 200.00	\$ 200.00
710502 Printing	\$ 250.00	\$ 250.00
710503 Licenses & Permits	\$ 235.00	\$ 235.00
710508 Telephone Land Lines	\$ 800.00	\$ 800.00
710509 Seminars Mtgs	\$ 430.00	\$ 430.00
170519 Cellular Phone	\$ 400.00	\$ 400.00
710529 Dues	\$ 400.00	\$ 400.00
710535 Credit Card Fees	\$ 60.00	\$ 60.00
710577 Uniforms & Spec	\$ 200.00	\$ 200.00
710600 Lt Lease-Office	\$ 41,651.00	\$ 41,651.00
711100 ESD Asset Mgm	\$ 6,438.00	\$ 6,438.00
711113 Equip Serv Replacement	\$ 1,261.02	\$ 1,261.02
711114 Equip Serv O & M	\$ 7,793.65	\$ 7,793.65
711115 Equip Srv Mot	\$ 5,000.00	\$ 5,000.00
711117 ESD Fuel Charge	\$ 11,843.60	\$ 11,843.60
711119 Prop & Liability	\$ 2,106.78	\$ 2,106.78
711210 Travel	\$ 6,000.00	\$ 6,000.00
711504 Equipment nonCapital	\$ 3,500.00	\$ 3,500.00
Services and Supplies	\$ 383,804.05	\$ 383,804.05
Expenditures	\$ 780,749.56	\$ 780,749.56
General Fund Tax Transfer	\$ 738,749.56	\$ 738,749.56

FY15 ADOPTED BUDGET
Report Date: 05/07/14

Epidemiology & Public Health Preparedness Division		
Emergency Medical Services		
	Local	FY15
	170400	Totals
701110 Base Salaries	\$ 58,072.51	\$ 58,072.51
701130 Pooled Position	\$ 165,065.42	\$ 165,065.42
701300 Overtime	\$ 100.00	\$ 100.00
Salaries and Wages	\$ 223,237.93	\$ 223,237.93
705110 Group Insurance	\$ 7,633.75	\$ 7,633.75
705210 Retirement	\$ 14,953.76	\$ 14,953.76
705230 Medicare	\$ 842.06	\$ 842.06
705320 Workmens Comp	\$ 634.20	\$ 634.20
705330 Unemployment	\$ 137.20	\$ 137.20
Employee Benefits	\$ 24,200.97	\$ 24,200.97
710108 MD Consultant	\$ 25,000.00	\$ 25,000.00
710300 Operating Supplies	\$ 2,500.00	\$ 2,500.00
710334 Copy Machine Exp	\$ 250.00	\$ 250.00
710350 Office Supplies	\$ 1,000.00	\$ 1,000.00
710360 Postage	\$ 300.00	\$ 300.00
710508 Telephone Land Lines	\$ 800.00	\$ 800.00
710509 Seminars Mtgs	\$ 1,750.00	\$ 1,750.00
710512 Auto Exp	\$ 1,050.00	\$ 1,050.00
710529 Dues	\$ 180.00	\$ 180.00
710585 Undesig Budget	\$ 76,881.42	\$ 76,881.42
711119 Prop & Liability	\$ 673.40	\$ 673.40
711210 Travel	\$ 5,000.00	\$ 5,000.00
711504 Equipment nonCapital	\$ 2,500.00	\$ 2,500.00
Services and Supplies	\$ 117,884.82	\$ 117,884.82
Expenditures	\$ 365,323.72	\$ 365,323.72
General Fund Tax Transfer	\$ 365,323.72	\$ 365,323.72

FY15 ADOPTED BUDGET
Report Date: 05/07/14

Epidemiology & Public Health Preparedness Division		
Epidemiological Surveillance		
	Local	FY15
	171700	Total
701110 Base Salaries	\$ 390,089.09	\$ 390,089.09
701130 Pooled Position	\$ 500.00	\$ 500.00
701200 Incentive	\$ 2,960.00	\$ 2,960.00
701300 Overtime	\$ 500.00	\$ 500.00
Salaries and Wages	\$ 394,049.09	\$ 394,049.09
705110 Group Insurance	\$ 55,098.08	\$ 55,098.08
705210 Retirement	\$ 101,210.11	\$ 101,210.11
705230 Medicare	\$ 5,552.11	\$ 5,552.11
705320 Workmens Comp	\$ 2,627.40	\$ 2,627.40
705330 Unemployment	\$ 568.40	\$ 568.40
Employee Benefits	\$ 165,056.10	\$ 165,056.10
710100 Professional Services	\$ 1,500.00	\$ 1,500.00
710105 Medical Services	\$ 100.00	\$ 100.00
710108 MD Consultants	\$ 12,000.00	\$ 12,000.00
710200 Service Contract	\$ 400.00	\$ 400.00
710334 Copy Machine Exp	\$ 400.00	\$ 400.00
710350 Office Supplies	\$ 1,000.00	\$ 1,000.00
710355 Books Subscriptions	\$ 600.00	\$ 600.00
710360 Postage	\$ 100.00	\$ 100.00
710500 Other Expenses	\$ 5,815.00	\$ 5,815.00
710502 Printing	\$ 100.00	\$ 100.00
710508 Telephone Land Lines	\$ 1,600.00	\$ 1,600.00
710509 Seminars Mtgs	\$ 1,200.00	\$ 1,200.00
710512 Auto Exp	\$ 100.00	\$ 100.00
710519 Cell Phones	\$ 150.00	\$ 150.00
710529 Dues	\$ 330.00	\$ 330.00
710546 Advertising	\$ 120.00	\$ 120.00
710703 Biologicals	\$ 50.00	\$ 50.00
710721 Outpatient	\$ 2,135.00	\$ 2,135.00
711100 ESD Assest Mgm	\$ 10,385.00	\$ 10,385.00
711113 Equip Srv Rep	\$ 378.00	\$ 378.00
711114 Equip Srv O & M	\$ 100.00	\$ 100.00
711119 Prop & Liability	\$ 7,479.55	\$ 7,479.55
711210 Travel	\$ 5,000.00	\$ 5,000.00
711504 Equip non-Capital	\$ 250.00	\$ 250.00
Services and Supplies	\$ 51,292.55	\$ 51,292.55
Expenditures	\$ 610,397.74	\$ 610,397.74
General Fund Tax Transfer	\$ 610,397.74	\$ 610,397.74

FY15 ADOPTED BUDGET
Report Date: 05/07/14

Epidemiology & Public Health Preparedness Division				
Public Health Preparedness				
	ASPR	PHP	Health Fund	FY15
	10708	10713	10984	Totals
431100 Federal Grants	\$ (253,412.00)	\$ (619,651.00)	\$ (118,530.00)	\$ (991,593.00)
431105 Fed. Grants-Indirect	\$ (18,442.00)	\$ (40,320.00)	\$ (12,103.00)	\$ (70,865.00)
Revenue	\$ (271,854.00)	\$ (659,971.00)	\$ (130,633.00)	\$ (1,062,458.00)
701110 Base Salaries	\$ 161,939.79	\$ 419,310.78	\$ 83,220.00	\$ 664,470.57
701130 Pooled Positions	\$ -	\$ 833.81	\$ -	\$ 833.81
701200 Incentive	\$ 1,670.00	\$ 3,575.00	\$ 1,250.00	\$ 6,495.00
701300 Overtime	\$ 500.00	\$ 500.00	\$ -	\$ 1,000.00
Salaries and Wages	\$ 164,109.79	\$ 424,219.59	\$ 84,470.00	\$ 672,799.38
705110 Group Insurance	\$ 20,376.84	\$ 49,099.02	\$ 7,633.75	\$ 77,109.61
705210 Retirement	\$ 42,129.37	\$ 108,893.14	\$ 21,751.08	\$ 172,773.59
705230 Medicare	\$ 2,325.84	\$ 6,021.16	\$ 1,224.80	\$ 9,571.80
705320 Workmens Comp	\$ 1,359.00	\$ 2,582.10	\$ 453.00	\$ 4,394.10
705330 Unemployment	\$ 294.00	\$ 563.50	\$ 98.00	\$ 955.50
Employee Benefits	\$ 66,485.05	\$ 167,158.92	\$ 31,160.63	\$ 264,804.60
710100 Professional Services	\$ 5,000.00	\$ 2,806.49	\$ -	\$ 7,806.49
710110 Contracted/Te	\$ 3,907.16	\$ 2,500.00	\$ -	\$ 6,407.16
710205 Repairs Maint	\$ -	\$ 250.00	\$ -	\$ 250.00
710210 Software Main	\$ 6,000.00	\$ 6,000.00	\$ -	\$ 12,000.00
710300 Operating Supplies	\$ 860.00	\$ 500.00	\$ -	\$ 1,360.00
710334 Copy Machine Exp	\$ 250.00	\$ 500.00	\$ -	\$ 750.00
710350 Office Supplies	\$ 500.00	\$ 2,000.00	\$ -	\$ 2,500.00
710355 Books & Subscriptions	\$ -	\$ -	\$ 399.37	\$ 399.37
710360 Postage	\$ -	\$ 25.00	\$ -	\$ 25.00
710502 Printing	\$ 500.00	\$ 500.00	\$ -	\$ 1,000.00
710507 Network, Data	\$ -	\$ 1,000.00	\$ -	\$ 1,000.00
710508 Telephone Land Lines	\$ 600.00	\$ 1,600.00	\$ -	\$ 2,200.00
710509 Seminars & Meetings	\$ 1,000.00	\$ 1,000.00	\$ -	\$ 2,000.00
710512 Auto Exp	\$ 500.00	\$ 500.00	\$ -	\$ 1,000.00
710519 Cellular Phone	\$ 1,200.00	\$ 1,600.00	\$ -	\$ 2,800.00
711100 ESD Asset Mgm	\$ -	\$ 2,491.00	\$ -	\$ 2,491.00
711210 Travel	\$ 2,500.00	\$ 5,000.00	\$ 2,500.00	\$ 10,000.00
Services and Supplies	\$ 22,817.16	\$ 28,272.49	\$ 2,899.37	\$ 53,989.02
781004 Equipment Capital	\$ -	\$ -	\$ -	\$ -
Equipment Capital	\$ -	\$ -	\$ -	\$ -
Expenditures	\$ 253,412.00	\$ 619,651.00	\$ 118,530.00	\$ 991,593.00
General Fund Tax Transfer	\$ (18,442.00)	\$ (40,320.00)	\$ (12,103.00)	\$ (70,865.00)

FY15 ADOPTED BUDGET
Report Date: 05/07/14

Epidemiology & Public Health Preparedness Division		
Vital Statistics		
	Local	FY15
	170300	Totals
460511 Birth Death Certs	\$ (480,000.00)	\$ (480,000.00)
Revenue	\$ (480,000.00)	\$ (480,000.00)
701110 Base Salaries	\$ 132,597.27	\$ 132,597.27
701200 Incentive	\$ 2,880.00	\$ 2,880.00
701300 Overtime	\$ 100.00	\$ 100.00
701412 Salary Adjustment	\$ 65,000.00	\$ 65,000.00
Salaries and Wages	\$ 200,577.27	\$ 200,577.27
705110 Group Insurance	\$ 17,825.11	\$ 17,825.11
705210 Retirement	\$ 34,885.26	\$ 34,885.26
705230 Medicare	\$ 1,954.36	\$ 1,954.36
705320 Workmens Comp	\$ 1,359.00	\$ 1,359.00
705330 Unemployment	\$ 196.00	\$ 196.00
Employee Benefits	\$ 56,219.73	\$ 56,219.73
710100 Professional Services	\$ 6,500.00	\$ 6,500.00
710200 Service Contracts	\$ 1,495.00	\$ 1,495.00
710300 Operating Sup	\$ 10,000.00	\$ 10,000.00
710334 Copy Machine Exp	\$ 2,000.00	\$ 2,000.00
710350 Office Supplies	\$ 1,500.00	\$ 1,500.00
710360 Postage	\$ 2,000.00	\$ 2,000.00
710502 Printing	\$ 950.00	\$ 950.00
710508 Telephone Land Lines	\$ 750.00	\$ 750.00
710535 Credit Card Fees	\$ 2,000.00	\$ 2,000.00
711119 Prop & Liability	\$ 962.00	\$ 962.00
Services and Supplies	\$ 28,157.00	\$ 28,157.00
Expenditures	\$ 284,954.00	\$ 284,954.00
General Fund Tax Transfer	\$ (195,046.00)	\$ (195,046.00)



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

BOARD MEETING DATE: June 26, 2014

DATE: June 9, 2014
TO: District Board of Health
FROM: Eileen Stickney, Administrative Health Services Officer
 775.328.2417, estickney@washoecounty.us
SUBJECT: Proposed Approval of Amendment to Policy Authorizing the District Health Officer to Execute Agreements to Amend Simply to Substitute \$100,000 for \$50,000

SUMMARY

The Washoe County District Board of Health must approve and execute or direct the Health Officer to execute agreements in excess of \$50,000. It has been determined that the dollar threshold is low in the Execution of Agreements policy and generates more work for staff than necessary. Increasing the threshold will reduce this administrative burden and allow greater emphasis be placed on other administrative duties. This item is to amend the dollar threshold simply to substitute "\$100,000" for "\$50,000" to ensure the continuation of essential program service delivery.

GOAL

Approval of this amendment supports the District Health Department Administrative Health Services Division mission to ensure administrative compliance for fiscal and operational policies as established by the District Board of Health and Board of County Commissioners.

PREVIOUS ACTION

The District Board of Health established a policy to authorize the District Health Officer to execute agreements on its behalf not to exceed a cumulative amount of \$10,000 in November 1993. On September 23, 2004, the District Board of Health took action to amend the dollar threshold to \$25,000 from \$10,000. On July 27, 2006, the District Board of Health took action to amend the dollar threshold to \$50,000 from \$25,000.

BACKGROUND

It has been determined that the dollar threshold is low in the Execution of Agreements policy and generates more work for staff than necessary. Increasing the threshold will reduce this administrative burden and allow greater emphasis be placed on other administrative duties.

District Board of Health

June 9, 2014

Page Two

Washoe County Code and Washoe County purchasing policy requires purchase order in excess of \$100,000 be approved by the Board of County Commissioners. All agreements for consultant services that are purely knowledge based in the amount of \$25,000 are required to be submitted to the Board of County Commissioners for approval of such services.

FISCAL IMPACT

Should the Board approve this item, there will be no fiscal impact to the adopted FY 14 budget.

RECOMMENDATION

Staff recommends that the District Board of Health approve all provisions of the original policy regarding Execution of Agreements attached hereto as Attachment I remain in full force and effect with the exception of the following: amend simply to substitute "\$100,000" for "\$50,000."

POSSIBLE MOTION

"Move to approve all provisions of the original policy regarding Execution of Agreements attached hereto as Attachment I, remain in full force and effect with the exception of the following: amend simply to substitute "\$100,000" for "\$50,000."

Attachment

Regular Text: No change in Language
Strikeout Text: Delete Language
Bold Text: New Language

Attachment 1

EXECUTION OF AGREEMENTS

The District Health Officer is authorized to execute agreements on the Board of Health's behalf not to exceed a cumulative amount of ~~\$50,000~~ **\$100,000** per contractor. The term of such agreements may not exceed the period for which funds have been appropriated and are available. In the event of an emergency, the Health Officer may execute an interim agreement in excess of ~~\$50,000~~ **\$100,000** to ensure continuation of essential services, provided the agreement is brought before the Board of Health at its next regular meeting for ratification and extension of its term.

The authorization to the District Health Officer to execute agreements on the Board of Health's behalf does not apply to agreements entered into pursuant to Chapter 277 of the Nevada Revised Statutes for which ratification by the governing body is a condition precedent to entry into force.



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

BOARD MEETING DATE: June 26, 2014

DATE: June 11, 2014

TO: District Board of Health

FROM: Eileen Stickney, Administrative Health Services Officer
775.328.2417, estickney@washoecounty.us

SUBJECT: Presentation, Discussion and Possible Direction to Staff Regarding the Fundamental Review Recommendation #10 – Perform Cost Analyses of All Programs

Summary

The Washoe County Health District contracted with the Public Health Foundation to conduct a fundamental review. A detailed financial analyses was conducted utilizing the Public Health Uniform National Data System (PHUND\$) Ratio and Trend Analysis financial tool. This tool was created by the National Association of County and City Health Officials (NACCHO) organization to collect financial data from local public health agencies.

The Fundamental Review Team recommended “in conjunction with other recommendations to develop updated fee schedules and time coding, Washoe County Health District 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 costs of its services and set appropriate fees and charges for its revenue generating programs. Washoe County Health District should utilize a uniform cost methodology of its devising or analytical tools from other public health agencies that conduct similar analyses. Washoe County should likewise track other related financial performance management ratios, including number of programs with expenditures that exceeded dedicated or self-generating revenues.”

Previous Action

On February 27, 2014, the *Washoe County Public Health: A Fundamental Review* report was presented to the District Board of Health. This report outlined 24 recommendations for the Washoe County Health District.

On March 27, 2014, the District Health Officer presented a staff report with a proposed prioritization for implementation of the 24 recommendations to the District Board of Health for its review and direction to staff. The District Board of Health took action to adopt the report as presented.

Background

The Fundamental Review Team recommended that the Washoe County Health District 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 costs of its services and set appropriate fees and charges for its revenue generating programs. Washoe County Health District should utilize a uniform cost methodology, which will be the full cost, or total cost, simply the sum of the direct and indirect costs.

Direct costs are those activities or services that benefit specific projects, for example project staff and materials required for a particular project. These costs are usually charged to projects on an item-by-item basis.

Indirect costs are not directly attributable to a cost object are for those activities or services that benefit more than one project. Indirect costs are typically allocated to a cost object on some basis. Washoe County Health District utilizes the annual County-Wide Cost Allocation Plan.

Program staff needs to identify a comprehensive list of activities associated with each distinct program and which staff actually performs the activity.

Administrative staff will associate the Salary and Benefit Costs with the Personnel. The personnel line items will be identified as they are distributed on different basis, such as per Full Time Equivalent (Workman's and Unemployment Compensations), a percentage of salary (Medicare and Retirement) or actual cost (Health Insurance). Personnel costs will be allocated to the Program where they provide the services. Non-Personnel Costs will be assigned directly to the program.

An analysis of the variances between budget and actual, both revenues and expenditures, will be conducted to understand the difference and make adjustments, if necessary. During the cost analyses, historical year to year actuals, cyclical trends, and ongoing versus one-time occurrence will be reviewed. The PHUND\$ tool will be adapted to analyze the data.

Schedule

The proposed schedule has been set as a goal to complete the cost analyses for each of the Washoe County's Health District's program on a periodic basis to determine the true costs of its services. The initial schedule reflects a three year interval with programs in alphabetical order. The programs within each phase can be reviewed concurrently.

Pilot Program

- Administration

Phase I

- Environmental Health Services
- Epidemiology Surveillance
- Food Protection
- Sexual Health HIV
- Sexual Health STD

- Tuberculosis
- Vector Borne Disease

Phase II

- Air Quality Management
- Chronic Disease Prevention
- Family Planning
- Immunizations
- Maternal, Child and Adolescent Health
- Public Health Preparedness
- Solid Waste Management
- Women, Infants and Children

Phase III

- Community & Clinical Health Services
- Emergency Medical Services
- Office of the District Health Officer
- Safe Drinking Water
- Underground Storage Tanks
- Vital Statistics

Recommendation

Staff recommends that the District Board of Health consider the proposed uniform cost methodology and schedule to review the 22 Health District Programs; and direct staff to initiate the cost analyses.

Alternatives

The District Board of Health may elect to approve, or amend the proposed cost analysis methodology and schedule.

Possible Motions

Should the Board agree with staff's recommendation, a possible motion would be: Move to approve that the proposed uniform cost methodology and schedule to review the 22 Health District Programs; and direct staff to initiate the cost analyses."

Should the Board amend staff's recommendation, a possible motion would be: Move to amend the proposed uniform cost methodology and schedule to review the 22 Health District Programs to..."



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

DATE: June 11, 2014

TO: District Board of Health

FROM: Kevin Dick, District Health Officer
Washoe County Health District, 328-2416, kdick@washoecounty.us

SUBJECT: Recommendation to approve the Interlocal Cooperative Agreement Establishing the Regional Business License and Permits Program among the City of Reno, the City of Sparks, and Washoe County concerning the governance and implementation of a Regional License and Permit Program, effective from execution signing date through June 30, 2020 and authorize automatic renewals beginning July 1, 2020 unless otherwise terminated as per the Agreement; direct staff to return prior to project implementation with a regional technology fee to recover portions of the project's costs (fee to only be implemented after go live of the platform).

SUMMARY

The District Board of Health is asked to approve and execute an Interlocal Agreement with the City of Reno, the City of Sparks, and Washoe County concerning the governance and implementation of a regional license and permit program. The Board is asked to direct staff to return with a regional technology fee to recover portions of the project's implementation cost prior to activation of the regional license and permit program.

The attached Exhibit B - the section that includes the Accela, Inc. response to Washoe's Request for Proposal - is partially redacted. The redactions are for sections pertaining to vendor trade secrets and proprietary information. This was done as per Nevada Public Records law as permitted under Nevada Revised Statutes (NRS) 332.061

Health District Goal supported by this item: Strengthen district-wide infrastructure to improve public health, Secure and deploy resources for sustainable impact, Strengthen WCHD as an innovative, high-performing organization.

Fundamental Review recommendation supported by this item: 7. Participate in the business process analysis across all building permitting in the County.

PREVIOUS BOARD ACTION

October 24, 2013. The District Board of Health acknowledged the status and progress of the Regional License and Permit Program team and directed staff to continue with vendor contract negotiation and financing, an interlocal agreement, and further research on a regional technology fee mechanism for a Regional License and Permit Program.

March 27, 2014. The District Board of Health received an update in the form of the Washoe County Staff report to the Board of County Commissioners attached to the District Health Officer Monthly report that provided information on the status and progress towards contracting

for a regional license and permit program to replace Washoe County's aging Permits Plus program.

BACKGROUND

REGIONAL LICENSE AND PERMIT PROGRAM

The City of Reno, the City of Sparks, the Washoe County Health District, and Washoe County have been cooperatively seeking a new regional license and permit program since April of 2012. The regional team released a Request for Proposal (RFP) in late 2012. After going through a formal requirements and presentation process, the regional team selected Accela, Inc. in April 2013 and received approval in October 2013 to proceed towards developing a contract with Accela Inc. for the program.

The permit program used by the Health District and Washoe County is Permits Plus. Permits Plus is an early 1990's software application that is no longer supported by its parent company (Accela, Inc.). Permits Plus has significant shortfalls, which include no internet or on-line capability and extremely limited mobility access for the Health District's field staff. Additionally, since the program is no longer supported by its parent company, any failures with the program could potentially leave the Health District without an electronic permit database.

Washoe County and the Health District must replace the Permits Plus program and, in doing so, the replacement program must meet the internet and on-line expectations of our customers, while providing robust and effective mobility access for the Health District's field staff. The Cities of Reno and Sparks also currently possess outdated or outmoded programs¹, and share the County's goal to meet the internet and on-line expectations of their customers.

Washoe County, the Health District, the City of Reno and the City of Sparks banded together to enable a single platform vision for our citizens, promote ease of use and modernization (and therefore regional economic development), and realize cost savings through consolidated purchasing power. The jurisdictions created an Executive Committee to provide guidance and oversight during the process to negotiate with Accela, Inc., to agree upon a single contract for the regional license and permit program, and to create other mechanisms as required to enable and support the program.

The outcomes of the Committee's process resulted in the following:

- An interlocal agreement between Washoe County, the City of Reno, the City of Sparks, and the Health District to govern and implement the regional license and permit program. Since Washoe County is the contracting agency, the interlocal agreement outlines the responsibilities and obligations of each jurisdiction concerning such matters as budget, payment of contract subscription and implementation costs, and program oversight.
- A contract with Accela, Inc. for the regional license and permit program. The contract includes a detailed statement of work. Washoe County will be the contracting agency for the regional license and permit program.
- A commitment by Washoe County to perform duties as fiscal manager for all four jurisdictions concerning the regional license and permit program. As the contracting agency and contract administrator, Washoe County will be responsible to pay the initial

¹ The exception is the City of Reno's building, planning and code compliance functions, which use the Accela Automation program.

project costs and subsequent years' subscription costs on behalf of the participating agencies for the program. The County will create a special revenue fund for accounting purposes to support the costs and reimbursements for the program as outlined in the interlocal agreement. A recommendation for the four participating jurisdictions to move forward with a regional technology fee for cost recovery for at least the first year after project implementation.

INTERLOCAL AGREEMENT

An Interlocal Agreement establishes a Regional Business License and Permits Program, with the participating agencies being Washoe County Health District, the City of Reno, the City of Sparks, and Washoe County. The scope of the interlocal includes the program creation, fiscal management, term, functions, administration, responsibilities, annual operations and budgeting process, initial and on-going contributions, personnel participation, payments and financing, a process to add new jurisdictions, rights and obligations, and terminations.

Washoe County will be the fiscal manager of the program, with leadership and administrative support coming from the Manager's Office, Technology Services and Comptroller's. An Oversight Committee consisting of the County Manger, the Reno City Manager, the Sparks City Manager and the District Health Officer (or their designees) shall administer the business affairs of the program.

CONTRACT AND ASSOCIATED STATEMENT OF WORK WITH ACCELA, INC.

As noted earlier, Washoe County will be the contracting agency and the contract administrator for the contract with Accela, Inc. for the regional license and permit program. After negotiations with Accela, Inc., it was determined that the optimum approach for a regional program would be to have one contract with one jurisdiction, rather than separate contracts with each of the four jurisdictions. At the request of the Executive Committee, Washoe County Technology Services Department agreed to be the project lead, based on its success with large, multi-department and multi-agency software programs. This, in turn, led to Washoe County agreeing to be the contracting agency with Accela, Inc.

The regional license and permit program will be hosted by Accela, Inc. in their data center (i.e., will be "on the cloud") and consists of three major modules: Accela Automation (licensing, land management, public health, and asset management), mobility and citizen access. The Accela Automation module provides the tools and programs required to manage all license and permits functions and transactions. The mobility module provides the applications and tools needed for field staff to access the program through off-site hardware (e.g., tablet PCs, smart phones, etc.). The citizen access module provides the interface and functionality for our citizens to access the program through the internet.

Accela, Inc. will create a regional license and permit program with each of the four jurisdictions housed as a separate tenant within the larger regional database. This design will facilitate the flow of license and permit information between and among the four jurisdictions. The regional database will enable the sharing of common customer information between the jurisdictions, and will reduce the need for a customer to enter their information multiple times within the program. The regional program will be designed to share common license and permit workflows and business processes among the four jurisdictions whenever feasible. The program will also be designed to start the customer at a common "regional" entry point and then direct the customer

seamlessly into the individual jurisdiction’s business process to complete a license or permit transaction. Finally, the regional program is also scalable, in that other jurisdictions can join in the future to share the common license and permits workflows and business processes.

The total implementation cost, with a 5.5% project contingency component, and first year subscription cost is \$ 1,667,444.32. The jurisdiction sharing of the total cost is as follows:

Jurisdiction	Contribution %	Contribution amount
Reno	28.5%	\$ 475,221.63
Sparks	26.9%	\$ 448,542.52
Washoe County (includes Health District)	44.6%	\$ 743,680.17
Total Project Cost		\$ 1,667,444.32

Note: The contribution amounts include the 5.5% project contingency.

Jurisdiction contribution percentages were determined based upon the number of seats (users) for the Accela Automation and mobility modules, jurisdictional population for the citizen access module, directly allocable implementation costs, and a percentage allocation for the regional implementation costs. Washoe County Technology Application Infrastructure Preservation and Capital Facilities funds will be used to pay for year one of the project with no cost charged to the Health District.

Jurisdiction	Accela Automation		Mobility		Citizen Access	
	Seats	%	Seats	%	Population	%
Reno	150	43.7%	35	26.5%	229,859	53.7%
Sparks	43	12.5%	18	13.6%	90,214	21.1%
County	150	43.7%	79	59.8%	107,631	25.2%
Totals	343	100.0%	132	100.0%	427,704	100.0%

Note: County includes Health District, Assessor’s Office and Treasurer’s Office (common users)

After the first year, the contract provides for annual subscription costs paid to Accela, Inc. for use of their data center and the common regional license and permit program. The current total annual subscription cost for years two through three is \$ 281,964.73. At the end of year 3, there will be a user “true-up” count and the maintenance costs will be recalculated. At the start of year six, subscription costs will go up 3% as per the Accela contract. The jurisdiction sharing of the annual years two through three subscription cost is as follows:

Jurisdiction	Contribution %	Contribution amount
Reno	40.9%	\$ 115,441.15
Sparks	13.1%	\$ 37,030.87
Washoe County	25.3%	\$ 71,411.37
Health District	20.6%	\$ 58,081.34
Total Annual Subscription Cost		\$ 281,964.73

Over time but after year three, the subscription cost may be adjusted based on changes to a jurisdiction’s number of seats in a module, changes in population percentages, and/or additional seats as the result of other jurisdictions joining the regional license and permit program. The Health District’s subscription cost for years two through three are for 69 core users and 42 mobile users.

The contract includes a Statement of Work which includes the following key components:

- Outlines the responsibilities of Accela, Inc. and each of the four jurisdictions during project implementation;
- Establishes work plans, documentation requirements, staff assignments, and other components essential to complete all actions and steps necessary to bring the program “on-line” within the 16-month time frame stipulated in the contract; and,
- Relies heavily on project staff from all four jurisdictions to perform the majority of the work and tasks to actually re-engineer updated processes and workflows, to transfer the data into the new program, to create the interfaces for staff and customers to access the program, and to develop the reports and forms required from the program (e.g., printed invoices).

The reliance on project staff to perform the majority of the work outlined in the last bullet above achieves a substantial savings for all jurisdictions with implementation costs.

TECHNOLOGY FEE

The Executive Committee arranged meetings with our region’s license and permits customers to discuss the potential regional technology fee. These customers included:

- Builders Association of Northern Nevada
- Associated General Contractors
- The Chamber
- All jurisdictions’ business license customers

Customer reaction to the potential fee was positive overall, provided that any fee was specifically identified and “set aside” for the regional license and permit program. The customers were comfortable with the proposed fee amounts (4% for permits, \$4 for annual business licenses, and \$2 for quarterly business licenses). The consensus from the customers was to start the fee only when the program “went live” (i.e., 16 months after contract signing) and to consider ending the fee when all project implementation costs are recovered (estimated to be around five years after fee collection starts).

Staff now seeks direction to continue to pursue a technology fee after go live of the platform, with the above percentage and dollar parameters.

FISCAL IMPACT

As noted earlier, the regional license and permit program implementation costs will include project implementation costs (one-time costs), the first year’s subscription costs for all four jurisdictions, and a 5.5% project contingency component. That cost is currently a total of \$1,667,444.32. Washoe County’s share of the program implementation cost is \$743,680.17 (includes the Health District’s share of that cost). Sufficient authority was adopted in the Fiscal Year 2013-2014 budget in Technology Application Infrastructure Preservation [PW920203] and Capital Facilities [C890000].

Annual years two through three subscription costs after the first year’s program implementation are \$281,964.73. Washoe County’s share of the annual subscription costs are \$71,411.37 and the Health District’s share is \$58,081.34 (total County share of \$129,492.71). The payment for annual subscription costs after project implementation will occur one year after contract signing.

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Date: June 11, 2014

Sufficient authority was adopted in the Fiscal Year 2014-2015 budget for these annual subscription costs.

RECOMMENDATION

It is recommended that the District Board of Health approve the Interlocal Cooperative Agreement Establishing the Regional Business License and Permits Program among the City of Reno, the City of Sparks, and Washoe County concerning the governance and implementation of a Regional License and Permit Program, effective from execution signing date through June 30, 2020 and authorize automatic renewals beginning July 1, 2020 unless otherwise terminated as per the Agreement; and, direct staff to return prior to project implementation with a regional technology fee to recover portions of the project's costs (fee to only be implemented after go live of the platform).

POSSIBLE MOTION

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

“Approve the Interlocal Cooperative Agreement Establishing the Regional Business License and Permits Program among the City of Reno, the City of Sparks, and the Washoe County concerning the governance and implementation of a Regional License and Permit Program, effective from execution signing date through June 30, 2020 and authorize automatic renewals beginning July 1, 2020 unless otherwise terminated as per the Agreement; and, direct staff to return prior to project implementation with a regional technology fee to recover portions of the project's costs (fee to only be implemented after go live of the platform).”

Attachments: A. Interlocal Agreement

Interlocal Cooperative Agreement Establishing the Regional Business License and Permits Program



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**Interlocal Cooperative Agreement
Establishing the Regional Business License and Permits Program**

THIS INTERLOCAL COOPERATIVE AGREEMENT (the “**AGREEMENT**”), is dated the ____ day of _____, 2014 (the “**EFFECTIVE DATE**”), and is by and between the County of Washoe, a political subdivision of the State of Nevada (hereinafter called “**COUNTY**”), the City of Reno, a municipal corporation in the State of Nevada (hereinafter called “**RENO**”), the City of Sparks, a municipal corporation in the State of Nevada (hereinafter called “**SPARKS**”), and the Washoe County Health District, a special local district government in the State of Nevada (hereinafter called “**HEALTH**”). These four “**PARTICIPATING ENTITIES**” shall also be referred to singularly as an “**ENTITY**”, or collectively as the “**ENTITIES**”.

Recitals

- A. NRS 277.180 provides that any one or more public agencies may contract with any one or more other public agencies to perform any governmental service, activity, or undertaking which any of the public agencies entering into the contract is authorized by law to perform; and
- B. The ENTITIES share a common goal of a regional, electronic business license and permits platform (“**PLATFORM**”) among themselves and other interested agencies; and
- C. The ENTITIES have a history of cooperatively working on programs and projects of common benefit and interest.

NOW, THEREFORE, the PARTICIPATING ENTITIES agree as follows:

Article 1. Program Created; Fiscal Manager

- Section 1.1 The Business License and Permits Program” (the “**PROGRAM**”) is established and shall initially include COUNTY, HEALTH, RENO and SPARKS.
- Section 1.2 As platform capacity permits, the OVERSIGHT GROUP may approve other agencies joining the PROGRAM as participating entities on a case-by-case basis subsequent to the EFFECTIVE DATE of this AGREEMENT.
- Section 1.3 The one-time costs for implementation and initial licensing for the initial ENTITIES are identified in Article 9 of this AGREEMENT.
- Section 1.4 The on-going contribution structure for the PLATFORM for annual maintenance and operations is identified in Article 10 of this AGREEMENT.
- Section 1.5 The financing arrangements for ENTITIES opting into the COUNTY’s financing feature are identified in Article 12 of this AGREEMENT.
- Section 1.6 Additional new agency procedures and cost principles are identified in Article 13.
- Section 1.7 The COUNTY, hereby agrees to serve as FISCAL MANAGER for the PROGRAM, and agrees to assume contractual and financial responsibility for purposes of the requirements of the PROGRAM, subject to direction of the PROGRAM’s Management Oversight Group (the “**OVERSIGHT GROUP**”), as the case may be and as authorized

herein.

- Section 1.8 The FISCAL MANAGER shall provide all relevant books, records (written, electronic, computer related or otherwise), including, without limitation, financial statements and supporting documentation, and shall prepare all reports (including quarterly interim and final reports) regarding the PROGRAM for inspection, examination, review, audit and copying at any office or location of the FISCAL MANAGER when reasonably requested by the OVERSIGHT GROUP or by any ENTITY.
- Section 1.9 The FISCAL MANAGER shall establish and operate for the use of the PROGRAM a designated internal account or fund ("ACCOUNT") segregated on the FISCAL MANAGER's books. The FISCAL MANAGER shall establish and maintain the ACCOUNT until termination of this AGREEMENT, and the ACCOUNT shall constitute a dedicated fund held by the FISCAL MANAGER as agent for, and for the benefit of, the PROGRAM. All funds received by the FISCAL MANAGER from the ENTITIES providing funding for the PROGRAM shall be deposited into this ACCOUNT. All amounts deposited into this ACCOUNT shall be used solely to support the PROGRAM in a manner that is consistent with this AGREEMENT and the OVERSIGHT GROUP requirements as set herein.
- Section 1.10 The FISCAL MANAGER shall encumber and disburse funds from the ACCOUNT pursuant to the approved Annual Maintenance and Operations Budget and approved contracts' requirements as directed by the OVERSIGHT GROUP (see Articles 4 and 8). The proposed disbursement shall be used exclusively for PROGRAM purposes.
- Section 1.11 The FISCAL MANAGER shall maintain all financial records relating to the PROGRAM according to Generally Accepted Accounting Principles, retain records as long as required by law, and make records available to auditors as required by law.
- Section 1.12 To the extent permitted by law, each ENTITY hereby agrees to indemnify and hold harmless the FISCAL MANAGER, its directors, officers, employees, attorneys, and agents harmless from any and all costs, claims, losses, expenses (including attorneys' fees and expenses), and liabilities incurred by reason of any action taken by the FISCAL MANAGER at the direction of the OVERSIGHT GROUP or authorized agent pursuant to this AGREEMENT or arising out of or in connection with the FISCAL MANAGER's performance of its duties and obligations hereunder for any reason, excepting such losses, liabilities, demands, claims, expenses, and attorneys' fees which result solely from the willful misconduct of the FISCAL MANAGER. Each ENTITY's indemnification obligations under this Section shall be limited and satisfied by the ENTITIES in the proportions established during the initial PROGRAM set-up or through the Annual Maintenance and Operations Budget, whichever is later. Each ENTITY shall be permitted to participate with its legal counsel, if it chooses, in the defense of any action so long as the ENTITY remains subject to the court's jurisdiction in that case.
- Section 1.13 In the event this AGREEMENT is terminated, the FISCAL MANAGER will comply with any termination conditions imposed by this Agreement or the OVERSIGHT GROUP so long as the conditions are consistent with this AGREEMENT.

Article 2. Term

- Section 2.1 This AGREEMENT commences on the EFFECTIVE DATE for a term that expires on June 30, 2020, and shall automatically renew on July 1, 2020, and every six years

thereafter unless terminated earlier as provided herein.

Article 3. Functions of the Program

- Section 3.1 To undertake implementation, management and maintenance of all aspects of a regional business license and permits platform for the ENTITIES, the following functions are conferred to the PROGRAM:
- (a). The planning, designing, setting of standards, financing, implementation, operation, upgrading, and maintenance of the project to join the ENTITIES in the regional business license and permits platform (“PLATFORM”).
 - (b). Directing the FISCAL MANAGER regarding vendor selection, contract requirements, costs, product delivery schedule, contract amendments, change orders, peripheral equipment purchase, system configuration, training, and related items.
 - (c) Directing the FISCAL MANAGER to enter into contracts for the planning, designing, financing, implementation, operation and maintenance of the PLATFORM, so long as each contract is for an amount less than \$50,000, save and except the vendor contract with Accela.

Article 4. Administration

- Section 4.1 The administration of the business and affairs of the PROGRAM shall be conducted and managed by the OVERSIGHT GROUP. As needed, this OVERSIGHT GROUP shall be supported by designated staff from each ENTITY for administrative and technical purposes. ENTITIES agree to respond and assist as requested by the OVERSIGHT GROUP.
- Section 4.2 The OVERSIGHT GROUP shall include the Reno City Manager, Sparks City Manager, Washoe County Manager and the District Health Officer. A new ENTITY shall be entitled to one representative on the OVERSIGHT GROUP. Each ENTITY’s representative or his/hers designee shall have the authority to exercise all authority granted herein.
- Section 4.3 The OVERSIGHT GROUP’s meetings must be open and public and conducted in compliance with the Nevada Open Meeting Law (NRS Chapter 241).
- Section 4.4 A majority of the OVERSIGHT GROUP must be present in order to conduct business at a meeting. A proposed action is approved by an affirmative vote of all of the ENTITIES of the OVERSIGHT GROUP who are present at the meeting where the action is considered. However, all ENTITIES must be present when action is to be considered on the Annual Maintenance and Operations Budget, additional ENTITIES, any termination matter under Article 15, and any amendment of this AGREEMENT.

Article 5. Responsibilities

- Section 5.1 In furtherance of the functions in Article 3, and subject to the limitations thereof, the

OVERSIGHT GROUP can undertake any of the following:

- (a). Prepare, review, approve, and implement PLATFORM standards, specifications, plans, and annual operating plans and procedures for all PROGRAM activities.
- (b). To request the FISCAL MANAGER to contract for the services of business and information technology consultants, so long as each contract is for an amount less than \$50,000, save and except the vendor contract with Accela, pursuant to all applicable state law requirements.
- (c). To request the FISCAL MANAGER to contract with any entity or other public agency for the provision of services to or by the PROGRAM, so long as each contract is for an amount less than \$50,000, save and except the vendor contract with Accela, pursuant to all applicable state law requirements.
- (d). To request the FISCAL MANAGER to enter into such contracts for the planning, designing, financing, implementation, operation, and maintenance of the PLATFORM and other work as necessary to carry out functions, so long as each contract is for an amount less than \$50,000, save and except the vendor contract with Accela, subject to limits in section 8.3.
- (e). To assess ENTITIES for their agreed on share of administrative, operation, maintenance, and capital costs of the PROGRAM.

Article 6. Fiscal Year

Section 6.1 The fiscal year of the PROGRAM shall be July 1 through June 30.

Article 7. Services and Facilities available to Program

Section 7.1 The PROGRAM shall have access to the services and facilities of the ENTITIES as required.

Article 8. Fiscal Matters

Section 8.1 Unless otherwise provided by law, a tentative Annual Maintenance and Operations Budget shall be prepared by the FISCAL MANAGER and be ultimately recommended by the OVERSIGHT GROUP for each ensuing fiscal year on or before February 28 or the preliminary budget submission deadline of the FISCAL MANAGER, whichever is earlier, with the final annual budget being adopted on or before June 1 or the budget adoption deadline of the FISCAL MANAGER, whichever is earlier. The Budget shall then be presented for adoption to each entity. The base Annual Maintenance and Operations Budget for any fiscal year shall consist of:

- (a). applicable system software subscription costs and fees (e.g., system licensing, maintenance, and support);
- (b). system hardware and associated peripheral equipment costs (e.g., database and web servers necessary to maintain or enhance the PLATFORM), and;
- (c). any other agreed upon operating support costs necessary to maintain the PLATFORM.

Each ENTITY, however, shall be solely responsible for its own desktop, tablet, or

personal device hardware, software, and related peripheral equipment costs (e.g., desktop and laptop computers; mobile devices; printers).

- Section 8.2 The OVERSIGHT GROUP may include any other shared costs in the Annual Maintenance and Operations Budget that it deems reasonable and appropriate.
- Section 8.3 The OVERSIGHT GROUP shall not, during any fiscal year, expend or contract to expend any money, or incur any liability, or enter into any contract which, by its terms, involves the expenditure of money in excess of the amounts appropriated in the annual budget for any category of expenditure, unless such expenditure is specifically approved by the ENTITIES.
- Section 8.4 Complete books and accounts shall be maintained for the PROGRAM by the FISCAL MANAGER in accordance with Generally Accepted Accounting Principles and standards, including compliance with all applicable statutes and regulations.
- Section 8.5 The FISCAL MANAGER shall provide for an annual audit of all funds and accounts pursuant to NRS 354.624, and distribute it to the OVERSIGHT GROUP.

Article 9. Contributions for Implementation and Initial Subscription Services

- Section 9.1 The initial contributions from the ENTITIES for the PLATFORM include payment for the PLATFORM's implementation and the first-year subscription service costs. Licensing of the software for the PLATFORM is based upon purchasing, or subscribing to, specific components of the software. These components and associated costs are outlined in Addendum "A", which is attached hereto and incorporated herein by this reference.
- Section 9.2 As its initial contribution to the PROGRAM for implementation and first-year subscription service costs, COUNTY agrees to pay, or cause to be paid, \$743,680.17 to the FISCAL MANAGER for this AGREEMENT. This amount includes the cost contribution of HEALTH, pursuant to the budget practices of HEALTH and the COUNTY as prescribed in their interlocal agreement and as authorized by NRS Chapters 277 and 354.
- Section 9.3 As their initial contributions to the PROGRAM for implementation and first-year subscription service costs, RENO agrees to pay, or cause to be paid, \$475,221.63, and SPARKS agrees to pay, or cause to be paid, \$448,542.52, to the FISCAL MANAGER for this AGREEMENT.
- Section 9.4 Each ENTITY's initial contribution to the PROGRAM is due and payable in accordance to the repayment schedule contained in Addendum "D" or within twenty (20) business days of the EFFECTIVE DATE of this AGREEMENT or acceptance as a new ENTITY, whichever is most applicable.

Article 10. Administration of Annual Maintenance and Operations Budget

- Section 10.1 Each ENTITY is responsible for a portion of and shall pay a portion of the financial obligations of the PROGRAM with respect to the Annual Maintenance and Operations Budget. These portions are determined according to and are set forth in Addendum "B," which is attached hereto and incorporated herein by this reference.

Initially, RENO's annual subscription service portion is estimated at \$115,441.15, SPARKS at \$37,030.87, WASHOE at \$71,411.37, and HEALTH at \$58,081.34.

- Section 10.2 These portions will change over time and the calculations to arrive at said changes are outlined in Addendum "B". Portions for each ENTITY shall be articulated during the Annual Maintenance and Operations Budget process coordinated by the FISCAL MANAGER and approved by the OVERSIGHT GROUP.
- Section 10.3 Each ENTITY shall pay in full, when due, its obligations herein agreed to be paid. Each ENTITY shall be liable to the PROGRAM and every other ENTITY to pay its respective share of the Annual Maintenance and Operations Budget and any other obligations assessed against the ENTITIES in accordance with this AGREEMENT.
- Section 10.4 The calculation of the user counts of the PLATFORM as used in Addendum "B" shall be performed annually by the FISCAL MANAGER and shall be approved by the OVERSIGHT GROUP, with the timing such that user counts will be used as part of the Annual Maintenance and Operations Budget planning and payments cycle. Each ENTITY's share of the Annual Maintenance and Operations Budget shall be set for the fiscal year.
- Section 10.5 The OVERSIGHT GROUP, in development of the Annual Maintenance and Operations Budget, may establish and maintain an appropriate level of PROGRAM reserves to assess each ENTITY for future system support and/or equipment requirements according to their respective prorated shares or an amount deemed appropriate by the OVERSIGHT GROUP consistent with law and generally accepted standards. The OVERSIGHT GROUP shall determine how to best apply such excess in support of the purposes of this AGREEMENT, consistent with both law and generally accepted standards.
- Section 10.6 As FISCAL MANAGER and contract administrator for the PROGRAM, COUNTY will perform some PLATFORM administrative support(e.g., budget preparation, technical work on behalf of the PROGRAM, billing and receivables, and financial accounting). COUNTY personnel and COUNTY contractors necessary to do so shall be under the direction of the COUNTY information technology central function (TECHNOLOGY SERVICES or TS) and shall be responsible on a day-to-day basis to the COUNTY's County Manager or his/her designee.
- Section 10.7 For this PLATFORM administrative support, the FISCAL MANAGER will request on a yearly basis reimbursement or cost recovery, and will submit, as part of the Annual Operating Budget to the OVERSIGHT GROUP, a request for reasonable direct cost recovery for staff time used. Such request shall be voted upon by the OVERSIGHT GROUP and if approved will become a part of the Annual Operating Budget. The FISCAL MANAGER shall document an itemized list of requested recovery to be apportioned to the ENTITIES. The request shall show tasks with staff titles, estimated hours per task and hourly rate per staff, where the hourly rate is the actual salary plus benefits rate of the specified staff resource.
- Section 10.8 Contributions or advances of public funds and of personnel, supplies, equipment, or property may be made to the PROGRAM by any ENTITY for any of the purposes of this AGREEMENT, with the consent of the OVERSIGHT GROUP and within the budget amount. Any such advance may be made subject to repayment as agreed to by the OVERSIGHT GROUP and ENTITIES as applicable.
- Section 10.9 No person, including the ENTITIES, may receive reimbursement from the PROGRAM for expenditures on behalf of the PROGRAM in excess of \$1,000, unless

the OVERSIGHT GROUP approves such reimbursement.

Article 11. Personnel for Platform Implementation and Maintenance

- Section 11.1 All ENTITIES shall commit the ENTITY's personnel to assist with the initial implementation and then on-going maintenance, operation, and repair of the PLATFORM. ENTITY personnel shall be under the direction of their respective management but shall also cooperate with assignments made by the OVERSIGHT GROUP as needed for PLATFORM stability, maintenance, and operation. The OVERSIGHT GROUP may adopt a personnel cost reimbursement policy for authorized ENTITY personnel work that benefits the overall PLATFORM within the budget amount.
- Section 11.2 Work performed by private contractors, each contract of which shall be in an amount less than \$50,000, save and except the vendor contract with Accela, unless otherwise approved by the ENTITIES, that is not established in the Annual Maintenance and Operations Budget and is authorized by the OVERSIGHT GROUP shall be paid out of reserves or otherwise assessed to the ENTITIES according to their proportions established for the Annual Maintenance and Operations Budget.

Article 12. Entity Payments and Financing Options

- Section 12.1 Each ENTITY's payment obligations hereunder shall be tendered as set forth herein. The COUNTY as FISCAL MANAGER shall provide an invoice to each ENTITY, at least twenty-eight (28) days prior to a due date of any ENTITY payment obligation, including a PLATFORM vendor payment, of the amount owed to the COUNTY to cover the ENTITY's payment obligations. Payment from an ENTITY will be due to the COUNTY within twenty-one (21) business days of billing.
- Section 12.2 A "regional technology fee" may be imposed by the initial ENTITIES upon their customers utilizing the PLATFORM for a minimum of one year, commencing upon go live of the PLATFORM. The "regional technology fee" shall be consistent among the ENTITIES and shall include the following: business permits – 4%; annual business license - \$4; quarterly business license - \$2.
- Section 12.3 The COUNTY offers a financing option for the initial ENTITIES of RENO and SPARKS for the amount of the initial implementation costs to set-up the PLATFORM plus the first year of subscription costs. Should RENO or SPARKS opt into this financing, COUNTY shall advance payment of these costs on behalf of the ENTITY, and said advance payments shall constitute a loan to the applicable initial ENTITIES to be repaid to the COUNTY on a five-year quarterly payment amortization schedule at an annual rate of 1.99% on the declining balance, according to the schedule attached hereto as Addendum "D", which is incorporated herein by this reference.
- Section 12.4 If any ENTITY fails to timely remit any payment obligations by the due date, the amount due shall accumulate late fees at the COUNTY'S standard published rate (based upon prime plus 2%) on the entire balance due. If the ENTITY's full payment is not received by the date the COUNTY's payment is due to the PLATORM vendor, that ENTITY's amount will be deducted from that ENTITY's share of the Capital Facilities Property Tax collected pursuant to NRS 354.59815. ENTITIES hereby grant to COUNTY as FISCAL MANAGER hereunder full authority and right to

deduct and apply the ENTITY's portion of said Capital Facilities Property Tax to the extent of that referenced amount.

Article 13. Additional Participating Agencies

- Section 13.1 As PLATFORM capacity permits, the OVERSIGHT GROUP may approve other public agencies joining the PROGRAM on a case by case basis. An approved additional agency shall have all rights, privileges, obligations, and liabilities as current ENTITIES pursuant to this AGREEMENT.
- Section 13.2 An additional agency's immediate contribution for operating costs shall consist of its required number of automation and mobile seats together with its population related to the citizen access portal feature, as further described in Addendum "B". These seats shall be assessed to the agency according to the calculations in Addendum "C". Agencies joining within the first three (3) years of the vendor contract may receive a subscription cost benefit if their seat numbers fall within the cap identified in the vendor contract. This cap is set by the seat range to which the PROGRAM has contracted. The discount per seat shall be 50% of the per seat cost if within the three years and under the cap. All other seats shall cost 100% of the then current per seat cost according to the vendor contract.
- Section 13.3 The initial costs shall also include implementation fees, for which the additional agency is solely responsible. Should the additional agency seek consulting, technical and/or project management assistance from other, existing ENTITIES, such assistance shall be under the guidance, oversight, and financial reimbursement according to the powers and approval of the OVERSIGHT GROUP and the FISCAL MANAGER.
- Section 13.4 On-going new agency costs shall include apportionment of the Annual Maintenance and Operations Budget according to the calculations in Addendum "C".
- Section 13.5 The addition to the PROGRAM of a new agency shall not cause adjustments to the ENTITY contributions and apportionments for the then current Annual Maintenance and Operations Budget. Any such adjustments shall take effect in the next fiscal year.

Article 14. Rights and Obligations of Participating Entities

- Section 14.1 All ENTITIES shall have all rights as are set forth in this AGREEMENT. Specifically and subject to the terms of this AGREEMENT, all ENTITIES shall have the right to access and use the PLATFORM, and the information contained therein, to the extent permitted by law.
- Section 14.2 All ENTITIES are obligated to comply with the terms of this AGREEMENT and are bound by the provisions hereof. Each ENTITY has received a copy of the COUNTY'S contract with the vendor, Accela. The ENTITIES agree to cooperate in supporting the COUNTY'S duties and obligations under the Accela Contract.
- Section 14.3 Subject to the limitations of applicable laws, and without waiving any statutory protections, including the NRS Chapter 41 liability limits, each ENTITY shall indemnify, protect, defend, and hold harmless the other ENTITIES, their respective governing boards, officers, directors, employees, authorized agents, and their respective successors and assigns from and against any and all claims, expenses,

losses, or liability of any kind arising out of such ENTITY's respective performance pursuant to this AGREEMENT up to the amounts paid annually by each ENTITY. Each ENTITY shall rely on its own self-insurance or insurance for coverage and relief of any and all kinds regarding the purposes and operations under this AGREEMENT.

Article 15. Termination of Agreement

- Section 15.1 The PROGRAM shall continue in existence pursuant to the terms set forth in Section 2 of this AGREEMENT until dissolved in accordance with the terms of this Article.
- Section 15.2 This AGREEMENT may be rescinded and the PROGRAM terminated at any time by a written agreement of termination executed by all ENTITIES, provided that any obligations owed to the vendor, Accela, or to the COUNTY arising hereunder are paid in full prior to termination. On termination of the PROGRAM under this Article, all of the assets of the PROGRAM, if any, shall be distributed according to the ENTITIES' prorated share of the Annual Maintenance and Operations Budget.
- Section 15.3 An ENTITY may unilaterally terminate its membership under this AGREEMENT without cause, subject to certain conditions set forth in Section 15.4 below. However, COUNTY, RENO, SPARKS and HEALTH, as the initial ENTITIES, and in consideration of their respective contributions and service-level commitments, agree not to exercise this right, if at all, nor serve termination notice, until after expiration of the original term set forth in Section 2.1.
- Section 15.4 A ENTITY electing to terminate its membership must first:
- (a). Provide the PROGRAM a formal, written one (1) full fiscal year notice of intent to terminate;
 - (b). Be current on all payment obligations at the time of both service of termination notice and effective date of termination;
 - (c). Provide a payment to the FISCAL MANAGER on or before the effective date of termination in the amount of any outstanding prorated share of implementation costs and annual contribution costs for the terminating ENTITY, as well as full payment of any outstanding obligations owed to the COUNTY arising hereunder; and,
 - (d). Agree to reasonable amendments, modifications and/or assignments of existing PROGRAM contracts relating to the PLATFORM, sign all documents, make all approvals, and take all actions necessary and appropriate that: (i) minimize the operational and financial impact on the other ENTITIES of the PROGRAM; and, (ii) do not materially or substantially increase the terminating ENTITY's financial obligations set forth in subsection (b), above.
- Section 15.5 An ENTITY may be terminated and removed from the PROGRAM in the event of its default on any obligation hereunder that remains uncured for thirty (30) calendar days following delivery of notice of default approved by the OVERSIGHT GROUP (the "Defaulting ENTITY"). If such an event of default occurs, the Defaulting ENTITY shall:
- (a) Provide a payment to the PROGRAM within thirty (30) days following the effective date of termination of a sum equal to the Defaulting ENTITY's outstanding prorated share of implementation costs and annual contribution costs, as well as full payment of any outstanding obligations owed to the COUNTY arising hereunder; and,

(b) Agree to reasonable amendments, modifications and/or assignments of existing PROGRAM contracts relating to the PLATFORM; sign all documents; make all approvals; and take all actions necessary and appropriate that: (i) minimize the operational and financial impact on the other ENTITIES of the PROGRAM; and, (ii) do not materially or substantially increase the Defaulting ENTITY'S financial obligations set forth in subsection (a), above.

All remedies stated in this Agreement are cumulative with each other and with any remedy afforded in law or equity. The election of any remedy does not constitute a waiver of any other remedy.

Article 16. Notices

Section 16.1 All notices under this AGREEMENT shall be in writing and shall be deemed to be delivered on the earlier to occur of (i) the date of actual receipt of the notice (regardless of how it is delivered), and (ii) whether or not actually received, two (2) days after the notice has been deposited in the United States mail, postage paid, registered or certified mail, return receipt requested, addressed to the ENTITIES or PROGRAM, as the case may be, at the addresses set forth in Addendum "E".

Article 17. Miscellaneous Provisions

Section 17.1 Amendment. There are no oral agreements, understandings, warranties, or representations between the parties hereto with respect to the subject matter covered by this AGREEMENT. This AGREEMENT is not intended to have any legal effect, or to be a legally binding agreement, or any evidence thereof, until it has been signed by each of the initial four (4) parties hereto. Except as otherwise provided in Section 1.2 and Article 13 above, this AGREEMENT shall not be amended or modified in any way except by an instrument in writing executed by each of the ENTITIES in the PROGRAM.

Section 17.2 Successors and Assigns. This AGREEMENT is entered into for the exclusive benefit of the parties hereto and no other party shall derive any rights or benefits herefrom.

Section 17.3 Governing Law and Venue. This AGREEMENT shall be construed and enforced in accordance with the laws of the State of Nevada in the state court sitting in Washoe County.

Section 17.4 Counterparts. This AGREEMENT may be executed in any number of counterparts, all of which taken together shall constitute one and the same instrument and any of the parties hereto may execute this AGREEMENT by signing any such counterpart.

Section 17.5 Captions and Interpretation. The captions and section headings appearing in this AGREEMENT are included solely for convenience of reference and are not intended to affect the interpretation of any provision of this AGREEMENT.

Section 17.6 Severability. If any provision of this AGREEMENT is invalid and unenforceable in any jurisdiction, then, to the fullest extent permitted by law, provided that the essential terms of this AGREEMENT remain valid, binding and enforceable; (i) the other provisions hereof shall remain in full force and effect in such jurisdiction; and (ii) the invalidity or unenforceability of any provision hereof in any jurisdiction shall not

affect the validity or enforceability of such provision in any other jurisdiction.

Section 17.7 Advice from Independent Counsel. Each party hereto understands that this is a legally binding agreement that may affect such party's rights. Each party hereto represents to each other party hereto that it has obtained independent counsel and received legal advice about the meaning and legal significance of this AGREEMENT.

Section 17.8 Judicial Interpretation. Should any provision of this AGREEMENT require judicial interpretation, it is agreed that a court interpreting or construing the same shall not apply a presumption that the terms hereof shall be more strictly construed against any party by reason of the rule of construction that a document is to be construed more strictly against the party who itself or through its agent prepared the same, it being agreed that all parties hereto have participated in the preparation hereof.

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT as of the date first above written.

COUNTY OF WASHOE, NEVADA

By _____ Date _____
Chair, Board of County Commissioners

Attest:

By _____ Date _____

APPROVED AS TO FORM:

By _____ Date _____
Deputy District Attorney

CITY OF RENO, NEVADA

By _____ Date _____
Robert A. Cashell, Sr., Mayor

Attest:

By _____ Date _____
Lynnette R. Jones, City Clerk

APPROVED AS TO FORM:

By _____ Date _____
Deputy City Attorney

CITY OF SPARKS, NEVADA

By _____ Date _____
Geno Martini, Mayor

Attest:

By _____ Date _____
*****, City Clerk

APPROVED AS TO FORM:

By _____ Date _____
Deputy City Attorney

WASHOE COUNTY HEALTH DISTRICT

By _____ Date _____
Matt Smith, Chair

Attest:

By _____ Date _____
Board Secretary

APPROVED AS TO FORM:

By _____ Date _____
Deputy District Attorney

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Addendum A – Initial Financial Responsibility for Participating Entities

INITIAL ENTITIES BASE CONTRIBUTION, IMPLEMENTATION COST AND YEAR 1 SUBSCRIPTION COST

Entity	Contribution %	Estimated contribution amount with project contingency of 5% ¹
RENO	28.5%	\$ 475,221.63
COUNTY (includes HEALTH)	44.6%	\$ 743,680.17
SPARKS	26.9%	\$ 448,542.52
TOTAL PROJECT COST ==>		\$1,667,444.32

Details about Contribution % and Contribution Amount:

- Each ENTITY has three licensing subscriptions: Accela Automation (also called “Core”), Mobility, and Citizen Access.
- The above per ENTITY allocations were calculated based upon the number of seats per each subscription type, directly allocable implementation costs, and a percentage allocation for the regional implementation costs.
- The following spreadsheet details the summary percentages and amounts:

	All	Reno	Sparks	Washoe	Shared Base \$\$\$
	\$ 1,298,109.94				
Implementation - Direct	\$ 59,200.00	\$ 59,200.00	\$ 59,200.00	\$ 59,200.00	
Shared Implementation Allocation % (1)		24.5%	29.8%	45.7%	
Shared Cost = All Costs - Direct					\$ 1,120,509.94
Shared Costs x Allocation %		\$ 274,524.94	\$ 333,911.96	\$ 512,073.04	
Total Implementation (Direct + Shared)		\$ 333,724.94	\$ 393,111.96	\$ 571,273.04	
Licensing % - Core (2)			43.7%	12.5%	43.7%
Agency Cost - Core		\$ 94,451.20	\$ 27,076.01	\$ 94,451.20	\$ 215,978.40
Licensing % - Mobile (2)			26.5%	13.6%	59.8%
Agency Cost - Mobile		\$ 14,094.18	\$ 7,248.44	\$ 31,812.58	\$ 53,155.20
Licensing % - Citizen Access (2)			53.7%	21.1%	25.2%
Agency Cost - Citizen Access		\$ 6,895.77	\$ 2,706.42	\$ 3,228.93	\$ 12,831.12
Total Licensing		\$ 115,441.15	\$ 37,030.87	\$ 129,492.71	
Grand Total		\$ 449,166.08	\$ 430,142.83	\$ 700,765.75	\$ 1,580,074.66
Percentage Allocation by Agency		28.5%	26.9%	44.6%	
Grand Total with 5% Contingency		\$ 475,221.63	\$ 448,542.52	\$ 743,680.17	\$ 1,667,444.32

(1) To get to Percentage by Agency - Used stand-alone implementation quotes for all agencies, added them up and then calculated percentage splits.

(2) Details of break down of license type (Core, Mobility and Citizen Access) by agency:

	Core Functions		Mobility		Internet/Citizen Access (based on population)	
		%		%		%
Reno	150	43.7%	35	26.5%	229,859	53.7%
Sparks	43	12.5%	18	13.6%	90,214	21.1%
Washoe	150	43.7%	79	59.8%	107,631	25.2%
TOTALS	343	100.0%	132	100.0%	427,704	100.0%

¹ This amount may change depending on final contract negotiations with the vendor (Accela) of the PLATFORM. Should the final contract price change, each ENTITY shall pay in accordance to the percentage obligation as listed above.

Addendum B – Annual Financial Responsibility for Participating Entities

ANNUAL CONTRIBUTION – OPERATION OF PLATFORM – YEARS 2-5

Entity	Contribution %²	Estimated Contribution Amount
RENO	40.9%	\$115,441.15
COUNTY	25.3%	\$ 71,411.37
HEALTH	20.6%	\$ 58,081.34
SPARKS	13.1%	\$ 37,030.87
	TOTAL ==>	\$281,964.73

Operational costs shall be re-evaluated annually and shared according to the following calculations:

$$\begin{aligned}
 &\text{Number of Accela Automation Seats} \quad \times \quad \text{Accela Automation Total Subscription Costs} + \\
 &\text{Number of Accela Mobile Seats} \quad \times \quad \text{Accela Mobile Total Costs} + \\
 &\text{Percent of Entities Population} \quad \times \quad \text{Accela Citizen Access Cost} = \\
 &\qquad\qquad\qquad \underline{\underline{\text{Total ENTITY Operations Contribution}}}
 \end{aligned}$$

Example: RENO Contribution

1. Accela Automation Seats = 150 (Total Automation Seats = 343)
2. Accela Mobile Seats = 35 (Total Mobile Seats = 132)
3. Population = 229,859 (Total Population = 427,704)
4. Total Contribution

	% Calculation	% Share	Accela Cost	RENO Cost
Automation	150/343	43.7%	\$215,978.41	\$94,451.20
Mobile	35/132	26.5%	\$53,155.20	\$14,094.18
Citizen Access	229,859/ 427,704	53.7%	\$12,831.12	\$6,895.77
				\$115,441.15

² The percentage contribution is the percentage of users that an ENTITY has, multiplied by the overall cost of that PLATFORM component. As an example: For Automation, 150/300 seats translates to 50%. That 50% is then multiplied by \$213,840 (the total cost for Automation seats). This yields an ENTITY cost of .50 x 213,840 = 106,920 for the Automation component.

	Reno	Sparks	Washoe	Health
On-going Maintenance	\$ 115,441.15	\$ 37,030.87	\$ 71,411.37	\$ 58,081.34
On-going Maintenance %	40.9%	13.1%	25.3%	20.6%
Core Users	150	43	81	69
Annual Core Costs	\$ 94,451.20	\$ 27,076.01	\$ 51,003.65	\$ 43,447.55
Moblie Users	35	18	37	42
Annual Mobile Costs	\$ 14,094.18	\$ 7,248.44	\$ 17,178.79	\$ 14,633.79
Population	229,859	90,214	107,631	
Annual Population %	53.7%	21.1%	25.2%	
Annual Population Costs *	\$ 6,895.77	\$ 2,706.42	\$ 3,228.93	
Grand Total Per Agency	\$ 115,441.15	\$ 37,030.87	\$ 71,411.37	\$ 58,081.34
			\$	129,492.71
Grand Total All Agencies	\$ 281,964.73			

Addendum C - New Participating Agency Contribution

After this AGREEMENT is effective, subsequent entities may be added in accordance with Article 13 of this AGREEMENT. Such subsequent entities shall incur several fees, including:
 (a). prorated initial seat costs for Accela Automation, Accela Mobile, and Accela Citizen Access;
 (b). apportioned fees for the Annual Maintenance and Operations Budget.

The initial seat costs shall be incurred by the new agency according to the following calculation:

$$\begin{aligned}
 &(\text{entity \# of Accela Automation Seats} \quad \times \quad 50\% \text{ or } 100\% \text{ of Per Seat Cost}^3) \times \text{Pro-ration}^4 + \\
 &(\text{entity \# of Accela Mobile Seats} \quad \times \quad 50\% \text{ or } 100\% \text{ of Per Seat Cost}) \times \text{Pro-ration} + \\
 &(\text{Increase in Accela Citizen Access Due to New entity Population}^5) \times \text{Pro-ration} = \\
 &\qquad\qquad\qquad \underline{\underline{\text{Total Agency Buy-in Contribution}}}
 \end{aligned}$$

Example: New entity Contribution

1. Accela Automation Seats = 20
2. Accela Mobile Seats = 8
3. Population = 100,520
4. Total New Agency Buy-in Contribution =

	Seats	Regular Per Seat Cost	At or Below Cap Per Seat Cost	New entity Buy-in (At or Below Cap)	New entity Buy-in (Above Cap)
Automation	20	\$59.40	\$29.70	\$7,128.00	\$14,256.00
Mobile	8	\$39.20	\$19.60	\$1,881.60	\$3,763.20
Citizen Access		N/A	N/A	\$3,000.00	\$3,000.00
				\$12,009.60	\$21,019.20
	Pro-rated for 8 months ==>			\$8,006.40	\$14,012.80

Thus, total initial new entity costs would be in the range of \$8,006.40 to 14,012.80 + Implementation costs. Any implementation costs shall be managed and incurred solely by the new entity.

Apportioned fees for the Annual Maintenance and Operations Budget shall be calculated in the new budget year as per the standard process.

³ Accela offers a varying cap based upon the number of subscription seats under contract. The PLATFORM will pass on a 50% discount to additional new entity if their seat count means that the overall PLATFORM is at or below the Accela cap for Automation or Mobile seats within the first three years of the Accela contract. After three years, all new seats will be at the 100% per seat cost at the time of joining. For the PLATFORMS’s current range of 300-399 Automation seats, the cap is 549 users. For the PLATFORM’s current range of 100-199 Mobile seats, the cap is 299.

⁴ Pro-ration will be done to the nearest month for the remainder of the Fiscal Year.

⁵ Accela Citizen Access is based upon population. The new entity’s population will be added to the existing population of other entity and the additional Citizen Access costs shall be allocated to the new member.

Addendum D – Initial Funding and Financing Schedule

The COUNTY financing option to the initial ENTITIES based on a Five (5) Year repayment schedule accruing interest at a rate of 1.99% annually, compounded monthly on the declining basis.

Loan Criteria: COUNTY will loan RENO up to \$475,221.63 (including a contingency allowance) for purposes of initial subscription service and implementation costs of the PLATFORM. This loan amount will occur on a drawdown (as spent) basis, concurrent with the COUNTY’s payment obligations to the vendor, Accela, to include the first year subscription service costs. Interest on drawdowns and on loan repayment will be calculated at an annual rate of 1.99% and loan repayments will be quarterly.

Loan ProForma: RENO’s portion of the payment schedule to the vendor, Accela, is set forth below. This schedule is provided on a proforma (as if) basis and actual drawdown amounts will be tracked as RENO requests loan amounts to meet payments. The actual resulting loan balance and payments due to COUNTY will be prepared for RENO by COUNTY when the drawdown period ends, and may include additional contingency amounts as requested by RENO.

Drawdown Period: Initial subscription service costs and implementation:

	Subscription	Consulting	Contingency	Total	Interest	Loan Balance
Jul-23-2014	\$115,441.15	\$ 33,372.49	\$ -	\$ 148,813.64	\$ -	\$ 148,813.64
Aug-23-2014	-	17,798.66	1,628.47	19,427.13	246.78	168,487.55
Sep-23-2014	-	17,798.66	1,628.47	19,427.13	279.41	188,194.09
Oct-23-2014	-	17,798.66	1,628.47	19,427.13	312.09	207,933.31
Nov-23-2014	-	17,798.66	1,628.47	19,427.13	344.82	227,705.26
Dec-23-2014	-	17,798.66	1,628.47	19,427.13	377.61	247,510.00
Jan-23-2015	-	17,798.66	1,628.47	19,427.13	410.45	267,347.58
Feb-21-2015	-	17,798.66	1,628.47	19,427.13	443.35	287,218.06
Mar-23-2015	-	17,798.66	1,628.47	19,427.13	476.30	307,121.49
Apr-23-2015	-	17,798.66	1,628.47	19,427.13	509.31	327,057.93
May-23-2015	-	17,798.66	1,628.47	19,427.13	542.37	347,027.43
Jun-23-2015	-	17,798.66	1,628.47	19,427.13	575.49	367,030.05
Jul-23-2015	-	17,798.66	1,628.47	19,427.13	608.66	387,065.84
Aug-23-2015	-	17,798.66	1,628.47	19,427.13	641.88	407,134.85
Sep-23-2015	-	17,798.66	1,628.47	19,427.13	675.17	427,237.15
Oct-23-2015	-	17,798.66	1,628.47	19,427.13	708.50	447,372.78
Nov-23-2015	-	33,372.55	1,628.49	35,001.04	741.89	483,115.71
Total	\$115,441.15	\$333,724.94	\$ 26,055.54	\$475,221.63	\$7,894.08	\$ 483,115.71

Loan Repayment:

The loan repayment schedule is set forth below. Changes for drawdown timing and/or additional contingency spending will be adjusted during the drawdown period with a final loan balance and debt service schedule issued by November-2015 which is the planned go-live month.

	<u>Principal</u>	<u>Interest</u>	<u>Total Payment</u>	<u>Outstanding Balance</u>
Beginning Balance				\$ 483,115.71
Jan-30-2016	\$ 24,155.79	\$ 2,403.50	\$ 26,559.29	\$ 458,959.92
Apr-30-2016	24,155.79	2,283.33	26,439.12	434,804.13
Jul-30-2016	24,155.79	2,163.15	26,318.94	410,648.34
Oct-30-2016	24,155.79	2,042.98	26,198.77	386,492.55
Jan-30-2017	24,155.79	1,922.80	26,078.59	362,336.76
Apr-30-2017	24,155.79	1,802.63	25,958.42	338,180.97
Jul-30-2017	24,155.79	1,682.45	25,838.24	314,025.18
Oct-30-2017	24,155.79	1,562.28	25,718.07	289,869.39
Jan-30-2018	24,155.79	1,442.10	25,597.89	265,713.60
Apr-30-2018	24,155.79	1,321.93	25,477.72	241,557.81
Jul-30-2018	24,155.79	1,201.75	25,357.54	217,402.02
Oct-30-2018	24,155.79	1,081.58	25,237.37	193,246.23
Jan-30-2019	24,155.79	961.40	25,117.19	169,090.44
Apr-30-2019	24,155.79	841.22	24,997.01	144,934.65
Jul-30-2019	24,155.79	721.05	24,876.84	120,778.86
Oct-30-2019	24,155.79	600.87	24,756.66	96,623.07
Jan-30-2020	24,155.79	480.70	24,636.49	72,467.28
Apr-30-2020	24,155.79	360.52	24,516.31	48,311.49
Jul-30-2020	24,155.79	240.35	24,396.14	24,155.70
Oct-30-2020	24,155.70	120.17	24,275.87	\$ -
Total	<u>\$483,115.71</u>	<u>\$ 25,236.76</u>	<u>\$508,352.47</u>	



WASHOE COUNTY HEALTH DISTRICT

EPIDEMIOLOGY & PUBLIC HEALTH PREPAREDNESS STAFF REPORT

BOARD MEETING DATE: June 26, 2014

DATE: June 10, 2014

TO: District Board of Health

FROM: Brittany Dayton, EMS Coordinator, Washoe County Health District
775-326-6043, bdayton@washoecounty.us

THROUGH: Dr. Randall Todd, Division Director, Epidemiology and Public Health Preparedness
775-328-2443, rtodd@washoecounty.us

SUBJECT: Approval of the Interlocal Agreement for Emergency Medical Services Oversight

SUMMARY

The purpose of this agenda item is to present for review and approval the Interlocal Agreement for Emergency Medical Services Oversight.

District Board of Health strategic priority by this item: Be assured that mandates are met and needed services are delivered.

BCC strategic objective supported by this item: Safe, secure and healthy communities.

PREVIOUS ACTION

October 2012: (Concurrent Meeting) - Direction on three key points regarding the Emergency Medical System in Washoe County (from TRIDATA STUDY):

- "Fix Dispatch" (note: at least 10 TRIDATA STUDY recommendations related to Dispatch);
- Open the REMSA Franchise Agreement: specifically invite REMSA to participate with Reno, Sparks and Washoe County in the franchise negotiation;
- Develop an EMS Agency that has authority and oversight in Reno, Sparks and Washoe County.

October 2012: The District Board of Health directed Washoe County Health District staff to take the lead on reviewing and implementing the appropriate recommendations from the recent stakeholder task force and working with partners at the Cities and County to bring recommendations back to the District Board of Health.

December 2012: The District Board of Health issued a letter inviting REMSA to participate in discussions with the goal of addressing concerns and establishing amendments to the REMSA Franchise Agreement.

February 11, 2013: (Concurrent Meeting) - Report on progress and direction on three key points regarding the Emergency Medical System in Washoe County (from TRIDATA STUDY): Presentation by Dr. Cohen on the TRIDATA STUDY was provided. Update on the progress of the EMS working group (WG) was also provided. Washoe County, City of Sparks and District Board of Health voted that County Manager, the City Managers for Reno and Sparks, and the District Health Officer continue to work on implementing the 38 recommendations as appropriate. City of Reno was unable to vote on this item due to not having any action items placed on their agenda. They voted February 28 that County Manager, the City Managers for Reno and Sparks, and the District Health Officer continue to work on implementing the 38 recommendations as appropriate.

June 10, 2013: (Concurrent Meeting) - Status report on EMS WG progress on previous direction including areas which require further negotiation, seeking direction on how to proceed with REMSA negotiations and addressing TRIDATA STUDY's 38 recommendations. Washoe County, City of Reno, City of Sparks, and the District Board of Health voted that the EMS working group reach an updated agreement with REMSA within 120 days and continue to address the TRIDATA STUDY's 38 recommendations. Subsequent to this action, an additional 120 days was provided to reach agreement through separate actions of these bodies during September 2013.

February 2013 – January 2014: The EMS WG conducted numerous sessions for the purpose of addressing the TRIDATA STUDY's 38 recommendations. The EMS WG reached agreement on the high-level details to update the current Franchise Agreement between the Washoe County District Board of Health and REMSA for the purpose of providing an exclusive right to provide, through an amended and restated franchise agreement, Emergency Medical Transportation Services. The end products developed by the EMS WG are: (1) A Principles of Agreement document for the reworking of the EMS Franchise Agreement, and (2) an Interlocal Agreement between the local government entities to address and provide authority for local government medical oversight; interagency communications; and performance monitoring of the providers of Emergency Medical Services in the region. A Summary of Recommendations matrix was created to assure the TRIDATA STUDY's 38 recommendations were addresses and resolved in one or both of the proposed documents above.

February 10, 2014: (Concurrent Meeting) - Principles of Agreement negotiated by the EMS WG and REMSA for an amended and restated franchise agreement were presented for discussion and approval. A Resolution providing for a structure and process for the District Board of Health to provide a Regional EMS Oversight Program, establishment of an EMS Advisory Board, and for a cooperative effort involving the Jurisdictions and EMS agencies to be established through development of an Interlocal Agreement was presented for discussion and approval. A summary of the 38 TRIDATA STUDY recommendations identifying where they were addressed in the Principles of Agreement, Resolution for Regional EMS Oversight, or otherwise was also presented. City of Reno, City of Sparks, Washoe County and the District Board of Health voted to order that (A) the full development of an updated Franchise Agreement between the Washoe County District Board of Health and the Regional Emergency Medical Services Authority (REMSA) as proposed by the Emergency Medical Services Working Group be approved with the 25 percent Oversight Fee paid by REMSA (as noted in the Principles of Agreement 1.H.) changed to a 12.5 percent Oversight Fee, and that the Washoe County's District Attorney's Office be directed to prepare final legal agreements to match the Principles of Agreement to the Franchise Agreement; and, (B) that the full development of an Interlocal Agreement concerning the duties and responsibilities of the entities participating in the EMS Oversight Program be approved.

BACKGROUND

In addition to the significant actions identified above, throughout the process the EMS WG and Executive Committee met regularly to build consensus to address the TRIDATA STUDY and to discuss and agree upon the structure and process for Regional EMS System Oversight. Over fifty meetings occurred to address the Franchise and EMS oversight issues. The Executive Committee was composed of the following individuals or their designees:

- Washoe County Manager
- Reno City Manager
- Sparks City Manager
- District Health Officer
- President of REMSA

Subject: Approval of the Interlocal Agreement for Emergency Medical Services Oversight
Staff Report Date: June 10, 2014

The EMS Working group included the Fire Chiefs of the North Lake Tahoe Fire Protection District, Reno Fire Department, Sparks Fire Department, Truckee Meadows Fire Protection District, the Washoe County Sheriff, the EMS Executive Committee, and designated staff.

Following the direction from the February 10, 2014 Concurrent Meeting, a draft Interlocal Agreement (ILA) for Emergency Medical Services Oversight was prepared based on the resolution presented at the February meeting. The Interlocal Agreement between the Washoe County Health District, City of Reno, City of Sparks, Washoe County and Truckee Meadows Fire Protection District (TMFPD) will create a Regional Emergency Medical Services Oversight function for the management, measurement and improvement of Emergency Medical Services within the Washoe County Health District.

The Interlocal Agreement was distributed to the EMS Executive Committee and TMFPD Chief Moore for review on May 14, 2014. A meeting with the EMS Executive Committee (without REMSA, which is not a signatory party to the ILA) was held on May 23, 2014 to discuss comments and modifications to the draft agreement. Based on these discussions and comments on the drafts of the agreement the Interlocal Agreement was finalized and distributed to the EMS Executive Committee and TMFPD Chief Moore on June 9, 2014 for presentation for approval to their governing bodies.

This agreement provides for an EMS Oversight Program, and an EMS Advisory Board to be established under the District Board of Health to compile, analyze, evaluate and recommend response/performance standards, and protocols to allow for continuous improvement and optimization of the regional EMS system performance and ensure proper patient care.

The ILA provides for the analysis of response data from each of the EMS agencies and review of a regional EMS response zone map on an annual basis. The ILA also provides for the cooperative participation of the City of Reno, City of Sparks, Washoe County, and the Truckee Meadows Fire Protection District in regional EMS oversight. The ILA responds to TRIDATA STUDY recommendations for oversight of the regional EMS system to ensure the EMS system is responsive to community needs and provides high quality patient care.

FISCAL IMPACT

The Interlocal Agreement for Emergency Medical Services Oversight will require the addition of 1.5 FTE staff to the EMS Program. Those positions were included in the FY15 adopted budget.

RECOMMENDATION

Staff recommends that the District Board of Health review the proposed Interlocal Agreement for Emergency Medical Services Oversight; and if approved, authorize the Chairman to execute each document with an implementation date of July 1, 2014.

POSSIBLE MOTION

Move to approve the Interlocal Agreement for Emergency Medical Services Oversight; and authorize the Chairman to execute.

INTERLOCAL AGREEMENT FOR
EMERGENCY MEDICAL SERVICES OVERSIGHT

This Interlocal (“Agreement”) dated as of _____, 2014, is entered into by and between the Washoe County Health District, a Special District created pursuant to Nevada Revised Statutes, Chapter 439 (“DISTRICT”), Washoe County, a political subdivision of the State of Nevada (“WASHOE”), the Truckee Meadows Fire Protection District through itself and the Sierra Fire Protection District based on its authority pursuant to a Cooperative Agreement for Fire Services between Truckee Meadows and Sierra Fire dated April 1, 2012,, both of which are Fire Districts created pursuant to Nevada Revised Statutes Chapter 474 (“FIRE”), the City of Reno, a municipal corporation in the State of Nevada (“RENO”), and the City of Sparks, a municipal corporation in the State of Nevada (“SPARKS”) to create a Regional Emergency Medical Oversight function within the DISTRICT for the management, measurement and improvement of Emergency Medical Services.

RECITALS

WHEREAS, on November 27, 1972, the governing bodies of RENO, SPARKS, and WASHOE formed the DISTRICT to provide a broad range of health services for the benefit of said agencies by said DISTRICT; and

WHEREAS, on October 22, 1986, the DISTRICT acting on behalf of RENO, SPARKS and WASHOE did approve “A Resolution Authorizing the Regional Emergency Medical Services Authority (hereinafter referred to as “REMSA”) to operate Emergency Medical Ambulance Services on an exclusive basis in defined areas of Washoe County; and

WHEREAS, in August of 2012 WASHOE was provided a report titled “Emergency Medical Services System Analysis” (hereinafter referred to as “STUDY”) performed by TRIDATA. The STUDY contains specific recommendations to be considered for the improvement of Emergency Medical Services provided by RENO, SPARKS, WASHOE, DISTRICT and REMSA for the purpose of improving the delivery of patient care and outcomes, and the delivery of Emergency Medical Services; and

WHEREAS, RENO, SPARKS, WASHOE and DISTRICT together on October 18, 2012, February 11, 2013, and June 10, 2013, have continued to review and direct changes to the provision of Emergency Medical Services by and through the STUDY recommendations; and

WHEREAS, the implementation of the STUDY’s recommendations require an Inter-Local Agreement concerning the Washoe County Health District to amend, remand and establish certain authorities by and between RENO, SPARKS, WASHOE and DISTRICT; and create a Regional Emergency Medical Oversight function for the management, measurement and improvement of Emergency Medical Services within the DISTRICT,

NOW, THEREFORE THE PARTIES AGREE as follows:

ARTICLE 1

Establishment of Oversight Program/Duties

1.1 Establishment of Program: The DISTRICT shall establish and maintain a Regional Emergency Medical Services Oversight Program (the “Program”) within the DISTRICT

1.2 Duties of Program: The Program shall provide for Oversight of all Emergency Medical Services (EMS) provided by RENO, SPARKS, WASHOE, FIRE and REMSA and shall:

- a. Monitor the response and performance of each agency providing Emergency Medical Services and provide recommendations to each agency for the maintenance, improvement, and long-range success of the Emergency Medical Services;
- b. Coordinate and integrate provision of Medical Direction for RENO, SPARKS, WASHOE, FIRE and REMSA providing emergency medical services;
- c. Recommend regional standards and protocols for RENO, SPARKS, WASHOE, FIRE and REMSA;
- d. Measure performance, analysis of system characteristics, data and outcomes of the Emergency Medical Services and provide performance measurement and recommendations to RENO, SPARKS WASHOE, FIRE and REMSA;
- e. Collaborate with REMSA, RENO, SPARKS, WASHOE, FIRE and DISTRICT on analysis of EMS response data and formulation of recommendations for modifications or changes to the Regional Emergency Medical Response Map;
- f. Identify sub-regions as may be requested by RENO, SPARKS, WASHOE, FIRE or the DISTRICT to be analyzed and evaluated for potential recommendations regarding EMS response services in order to optimize the performance of system resources;
- g. Provide a written Annual Report on the State of Emergency Medical Services to RENO, SPARKS, WASHOE, FIRE and REMSA covering the preceding fiscal year (July 1st to June 30th), containing measured performance in each agency including both ground and rotary wing air ambulance services provided by REMSA in Washoe County; the compliance with performance measures established by the District Emergency Medical Services Oversight Program in each agency, and audited financial statements and an annual compliance report by REMSA as required in the exclusive Emergency Medical Ambulance Service Franchise;
- h. Maintain a Five-Year Strategic Plan to ensure the continuous improvement of Emergency Medical Services in the area of standardized equipment, procedures, technology training, and capital investments to ensure that proper future operations continue to perform including Dispatching Systems, Automated Vehicle Locations Systems, Records Management Systems, Statistical Analysis, Regional Medical Supply and Equipment, and other matters related to strategic and ongoing Emergency Medical Services and approved by RENO, SPARKS, WASHOE and FIRE.

1.3. Term. This Agreement shall become effective July 1, 2014 for a period of one year ending June 30, 2015. This Agreement shall automatically renew each year on July 1st unless terminated by the parties as set forth below.

1.4. Termination of Agreement. This Agreement may be rescinded at any time by written agreement of termination executed by all the parties.

1.5 Unilateral Party Termination. A party may unilaterally terminate its participation in this agreement without cause by serving the other parties with written notice of termination. That party's termination shall take effect 90 days after service of notice.

ARTICLE 2 Advisory Board

2.1 Creation. The DISTRICT shall establish and maintain a Regional Emergency Medical Services Advisory Board

2.2 Composition. The Regional Emergency Medical Services Advisory Board shall be composed of the following members:

- a. City Manager, Reno
- b. City Manager, Sparks
- c. County Manager, Washoe County
- d. District Health Officer
- e. Emergency Room Physician (DBOH Appointment)
- f. Hospital Continuous Quality Improvement (CQI) Representative (DBOH Appointment)

2.3 Administration. The Advisory Board shall elect a chair and a vice-chair from among its membership to manage the meetings. The election shall occur at the Board's first meeting and thereafter at its first meeting at the beginning of each fiscal year. The chair and vice-chair shall serve for one (1) year. The Board shall be subject to the requirements of Nevada Revised Statutes Chapter 241, Open Meeting Laws. A majority of the Board constitutes a quorum for the conduct of business and a majority of the quorum is necessary to act on any matter.

2.5. Bylaws. The Board shall adopt bylaws or procedural rules necessary to carry out its functions and duties in an efficient and orderly manner.

2.6. Meetings. The Board shall hold a minimum of one meeting per fiscal year.

2.7. Duties. The Advisory Board shall review reports, evaluations, and recommendations of the Regional Emergency Medical Services Oversight Program, discuss issues related to regional emergency services, and make recommendations including:

- a. Make recommendations to the District Health Officer and/or the District Board of Health related to performance standards and attainment of those standards, medical protocols, communication, coordination, and other items of importance to a high performing Regional Emergency Medical Services System, and providing for concurrent review and approval by RENO, SPARKS and WASHOE; a uniform system shall be maintained for the region whenever possible.

ARTICLE 3 Fiscal Year

3.1 Definition. The fiscal year shall be July 1 through June 30.

ARTICLE 4 Duties of the Parties

4.1. Participation: RENO, SPARKS, WASHOE and FIRE shall participate in the Regional Emergency Medical Services Medical Oversight Program by:

- a. Providing information, records, and data on Emergency Medical Services dispatch and response from their respective Public Safety Answering Points (PSAPs) and Fire Services for review, study and evaluation by DISTRICT.
- b. Participating in working groups established by DISTRICT for coordination, review, evaluation, and continuous improvement of Emergency Medical Services.
- c. Participating in establishing and utilizing a Computer Aided Dispatch (CAD) – to – CAD two-way interface with REMSA which provides for the instantaneous and simultaneous transmission of call-related information for unit status updates;
- d. Working cooperatively with DISTRICT to provide input to the development of the Five Year Strategic Plan and to ensure consistent two-way communication and coordination of the Emergency Medical Services System between RENO, SPARKS, WASHOE, FIRE, and REMSA in the future as technologies, equipment, systems, and protocols evolve;
- e. Participating on the Regional Emergency Medical Services Advisory Board;
- f. Striving to implement recommendations of DISTRICT, or submitting those recommendations to their governing bodies for consideration and possible action if determined necessary and appropriate by the respective managers; and
- g. Submitting recommendations regarding the Emergency Medical Services System to DISTRICT for implementation or for consideration and possible action by the District Board of Health if determined necessary and appropriate by the District Health Officer.

ARTICLE 5

Concurrent Review

5.1. The DISTRICT shall coordinate a concurrent review of the status of the Regional Emergency Medical Services by REMSA with RENO, SPARKS WASHOE and FIRE prior to the approval of any modifications or Resolution to the Franchise Agreement and prior to any extension of the franchise period.

ARTICLE 6

Miscellaneous Provisions

6.1. Governing Law/Jurisdiction. This Agreement and the rights and obligations of the parties hereto shall be governed by and construed according to the laws of the State of Nevada. The parties consent to the jurisdiction of Nevada district courts in Washoe County for the enforcement of this Agreement.

6.2. Assignment. The parties shall not assign, sublet or transfer any interest or service in this Agreement, or which arises out of this Agreement, without the written consent of the other parties.

6.3. Severability. If any provision of this Agreement or its application is held invalid by a court of competent jurisdiction, the remainder of the Agreement shall not be affected.

6.4. Entire Agreement/Modification. This Agreement is the entire Agreement between the parties. No change termination or attempted waiver of any of the provisions of this Agreement shall be binding on the parties unless executed in writing by each of the parties.

6.5. Benefits. This Agreement is entered into solely for the benefit of the parties hereto. It shall confer no benefits, direct or indirect, on any third persons, including employees of the parties. No person or entity other than the parties themselves may rely upon or enforce any provision of this Agreement. The decision to assert or waive any provision of this Agreement is solely that of each party.

6.6. Notice. All notices and demands required under this Agreement shall be in writing and shall be deemed to have been duly given, made and received when delivered or deposited in the United States mail, registered or certified mail, postage pre-paid, addressed as follows:

Washoe County Health District
District Health Officer
P.O. Box 11130
Reno, NV 89520

City of Reno
City Manager
PO Box 1900
Reno, NV 89505

City of Sparks
City Manager
431 Prater Way
Sparks, NV 89431

Truckee Meadows Fire District
Fire Chief
P.O. Box 11130
Reno, NV 89520

Washoe County
County Manager
P.O. Box 11130
Reno, NV 89520

6.7. Indemnification. Each party agrees to indemnify and save and hold the other party harmless from any and all claims, causes of action or liability arising directly from such party's negligence or wrongful misconduct during the performance of this Agreement. The indemnifying party shall not be liable to hold harmless any attorney's fees and costs for the indemnified party's chosen right to participate with legal counsel.

6.8. Limitation of Liability. The parties will not waive and intend to assert any available remedy and liability limitation set forth in Chapter 41 of the Nevada Revised Statutes, and any and all applicable laws or case law.

6.9. Compliance with Law. The parties shall comply with all local, state, and federal law in the implementation of this Agreement in particular the provisions of the Privacy Rule of HIPAA as applicable.

IN WITNESS WHEREOF, the parties have executed this Agreement of the day and year below noted.

WASHOE COUNTY HEALTH DISTRICT

By _____ Date _____

Attest:

By _____ Date _____

CITY OF RENO

By _____ Date _____

Attest:

By _____ Date _____

CITY OF SPARKS

By _____ Date _____

Attest:

By _____ Date _____

TRUCKEE MEADOWS FIRE PROTECTION DISTRICT

By _____ Date _____

Attest:

By _____ Date _____

WASHOE COUNTY

By _____

Date _____

Attest:

By _____

Date _____



WASHOE COUNTY HEALTH DISTRICT

EPIDEMIOLOGY & PUBLIC HEALTH PREPAREDNESS



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DIVISION DIRECTOR STAFF REPORT BOARD MEETING DATE: June 26, 2014

DATE: June 17, 2014

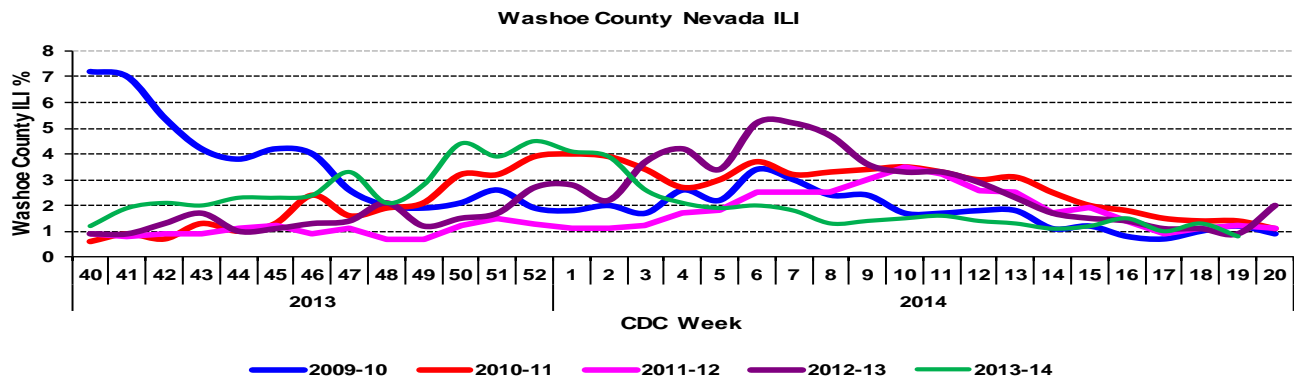
TO: District Board of Health

FROM: Randall Todd, DrPH, EPHP Director
775-328-2443, rtodd@washoecounty.us

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

1. Program Update – Communicable Disease

- a. Influenza - The week ending May 17, 2014 (CDC Week 20) marked the end of the traditional flu season. Most significant influenza activity for the year has ended by this time. However, influenza surveillance activities will continue because one indication of a potential pandemic is an off season spike in flu cases. For week 20 eleven of the twelve participating healthcare providers reported a total of 80 patients with influenza-like-illness (ILI) out of a total of 5,998 patients seen. This yields an ILI percentage of 1.3% which is below the regional baseline of 2.9%. During the previous week (19) the national ILI percentage was 1.3% which is below the national baseline of 2.0% Regionally, the ILI percentage ranged from 0.7% to 2.2%.



In the graph above it is possible to compare the ILI percentages by week for the current year as well as the previous four flu seasons. From these data it can be seen that the influenza activity this year peaked relatively early in the season and was of average magnitude. However, indicators of severity were higher this year with greater percentages of hospitalizations, Intensive Care Unit (ICU) admissions, and deaths among laboratory confirmed cases compared to recent years

2. Program Update – Public Health Preparedness (PHP)

- a. Summer intern - Adrienne Lebsack is working on her Master's degree in public health with a focus on epidemiology. She is serving as a summer intern in the PHP program and is documenting all federal and state laws related to Points of Dispensing.
- b. Plan updates - The PHP program updated the Continuity of Operations Plan (COOP) to reflect changes in staff as well as feedback from the recent staff COOP tabletop exercises. The updated COOP has been posted to the intranet. The updated Medical Countermeasure Distribution and Dispensing Plan is complete aside from some minor formatting, and will be posted on the intranet by June 30, 2014.
- c. Partnerships - The Health District, three fire agencies, Renown, Saint Mary's and Northern Nevada Medical Center met to continue POD planning for the general public. These agencies have agreed to collaborate with the Health District to provide resources (people) to provide prophylaxis to the general public once they have completed their private POD operations. This group will continue to meet quarterly, with a sub-committee that will meet more often to plan a Full-Scale Pandemic Influenza exercise for Fall 2014. 500 free flu vaccine has been ordered by CCHS (thank you, Linnie!) for this exercise.
- d. Volunteers - The Medical Reserve Corps Volunteer program recently deployed nurses and EMT's volunteers to Saint Mary's Hospital to serve as support to their regular emergency departmental staff. This occasion occurred during the Reno-Tahoe International Airport Authority's full- scale emergency exercise entitled "Broken Wing" on May 29th. This was the first time that a Northern Nevada Hospital cooperated with the MRC to allow its medical volunteers to operate in this capacity, even though it was only an exercise. It is anticipated that as a result of the professionalism and efficiency demonstrated by the MRC medical volunteers, a structure can be forged to allow MRC Volunteers to help out in real future "surge" emergencies.

3. Program Update – Emergency Medical Services (EMS)

- a. EMS Program staff conducted a meeting with REMSA and the area fire chiefs to discuss the data elements that will be collected and analyzed as we move forward with the new EMS oversight model. In anticipation of the new inter local agreement being signed, staff is already working with Washoe County GIS to add geocodes to REMSA data and has added some special interest areas submitted by the Sparks Fire Chief.



WASHOE COUNTY HEALTH DISTRICT

COMMUNITY & CLINICAL HEALTH SERVICES DIVISION



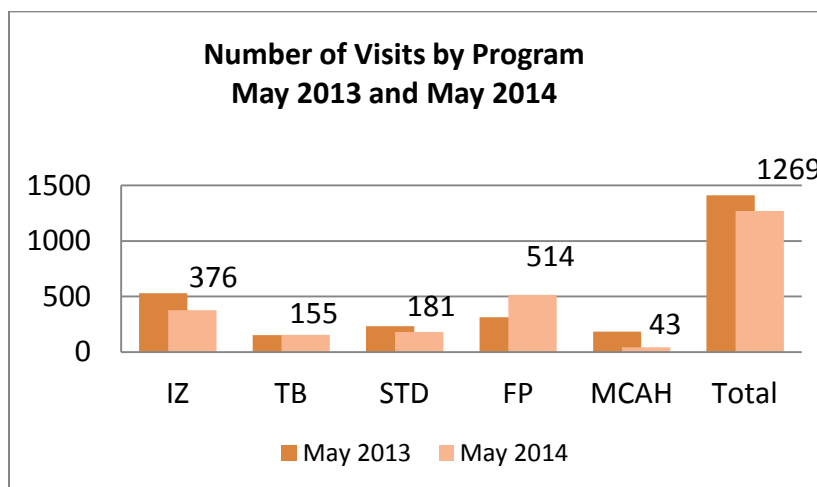
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DIVISIONAL STAFF REPORT
BOARD MEETING DATE: June 26, 2014

DATE: June 13, 2014
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
 775-328-6159; skutz@washoecounty.us
SUBJECT: Divisional Update, Program Reports

1. Divisional Update

- a. Insight – Revenue Cycle Management (RCM) work continues with telephone conferences between Health District and Netsmart RCM staff, with plans to implement RCM in July. Discussions continue between Selectron and Netsmart regarding automated phone and internet clinic appointments. Staff is working with Netsmart to delay implementation of the Family Planning Module related to the Department Computer Application Specialist vacancy.
- b. Affordable Care Act (ACA) – Nothing significant to report this reporting period.
- c. Data/Metrics –



Number of WIC Participants Served* - April 2014:

Women Prenatal	Women Postpartum Non-breastfeeding	Women Postpartum Breastfeeding	Infants 0-12 Months	Children 1-5 Years	TOTAL
505	336	416	1,208	3,018	5,483

*It takes a full month after the last day of the reporting month for final caseload counts as WIC clinics operate to the end of the month and participants have 30 days after that to purchase their WIC foods.

Changes in data can be attributed to a number of factors – fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables, all which may affect the availability of services.

2. Program Reports – Outcomes and Activities

- a. **Sexual Health** – Recruitment is underway for a Public Health Nurse vacancy in the Sexual Health Program. This position will conduct Sexually Transmitted Disease (STD) investigations and provide clinic services.

Three Sexual Health Program staff will attend training required to implement HIV care activities (i.e. Ryan White Part B funding), specifically linking and retaining HIV positive individuals to HIV medical care. Anti-Retroviral Treatment and Access to Services (ARTAS) is a strength based individual level evidence-based intervention. This intervention encourages the client to identify and use personal strengths to create and follow through with goals related to their individual HIV care. Linkage and retention to care contributes to higher rates of HIV treatment adherence. HIV positive individuals who are compliant with HIV treatment and achieve an undetectable HIV viral load can reduce HIV transmission by 96%.

- b. **Immunizations** – Give Kids a Boost Sun Valley Health and Safety Fair was held on June 7, 2014, in partnership with Immunize Nevada. Immunizations were given to forty-eight clients, age four years and above.

Three Spring School Located Vaccination Clinics were held at Dilworth, Billingham and Shaw Middle Schools in partnership with Immunize Nevada. A total of 117 individuals attended, and received 151 vaccinations.

A Private School Immunization Requirement Training Update was held on May 14, 2014. Attendees received education regarding Nevada Revised Statute (NRS) requirements for children attending private schools. This class was conducted in partnership with Immunize Nevada.

- c. **Tuberculosis Prevention and Control Program** – The TB Program Supervisor and Coordinator attended the National TB Controller’s Conference in Atlanta, June 11-13, 2014.

- d. **Family Planning/Teen Health Mall** – Recruitments for a Community Health Aide (CHA) and an Advanced Practice Registered Nurse (APRN) are in process. When these positions are filled the program will be fully staffed for the first time in over a year.
- e. **Chronic Disease Prevention Program (CDPP)** – Kelli Goatley-Seals has been promoted to the new Health Educator Coordinator position for the CDPP. Kelli has over 11 years of experience as a Health Educator with our agency. She has extensive health education experience in Family Planning and the CDPP. Her knowledge of chronic disease program planning, policies and procedures, grant writing and budget, and legislative experience provide a strong foundation for this position.

Nicole Alberti, will be transferring to the CDPP effective June 30, 2014, as a Health Educator II. Nicole has seven years of experience as a Health Educator with our agency, initially with CDPP, and she has spent the past three years in the Epidemiology and Public Health Preparedness program. Her past experience working with chronic disease prevention will allow us to enhance existing programs as well as forge ahead with new program opportunities.

The CDPP partnered with Safe Kids Washoe County in photo-voice project focusing on health and pedestrian safety. A group of eight students at Esther Bennett Elementary School received education on photography, pedestrian safety, and health including nutrition and physical activity. The students then went into the community and captured images related to health and pedestrian safety. With the conclusion of the school year and this year's photo-voice program, the group of students was each awarded a digital camera. The images from this project will be displayed at the upcoming Healthy Living Forum in September.

Kelli was elected as the President Elect for the Washoe County Safe Kids Coalition starting on July 1, 2014.

The tobacco free UNR project continues to build momentum with the consideration of banning smoking on all University of Nevada System college, university and research campuses. Kelli attended the Board of Regents meeting on June 6, 2014 on behalf of the Washoe County Health District, providing the District Health Officer's comments on this issue.

A large media campaign for addressing secondhand smoke and quitting smoking was launched this month via radio, TV, internet and billboards with funding from the Master Settlement Agreement grant.

- f. **Maternal, Child and Adolescent Health (MCAH)** – The Home Visitation team stopped taking referrals for new cases on May 30, 2014. The team continues to close cases and provide clients with other community resources. Fetal Infant Mortality Review (FIMR) activities are expected to begin July 1, 2014, upon a finalized Interlocal Agreement (ILA) between Washoe County and the State of Nevada.

- g. **WIC** – After operating under an Interim Rule for over 10 years, the Final WIC Food Rule was published. Primary changes relate to fresh fruits and vegetables, and the type of milk offered. Effective June 2, 2014, women and children will each receive \$8.00 per month in fresh fruits and vegetables, up from \$6.00. Beginning October 1, 2014, all children over the age of two and women will receive skim or 1% milk (2% with a doctor's prescription).

WIC management met with the Community Health Assessment coordinator regarding use of WIC clients for focus group participation in the upcoming Community Health Assessment.



WASHOE COUNTY HEALTH DISTRICT

ENVIRONMENTAL HEALTH SERVICES DIVISION



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DIVISION DIRECTOR STAFF REPORT

BOARD MEETING DATE: June 26, 2014

DATE: June 12, 2014
TO: District Board of Health
FROM: Robert O. Sack, Division Director, Environmental Health Services (EHS)
 775-328-2644; bsack@washoecounty.us
SUBJECT: EHS Division Update, Program Updates - Food, Land Development, Vector-Borne Disease, Waste Management, General Environmental, and EHS Inspections / Permits / Plan Review.

DIVISION UPDATE

- Interviews for the vacant Environmental Health Specialist Trainee positions will be conducted on June 24.

PROGRAM UPDATES

Food

- Congratulations to Amber English on accepting a promotion to Senior Environmental Health Specialist in the Food Program effective July 1, 2014.

Land Development

- The Health District received 3 water plans for approval.
- The program is continuing to see increases in plan submittals for subdivisions, commercial development and residential housing units.

Vector-Borne Disease

- The Vector-Borne Diseases Program started their Disease Surveillance and during the week of June 2 identified a positive mosquito sample for Saint Louis encephalitis at Swan Lake. Fogging commenced the following day to knock down the adult mosquitoes and staff followed up with subsequent trapping. More adult mosquitoes were collected indicating several species of mosquitoes with additional fogging the week of June 9. St. Louis encephalitis has been previously identified in the Truckee Meadows Community, but typically is not seen until late July or August. Staff conducted pre-aerial surveys and with this effort over 900 acres were treated from Lemmon Valley to Little Washoe Lake in the Truckee Meadows Community on June 11 in the program's second aerial application of the season (see attached).

- Staff will begin conducting surveys and treatments for catch basins within the next several weeks. With over 25,000 basins in the Truckee Meadows Community, these basins are little incubators producing hundreds of mosquitoes each. Several species found in this favorable organic source include the Little House mosquito, Culex pipiens. As the name implies, it finds its way into homes and is a vector for West Nile virus.
- Staff is busy reviewing building project inspections to ensure the program's infrastructure designs are implemented. Ten (10) projects have been signed off.

Waste Management

- The program provided funding for all of the dumpsters utilized during the Great Truckee Meadows Cleanup in May. A total of 18 dumpsters were provided for this event.
- An agreement was finalized with NineCaribou Productions, LLC to develop an educational documentary video for how both residential and commercial properties manage solid waste to reduce accessibility to wildlife, specifically black bears.
- An agreement was finalized with Keep Truckee Meadows Beautiful to provide funding and outreach to combat illegal dumping activities within the Health District.

General Environmental

- Hotel/Motel routine inspections have resulted in a 90+% re-inspection rate for the current calendar year.
- 80% of all seasonal pool and spa facilities have been inspected and opened over the past month.

EHS 2014 Inspections/Permits/Plan Review

	JAN	FEB	MAR	APR	MAY	YTD	Mo. Avg
Child Care	6	3	7	13	10	39	8
Complaints	70	74	68	96	101	409	82
Food	499	312	452	388	475	2,126	425
General	63	67	118	62	383	693	139
Plan Review (Commercial Food/Spas)	14	3	4	3	14	38	8
Plan Review (Residential Septic)	21	29	32	39	41	162	32
Residential Septic Inspections			37	45	33	115	38
Well Permits	11	0	5	6	6	28	6
Waste Management	12	20	29	9	12	82	16
TOTAL	696	508	752	661	1,075	3,692	754

* **General Inspections Include:** Invasive Body Decorations; Mobile Homes/RVs; Public Accommodations; Pools; Spas; RV Dump Stations; and Sewage/Wastewater Pumping.

Second Area Mosquito Abatement Operation Scheduled Wednesday

Posted: Jun 06, 2014 2:21 PM PDT Updated: Jun 06, 2014 2:21 PM PDT



From Washoe County Health District:

The Washoe County Health District Vector-Borne Disease Prevention Program will be conducting its second scheduled mosquito abatement operation beginning at approximately 6:30 a.m., on Wednesday, June 11. Helicopter applications of Vectolex will be applied to 800 acres of wetlands in Lemmon Valley, Red Hawk, Kiley Ranch, Rosewood Lakes, Butler Ranch, South Meadows, Damonte Ranch and Washoe Valley.

According to health officials, the abatement operation is timely because the Vector-Borne Disease Prevention Program's disease surveillance trapping in the Truckee Meadows has identified a positive mosquito sample for Saint Louis encephalitis collected at Swan Lake. The positive sample was confirmed by the Nevada Department of Agriculture Animal Diseases Laboratory. Washoe County Health District Vector-Borne Disease Prevention Program staff conducted insecticide fogging in the immediate area, and continued surveillance with additional mosquito trapping this week.

Health officials note that the detection of the St. Louis encephalitis virus in the Truckee Meadows area is earlier than usual. They remind people that with this early detection of virus it is important to take proactive measures to prevent mosquitos from biting. Prevention can include:

- * Wear pants and long sleeved shirts and apply repellent such as Deet, Picaridin, Oil of Lemon Eucalyptus, or other natural products to protect you from biting mosquitos. Two layers of repellent may be applied, one on the skin and a second on clothing.
- * Repair tears in doors and window screens around your home or office, or keep them closed to keep mosquitos outside.
- * Remove standing water or any objects that can trap or collect water around your property which make breeding grounds for mosquitos.
- * If you have ponds, troughs or water features around your property, contact the Vector-Borne Disease Prevention Program to see if free Mosquito Fish are appropriate for use.
- * If you notice increased mosquito activity, call the Vector-Borne Disease Prevention Program at (775)785-4599 to investigate the source of the mosquitos.



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT

BOARD MEETING DATE: June 26, 2014

DATE: June 10, 2014

TO: District Board of Health

FROM: Charlene Albee, Director
775-784-7211, calbee@washoecounty.us

SUBJECT: Program Update – 2014 Bike to Work School & Fun Week, EnviroFlash Challenge, Divisional Update – Monthly Air Quality Index; Program Reports – Monitoring & Planning and Permitting & Enforcement

1. Program Update

a. 2014 Bike to Work, School & Fun Week

The 2014 Bike to Work, School & Fun Week (BTWW) took place May 10th through 16th and was a huge success for all of the participants and the community. There were 822 registrants with 164 of those actually logging their miles on-line. A total of 8,082 miles were logged which translates to 3.9 tons of carbon dioxide (CO₂) emissions being avoided or the equivalent of removing 290 vehicles from the road over the course of the week. The Health District Team alone logged 437 miles.

This year's event included the Mayoral Challenge, which received significant media attention, Bike to the Ballpark, Pedal for Pancakes, Coffee Shop Stops, the Commuter Challenge, and the Rack Em Up at School Fullest & Best Decorated Bike Rack Contests. The Truckee Meadows Bicycle Alliance, RTC SMART TRIPS, Safe Routes to School, and the Air Quality Management Division coordinated the distribution of prizes for the event raffles and competitions.

The BTWW events support the goals of the Air Quality Management *Keep it Clean – Rack Em Up* campaign.

b. EnviroFlash Challenge Results

Last month AQM announced the delivery of daily air quality information through EnviroFlash, a service provided through a partnership with the U.S. Environmental Protection Agency. In a continuing effort to increase subscribers, the Annual EnviroFlash Challenge was conducted between April 21st and May 30th. This is a national challenge providing an opportunity for air agencies to compete against each other to see who can get

the biggest increase in subscribers. The competing agencies ranged across the county from South Coast Air Quality Management District to Rhode Island Department of Environmental Management. The following table represents the results of the 2014 EnviroFlash Challenge:

Total Percentage Increase

Results	Partner Agency	% Increase
First Place	Washoe County Health District	4900%
Second Place	City of Evansville EPA	40%
Third Place	Rhode Island Dept. of Environmental Management	38.7%

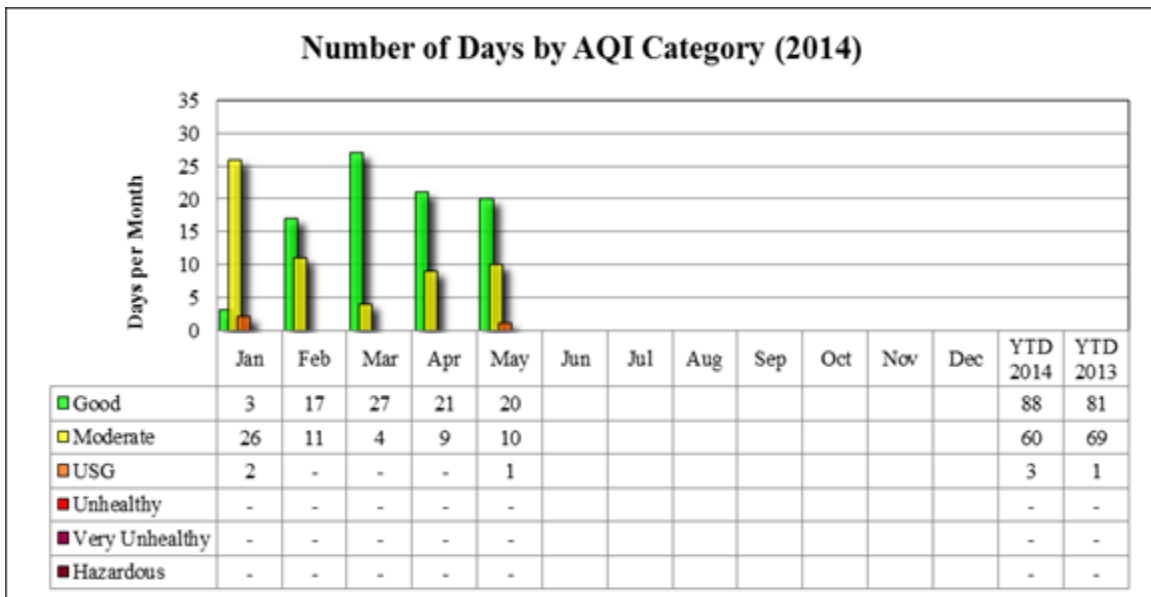
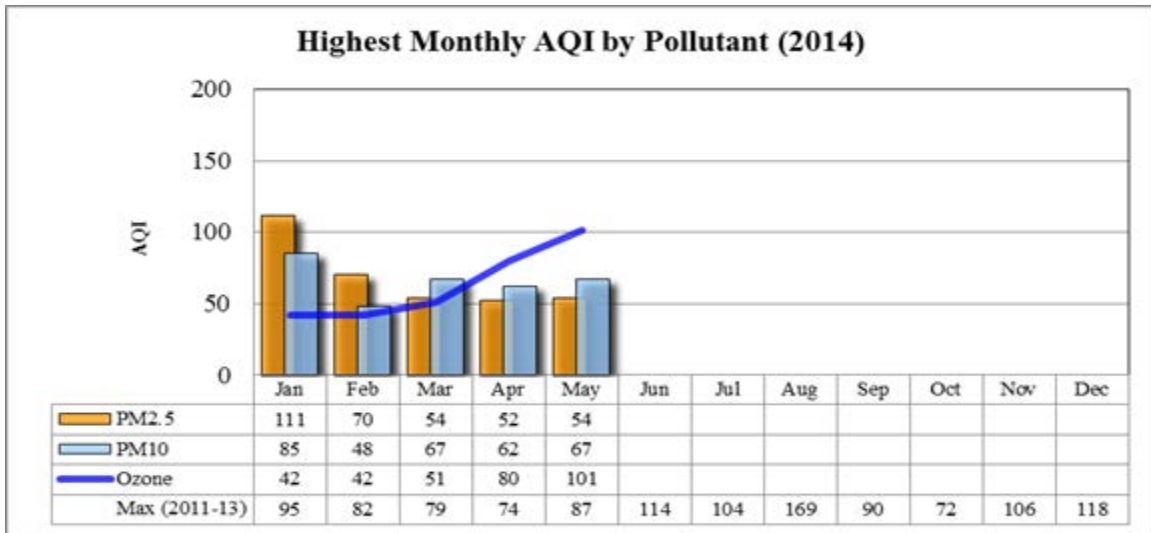
Total Subscriber Increase

Results	Partner Agency	Total Increase
First Place	South Coast Air Quality Management District	299
Second Place	Illinois EPA, Bureau of Air	113
Third Place	Washoe County Health District	98

Being new to EnviroFlash we did have an advantage in the total percentage increase but the total subscriber increase reflects a tremendous effort by staff to promote the program. At this time, Washoe County Health District has a total of 101 subscribers. The winners of the EnviroFlash Challenge will be receiving certificates and recognition on AirNow's website, Facebook, and Twitter.

2. Divisional Update

- a. Below are two charts detailing the latest air quality information for the month of May. The top chart indicates the highest AQI by pollutant and it also has the highest AQI from the previous three years in the data table for comparison. The bottom chart indicates the number of days by AQI category and it also has the previous year to date for comparison.



Please note AQI data are not fully verified and validated and should be considered preliminary. As such, they should not be used to formulate or support regulation, guidance, or any other governmental or public decision. For a daily depiction of the AQI data, please visit www.OurCleanAir.com for the most recent AQI Summary.

3. Program Reports

a. Monitoring & Planning

- The first ozone exceedance of the season occurred on May 17. There were no exceedances of any other criteria pollutant during the month.
- The DRAFT “2014 Ambient Air Monitoring Network Plan” is available for public inspection. This annual plan is required by 40 CFR 58.10 and summarizes the monitoring network operations in 2013. It also includes proposed network modifications for 2014-2015. The plan will be submitted to EPA by July 1, 2014.
- An exceptional events request for last year’s American and Rim Fires is anticipated to begin a 30-day public comment period on July 1. The request is for EPA to exclude PM2.5 data that were affected by wildfire smoke when determining attainment for the National Ambient Air Quality Standards. The Nevada Division of Environmental Protection (NDEP) is also preparing a request for the Rim Fire. Planning staff have been coordinating and sharing resources with NDEP. After the 30-day public comment period, both requests will be submitted to EPA at the same time in order to strengthen each agency’s documentation.
- The Department of Motor Vehicles (DMV) has rebranded their smoking vehicle program. The new “Smog Spotter” program allows the public a way to report smoking vehicles. Smoking vehicles create more air pollution and increase the risk of developing heart and lung diseases. Residents can submit a smoking vehicle report online (www.SmogSpotter.com) or by phone at 844-END-SMOG or 775-686-SMOG.

b. Permitting & Enforcement

Type of Permit	2014		2013	
	May	YTD	May	Annual Total
Renewal of Existing Air Permits	158	287	156	1339
New Authorities to Construct	8	44	3	88
Dust Control Permits	11 (73 acres)	49 (648 acres)	10 (145acres)	105 (1420 acres)
Wood Stove Certificates	37	153	21	329
WS Dealers Affidavit of Sale	5 (5 replacements)	46 (29replacements)	3 (1 replacement)	134 (83 replacements)
WS Notice of Exemptions	445 (8 stoves removed)	2852 (30 stoves removed)	786 (10 stoves removed)	7346 (83 stoves removed)
Asbestos Assessments	74	307	-	828
Asbestos Demo and Removal (NESHAP)	25	76	-	199

Staff reviewed twenty-four (24) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Staff conducted sixty-four (64) stationary source renewal inspections and fifty-one (51) gas station inspections in May 2014. Staff also conducted inspections on asbestos removal and construction projects.

- A job announcement was posted in May for an interdepartmental recruitment to fill the vacant Air Quality Supervisor Position in the Permitting & Enforcement Branch. Washoe County Human Resources was pleased to report a list of four (4) qualified applicants was established. Interviews have been scheduled for June 11th in anticipation of a June 30th start date.
- The Permitting Section continues to document the business workflows in preparation for the Regional Permitting & Licensing Software Project. Currently there are seventeen (17) AQM permit/activity types in the Permits Plus System. Recognizing the limitations of the old system and the potential of the new system, staff has reduced the list of permit types to five (5). The most significant change will be completing the emission calculations in an Excel spreadsheet and attaching the file to the permit rather than having the calculations hard coded into the system. This will provide flexibility for the calculations to be updated as science and research produce more representative methodologies. This change will result in a more efficient and accurate permitting system and overall emission inventory.
- The month of May is traditionally the beginning of the asbestos abatement season for the Enforcement Staff and this year is no exception. To date, abatement notifications have been submitted for four major projects at the University of Nevada, Reno, seven schools, the Reno Police Department, U.S. Post Office, Renown Medical Center, and multiple residences at Lake Tahoe. These projects are in addition to the Virginia Lake Townhouse project. Staff has also been contacted regarding the 60+ homes that will be abated prior to demolition in preparation for the Pyramid Way & McCarran Interchange Project which is expected to begin later this summer.

COMPLAINTS	2014*		2013	
	May	YTD	May	Annual Total
Asbestos	4	10	3	18
Burning	0	3	0	8
Construction Dust	8	12	4	30
Dust Control Permit	3	8	1	7
General Dust	4	19	8	46
Diesel Idling	0	3	0	8

Odor	0	6	2	16
Spray Painting	0	3	4	5
Permit to Operate	4	13	0	55
Woodstove	0	8	0	16
TOTAL	23	85	22	209
NOV's	May	YTD	May	Annual Total
Warnings	7	19	3	46
Citations	3	12	2	40
TOTAL	10	31	5	86

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



WASHOE COUNTY HEALTH DISTRICT

DISTRICT HEALTH OFFICER STAFF REPORT BOARD MEETING DATE: June 26, 2014

DATE: June 16, 2014
TO: District Board of Health
FROM: Kevin Dick, District Health Officer
(775) 328-2416, kdick@washoecounty.us
SUBJECT: District Health Officer Report - REMSA/EMS, Fundamental Review, Permit Software Project, Community Health Needs Assessment, Staffing, Other Events & Activities and Health District Media Contacts.

REMSA / EMS

Revisions to the draft Interlocal Agreement for Emergency Medical Services Oversight occurred following a meeting to discuss the draft with the City and County Managers on May 23, 2014. A final EMS ILA was distributed to the City and County Managers and the Truckee Meadows Fire Protection District Chief on June 11 to be agendized for approval by their governing bodies. (Fundamental Review Item 16)

A meeting with the Fire Chiefs and Managers was held on May 29, 2014 to discuss work going forward to evaluate EMS system responses and develop data and analysis to support recommendations for adjustments to response zones or protocols. A meeting with EMS agencies to determine data to report and analyze was held on June 4th.

Fundamental Review

Work to implement the Fundamental Review recommendations continues. A meeting with the Land Development User Group was held on June 12th at the Builders Association of Northern Nevada to discuss Final Map Approvals, Grading, and Water Distribution Systems (Fundamental Review Item 3). An approach for Program Cost Analysis was developed for presentation to the Board during the June meeting (Fundamental Review Item 10). More detailed time coding was developed to account for Air Quality program activities. Work toward implementation has revealed significant limitations of SAP for use to account for program activities. This time coding will begin in July, 2014 (Fundamental Review Item 9). Q-Team work in support of the Quality Improvement Initiative continues (Fundamental Review Item 23). An updated dashboard of the Fundamental Review recommendations implementation is attached.

Permit Software Project

Work continued with the jurisdictions to finalize an Interlocal Agreement (ILA) to authorize the regional project, to finalize a contract agreement with Accela, Inc., and to plan for project implementation. At the time of this report preparation the ILA had been approved by the Reno City Council on June 11th, and was scheduled for approval at the June 17th Board of County Commissioners Meeting and June 23rd Sparks City Council Meeting.

Community Health Needs Assessment

Work continues on the Community Health Needs Assessment through the Nevada Public Health Foundation's Independent Contractor, Heather Kerwin. Ms. Kerwin is compiling and analyzing community health status and health determinants data, and is coordinating with other organizations in preparation to conduct focus groups to identify health needs of low to moderate-income populations. Ms. Kerwin's work is directed through a Community Health Need Assessment Subcommittee of the Truckee Meadows Healthy Community Conference Planning Committee. The subcommittee meets biweekly and updates to the planning committee are provided on a monthly basis. The CHNA is expected to be completed by the end of December 2014. (Fundamental Review Item 14)

Staffing

Recruitment for an Administrative Health Services Officer is underway and the application period closes on June 30th. Mike Wolf was promoted to the position of Supervisor for Air Quality Permitting and Enforcement. Kelly Goatley-Seals was promoted to the position of Health Educator Coordinator in CCHS. Nicole Alberti is transferring from EPHP to the Health Educator II position vacated by Ms. Seals' promotion. Amber English will be promoted to Senior Environmental Health Specialist effective July 1, 2014.

Other Events and Activities

Division Director Meetings were held on May 28th and June 18th. I conduct individual meetings with the Division Directors on a bi-weekly schedule.

I attended the Western Sustainability and Pollution Prevention Network Advisory Board meeting on May 28th.

I met with the County Manager for coordination and briefing on activities on June 3rd and 13th.

I met with the Christi Cakiroglu, Executive Director of Keep Truckee Meadows Beautiful on June 12th to discuss concerns regarding public health issues along the Truckee River.

I attended the Children's Advocacy Center opening on June 13th.

I attended the UNR School of Community Health Sciences Advisory Board meeting on June 16th.

I attended the Renown Advisory Board meeting on June 17th.

I attended the REMSA Board meeting on June 20th.

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: May 13 - June 11, 2014

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
6/11/2014	KRNV CH4 - NBC Reno	Ashley Cullins	Second Hand Smoke - Ulibarri
6/10/2014	KOLO CH8 - ABC Reno	Colin Lygren	Air Quality - Inouye

6/2/2014	KOLO CH8 - ABC Reno	Terri Russell	Pertussis - Shore/Paulson/Ulibarri
5/29/2014	Entravision	Laura Calzada	Obesity - Seals
5/23/2014	KOLO CH8 - ABC Reno	Kendra Kostelecky	Pertussis - Ulibarri
5/15/2014	KRNV CH4 - NBC Reno Hunter/Ulibarri	Staff Photographer	Bike to Work -
5/15/2014	KTVN CH2 - CBS Reno	Adrianna Bennett	Bike to Work - Hunter/Ulibarri
5/15/2014	KOLO CH8 - ABC Reno Hunter/Ulibarri	Staff Photographer	Bike to Work -
5/14/2014	Reno Gazette Journal	Ben Spillman	Bike to Work - Hunter

Press Releases/Media Advisories/Editorials

6/10/2014	Media Advisory	PIO Ulibarri	June Mosquito Abatement
6/6/2014	Press Release	PIO Ulibarri	June Mosquito Abatement
5/22/2104	Press Release Approved	PIO Ulibarri	REMSA Franchise Agreement



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

Fundamental Review Recommendation Status

Legend:

Complete
Underway
Underway - Regulatory, Budget, Policy Analysis or Issue Resolution Necessary or in Process
Underway but Progress Stalled or Delayed
Not Yet Underway - No Changes Necessary
Parking Lot
Not Recommended

Status Goal

Status	Goal
	1 Place WIC organizationally where it is most closely aligned with similar functions
	a. WIC moved to CCHS effective 1/21/14
	2 Develop a DBOH orientation manual and program
	a. Design an orientation program and compile a draft manual for possible approval 8/28/14
	3 Strengthen customer focus, exploring the potential for user groups to share consumer viewpoints
	a. Land development user group established.
	4 Critically examine clinic appointment scheduling from a patient access perspective
	a. Staffing IZ and Vital Statistics five days a week, accept IZ walk ins
	b. Consider opportunities and costs for extended hours/weekend clinical services
	c. Explore opportunity to utilize Interactive Voice Response software
	5 Update fee schedules and billing processes for all clinical and environmental services
	a. Improve clinical billing through utilization of a third-party billing service by 8/1/14
	b. Identify costs for permits and services that could be included in fee schedules/propose
	c. Identify costs for regulatory programs that could be included in fee schedules/propose
	d. Identify community and clinical services for which reimbursement is available/bill
	6 Explore tiered level of services for Environmental Health programs and inspections
	a. Consider the desire & support for this type of tiered structure and this item within the larger context
	7 Participate in the business process analysis across all building permitting in the county
	a. Continue to implement this recommendation through DBOH approval of an ILA

Fundamental Review Recommendation Status

	8	Develop infrastructure to support the District Health Officer
	a.	The Office of the District Health Officer is established in the FY15 budget
	9	Implement time coding for employees
	a.	Time coding in EHS has been expanded, AQM timecoding is under development.
	10	Perform cost analysis of all programs
	a.	A proposed schedule for program cost analysis provided for June 26, 2014 DBOH.
	11	Perform assessment of needed administrative and fiscal staffing to increase efficiencies
	a.	Assess need for fiscal staffing and administrative staffing as program cost analysis is conducted
	12	Demonstrate a concerted effort among all parties to address tensions regarding overhead/direct costs
	a.	Additional General Fund transfer provided in FY 15 adopted budget to support unrecoverable indirect costs.
	13	Align programs and services with public demand
	a.	Shift home visiting resources to provide additional clinical services
	b.	Assess changes in service levels and program alignment with respect to CHIP, SP or funding
	14	Conduct a CHA in concert with current partner organizations
	a.	The CHA is being conducted.
	15	Develop metrics for organizational success and improved community health
	a.	In FY15, continue to identify metrics that help to manage programs and resources and tell our story
	16	Continue current collaborative action plan to resolve REMSA oversight issues
	a.	Ammended and Restated Franchise Agreement approved by DBOH, 5/22/14, EMS Oversight ILA drafted.
	17	Maintain current levels of local and state financial support
	a.	Action on this recommendation is captured under Recommendation 12 above
	b.	Advocate sustaining or enhancing funding through State agencies
	18	Conduct a governance assessment utilizing NALBOH criteria
	a.	Completed January 16, 2014. Determine future schedule to repeat
	19	Undertake an organizational strategic plan to set forth key Health District goals and objectives
	a.	Conduct a strategic planning initiative following the completion of the CHA and a CHIP
	20	Implement a performance management system
	a.	Use results of program cost analysis and SP to develop and implement performance mgmt. system
	21	Consider alternative governance structures
	a.	This is not a recommendation for staff action
	22	Take a greater leadership role to enhance the strong current State/Local collaboration
	a.	Health District efforts to focus on internal and local issues
	b.	Seek direction from DBOH on a greater leadership role

Fundamental Review Recommendation Status

	23	Develop an organizational culture to support quality by taking visible leadership steps
		a. Cross-Divisional Q-Team established and Divisional QI projects conducted.
	24	Seek Public Health Accreditation Board accreditation
		a. Seek DBOH direction on this recommendation once the CHA, CHIP and the SP are completed

Acronyms: IZ - Immunizations
 ILA - Interlocal Agreement
 CHA - Community Health Assessment
 CHIP - Community Health Improvement Plan
 SP - Strategic Plan
 QI - Quality Improvement
 DBOH - District Board of Health
 NALBOH - National Association of Local Boards of Health