

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING NOTICE AND AGENDA

Members

Kitty Jung, Chair
Julia Ratti, Vice Chair
Neoma Jardon
Dr. George Hess
David Silverman
Dr. John Novak
Michael D. Brown

Thursday, June 25, 2015
1:00 p.m.

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

Items for Possible Action. 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.

1:00 p.m.

1. ***Roll Call and Determination of Quorum**
2. ***Pledge of Allegiance**
3. ***Public Comment**

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item. Limited to three (3) minutes per person.

4. **Approval of Agenda**
June 25, 2015
5. **Approval of Draft Minutes**
May 28, 2015
6. **Recognitions**

A. Years of Service

1. Mark Wickman, 10 years, hired 6/13/2005 - EHS
2. Maria Jimenez, 10 years, hired 6/30/2005 – CCHS
3. Lisa Lottritz, 20 years, hired 6/26/1995 – CCHS
4. Tony Macaluso, 25 years, hired 6/4/1990 – EHS

B. New Hires

1. Stephen Shipman, - Public Health Emergency Response Coordinator, hired 6/15/15 – EPHP

C. Retirements

1. Beverly Bayan, 10/16/2000 - 06/25/2015 – CCHS/WIC

7. Consent Items

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

A. Budget Amendments/Interlocal Agreements

1. Approve Subgrant Amendment #1 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period January 1, 2015 through December 31, 2015 in the amount of \$224,570 for the Centers for Disease Control and Prevention (CDC) Immunization Program Grant (IOs 10028 & 10029); and if approved authorize the Chairman to execute.
Staff Representative: Patsy Buxton
2. Ratification of Interlocal Agreement between the Washoe County Health District and the Truckee Meadows Fire Protection District to provide storage and emergency operation activation of the VoiceStar CMS-T300 Series Portable Changeable Message Sign and Highway Advisory Radio equipment for the period July 1, 2015 through June 30, 2016 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three 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 Chair to execute.
Staff Representative: Patsy Buxton
3. Approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period April 1, 2015 through March 31, 2017 in the total amount of \$374,953 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology & Laboratory Capacity (ELC) – Ebola Supplement Federal Grant Program, IO 11242; Approve amendments totaling an increase of \$163,023 in both revenue and expense to the FY16 CDC ELC – Ebola Supplement Federal Grant Program, IO 11242; and if approved authorize the Chair to execute.
Staff Representative: Patsy Buxton
4. Approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Funds for a Healthy Nevada, for the period July 1, 2015 through June 30, 2017 in the total amount of \$201,977 in support of the Comprehensive Tobacco Prevention Program; Approval of amendments totaling a net increase of \$14,247 in both revenue and expenses to the adopted FY 14 Comprehensive Tobacco Prevention Program Grant budget, IO 11128; and if approved, authorize the Chair to execute.
Staff Representative: Patsy Buxton

8. Regional Emergency Medical Services Authority

Presented by Jim Gubbels

- A. Review and Acceptance of the REMSA Operations Reports for May, 2015

*B. Update of REMSA's Community Activities during May, 2015

9. Presentation, discussion and possible approval of the Regional Emergency Medical Services Authority (REMSA) Compliance Checklist, which will be used to determine REMSA's Franchise compliance with the Amended and Restated Franchise Agreement for Ambulance Service

Staff Representative: Brittany Dayton

10. Presentation, discussion and possible approval of Fire EMS training framework

Staff Representative: Brittany Dayton

***11. Regional Emergency Medical Services Advisory Board June Meeting Summary**

Staff Representative: Christina Conti

12 Acknowledge receipt of the Health District Fund Financial Review for May Fiscal Year 2015

Staff Representative: Anna Heenan

13. Presentation, Discussion and Possible Acceptance of the final 2015 Nevada Legislative Session Report and Discussion and direction to staff regarding legislation or legislative issues as may be deemed by the Chair or the Board to be of critical significance to Washoe County Health District

Staff Representative: Kevin Dick

***14. Staff Reports and Program Updates**

A. Air Quality Management, Charlene Albee, Director

Divisional Update, Program Reports

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

Divisional Update, Program Reports

C. Environmental Health Services, Bob Sack, Director

EHS Division Update, Program Updates - Food, IBD, Land Development, Vector-Borne Disease, Waste Management, and EHS Inspections / Permits / Plan Review

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

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

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

District Health Officer Report –Legislature, Community Health Improvement Plan, Truckee Meadows Healthy Communities, Emergency Medical Services, Fundamental Review, Other Events and Activities and Health District Media Contacts

***15. Board Comment**

Limited to announcements or issues for future agendas.

16. Emergency Items

***17. Public Comment**

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item. Limited to three (3) minutes per person.

18. Adjournment

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

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

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

Posting of Agenda; Location of Website. In accordance with NRS 241.020, this agenda has been posted at: <https://notice.nv.gov>, (i) Washoe County Administration Building (1001 E. 9th Street); (ii) State of Nevada Division of Public and Behavioral Health, Carson City, NV; (iii) Reno City Hall, 1 E. 1st St, Reno, NV; (iv) Sparks City Hall, 1675 Prater Way, Sparks, NV; (v) Washoe County Health District website www.washoecounty.us/health; and (vi) State of Nevada Website: <https://notice.nv.gov>. Agendas and staff reports are posted four days prior to the meeting.

How to Get Copies of Agenda and Support Materials. Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 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

Kitty Jung, Chair
Julia Ratti, Vice Chair
Neoma Jardon
Dr. George Hess
David Silverman
Dr. John Novak
Michael D. Brown

Thursday, May 28, 2015
1:00 p.m.

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

1. Roll Call and Determination of Quorum

The following members and staff were present:

Members present: Julia Ratti, Vice Chair
Dr. George Hess
David Silverman
Dr. John Novak
Chief Mike Brown

Members absent: Kitty Jung, Chair
Neoma Jardon

Staff present: Kevin Dick, District Health Officer, ODHO
Leslie Admirand, Deputy District Attorney
Anna Heenan, Administrative Health Services Officer, AHS
Steve Kutz, Division Director, CCHS
Bob Sack, Division Director, EHS
Dave McNinch, Supervisor, EHS
Tony Macaluso, Supervisor, EHS
Dr. Randall Todd, Director, EPHP
Christina Conti, EMS Program Manager, EPHP
Phil Ulibarri, Public Information Officer, ODHO
Dawn Spinola, Administrative Secretary/Recording Secretary, ODHO

2. Pledge of Allegiance

Dr. Novak led the pledge to the flag.

3. Public Comment

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item. Limited to three (3) minutes per person.

As there was no one wishing to speak, Acting Chair Ratti closed the public comment period.

4. Approval of Agenda May 28, 2015

Dr. Novak moved to approve the agenda for the May 28, 2015, District Board of Health meeting. Chief Brown seconded the motion which was approved five in favor and none against.

5. Approval of Draft Minutes April 23, 2015

Dr. Hess moved to approve the minutes of the April 23, 2015 District Board of Health regular meeting as written. Mr. Silverman seconded the motion which was approved five in favor and none against.

6. Recognitions

A. Years of Service

1. Cindy Hawks, 15 years, hired 5/1/2000 – EPHP

Mr. Dick congratulated and thanked Ms. Hawks.

B. Achievements

1. Phil Ulibarri, ODHO – Certified Communicator in Public Health

Mr. Dick congratulated Mr. Ulibarri and noted that only 27 people in the United States have earned that distinction.

2. Lynnie Shore and Sara Dinga - Nevada Silver Syringe Award for Innovation in Immunization

Ms. Dinga accepted the award for herself and Ms. Shore. Ms. Dinga thanked the fire chiefs in the room, acknowledging their participation in the private Points of Dispensing program.

3. Lisa Lottritz - 2015 Community Health Nurse of Achievement Award

Candy Hunter, prior supervisor in CCHS, reviewed a substantial list of reasons why she had felt Ms. Lottritz deserved the award and had nominated her for it.

Acting Chair Ratti noted that public/private partnerships had been reduced, out of necessity, during the recession. She opined the Health District (WCHD) would not be able to assist the community as well as it does without the partnerships, and does an extraordinary job of being

engaged in the community and maintaining partnerships to make a bigger impact.

7. Consent Items

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

A. Air Quality Management Cases

Staff Representative: Charlene Albee

1. Recommendation to uphold citations not appealed to the Air Pollution Control Hearing Board

- a. Grand Sierra Resort & Casino – Case No. 1173, Citation No. 5442

B. Budget Amendments/Interlocal Agreements

1. Approval of Grant Agreement #A-00905415-0 from the U.S. Environmental Protection Agency (EPA) for total funding in the amount of \$686,693 for the period 10/1/14 through 9/30/15 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019

Staff Representative: Erin Dixon

2. Approval of Grant Agreement PM-00T56401-0 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$111,884 (\$59,050 available for drawdown) for the period 4/1/15 through 3/31/16 for the Air Quality Management, EPA Air Pollution Control Program, IO 10021

Staff Representative: Erin Dixon

3. Ratification of Interlocal Agreement between the Washoe County Health District and the North Lake Tahoe Fire Protection District to provide storage and emergency operation activation of the VoiceStar CMS-T300 Series Portable Changeable Message Sign and Highway Advisory Radio equipment for the period upon ratification through June 30, 2016 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three 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

Staff Representative: Patsy Buxton

C. Acceptance of Washoe County, Nevada, Air Quality Trends Report (2005-2014)

Staff Representative: Charlene Albee

Dr. Novak moved to approve the Consent Agenda as presented. Dr. Hess seconded the motion which was approved five in favor and none against.

8. Public Hearings

- A. Presentation, discussion and possible adoption of revisions to the Regulations of the Washoe County District Board of Health Governing Food Establishments with possible modifications to include, but not limited to, training provisions for Certified Food Protection Managers and possible direction to staff

Staff Representative: Dave McNinch

Mr. McNinch thanked staff member Amber English for her efforts in completing the revisions.

Mr. McNinch presented the staff report. He reiterated the Board had approved the Business Impact Statement for the proposed food regulations in April and had set May 28 as the public hearing date for possible adoption. He noted that there had been media reports earlier in the day referencing a section of the regulations which designate no bare-hand contact and clarified that was not a glove requirement. He pointed out the proposed Food Protection Manager (FPM) regulations did not require an on-line course.

Mr. Dick noted the change in the proposed regulations that did not incorporate a training requirement was an area that had been widely commented on. At the prior District Board of Health (DBOH) meeting, trainers certified in other counties had expressed frustration that they were not allowed to provide training for their own staff in Washoe County. Food service professionals had expressed the opinion that the training program was important.

Mr. Silverman had contacted Mr. Dick with his concerns and thoughts, and they had drafted the regulatory language which was displayed on the screen for review and passed out in hard copy to audience members. (Attached Exhibit A).

Mr. Silverman acknowledged the amount of work that had gone into the revisions and explained his involvement in the process. He opined that most of the revisions were acceptable but some had caused him concern. He agreed that training was very important and stated that eliminating it had never been a goal. One of the main objectives had been to provide training options.

Mr. Silverman noted the FPM certification exam was quite challenging and covered a number of subjects. He explained the proposed regulations allowed operations to have training that is specific to their organization. He stated he was an advocate of people attending the training programs as the trainers do a phenomenal job, and their role in the community would not change. Mr. Silverman went on to explain that staff had listened to the community and incorporated their input. The current level of food safety would be maintained.

Mr. Dick stated the intent of the proposed revision to the training segment of the regulations was to provide training for employees that are seeking the FPM certification for the first time. It would require the permit holder to prepare, document and implement a training plan of their own for those employees, or else have the employee complete a training program from an accredited certification organization.

Mr. Dick went on to explain that if an employee trained under the permit holder's training plan rather than completing a course does not pass the exam, the permit holder would be required to have the employee complete a training program from the accredited certification organization.

Mr. Dick noted the other requirement was in regards to the documentation of the food safety training plans. They would be maintained for a period of five years or for the period of a person's employment, whichever was shorter. It would include documentation of testing dates and completion of training if that is the course that is pursued. The documents would be available to a WCHD inspector upon request.

Mr. Silverman noted another concern had been the fact that certification elsewhere was not valid in Washoe County. That had also been addressed in the proposed update.

Acting Chair Ratti opened the public hearing and explained that each person wishing to speak would be given three minutes.

Tony Pastini opined online training was not as effective as classroom training and that some information provided by the Food and Drug Administration (FDA) may have been misinterpreted. He felt the training program should be preserved and the changes did not benefit the community. He asked for an explanation as to why, in a television interview presented earlier in the day, he stated that it had been reported that this issue had been decided and was going into effect on July 1.

Acting Chair Ratti stated she would follow up on his question.

Pete Allen stated he had attended four information-gathering meetings presented by WCHD and thus far had not heard valid public health justification for abolishing the existing Food Service Manager education program. He acknowledged much of the proposed regulatory change does promote uniformity, but uniformity in food safety education does not equate to improvement of the existing requirement.

Robbin Rose reviewed the major points of an article she had written, which had just been presented to the Board members by the Secretary, (attached Exhibit B). It was published in 1993 and addressed the Certified Food Service Manager program in Washoe County which she had developed and implemented. She expressed concern that its integrity may be stripped and its effectiveness compromised.

Tracy Lerud stated she opposed the proposal surrounding the current food safety program, primarily citing changes in certification tracking. She expressed concern for the health and safety of the community because of reduced continuing education requirements.

Bryan Wagner opined the proposal was asking the Board to totally eliminate the food safety training requirements adopted by their predecessors. He requested they not adopt that portion of the regulations as they did not require any food safety training.

Dr. Hess opined the speakers may not understand the updated proposal and Acting Chair Ratti suggested the upcoming speakers incorporate that information into their comments if they wished to do so.

Mr. Wagner suggested the Board postpone the discussion and vote so people could review and comment on the proposed change. He opined some of the proposed items were unclear.

Alan Cook opined the new regulations were not an improvement to the current ones.

Vinnie Oakes suggested that a classroom learning opportunity was superior to other methods. He opined that simply passing a test does not prove a person is interested in food safety.

Helen Wierzbowski stated she was in favor of the changes. She opined the new proposal did not indicate that education was being eliminated. She pointed out the business owners were responsible for being sure their employees were properly certified and followed the rules at work.

Dave Preston explained he had been contacted by the head of the worldwide Army Commissary to provide food safety training, as internal efforts had not been entirely successful. He opined prevention was important.

Acting Chair Ratti thanked the audience for keeping a respectful discourse.

Sal Gray had submitted a request to speak but had already left the meeting.

Dana Moreland stated she had nothing to add.

Rich Pelton supported the updates as proposed. He explained that, despite his own certifications, education and experience, he was currently required to send his staff to outside training classes. He noted the Serve Safe certification system worked well and was recognized in most of the rest of the US. The new regulations accept Serve Safe, allowing him to be able to afford to certify more staff.

Lea Tauchen stated the Retail Association of Nevada (RAN) was in support of the regulations as written, including the addition. The uniformity of the regulations makes operational compliance easier. She noted the Association values the service the food safety trainers provide and encourage their members to utilize them if that is the most appropriate educational approach for their organization. RAN does support the flexibility the proposed regulations offer.

Tray Abney supported Ms. Tauchen's comments, adding that the new regulations were easy to understand, cost effective and efficient. The standardization made things easier for businesses located in multiple counties. He stated The Chamber appreciated the efforts and supported the changes.

John Roberts opined people would not achieve a high level of food safety awareness if they just took a test. He suggested the restaurant owners and operators be held responsible for being sure food was being handled safely.

Tim Whybrew felt the changes were good overall. He disagreed with the need for food safety training as his operation provided a higher level of training. He noted the effects and costs on the business when new staff, certified elsewhere, were required to go to a Washoe County certified training.

Acting Chair Ratti closed the public hearing. She suggested they initiate discussion with clarifying questions for staff.

Dr. Hess asked if staff would retain the policy of conducting one inspection per year. Mr. McNinch stated that was mandated by state law but they would inspect a facility as often as necessary if there are problems.

Chief Brown asked how the WCHD verified that each employee had a certification card. Mr. McNinch stated the District did not issue food handler cards; managers that pass the test are issued certificates. WCHD does maintain a database containing those records. Dr. Novak asked if the tracking would continue and Mr. McNinch stated it would not. Certifications would be validated at time of inspection. Recertification is required every five years.

Dr. Hess was not clear as to why the tracking would be discontinued. Mr. McNinch stated it was redundant and dynamic, as people come and go and certificates are achieved and not renewed. The businesses would be required to maintain the training and certification documentation and records.

Mr. Silverman noted one aspect that needed to be clarified was the tracking and enforcement of the process when an individual who did not pass the exam and was therefore required to attend training.

Acting Chair Ratti clarified that people had a broader range of training options, WCHD

was planning to stop tracking who has been trained, and certifications would be checked at time of inspection. Mr. McNinch stated that was correct. Acting Chair Ratti asked if it was standard procedure for the inspector to only check the certification of the manager working that day. Mr. McNinch stated that also was correct.

Mr. Macaluso explained the new regulations would require the certificates for all certified managers to be hanging in an area easily viewed by the public. Acting Chair Ratti asked if it was possible to catalog all of the certified managers when the inspector was on site. Mr. Macaluso opined that was not necessary as the national program issuing the certifications would track them all.

Acting Chair Ratti requested clarification regarding the comment made earlier about the television interviews which claimed the item had already been decided. Mr. Ulibarri stated he had conducted three television interviews earlier in the day and had made it clear that the decision regarding the regulations was up to the Board and they had the opportunity to vote on it during that meeting or to postpone.

Acting Chair Ratti asked if there was anything in the current regulations that prevents restaurants in Washoe County from using the food training programs that have been established. Mr. McNinch stated there was not.

Acting Chair Ratti asked if other counties had reciprocity with the WCHD program. Mr. McNinch explained certified individuals from other areas had two means of being certified in Washoe County. They could take the 16-hour approved course, or they can demonstrate that the course they took previously meets the curriculum requirements of WCHD regulations and ask for reciprocity. Mr. McNinch noted WCHD also has reciprocity agreements with some companies in town.

Dr. Hess asked how the results of the changes would be tested. He opined the food manager certification should continue to be tracked. Mr. Dick noted the proposed regulations closely mirrored what was being done across most of the country and the rest of the state. He explained the current certification tracking data base is not being utilized in conjunction with inspections on a day-to-day basis, so it was not adding any benefit.

Dr. Novak asked if the certification classes were required to be taken in a classroom setting. Mr. McNinch explained they were available online but were typically taken in a classroom.

Mr. Silverman thanked the members of the audience who had taken the time to come to the meeting and provide input. He expressed his appreciation that their efforts over the years had helped to keep the community safe.

Dr. Novak thanked Mr. Silverman and the staff for their hard work. He opined the new regulations allowed more flexibility and clarification. They were not meant to eliminate any education; it was being fortified through standards. They also allowed people to move from county to county without the need for recertification.

Chief Brown stated he appreciated the cross section of input from both sides. He opined the changes would be monitored and any necessary updates brought back to the Board.

Dr. Hess reiterated his concern with not tracking the certified food service managers. He suggested random additional inspections throughout the year to verify that the changes had not caused any problems.

Acting Chair Ratti thanked Mr. Silverman for getting involved, as he was the Board

member with the most background in this area. She thanked staff for their work as well. She went on to thank the audience on both sides and assured them that the Board had received sufficient amounts of information on the subject to make an informed decision. She noted the food safety program that had been in place was an excellent example of a successful public private partnership that made a difference in people's lives and thanked the founders.

Acting Chair Ratti went on to opine that times change, and that change included the way that adults learn. She noted research has suggested classroom training is not necessarily still superior to other training methods. She stated she was comfortable with being less directive about how the training is received.

Acting Chair Ratti stated she agreed with Dr. Hess about tracking. Without a list, there would be no way to conduct random sampling and testing. She suggested the tracking method be changed and tested for a year. One of the site visit tasks would be to collect a list of everyone working there that is a certified food manager and how they were certified.

Acting Chair Ratti stated for the record that she supported the recommendations as presented with the amendments presented by Mr. Silverman and with a method to track the certified managers and that staff return at a point to be designated in the future with an implementation plan.

Mr. Silverman moved to accept the proposed amendments to the regulations to include the modifications presented during the meeting. Dr. Novak seconded the motion.

Acting Chair Ratti proposed the motioner and second include an amendment to ask staff for a methodology to track certified managers at least for the first year and to return to the Board with an implementation plan.

Mr. Silverman accepted the amendment to the motion.

Acting Chair Ratti clarified the motion on the table was to accept the changes as recommended, including the modification presented during the meeting, as well as tracking food managers and bringing back an implementation plan.

Mr. Silverman and Dr. Novak indicated the motion as stated was acceptable. The motion passed five in favor and none against.

9. Regional Emergency Medical Services Authority
Presented by Jim Gubbels

A. Review and Acceptance of the REMSA Operations Reports for April, 2015

Mr. Gubbels reported for the month Priority One compliance in Zone A was 91 percent. For Priority One Zones B, C and D, it was 97 percent. Year-to-date average for Priority One Zone A was 92 percent. For Priority One Zones B, C and D, it was 98 percent.

Average Priority One response time in minutes was 5:30 for Reno, 6:19 for Sparks and 9:30 for Washoe County. Average Priority Two response time in minutes was 6:02 for Reno, 7:16 for Sparks and 9:51 for Washoe County.

Year-to-date average for Priority One response was 5:19 for Reno, 6:04 for Sparks and 9:30 for Washoe County. Year-to-date average for Priority Two was 6:01 for Reno, 6:50 for Sparks and 9:55 for Washoe County.

Average bill for March was \$1,080, bringing the year-to-date total to \$1,072.

There were nine time edits and two upgrades.

Dr. Novak moved to accept the report as presented. Dr. Hess seconded the motion which was approved five in favor and none against.

*2. Update of REMSA's Community Activities during April, 2015.

Mr. Gubbels pointed out a copy of the accreditation of the Nurse Help Line had been included in the Board packet. He reiterated it had been the first such accreditation in the world.

Mr. Gubbels also noted an article from USA Today about REMSA's Community Health Program. The article had been republished in Kaiser Health News and the World Health News.

10. Presentations on the utilization of System Status Management in an EMS system and REMSA's staffing model for the months June – September 2015

Staff Representative: Christina Conti

Ms. Conti introduced Steve Tafoya, manager of the EMS program with Nevada Division of Public and Behavioral Health.

Mr. Tafoya explained he was the regulatory authority for the State and oversees 63 EMS agencies. He provided a Power Point presentation (Attachment C) that gave an overview of how System Status Management (SSM) works.

Kevin Romero, REMSA, provided a presentation explaining their system demand analysis process (Attachment D). It compares the data gathered the previous year during the same time period and integrates snapshots of higher-growth areas. REMSA analyzes the data to establish staffing levels.

Mr. Romero reported that one of the growth areas that required additional coverage was in the Wingfield/Spanish Springs area. Regional Ambulance Services Incorporated (RASI) was granted an additional 144 unit hours by REMSA. The unit hours were divided between two locations, some in a fixed-post station in Spanish Springs and some into the Emergency Management System (EMS).

Mr. Romero displayed graphs demonstrating the ratio of average number of calls each day by hour and the number of units available to respond. He explained their surge capacity and how they handle anomalies in the data.

Chief Brown asked if they tracked units not available for response and Mr. Romero stated they did. He explained it was very rare that REMSA did not have an ambulance available to respond to a life-threatening emergency. They utilize a reprioritization system so can pull units off of a non-life-threatening call if necessary.

Acting Chair Ratti asked how often there is not an ambulance immediately available for a life-threatening emergency. Chief Brown noted the citizen dialing 911 does not distinguish between Priority 1 (P1) and Priority 3 (P3) calls; it is an emergency to them. He asked how Priority 2 (P2) and P3 calls were handled and Mr. Romero replied they were handled through the Emergency Medical Dispatch (EMD) process, which categorizes the severity level of the call.

Acting Chair Ratti reiterated she was interested in the data, to include P1, P2 and P3 calls. Mr. Romero stated they could provide that.

Dr. Novak identified times it appeared that REMSA did not have enough ambulance staffing and Kevin Romero explained that they had included in the report demand that was a result of call anomalies they had identified during the previous 20 week period.

Acting Chair Ratti asked if it was fair to say that higher density areas received lower response times. Mr. Romero noted variables occur that can delay response, but on average the response times should be within an average. More remote areas experience a slower response time.

Acting Chair Ratti asked how they can be sure they, as government agencies, are meeting a standard that is appropriate for the community with such a complex system. Mr. Tafoya explained the proper response plans were driven by each county's needs. The data drives the system. The State's investigations are complaint-based and they conduct regulatory activities. He noted all agencies in the Washoe County area, including the Tribe, were in good standing.

Dr. Hess moved to accept the report. Chief Brown seconded the motion which passed five in favor and none against.

11. Presentation, discussion and possible approval of the Regional Emergency Medical Services Authority (REMSA) Compliance Checklist, which will be used to determine REMSA's Franchise compliance with the Amended and Restated Franchise Agreement for Ambulance Service

Staff Representative: Brittany Dayton

Ms. Dayton explained that in January she had presented the Fiscal Year 13/14 Franchise Compliance Report which the Board had approved. Significant discussion had occurred regarding auditable and non-auditable items. In light of the new franchise and the upcoming Fiscal Year 14/15 report, EMS staff prepared a checklist.

Acting Chair Ratti asked if the current checklist was different than the one that had been presented to the Board in April. Ms. Dayton explained she would walk through the list and highlight the changed items.

In April, Vice Chair Ratti had recommended EMS staff meet with all the regional stakeholders to discuss the list. That had since occurred and their feedback and input had been incorporated into the current version.

Ms. Dayton reviewed the changes. The first request came from Truckee Meadows Regional Fire Protection District (TMFPD) and was to 2.1.b., adding and/or to the statement regarding mutual aid. The second came from Sparks and was to 2.7.c., confirming that the jurisdictions received their supply reimbursements. The third was suggested by TMFPD to 2.8.c., requesting REMSA disclose any grant funding for ground ambulance services. The final change was to 9.4. requested by TMFPD, asked that REMSA keep the certificates of completion of Incident Command System (ICS) training for their staff on file.

Ms. Dayton noted staff had met with Reno after the Board packet submission date, so their suggestions were not included. The discussion had included requests for more documentation for staffing and number of ambulances, and including information about the number of times that REMSA goes Status Six, which is more calls pending than ambulances

available. It was suggested that information be included under Section 7.4.

Acting Chair Ratti noted a discussion in which it had been disclosed some Sparks recommendations had not been included. She asked Ms. Conti to clarify how they decided which to include and which not to. Ms. Conti replied Sparks' recommendations had a firm date attached and staff was unable to properly address those prior to the Board meeting. 5.1.b., 5.2.d. and 6.1.a. would be addressed by the strategic plan, so were not included with a time certain.

Ms. Conti reiterated the requests from Reno came in after the document submittal date for the Board packet. Washoe County EMS program staff (WCEMS) had not yet had the opportunity to vet the requests to be sure they are part of the franchise agreement and could become part of the compliance document.

Acting Chair Ratti asked Ms. Conti if it was her opinion that the items that had been added aligned with the franchise. Ms. Conti stated the decision that the items were in alignment had been made with in partnership with the requesting jurisdiction.

Dr. Hess complemented WCEMS on the document.

Mr. Gubbels noted REMSA had had the opportunity to review the document with WCEMS and opined that the list in its current form does meet the requirements of the franchise and REMSA can meet the requirements on the list.

Acting Chair Ratti suggested approving the checklist with the exception of 5.1.b., 5.2.d. and 6.1.a, and asking the EMS Advisory Board to work with REMSA on some milestones that could be included in the checklist that would demonstrate specific progress.

Ms. Conti clarified the checklist was for July 1 to June, so any actions taken now would be for the past fiscal year's compliance. Acting Chair Ratti stated she understood.

Acting Chair Ratti clarified the changes would build a good process for this year and for the next year, so that the process is as strong as it can be. Being clear now will avert discussions in December about whether or not we are compliant with the franchise agreement.

Chief Brown agreed and stated he would like to see Reno's comments incorporated.

Acting Chair Ratti noted it would be an iterative process since there was still time. Mr. Dick explained they had until the end of June for REMSA reporting. Ms. Conti recommended the checklist be approved at this meeting or in June so it matches the fiscal year being reviewed.

Acting Chair Ratti moved to approve the Regional Emergency Medical Services Authority Compliance Checklist, which will be used to determine REMSA's franchise compliance with the Amended and Restated Franchise Agreement for Ambulance Service, with the exception of Items 5.1.b., 5.2.d. and 6.1.a., with a request to the EMS Advisory Board to work with REMSA on milestones and a plan for achieving those and including the outcome in the checklist, and with the direction to staff to work with Reno to include their input and bring that back to the Board in June, making sure that REMSA has the opportunity to review it prior to that meeting. Chief Brown seconded the motion which was approved five in favor and none against.

12 Acknowledge receipt of the Health District Fund Financial Review for April Fiscal Year 2015

Staff Representative: Anna Heenan

Ms. Heenan reviewed the highlights of the report.

Dr. Novak asked if funds would last through the end of the fiscal year and Ms. Heenan stated the District would be coming in under budget.

Mr. Dick noted the Board of County Commissioners had adopted their budget which included the Health District budget. He noted the labor contract negotiations were ongoing.

Chief Brown moved to acknowledge receipt of the report. Dr. Novak seconded the motion which was approved five in favor and none against.

At 4:00 p.m., Acting Chair Ratti announced that she needed to leave. Chief Brown was designated Acting Chair for the remainder of the meeting.

13. Presentation, Discussion and Possible Acceptance of the May 2015 Nevada Legislative Session Report and Discussion and direction to staff regarding legislation or legislative issues as may be deemed by the Chair or the Board to be of critical significance to Washoe County Health District

Staff Representative: Kevin Dick

Mr. Dick introduced the report and supporting information. The pickle bill (SB441) had been enrolled and delivered to the Governor. Regarding AB146 and AB326, the smog check and classic vehicle bills, there was an amendment offered, but not yet acted upon, that would change the smog check bill to designate it be sent to the Advisory Committee on Emissions Control of Motor Vehicles (I&M Committee). The Committee would provide proposals for changes to the smog check program to be considered by the Legislature. Those proposals would be presented by June 30, 2016.

Mr. Dick went on to explain the I&M Committee was made up of the WC Air Quality division, Nevada Department of Environmental Protection's air quality program, Clark County's air quality program, the Nevada State Department of Motor Vehicles and Nevada State Department of Agriculture also, for the fuels component. Staff believes that is a good resolution, and presumes that if it's going to move out of Ways and Means, it will be with that amendment added.

Mr. Dick explained the Classic Vehicle bill, AB326, will be changed to put a cap on classic vehicles being exempt from the smog check requirement. Currently it is a 20-year rolling age period for entry into that classic vehicle exemption. The proposal regulates that will be capped at 1995 and there will be a two-year moratorium to get an exemption through that program. Those are both good outcomes for Washoe County on those bills.

Dr. Novak moved to accept the May 2015 Nevada legislative session report. Dr. Hess seconded the motion, which was approved four in favor and none against.

14. Staff Reports and Program Updates

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

Ms. Albee informed the Board that a member of the Air Pollution Control Hearing Board has submitted his request to not be reappointed. Air Quality will be actively recruiting for a new member. Additionally the remainder of the positions on that Board will be coming up for reappointment or recruitment through the spring of 2016.

Dr. Hess asked if Washoe County was in grave danger of being in trouble due to more stringent air quality standards. Ms. Albee stated the County was currently in grave danger of going into non-attainment. The ozone standard as proposed by the Environmental Protection Agency (EPA) is proposed to be between 65 and 70 parts per billion (ppb). It is currently at 75, so they are lowering the allowable standard to be in attainment. Washoe County's current design value is 69 ppb. If the air quality does go into non-attainment then staff will be coming back to the Board with additional control measures. The EPA will announce the new standard on October 1, so staff will have no solid knowledge about what will happen until that point in time. This puts an emphasis on why things like the smog check program is so critical.

B. Community and Clinical Health Services, Steve Kutz, Director
Program Report – Teen Pregnancy Prevention Month, Divisional Update, Program Reports

Mr. Kutz stated he had nothing to add but would be happy to answer any questions.

C. Environmental Health Services, Bob Sack, Director
EHS Division Update, Program Updates - Food, IBD, Land Development, Vector-Borne Disease, Waste Management, EHS Inspections / Permits / Plan Review

Mr. Sack stated he appreciated the Board's support of the food regulations and commended all of his staff that had worked on them.

Dr. Novak requested Mr. Sack express that sentiment to his staff from the Board.

D. Epidemiology and Public Health Preparedness, Dr. Randall Todd, Director
Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services

Dr. Todd stated he had nothing to add but was available to answer questions.

E. Office of the District Health Officer, Kevin Dick, District Health Officer
District Health Officer Report – Budget, Legislature, Community Health Improvement Plan, Truckee Meadows Healthy Communities, Quality Improvement, Style Guide, Policy and Procedure Update, Other Events and Activities and Health District Media Contacts

Mr. Dick noted the Community Health Improvement Plan process had begun. He acknowledged Commissioner Lucey, who had provided \$13,122 from his Commissioner funds to support the Truckee Meadows Healthy Communities initiative and the 89502 project activities. He noted the EMSAB was scheduled to meet on June 4 at 9:00.

15. Board Comment

Limited to announcements or issues for future agendas.

16. Emergency Items

None.

17. Public Comment

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item. Limited to three (3) minutes per person.

As there was no one wishing to speak, Acting Chair Brown closed the public comment period.

18. Adjournment

At 4:10 p.m., Dr. Novak moved to adjourn. Dr. Hess seconded the motion which was approved four in favor and none against.

Respectfully submitted,



Kevin Dick, District Health Officer
Secretary to the District Board of Health



Dawn Spinola, Administrative Secretary
Recording Secretary

Approved by Board in session on _____, 2015.

**WASHOE COUNTY
HEALTH DISTRICT**
ENHANCING QUALITY OF LIFE

STAFF REPORT

BOARD MEETING DATE: June 25, 2015

DATE: May 22, 2015

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, 775-328-2418, pbuxton@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, 2015 through December 31, 2015 in the amount of \$224,570 for the Centers for Disease Control and Prevention (CDC) Immunization Program Grant (IOs 10028 & 10029); and if approved authorize the Chair to execute.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee. A copy of the Subgrant Amendment is attached.

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 priority: Achieve targeted improvements in health outcomes and health equity.

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

Approval of the Amendment 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 2015 in the amount of \$112,285, representing "Round 1" of funding, in support of the Immunization Program on March 26, 2015.

BACKGROUND

The Division of Public and Behavioral Health issued the Washoe County Health District a Subgrant Amendment for the period January 1, 2015 through December 31, 2015 in the amount of \$224,570 representing "Round 2" of funding from the CDC. The total award amount after receiving all rounds of funding will be \$336,855 (\$112,964-317 Ops and \$223,891-VFC Ops).

FISCAL IMPACT

Should the Board approve this Amendment there is no additional fiscal impact to the adopted FY15 budget.

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, 2015 through December 31, 2015 in the amount of \$224,570 for the Centers for Disease Control and Prevention (CDC) Immunization Program Grant (IOs 10028 & 10029); and if approved authorize the Chair 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, 2015 through December 31, 2015 in the amount of \$224,570 for the Centers for Disease Control and Prevention (CDC) Immunization Program Grant (IOs 10028 & 10029); and if approved authorize the Chair to execute.



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

Original HD #: **14808**
 Budget Account: 3213
 Category: 20
 GL: 8503
 Job Number: 9326815

SUBGRANT AMENDMENT #1

Program Name: Nevada State Immunization Program Bureau of Child, Family & Community Wellness	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: 01/01/15 through 12/31/15	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 04/01/2015. 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 \$112,285 for a total budget award of \$224,570.

Required Changes:

Current Language: N/A

Amended Language: N/A

Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$ 93,038.00	\$ 93,038.00	\$ 186,076.00
2. Travel	\$ 2,567.00	\$ 2,567.00	\$ 5,134.00
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	\$ 12,918.00	\$ 12,918.00	\$ 25,836.00
Total	\$ 112,285.00	\$ 112,285.00	\$ 224,570.00

Incorporated Documents:

- Exhibit A: Amended Budget Detail
- Exhibit B: Original Notice of Subgrant Award

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.

Name/Title	Signature	Date
Kitty Jung Chair, District Board of Health		
Karissa Loper, MPH Program Manager, NSIP		5/11/15
Christine Mackie Bureau Chief, BCFCW		5/11/15
for Marta E. Jensen Acting Administrator, Division of Public & Behavioral Health		

S-14808 Washoe County Health District

317 Ops Approved Budget					317 Ops - Round 1 Award				317 Ops - Round 2 Award			
	Qty	Total Wages	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total
IZ PHN	1	109,366	0.25	\$ 27,342	1	96,568	0.33333	\$ 32,189	1	96,568	0.33333	\$ 32,189
IZ PHN	1	113,766	0.3292	\$ 37,452								
IZ PHN	1	105,606	0.25	\$ 26,402								
Peri Hep-B Coord	1	107,474	0.05	\$ 5,374								
				\$ -								
Total Wages include Fringe				\$ -								
Total Personnel:				\$ 96,568	Total Round 1 Personnel:			\$ 32,189	Total Round 2 Personnel:			\$ 32,189
Travel:	Staff	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total
2015 Nevada Health Conference												
Registration	2	250		\$ 500.00	1	2,899.78	0.33333	\$ 967	1	2,899.78	0.33333	\$ 967
Airfare to Las Vegas	2	250		\$ 500.00								
Lodging	2	105	2	\$ 420.00								
Per Diem	2	71	3	\$ 426.00								
Gas	2	0.575	60	\$ 69.00								
Parking	2	14	3	\$ 84.00								
Motor Pool	1	201	2	\$ 201.00								
Various Meetings and Provider Visits				\$ -								
Mileage	1,217	0.575		\$ 699.78								
Total Travel:				\$ 2,900	Total Round 1 Travel:			\$ 967	Total Round 2 Travel:			\$ 967
Operating/Supplies:	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total
General Office Supplies	1	41.67	12	\$ 500.00	1	500.00	0.3333	\$ 167	1	500.00	0.3333	\$ 167
Total Operating:				\$ 500	Total Round 1 Operating:			\$ 167	Total Round 2 Operating:			\$ 167
Equipment:	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total
Total Equipment:				\$ -	Total Round 1 Equipment:			\$ -	Total Round 2 Equipment:			\$ -
Contractual:	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total
Total Contractual:				\$ -	Total Round 1 Contractual:			\$ -	Total Round 2 Contractual:			\$ -
Other:	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total
Total Other:				\$ -	Total Round 1 Other:			\$ -	Total Round 2 Other:			\$ -
Indirect	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total
(rounded)	99,969		0.13	\$ 12,995.91	1	12,995.91	0.3333	\$ 4,332	1	12,995.91	0.3333	\$ 4,332
Total Indirect:				\$ 12,996	Total Round 1 Indirect:			\$ 4,332	Total Round 2 Indirect:			\$ 4,332
Total 317 Ops Budget:				\$ 112,964	Total Round 1 317 Ops Budget:			\$ 37,655	Total Round 2 317 Ops Budget:			\$ 37,655

VFC Ops Approved Budget					VFC Ops - Round 1 Award					VFC Ops - Round 2 Award				
Personnel:	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total		
VFC/AFIX Coord	1	112,812	0.90	\$ 101,530	1	182,549	0.33333	\$ 60,849	1	182,549	0.33333	\$ 60,849		
VFC/AFIX Coord	1	109,366	0.50	\$ 54,683										
Admin Asst	1	65,840	0.40	\$ 26,336										
				\$ -										
				\$ -										
				\$ -										
Total Wages include Fringe				\$ -										
Total Personnel:				\$ 182,549	Total Round 1 Personnel:			\$ 60,849	Total Round 2 Personnel:			\$ 60,849		
Travel:	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total		
2015 Nevada Health Conference														
Registration	3	250		\$ 750.00	1	4,800.45	0.33333	\$ 1,600	1	4,800.45	0.33333	\$ 1,600		
Airfare to Las Vegas	3	250		\$ 750.00										
Lodging	3	105	2	\$ 630.00										
Per Diem	3	71	3	\$ 639.00										
Gas	3	0.575	60	\$ 103.50										
Parking	3	14	3	\$ 126.00										
Motor Pool	2	151	3	\$ 302.00										
Silver State Syringe Conference														
Registration	3	150		\$ 450.00										
Various Meetings and Provider Visits				\$ -										
Mileage	1826	0.575		\$ 1,049.95										
Total Travel:				\$ 4,800	Total Round 1 Travel:			\$ 1,600	Total Round 2 Travel:			\$ 1,600		
Operating:	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total		
General Office Supplies	1	125	12	\$ 1,500.00	1	1,500.00	0.33333	\$ 500	1	1,500.00	0.33333	\$ 500		
Total Operating:				\$ 1,500	Total Round 1 Operating:			\$ 500	Total Round 2 Operating:			\$ 500		
Equipment:	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total		
Total Equipment:				\$ -	Total Round 1 Equipment:			\$ -	Total Round 2 Equipment:			\$ -		
Contractual:	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total		
Total Contractual:				\$ -	Total Round 1 Contractual:			\$ -	Total Round 2 Contractual:			\$ -		
Other:	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total		
MD Consultant	1	3,782	n/a	\$ 3,782	1	9,284	0.33333	\$ 3,095	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	\$ 1,300										
Books & Subscription	1	500	n/a	\$ 500										
Postage	1	8.33	12	\$ 100										
Printing	1	46	n/a	\$ 46										
Telephone	1	60	12	\$ 720										
Total Other:				\$ 9,284	Total Round 1 Other:			\$ 3,095	Total Round 2 Other:			\$ 3,095		
Indirect	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total		
	198,134		0.13	\$ 25,757	1	25,757.43	0.33333	\$ 8,586	1	25,757.43	0.33333	\$ 8,586		
Total Indirect:				\$ 25,757				\$ 8,586				\$ 8,586		
Total VFC/AFIX Budget:				\$ 223,891	Total VFC/AFIX Budget:			\$ 74,630	Total VFC/AFIX Budget:			\$ 74,630		

**WASHOE COUNTY
HEALTH DISTRICT**
ENHANCING QUALITY OF LIFE

STAFF REPORT
BOARD MEETING DATE: June 25, 2015

DATE: June 11, 2015

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, 775-328-2418, pbuxton@washoecounty.us

SUBJECT: Ratification of Interlocal Agreement between the Washoe County Health District and the Truckee Meadows Fire Protection District to provide storage and emergency operation activation of the VoiceStar CMS-T300 Series Portable Changeable Message Sign and Highway Advisory Radio equipment for the period July 1, 2015 through June 30, 2016 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three 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 Chair to execute.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

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

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

PREVIOUS ACTION

The Board approved the previous Interlocal Agreement that expires June 30, 2015 on May 24, 2012.

BACKGROUND

This Agreement supports the Washoe County Health District's Public Health Preparedness program objective to provide redundant communication with the public in Washoe County through expansion of AM radio broadcast during exercises and/or public health events and/or emergencies. The Health District has partnered with the Truckee Meadows Fire Protection District to store and activate in emergency operation the VoiceStar CMS-T300 Series Portable Changeable Message Sign and Highway Advisory Radio equipment.

Truckee Meadows Fire Protection District agrees to ensure a secure and protected location for the radio equipment; provide access to a 120v power source when necessary should the internal solar panel/battery source be dysfunctional; ensure/provide 24/7 right-of-way to Health District staff,

ADMINISTRATIVE HEALTH SERVICES

1001 East Ninth Street | P.O. Box 11130 | Reno, Nevada 89520
AHS Office: 775-328-2410 | Fax: 775-328-3752 | washoecounty.us/health
Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



including clearance for a tow vehicle to hitch and relocate the radio equipment; provide rudimentary maintenance of the solar panels to include snow, ice, or debris removal that may inhibit the operability of the solar units to recharge the system's batteries; activate emergency operation of the radio equipment when notified by the Health District; and ensure that any operation of the Highway Advisory Radio is done in compliance with all applicable requirements of the Federal Communications Commission including but not limited to message content, transmission location and station identification.

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 be no additional impact to the adopted FY 16 budget.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Interlocal Agreement between the Washoe County Health District and the Truckee Meadows Fire Protection District to provide storage and emergency operation activation of the VoiceStar CMS-T300 Series Portable Changeable Message Sign and Highway Advisory Radio equipment for the period July 1, 2015 through June 30, 2016 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three 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 Chair to execute.

POSSIBLE MOTION

Move to ratify the Interlocal Agreement between the Washoe County Health District and the Truckee Meadows Fire Protection District to provide storage and emergency operation activation of the VoiceStar CMS-T300 Series Portable Changeable Message Sign and Highway Advisory Radio equipment for the period July 1, 2015 through June 30, 2016 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three 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 Chair to execute.

INTERLOCAL AGREEMENT

This Interlocal Agreement contains the terms of agreement between the Washoe County Health District hereinafter referred to as Health District and the Truckee Meadows Fire Protection District (TMFPD) herein referred to as the Fire District, and entered into pursuant to Chapter 277 of the Nevada Revised Statutes.

Whereas, the Health District has the equipment, staff, and program infrastructure for public health preparedness in order to provide timely, accurate, and credible public health information throughout Washoe County during declared emergencies or other events affecting public health and safety; and,

Whereas, the Fire District's goal is to assist the Health District in providing such information during times of need; and,

Whereas, the Health District is authorized to provide for Reno, Sparks and Washoe County organization, mobilization, coordination and direction of medical and health services, both public and private, during a declared health emergency. Such authority is granted by the Nevada Revised Statutes: Chapter 439 - Public Health and Safety.

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

The Health District agrees to:

1. As deemed necessary deliver to a specified location determined by the Health District and the Fire District one (1) VoiceStar CMS-T300 Series Portable Changeable Message Sign & Highway Advisory Radio; and,
2. Provide training to specified Fire District personnel at location, date(s) and time(s) determined by the Fire District on the usage and maintenance of the aforementioned VoiceStar CMS-T300 Series Portable Changeable Message Sign & Highway Advisory Radio as required by the Fire District.
3. Provide notification to Fire District on duty Battalion Chief prior to any authorized agency picking up of VoiceStar CMS-T300 Series Portable Changeable Message Sign & Highway Advisory Radio for the purpose of deployment.
4. The Health District will not require the Fire District to move or relocate the VoiceStar CMS-T300 Series Portable Changeable Message Sign & Highway Advisory Radio during an event, as portable signage would be placed on roadways to inform the public to tune in to the appropriate channel.

The Fire District agrees to:

1. Ensure a secure and protected location for the VoiceStar CMS-T300 Series Portable Changeable Message Sign & Highway Advisory Radio; and,
2. Provide access to a 120v power source when necessary should the internal solar panel/battery source of the VoiceStar CMS-T300 Series Portable Changeable Message Sign & Highway Advisory Radio be dysfunctional; and,
3. Ensure/provide 24/7 right-of-way to Health District staff, including clearance for a tow vehicle to hitch and relocate the VoiceStar CMS-T300 Series Portable Changeable Message Sign & Highway Advisory Radio; and,
4. Provide rudimentary care of the VoiceStar CMS-T300 Series Portable Changeable Message Sign & Highway Advisory Radio solar panels to include snow, ice, or debris removal that may inhibit the operability of the solar units to recharge the system's batteries; and,
5. Activate AM Radio Play List of the VoiceStar CMS-T300 Series Portable Changeable Message Sign & Highway Advisory Radio when notified by the District.
6. Relocate, program and activate the reader board so that it may be more visible to motorists as deemed necessary by Fire District officials.
7. Ensure that any operation of the Highway Advisory Radio is done in compliance with all applicable requirements of the Federal Communications Commission including but not limited to message content, transmission location, and station identification.

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.

The parties mutually agree to:

Indemnify, hold harmless, and defend each other, their officers, agents and employees, from and against any demands, claims, liabilities, and damages of any kind or nature arising out of the negligent acts, errors and omissions in the performance of these services.

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

This Interlocal Agreement will take effect on July 1, 2015 and shall remain in effect until June 30, 2016. This Agreement will automatically be renewed for two successive one-year periods 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 parties hereto to terminate the Agreement as provided below.

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

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

COUNTY: Chief Charles A. Moore
Truckee Meadows Fire Protection District
Washoe County Manager's Office
P.O. Box 11130
Reno, Nevada 89520

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

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

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

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

DISTRICT BOARD OF HEALTH

By: _____
Kitty Jung, Chair

Date: _____

TRUCKEE MEADOWS FIRE PROTECTION DISTRICT

By: _____
Chair

Date: _____

**WASHOE COUNTY
HEALTH DISTRICT**
ENHANCING QUALITY OF LIFE

STAFF REPORT
BOARD MEETING DATE: June 25, 2015

DATE: June 11, 2015

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, 775-328-2418, pbuxton@washoecounty.us

SUBJECT: Approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period April 1, 2015 through March 31, 2017 in the total amount of \$374,953 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology & Laboratory Capacity (ELC) – Ebola Supplement Federal Grant Program, IO 11242; Approve amendments totaling an increase of \$163,023 in both revenue and expense to the FY16 CDC ELC – Ebola Supplement Federal Grant Program, IO 11242; and if approved authorize the Chair to execute.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

The Washoe County Health District received a Notice of Subgrant Award from the Division of Public and Behavioral Health for the period April 1, 2015 through March 31, 2017 in the total amount of \$374,953 in support of the Centers for Disease Control and Prevention (CDC) ELC – Ebola Supplement Federal Grant Program, IO 11242. A copy of the Notice of Subgrant Award is attached.

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

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

Goal supported by this item: Approval of the Subgrant Award supports the Epidemiology and Public Health Preparedness (EPHP) Division's mission to strengthen the capacity of public health infrastructure to detect, assess, and respond decisively to control the public health consequences of bioterrorism events or any public health emergency.

PREVIOUS ACTION

There has been no previous action taken by the Board this fiscal year. The District Health Officer approved a Notice of Subgrant Award from the Nevada Division of Public and Behavioral Health in the amount of \$10,222 for the period February 1, 2015 to April 30, 2015 in support of the CDC Ebola Virus Direct Active Monitoring Grant program on February 21, 2015.

ADMINISTRATIVE HEALTH SERVICES

1001 East Ninth Street | P.O. Box 11130 | Reno, Nevada 89520
AHS Office: 775-328-2410 | Fax: 775-328-3752 | washoecounty.us/health
Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



BACKGROUND

On February 4, 2015, a grant application was submitted under the District Health Officer's signature to the State of Nevada, Department of Health & Human Services, Division of Public & Behavioral Health requesting 24 months of funding to support new ELC Domestic Ebola activities. These activities include: Conducting onsite infection control assessments for Ebola assessment hospitals and address gaps determined by these assessments; Participating in Statewide Hospital Acquired Infection Advisory (HAI) Group, Recruiting healthcare infection control personnel to participate in this Advisory Group; Working to promote HAI mitigation strategies identified in the revised HAI Plan; Promoting infection control education sponsored by the State; and Participating in outbreak identification, prevention and control.

Funding from this award will be used to support current personnel (.05 FTE of the District Health Officer, .10 FTE of the Epidemiology Center Director and 1.0 FTE of an Epidemiologist), contractual services and indirect costs. These funds would not be supplanting as the Washoe County Health District would not be performing these activities without the available funds because of changing priorities.

The FY15 CDC ELC – Ebola Supplement funds were not projected in the FY15 budget. The total award amount is \$374,953 for a 2 year period (through FY17). A budget amendment in the amount of \$163,023 is necessary to bring the Notice of Subgrant Award into alignment with the FY16 program budget. A budget adjustment is not necessary for the indirect revenue.

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

FISCAL IMPACT

Should the Board approve these budget amendments, the adopted FY 16 budget will be **increased by \$163,023** in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-11242 -431100	Federal Revenue	\$163,023
	Total Revenue	\$163,023
2002-IO-11242 -701110	Base Salaries	102,603
2002-IO-11242 -701200	Incentive	1,025
2002-IO-11242 -705110	Insurance	16,990
2002-IO-11242 -705210	Retirement	28,729
2002-IO-11242 -705230	Medicare	1,377
2002-IO-11242 -710108	MD Consultants	12,000
2002-IO-11242 -710512	Auto Mileage	299
	Total Expenditures	\$163,023

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period April 1, 2015 through March 31, 2017 in the total amount of

\$374,953 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology & Laboratory Capacity (ELC) – Ebola Supplement Federal Grant Program, IO 11242; Approve amendments totaling an increase of \$163,023 in both revenue and expense to the FY16 CDC ELC – Ebola Supplement Federal Grant Program, IO 11242; and if approved authorize the Chair to execute.

POSSIBLE MOTION

Move to approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period April 1, 2015 through March 31, 2017 in the total amount of \$374,953 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology & Laboratory Capacity (ELC) – Ebola Supplement Federal Grant Program, IO 11242; Approve amendments totaling an increase of \$163,023 in both revenue and expense to the FY16 CDC ELC – Ebola Supplement Federal Grant Program, IO 11242; and if approved authorize the Chair to execute.



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

HD #: 14910
 Budget Account: 3219
 Category: 16
 GL: 8516
 Job Number: 9381515

NOTICE OF SUBGRANT AWARD

Program Name: Epidemiology & Laboratory Capacity (ELC) Program – Ebola Supplement Office of Public Health Informatics and Epidemiology	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street Reno, NV 89502
Subgrant Period: April 1, 2015 through March 31, 2017.	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T41107900</u> Dun & Bradstreet: <u>73-786-998</u>

Purpose of Award: Conduct onsite assessments of facilities to identify deficiencies and corrective actions for infection control practices.

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

Approved Budget Categories: <table style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td style="text-align: right;">\$ <u>301,448</u></td></tr> <tr><td>2. Travel</td><td style="text-align: right;">\$ <u>598</u></td></tr> <tr><td>3. Operating</td><td style="text-align: right;">\$ <u>-</u></td></tr> <tr><td>4. Equipment</td><td style="text-align: right;">\$ <u>-</u></td></tr> <tr><td>5. Contractual/Consultant</td><td style="text-align: right;">\$ <u>24,000</u></td></tr> <tr><td>6. Training</td><td style="text-align: right;">\$ <u>-</u></td></tr> <tr><td>7. Other</td><td style="text-align: right;">\$ <u>-</u></td></tr> <tr><td>8. Administrative Costs</td><td style="text-align: right;">\$ <u>48,907</u></td></tr> <tr><td>Total Cost:</td><td style="text-align: right;">\$ <u>374,953</u></td></tr> </table>	1. Personnel	\$ <u>301,448</u>	2. Travel	\$ <u>598</u>	3. Operating	\$ <u>-</u>	4. Equipment	\$ <u>-</u>	5. Contractual/Consultant	\$ <u>24,000</u>	6. Training	\$ <u>-</u>	7. Other	\$ <u>-</u>	8. Administrative Costs	\$ <u>48,907</u>	Total Cost:	\$ <u>374,953</u>	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 \$374,953.00 during the subgrant period.
1. Personnel	\$ <u>301,448</u>																		
2. Travel	\$ <u>598</u>																		
3. Operating	\$ <u>-</u>																		
4. Equipment	\$ <u>-</u>																		
5. Contractual/Consultant	\$ <u>24,000</u>																		
6. Training	\$ <u>-</u>																		
7. Other	\$ <u>-</u>																		
8. Administrative Costs	\$ <u>48,907</u>																		
Total Cost:	\$ <u>374,953</u>																		

Source of Funds:	% of Funds:	CFDA:	Federal Grant #:
1. Centers for Disease Control and Prevention	100%	93.815	3U50CK000419-01S2

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; and
3. The recipient of these funds agrees to stipulations listed in the incorporated documents.

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

	Signature	Date
Washoe County Health District		
Judy DuMonte Program Manager, ELC		
Mary Wherry Deputy Administrator		
for Marta E. Jensen Acting 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. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
11. Whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. Any federal, state, county or local agency, legislature, commission, council, or board;
 - b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. Any officer or employee of any federal, state, county or local agency, legislature, commission, council or board.
12. Division subgrants are subject to inspection and audit by representative of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
 - a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. Ascertain whether policies, plans and procedures are being followed;
 - c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. Determine reliability of financial aspects of the conduct of the project.
13. Any audit of Subgrantee's expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending \$750,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:

***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 acknowledge this requirement, Section E of this notice of subgrant award must be completed.**

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

SECTION B

Description of Services, Scope of Work and Deliverables for Year One Activities

Washoe County Health District (WCHD), hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes for year one activities related to the ELC Ebola Supplemental Grant

Scope of Work for WCHD

Project A

Activity A:			
Goal 1: Assure an expanded State Healthcare Associated Infections (HAI) Plan and Advisory Group is in place (Strategy 1)			
<u>CDC Objectives/Associated Outcomes</u>	<u>Subgrantee Objectives and Activities for year 1</u>	<u>Due Date</u>	<u>Documentation</u>
1. Establish leadership through an infection control advisory group including local opinion leaders, hospital leadership, infection control leaders and other relevant partners.	1.1. Subgrantee will participate through the project period, in the HAI Advisory Group meetings. These meetings will be subject to the Nevada Open Meeting law requirements. a. The Subgrantee designated voting member will be required to attend a minimum of 50% of the scheduled HAI Advisory Group meeting. b. A designated proxy member (2) will be required to attend any meeting that the designated voting member is unable to attend.	6/30/2015	1. A commitment letter will be signed by the WCHD voting member. Meeting minutes and sign-in sheets from the HAI advisory group will clearly demonstrate participation by the voting member and/or proxy.
	1.2. Subgrantee will work at recruiting Northern Nevada Hospital Infection Control Representatives to participate in the HAI Advisory Group. Members should include representation from hospitals, skilled nursing facilities, ambulatory surgical centers and end stage renal disease centers.	03/31/2016	2. Number of Infection Control Representatives recruited to participate in the HAI Advisory Group and the discipline represented.
	1.3. Subgrantee will, in collaboration with, the Inter-Hospital Coordinating Council (IHCC) and their hospital partners; review and make recommendations to modify the current HAI Plan.	08/31/2015	3. All recommendations for revisions to the current HAI plan must be submitted to the OPHIE ELC program, in writing, NLT 08/31/15. The final draft of the HAI plan will presented to the Advisory Group for approval NLT 10/01/15

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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Activity A:			
Goal 2: Asses readiness of Ebola-designated assessment hospitals within the state (Strategy 3)			
<u>CDC Objectives/Associated Outcomes</u>	<u>Subgrantee Objectives and Activities for year 1</u>	<u>Due Date</u>	<u>Documentation</u>
<p>1. State or city-wide healthcare system with comprehensive, effective infection control programs and practices (i.e., healthcare setting infrastructure, facility level staff competence, healthcare provider competence and infection prevention staff competence).</p> <p>2. Qualified personnel in both health department and healthcare facilities better prepared to respond to infectious disease outbreaks in healthcare settings (including interrupting cross transmission) through on-site assessments, observations, and relevant training.</p>	<p>2.1. Subgrantee will conduct assessments of the two Ebola-designated assessment hospitals in Northern Nevada. These assessments will be conducted utilizing the Draft REP Tool 1-26-2015 (V16) (REP Tool), specific to Ebola Virus Disease (EVD). OHPIE will provide a contractor to assist with these assessments.</p>	07/01/2015	<p>1. A copy of the completed tool referenced in activity 1.1 will be made available to the OPHIE ELC program no later than 06/01/2015.</p>
	<p>2.2. Subgrantee will assist the State with identifying a Point of Contact (POC) for the two Ebola-designated assessment hospitals in Northern Nevada.</p>	06/01/2015	<p>2. The state recognizes that this information will not be made available at this point in time. WCHD will draft a letter addressing this issue</p>
	<p>2.3. Subgrantee will work with the assessment hospitals to develop an improvement plan based on the findings from the EVD V16 tool.</p>	09/01/2015	<p>3. A copy of the improvement plan, complete with actions, responsibilities and timelines.</p>
	<p>2.4. Subgrantee will collaborate with the assessment hospitals to present findings, as best practices or lessons learned, to the IHCC.</p>	03/31/2016	<p>4. Can include agendas, meeting minutes or any other appropriate documentation.</p>
	<p>2.5. Subgrantee will work to promote HAI mitigation strategies identified in the revised HAI Plan. These strategies may include, but are not limited to; continued assessments, documentation and training.</p>	03/31/2016	<p>5. These strategies will be identified in the revised HAI Plan. WCHD will review the revised HAI plan and determine an appropriate course of action. Documentation needs will be reassessed at that time.</p>

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

Activity A:			
Goal 3: Assess outbreak reporting and response in healthcare facilities (Strategy 4)			
<u>CDC Objectives/Associated Outcomes</u>	<u>Subgrantee Objectives and Activities for year 1</u>	<u>Due Date</u>	<u>Documentation</u>
1. Qualified personnel in both health department and healthcare facilities better prepared to respond to infectious disease outbreaks in healthcare settings (including interrupting cross transmission) through on-site assessments, observations and relevant training.	3.1. Subgrantee will provide outbreak response to healthcare facilities and the community through, case interviewing, coordinating sample collection, directing outbreak control measures, coordination with affected jurisdictions, final report preparation and reporting to the state.	03/31/2016	1. Number of outbreaks that occurred within the year one project period
	3.2. Subgrantee will work closely with their hospitals and healthcare providers when an outbreak or an emerging infectious disease occurs within the community.	03/31/2016	2. Number of outbreaks that occurred within the year one project period
	3.3. Subgrantee will provide the hospitals and healthcare providers with guidance on symptomology of the disease, testing criteria, treatment recommendations and reporting requirements.	03/31/2016	3. Number and type of guidance

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

Activity B:			
Goal 5: Increase infection control competency and practice in all healthcare settings through training. (Strategy 2)			
<u>CDC Objectives/Associated Outcomes</u>	<u>Subgrantee Objectives and Activities for year 1</u>	<u>Due Date</u>	<u>Documentation</u>
<ol style="list-style-type: none"> 1. State or city-wide healthcare system with comprehensive, effective infection control programs and practices (i.e., healthcare setting infrastructure, facility level staff competence, healthcare provider competence and infection prevention staff competence). 2. Qualified personnel in both health department and healthcare facilities better prepared to respond to infectious disease outbreaks in healthcare settings (including interrupting cross transmission) through on-site assessments, observations and relevant training. 3. Increase implementation of prevention guidelines and policies to assure best practices to eliminate cross transmission of pathogens from patient-to-patient or patient-to-healthcare worker, across healthcare settings. 	<ol style="list-style-type: none"> 5.1. Subgrantee will contribute to Epi-News and Physician Alert preparation for healthcare providers in Washoe County. 	03/31/2016	<ol style="list-style-type: none"> 1. Number and copies of Epi-News Contributions and Physician Alerts conducted in the year one project period. Copies will be provided via the distribution list and upon request.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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Activity B:			
Goal 6: Enhance Surveillance capacity to improve situational awareness, describe emerging threats and target on-site assessments to implement prevention programs. (Strategy 3)			
<u>CDC Objectives/Associated Outcomes</u>	<u>Subgrantee Objectives and Activities for year 1</u>	<u>Due Date</u>	<u>Documentation</u>
<p>1. Increase Implementation of prevention guidelines and policies to assure best practices to eliminate cross-transmission of pathogens from patient-to-patient or patient-to-healthcare worker, across healthcare settings.</p> <p>2. Qualified informatics and analytical staff to access, analyze and interpret HAI surveillance data from region to direct and inform actions and response.</p>	<p>6.1. Subgrantee will update the Washoe County Antibioqram for 2014.</p> <p>a. Collect data from hospital labs</p> <p>b. Complete data entry and quality check</p> <p>c. Complete the reports in pocket size format</p> <p>d. Complete the online version of Antibioqram</p> <p>e. Publish Antibioqram via Epi-News and on WCHD's website.</p>	<p>10/31/2015</p> <p>06/30/2015</p> <p>07/31/2015</p> <p>08/31/2015</p> <p>10/31/2015</p> <p>10/31/2015</p>	<p>1. Published updated Antibioqram</p>
	<p>6.2. Subgrantee will assist in communicable disease investigations through protocol preparation.</p>	<p>03/31/2016</p>	<p>2. Number of communicable disease protocols.</p>
	<p>6.3. Subgrantee will maintain influenza surveillance capacity.</p> <p>a. Determine whether and when influenza activity increases.</p> <p>b. Track influenza-related illness.</p> <p>c. Determine which influenza viruses are circulating in the community.</p> <p>d. Measure the impact that influenza is having on mortality.</p> <p>e. Contribute local data to national influenza surveillance in the United States.</p> <p>f. Assist in early identification of novel influenza viruses.</p> <p>g. Production of a weekly influenza report, which outlines the level of influenza-like illness within our community, the breakdown of laboratory confirmed cases, % of hospital cases, % of ICU admits, total number of deaths of influenza positive cases, Pneumonia and Influenza (P&I) mortality data and syndromic surveillance data from First Watch and RODS.</p>	<p>03/31/2016</p>	<p>3. Number of Epi-News contributions, Influenza Reports and Physician Alerts conducted in the year one project period.</p>
	<p>6.4. Subgrantee will maintain enhanced Influenza surveillance to measure severity indicators.</p> <p>a. Review the medical records of all hospital Influenza cases and capture key variables into the access database so that data can be analyzed appropriately.</p>	<p>03/31/2016</p>	<p>4. Number of Epi-News contributions, Influenza Reports and Physician Alerts conducted in the year one project period.</p>
	<p>6.5. Subgrantee will participate in outbreak identification, prevention and control.</p>	<p>03/31/2016</p>	<p>5. Number of Epi-News contributions, outbreaks and Physician Alerts</p>

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

	<ul style="list-style-type: none"> a. Case interviewing, coordinating sample collection, directing outbreak control measures, coordination with other affected jurisdictions, final report preparation and reporting to the State. b. Work closely with the hospitals and healthcare providers when an outbreak or emerging infectious disease occurs with the community. c. Provide the hospitals and healthcare providers with guidance on symptomology of the disease, testing criteria, treatment recommendations and reporting requirements. <p>6.6. Subgrantee will continue to perform communicable disease investigations.</p> <ul style="list-style-type: none"> a. Assist with routine communicable disease investigations b. Contacting the ordering provider to obtain demographic and treatment information for the case, interviewing cases, identifying and managing contacts as appropriate, assuring proper treatment was provided by the physician, excluding cases and contact from work if necessary and ordering follow-up testing as necessary. 	03/31/2016	<p>conducted in the year one project period.</p> <p>6. Number of investigations</p>
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**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

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 3U50CK000419-01S2 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the CDC."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 3U50CK000419-01S2 from the Centers for Disease Control and Prevention.

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	\$ 301,448		
		\$ 46,603	.10 FTE Epidemiology Center Director for 2 years, annual salary \$158,618 ($\$158,618 \times 10\% \times 2 = \$31,724$). Fringe Benefits at 46.9% of salary ($\$31,724 \times 46.9\% = \$14,879$)
		\$ 232,886	1 Epidemiologist for 2 years, annual salary \$79,267 ($79,267 \times 2 = 158,534$). Fringe Benefits at 46.9% of salary ($\$158,534 \times 46.9\% = \$74,352$)
		\$ 21,959	.05 FTE District Health Officer for 2 years, annual salary \$149,486 ($\$149,486 \times 5\% \times 2 = \$14,948$). Fringe Benefits at 46.9% of salary ($\$14,948 \times 46.9\% = \$7,011$)
2. Travel	\$ 598		
		\$ 598	Local mileage for travel to healthcare facilities to conduct assessments (10 miles per week x 52 weeks x 2 years x \$0.575 mileage reimbursement = \$598)
3. Operating	\$		
		\$	
4. Equipment	\$		
		\$	
5. Contractual Consultant	\$ 24,000		
		\$ 24,000	Twenty-Four (24) months of consulting services from Infectious Disease Physician. Provides support and consultation of infectious disease and emerging pathogens, \$1,000/month ($24 \times \$1,000 = \$24,000$)
6. Training	\$		
		\$	
7. Other	\$		
		\$	
8. Administrative Costs	\$ 48,907		
		\$ 48,907	15% of direct costs above
Total Cost	\$ 374,953		

- 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

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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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.

- The total amount of this subgrant agreement is to be expended prior to March 31, 2017;
- The total award for this subgrant period is \$374,953.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- 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 ensure successful completion of this project, the Division agrees to:
 - Provide technical assistance, upon request from the Subgrantee;
 - Provide prior approval of reports or documents to be developed;
 - Forward a report to another party, i.e. CDC.
- 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:

In the event the Department chooses to complete a site visit, the Subgrantee agrees to make available all documentation related to this grant.

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.

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.

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SECTION D

Request for Reimbursement

HD#: 14910
 Budget Account: 3219
 GL: 8516
 Draw #: _____

Program Name: Epidemiology & Laboratory Capacity (ELC) Program - Ebola Supplement Office of Public Health Informatics and Epidemiology	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street Reno, NV 89502
Subgrant Period: April 1, 2015 - March 31, 2017	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T41107900</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 Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$301,448.00	\$0.00	\$0.00	\$0.00	\$301,448.00	0.0%
2 Travel	\$598.00	\$0.00	\$0.00	\$0.00	\$598.00	0.0%
3 Operating	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$24,000.00	\$0.00	\$0.00	\$0.00	\$24,000.00	0.0%
6 Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7 Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
8 Administrative Costs	\$48,907.00	\$0.00	\$0.00	\$0.00	\$48,907.00	0.0%
Total	\$374,953.00	\$0.00	\$0.00	\$0.00	\$374,953.00	0.0%

This report is true and correct to the best of my knowledge

Authorized Signature _____ Title _____ Date _____

Reminder: Request for Reimbursement cannot be processed without an expenditure report/backup. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

FOR DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

Scope of Work review/approval date: _____ Signed: _____

ASO or Bureau Chief (as required): _____ Date: _____

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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SECTION E

Audit Information Request

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

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

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES NO

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

June 30, 2015

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?

10/29/14

7. What time period did your last audit cover

7/1/13-6/30/14

8. Which accounting firm conducted your last audit?

Kafony, Armstrong & Co.

 6/2/15
Signature Date

Administrative Health Services Officer
Title

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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SECTION F

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District

Hereinafter referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the Contract between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the Contract. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the Contract and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS, Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into a contract containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

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

1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
3. **CFR** stands for the Code of Federal Regulations.
4. **Contract** shall refer to this Addendum and that particular Contract to which this Addendum is made a part.
5. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.

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8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes, but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and

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subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).

5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the Contract, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: the Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the Contract or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.

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14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use, or disclose protected health information as provided for by the Contract and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the Contract or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

III. **PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE.** The Business Associate agrees to these general use and disclosure provisions:

1. **Permitted Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the Contract, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e) (2) (i) and 42 USC 17935 and 17936.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
- c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.
- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

2. **Prohibited Uses and Disclosures:**

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- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction, and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.
2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. TERM AND TERMINATION

1. **Effect of Termination:**
 - a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
 - b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
 - c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.
2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.
3. **Termination for Breach of Contract.** The Business Associate agrees that the Covered Entity may immediately terminate the Contract if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.

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2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
 - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

THIS SPACE INTENTIONALLY LEFT BLANK

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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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, Suite 300 Carson City, NV 89706
Phone: (775) 684-5975
Fax: (775) 684-4211
<hr/>
Authorized Signature
<hr/>
for Marta E. Jensen
<hr/>
Print Name
<hr/>
Acting Administrator, Division of Public and Behavioral Health
<hr/>
Title
<hr/>
Date

Business Associate
<u>Washoe County Health District</u>
Business Name
<u>1001 E. Ninth St. Bldg B</u>
Business Address
<u>Reno, NV 89512</u>
Business City, State and Zip Code
<u>775-328-2400</u>
Business Phone Number
<u>775-328-3752</u>
Business Fax Number
<hr/>
Authorized Signature
<hr/>
Print Name
<hr/>
Title
<hr/>
Date

**WASHOE COUNTY
HEALTH DISTRICT**
ENHANCING QUALITY OF LIFE

STAFF REPORT
BOARD MEETING DATE: June 25, 2015

DATE: March 16, 2015

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, 775-328-2418, pbuxton@washoecounty.us

SUBJECT: Approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Funds for a Healthy Nevada, for the period July 1, 2015 through June 30, 2017 in the total amount of \$201,977 in support of the Comprehensive Tobacco Prevention Program; Approval of amendments totaling a net increase of \$14,247 in both revenue and expenses to the adopted FY 14 Comprehensive Tobacco Prevention Program Grant budget, IO 11128; and if approved, authorize the Chair to execute.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

The Washoe County Health District received a Notice of Subgrant Award from the Division of Public and Behavioral Health for the period July 1, 2015 through June 30, 2017 in the total amount of \$201,977 in support of the Comprehensive Tobacco Prevention Program, IO 11128. A copy of the Notice of Subgrant Award is attached.

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

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

Approval of this Notice of Subgrant Award and these budget amendments supports the Health District Tobacco Use Prevention Program's mission to reduce tobacco use and its impact on other health determinants in Washoe County through the promotion of education, policy development and enforcement, and cessation.

PREVIOUS ACTION

There has been no previous action taken by the Board this fiscal year.

BACKGROUND

The Washoe County Health District received from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Fund for a Healthy Nevada, a Notice of Subgrant Award in the total amount of \$201,977 (\$187,016 direct and \$14,961 indirect) that supports the Comprehensive Tobacco Prevention Program. This award includes funding for personnel, travel, professional services, educational materials, special awards (to include but not limited to signage, plaques, awards, for smoke free multi-unit housing complexes) operating and indirect expenditures.

The FY 16 Comprehensive Tobacco Prevention Program budget, IO 11128, was adopted with \$172,769 in expenditures. A budget amendment in the amount of \$14,247 (\$187,016-\$172,769) is necessary to bring the Notice of Grant Award into alignment with the program budget. A budget adjustment is not necessary for the indirect revenue.

FISCAL IMPACT

Should the Board approve these budget amendments, the adopted FY 16 budget will be **increased by \$14,247** in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IN-11128-432100	State Revenue	\$14,247
2002-IN-11128-701130	Pooled Positions	29,085
-705230	Medicare	718
-710100	Professional Services	71,551
-710512	Mileage	418
-710300	Operating Supplies	(1,820)
-710334	Copy Machine	310
-710350	Office Supplies	280
-710360	Postage	125
-710500	Other Expense	3,000
-710502	Printing	(1,100)
-710508	Telephone	120
-711504	Equipment NonCapital	2,461
-710546	Advertising	(90,901)
	Total Expenditures	\$14,247

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Funds for a Healthy Nevada, for the period July 1, 2015 through June 30, 2017 in the total amount of \$201,977 in support of the Comprehensive Tobacco Prevention Program; Approval of amendments totaling a net increase of \$14,247 in both revenue and expenses to the adopted FY 14 Comprehensive Tobacco Prevention Program Grant budget, IO 11128; and if approved, authorize the Chair to execute.

POSSIBLE MOTION

Move to approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Funds for a Healthy Nevada, for the period July 1,

2015 through June 30, 2017 in the total amount of \$201,977 in support of the Comprehensive Tobacco Prevention Program; Approval of amendments totaling a net increase of \$14,247 in both revenue and expenses to the adopted FY 14 Comprehensive Tobacco Prevention Program Grant budget, IO 11128; and if approved, authorize the Chair to execute.

Division of Public and Behavioral Health
Notice of Subgrant Award



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

HD #: **15004**
Budget Account: **3220**
Category: **32**
GL: **8516**
Job Number: **HLTHNV16**

NOTICE OF SUBGRANT AWARD

Program Name: Tobacco Prevention and Control Chronic Disease Prevention and Health Promotion Bureau of Child, Family and Community Wellness	Subgrantee Name: Washoe County Health District (WCHD) Kelli Seals, Health Educator II (775) 825-8244
Address: 4150 Technology Way, Suite #210 Carson City, NV 89706-2009	Address: P.O. Box 11130 Reno, Nevada 89520
Subgrant Period: July 1, 2015 – June 30, 2017	Subgrantee's: EIN: 88-6000138 Vendor #: T40283400Q Dun & Bradstreet: 073-786-998

Purpose of Award: To eliminate exposure to secondhand smoke, prevent initiation of tobacco use among youth and young adults and identify and eliminate tobacco-related disparities.

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

Approved Annual Budget Categories:

1. Personnel	\$	50,197
2. Travel	\$	518
3. Supplies	\$	4,241
4. Contractual/Consultant	\$	119,000
5. Other	\$	13,060
6. Indirect	\$	14,961
Total Cost:	\$	201,977

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 **\$201,977 per fiscal year**. Total for the subgrant period will be **\$403,954**.

Source of Funds:	% of Funds:	CFDA:	Federal Grant #:
1. Funds for Healthy Nevada	100%	n/a	n/a

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

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

Incorporated Documents:

Section A: Assurances;
Section B: Description of Services, Scope of Work and Deliverables;
Section C: Budget and Financial Reporting Requirements;
Section D: Request for Reimbursement;
Section E: Audit Information Request; and
Section F: DPBH Business Associate Addendum
Section G: Annual Workplan
Section H: Quarterly Program Activity Tracking and Evaluation Template

	Signature	Date
Kitty Jung Chair, WCHD		
Mónica Morales Section Manager, CDPHP		6/18/15
Christine Mackie Bureau Chief, CFCW		6/17/15
Marta Jensen, Acting 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. Grant funds may not be used for the purchase of food other than the authorized per diem reimbursement for meals for those individuals on approved travel.
3. 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.
4. 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.
5. 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.

6. 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.
7. 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).
8. 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
9. 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.

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10. 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.
11. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
12. 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.
13. 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.
14. Any audit of Subgrantee's expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending \$750,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:

***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 acknowledge this requirement, Section E of this notice of subgrant award must be completed.**

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SECTION B
Description of Services, Scope of Work and Deliverables

Washoe County Health District (WCHD), hereafter referred to as Sub grantee, agrees to provide the following services and reports according to the identified timeframes:

ES Worksheet 2. CDPHP FHN Program Scope of Work

Date: 04/06/2015 Version: 0.1

Evidence-based interventions that goals are guided by:

- Smoke free policies
- Mass media campaigns when combined with other interventions

Goal 1: Eliminate exposure to secondhand smoke (Guiding Intervention: Smoke free policies)					
Annual Objectives	Activities	Outputs	Timeline	Evaluation Measure (indicator)	Responsible Persons
1.1 Increase the number of businesses with voluntary smoke free (SF) meeting policies by five by June 30, 2016.	1.1.1 Create one list identifying at least 50 businesses to provide outreach to regarding voluntary SF meeting policies	Businesses with voluntary smoke free policies list	Q1	List of businesses Number of businesses	WCHD staff will work on activities with a vendor
	1.1.2 Distribute information at one human resource related event targeting business leaders and decision-makers	SF meeting information	Q2	Number of events Number of informational materials distributed	
	1.1.3 Conduct one mailing campaign targeting identified businesses regarding voluntary SF meeting policies	Mailing campaign	Q2	Number of mailing campaigns implemented	
	1.1.4 Provide technical assistance (TA) to at least five businesses in adopting voluntary SF meeting policies	SF TA log SF pledges	Ongoing	Number of businesses provided with SF TA Number of pledges	

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	1.1.5 Conduct one advertising and media campaign targeting business leaders/decision-makers	Media campaign	Q2-Q4	Number of media campaigns implemented Percent reach	
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>
1.2 By June 30, 2016 increase the number of smoke free outdoor community events by one.	1.2.1 Identify five events to provide outreach to regarding outdoor SF events	Event summary	Q1	Number of event summaries Number of events identified Number of events that were SF	Intermittent Hourly Health Educator, Public Service Intern, and UNR student intern
	1.2.2 Develop one informational document to provide to event organizers regarding outdoor SF events and provide information to at least five event organizers	Informational document	Q1	Number of info docs developed Number of event organizers that utilized info docs	
	1.2.3 Offer technical assistance (TA) and signage to at least five event organizers for outdoor SF events	TA records Signage	Ongoing	Number of event organizers offered TA Number of event organizers provided with TA Number of signs provided	
	1.2.4 Survey participants at a minimum of two outdoor events regarding their attitudes about SF events.	Surveys Analysis or baseline data on public attitudes about SF events	Ongoing	Number of surveys conducted Number of survey participants	

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	1.2.5 Conduct key informant interviews with at least five event organizers on their attitudes regarding voluntary SF event policies	Key informant interviews Analysis or baseline data on public attitudes about SF events	Ongoing	Number of interviews	
Annual Objectives	Activities	Outputs	Timeline	Evaluation Measure (indicator)	Responsible Persons
1.3 By June 30, 2016, increase the number of voluntary SF policies among multi-unit housing (MUH) properties by five.	1.3.1 Identify 30 MUH properties to target with outreach regarding voluntary SF housing policies; 50% of targeted properties will be low-income housing	List of targeted MUH properties	Q1	Number of MUH properties identified	Intermittent Hourly Health Educator, and Public Service Intern
	1.3.2 Partner with the City of Reno to present SF MUH policies to at least two outreach events.	Presentations	Ongoing as event are held	Number of presentations	
	1.3.3 Create one annual survey report on tenant surveys requested by property owners and managers, which assess resident attitudes and support of SF MUH	Survey report Tenant surveys as requested	Q4 Ongoing	Number of survey reports Number of tenant surveys Percent of support for MUH	
	1.3.4 Conduct one campaign using small media targeting owners, managers and tenants	Campaign using small media	Ongoing	Number of campaigns implemented	
	1.3.5 Assist five MUH owners and managers in communicating new policies by providing signage	Signage	Signage ordered at end of Q2 and at end of Q4	Number of SF signs provided Number of MUH properties implementing new SF policies	

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<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>
1.4 By June 30, 2015, increase the number of campuses of higher education working towards a tobacco free campus by one.	1.4.1 Build partnerships with TMCC and Sierra Nevada College to identify at least one staff leader and one student advocate group at each campus to promote tobacco free campus efforts	Informal partnerships	Q1	Number of staff leaders and student advocate groups identified	Intermittent Hourly Health Educator and Public Service Intern
	1.4.2 Increase the number of educational activities and events at TMCC about tobacco free campuses from 0 to 1	Educational activities	Q2-Q4	Number of educational activities	
	1.4.3 In partnership with American Heart Association's ANCHOR efforts for a smoke free Incline Village, increase the number of educational activities and events at Sierra Nevada College in Incline Village from 0 to 1	Educational activities	Q2-Q4	Number of educational activities	

Goal 2: Prevent initiation of tobacco use among youth and young adults (Guiding interventions: Smoke free policies and mass media campaigns)

<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>
2.1 By June 30, 2016, plan, implement and evaluate one tobacco mass media campaign that promotes smoke free policies.	2.1.1 Reach 60% of targeted Washoe County populations with one mass media smoke free policy messages	Media campaign	Q2-Q3	Number of campaigns implemented Percent reach for campaign	Intermittent Hourly Health Educator

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<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>
2.2 By June 30, 2016, develop and implement one Youth Advocacy Plan which would guide youth advocates in smoke free policy and media efforts.	2.2.1 Maintain and coordinate T.A.T.U. groups, which meet on a regular basis and participate in the creation of a youth advocacy plan	Youth advocacy plan	Q4	Number of advocacy plans Number and location of each T.A.T.U. group and number of meetings held	WCHD staff will work on activities with a vendor
	2.2.2 The Incline Village T.A.T.U. group make one presentation to at least one group of leaders on SF Incline Village efforts	SF presentation to leaders	Q2	Number of presentations	
	2.2.3 Youth advocates from the Incline Village T.A.T.U. group will participate and present at least one community meeting related to SF Incline Village	Presentation to community activists	Q3	Number of meetings participated in Number of presentations	
	2.2.4 T.A.T.U. youth advocates will participate in at least one advocacy training to learn about evidence-based tobacco prevention including smoke free policies and mass media communications	Training module	Q3	Number of advocacy trainings	
	2.2.5 T.A.T.U youth advocates will conduct one social media campaign to reach Washoe County High School students with tobacco media messages	Social media campaign Social media plan Media messages	Q4	Number of campaign Number of social media plans Reach of social media efforts	

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	2.2.6 A minimum of three T.A.T.U groups will reach a minimum of one elementary or middle school class each with tobacco education messages for a total of at least three school classes	Presentations	Q2-Q4	Number of schools classes receiving presentations	
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Goal 3: Identify and eliminate tobacco-related disparities (Guiding Intervention: Smoke free policies)					
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>
3.1 By June 30, 2016 plan, implement and evaluate one intervention with the, Lesbian, Gay, Bisexual, Transgender, Questioning, Intersexed (LGBTQI) population related to tobacco use and exposure.	3.1.1 Coordinate development of one Washoe County LGBTQI tobacco prevention and control outreach plan and one social media strategy, with at least two LGBTQI groups to participate in the creation of an outreach plan and social media strategy	Outreach plan Social media strategy	Q 1 and Q2	Number of outreach plans developed Number of LGBTQI groups participating Number of social media strategies developed	Intermittent Hourly Health Educator, Student interns and/or Public Health Associate
	3.1.2 Coordinate identification of at least one policy strategy that will impact the LBGTOI community through outreach such a focus group	Policy strategy	Q2	Number of policy strategies identified	
	3.1.3 Coordinate the implementation of one social media advertising campaign targeting the LGBTQI community using at least two platforms (Facebook, Twitter, Grindr, etc)	Social media campaigns	Q4	Number of social media campaigns implemented Reach of campaign	

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<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>
3.2 Procure cessation information for at least 10 providers that serve the low SES community through June 30, 2016.	3.2.1 Development and/or purchase at least three tobacco cessation materials to assist low-income service providers and health care providers to promote cessation (distribution to occur with CDC Core activities)	Cessation materials	Ongoing	Number materials purchased and/or developed	Intermittent Hourly Health Educator, Public Service Intern
3.3 By June 30, 2016 support statewide tobacco prevention and control efforts by sponsoring Nevada Tobacco Prevention Coalition (NTPC) trainings and meetings for professionals and volunteers across Nevada.	3.3.1 Sponsor NTPC's annual face-to-face strategic planning session	One NTPC strategic planning meeting with 90% of executive board members in attendance Annual strategic plan	Q3	Strategic planning meeting held; meeting minutes Number of annual strategic plans	WCHD staff will work on activities with a vendor
	3.3.2 Sponsor one quarter of NTPC meetings to include one general membership meeting and two executive board meetings	One general membership meeting Two executive board meetings	Q4	Meeting minutes from executive board and general membership meetings	

Goal 4: Evaluate program activities to demonstrate the impact of the Nevada Tobacco Control and Prevention Program

<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>
4.1 By June 30, 2016, develop at least one evaluation report to improve program processes, review	4.1.1 Development an evaluation plan to implement program improvement and have a reporting plan to engage partners in the community	Evaluation plan	Q1	Number of evaluation plans	Health Educator Coordinator and Intermittent Hourly Health Educator

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outcomes, and engage stakeholders.	4.1.2 Produce four quarterly reports updating and reviewing program progress, to be submitted within two weeks of the end of each quarter	Quarterly reports	Q1-Q4	Number of quarterly reports	
	4.1.3 Maintain and compile evaluation measures and indicators to produce one evaluation report	Evaluation report (briefings, press releases and/or other forms used to engage stakeholders)	July 2016	Number of evaluation reports	

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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 Funds for Healthy Nevada. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Funds for Healthy Nevada.

Subgrantee agrees to adhere to the following budget:

Annual Budget Narrative

PERSONNEL Position Title and Name	Annual Salary	Fringe	Percent of Time	Months	Amount Requested
<u>Intermittent Hourly Health Educator</u>	\$22,726	\$330	100%	12	\$23,056
Job Description: 18 hours per week x 52 weeks = 936 hours x \$24.28/hr. = \$22,726 + \$330 Medicare. This position will oversee the implementation of project activities related to SF policies for MUH properties, tobacco free campus efforts and participate in smoke free outdoor community events and other grant activities as needed. This position will also coordinate with Nevada Cancer Coalition for reporting and documentation requirements. THIS POSITION WILL PERFORM THE EVALUATION PORTION OF THE GRANT FOR AT LEAST \$9,350 (5% of direct costs).					
<u>Intermittent Hourly Health Educator</u>	\$20,201	\$293	100%	12	\$20,494
Job Description: 16 hours per week x 52 weeks = 832 hour x \$24.28/hr. = \$20,201. This position will oversee the implementation of project activities related to: smoke free outdoor community events, smoke free policies mass media campaign, LGBTQI outreach and coordinate cessation promotion materials for low SES providers. This position will also coordinate with the American Lung Associations for reporting and documentation requirements and participate in SF policies for MUH and tobacco free campus efforts as needed.					
<u>Public Service Intern –</u>	\$6,552	\$95	100%	12	\$6,647
Job Description: 12 hours per week x 52 weeks = 624 hour x \$10.50/hr. = \$6,552 + \$95 Medicare. This position will assist with project activities related to: smoke free outdoor community events, SF policies for MUH, tobacco free campus efforts, disseminate cessation promotion materials to low SES providers					
<u>Project Coordinators –</u>	\$0	\$0	0%	12	\$0

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Job Description:

Full time Health Educator Coordinator and Health Educator II will provide technical assistance to the Intermittent Hourly Health Educators and Public Service Intern and ensure necessary reports/documents are submitted to the State of Nevada Division of Public and Behavioral Health. Staff will also assist in coordination of sole source vendors (in kind). Supervision of staff performance will be provided by Public Health Nursing Supervisor (in kind).

TOTAL ANNUAL SALARIES & WAGES \$ 49,479.00

TOTAL FRINGE BENEFITS \$ 718.00

TOTAL PERSONNEL COSTS: \$50,197

TRAVEL:

In-State Travel

Local travel \$518

Mileage: (\$0.575 per mile x 900 miles) \$518

Justification:

Mileage for outreach and follow-up (50 miles/month x 12 months=600). Mileage for Tobacco Free Campus activities (Sierra Nevada College in Incline Village and TMCC) - 200 miles for outreach activities. LBGQTI outreach - 50 miles. Misc. mileage for outdoor community events and local meetings - 50.

TOTAL TRAVEL COSTS: \$518

SUPPLIES

General Office Supplies (pens, pencils, paper, etc.) 12 months x \$480

\$20/month x 2 staff *

Education Materials \$1,300

Desktop computer \$1,020; Dell laptop \$947.00 \$1,967

Two Microsoft Office licenses \$247 x 2 = \$494 \$494

Justification:

Desktop computer needed for intermittent hourly health educator. Laptop is needed for outreach activities including outreach activities for SF MUH, SF campuses and LGBTQI groups. Educational Materials: Tobacco pamphlets and posters purchased from Health EdCo for low income service providers to promote cessation \$800 and educational materials for tobacco free campus outreach \$500. *Three part time staff, interns, and program staff.

TOTAL SUPPLY COSTS: \$4,241

CONTRACTUAL

Name of Contractor: Mass media communications (requires competitive bid)

Period of Performance:

July 1, 2015-June 30, 2016

Scope of Work: Mass media campaign on smoke free policy which may include radio, TV, print and digital media. See Work Plan.

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Method of Accountability:

Progress will be monitored by the Intermittent Hourly Health Educator, Health Educator Coordinator and/or Health Educator II to track progress on meeting grant deliverables including reporting.

Itemized Budget:

Contractual \$90,000

Sub-Total : \$90,000

Justification:

Mass-reach health communication interventions target large audiences to change knowledge, beliefs, attitudes and behaviors affecting tobacco use.

Name of Contractor Nevada Cancer Coalition SOLE SOURCE VENDOR

Period of Performance:

July 1, 2015 - June 30, 2016

Scope of Work: Nevada Cancer Coalition will identify businesses to provide outreach regarding voluntary SF meeting policies, provide information through various means, and provide technical assistance to businesses to adopt voluntary SF meeting policies. They will also coordinate advertising and media targeted to business publications. See Work Plan.

Method of Accountability: Progress will be monitored by the Intermittent Hourly Health Educator, Health Educator Coordinator and/or Health Educator II to track progress on meeting grant deliverables including reporting.

Itemized Budget:

Contractual \$12,500

Sub-Total : \$12,500

Justification:

Developing and promoting smoke free meetings and events is unique because it requires an intimate knowledge of tobacco, including the politics and legislation. The Nevada Cancer Coalition (NCC) is the appropriate provider of these services because of their knowledge of tobacco as well as their relationships and credibility within the community, including the business community with whom they will be working. Tobacco use and exposure is a primary risk factor for cancer and because of this the NCC has been a significant partner in tobacco prevention. For these reasons, as well as their having the staffing resources to take on a project of this scope, they are the appropriate organization for this work.

Name of Contractor: American Lung Association Northern Nevada SOLE SOURCE VENDOR

Period of Performance:

July 1, 2015-June 30, 2016

Scope of Work: Development of Youth Advocacy Plan including recruiting, maintaining and coordinating T.A.T.U. groups, letter writing, community presentations and advocacy training.

Method of Accountability:

Progress will be monitored by the intermittent hourly health educator, Health Educator Coordinator and/or Health Educator II to track progress on meeting grant deliverables including reporting.

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Itemized Budget:

Contractual \$10,000

***Sub-Total :* \$10,000**

Justification: American Lung Association (ALA) has an established program, Teens Against Tobacco Use (T.A.T.U.), to work with high school students on the health hazards of tobacco use. There are no other known local entities that provide education to youth on tobacco. With their history and experience of working with youth and tobacco, ALA is also the appropriate candidate to work with youth to develop a Youth Advocacy Plan to guide youth advocates in smoke free policy and media efforts.

Name of Contractor: American Lung Association Southern Nevada SOLE SOURCE VENDOR

Period of Performance:

July 1, 2015-June 30, 2016

Scope of Work: ALA will sponsor statewide trainings on behalf of NTPC including annual face-to-face strategic planning session and one quarter of NTPC meetings (one general membership meeting and two executive board meetings).

Method of Accountability: Progress will be monitored by the Intermittent Hourly Health Educator, Health Educator Coordinator and/or Health Educator II to track progress on meeting grant deliverables including reporting.

Itemized Budget:

Contractual \$6,500

***Sub-Total :* \$6,500**

Justification: The American Lung Association in Nevada (ALAN) in Southern Nevada is the fiscal agent for the Nevada Tobacco Prevention Coalition (NTPC) and currently facilitates the monthly statewide general membership and executive board meetings, which are conducted by conference call. They also coordinate communications and maintain the group's documents, such as minutes, agendas, etc. Based on their history and current role with NTPC they are the appropriate agency to plan and implement face-to-face statewide meetings for leaders and the tobacco community.

TOTAL CONTRACTUAL COSTS: \$119,000

OTHER

Printing Services	\$400
Copy Machine: \$15/mo. x 2 staff* x 12 months*	\$360
Postage:	\$200
Phone Line: \$10/mo. x 12 months	\$120
Signs	\$1,280
Advertising	\$8,000
Awards	\$200
Incentives	\$2,500

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Justification:

Printing: Mailers and outreach activities.

Postage: Postage for mailers and grant related correspondence including outreach activities.

Phone line for IH Health Educator and Public Service Intern.

Advertising: Advertising SF MUH in written and digital publications \$5,000. Advertising in student publications \$1,000. LBGTQI social media advertising \$2,000 including Facebook and Twitter. Signs: 30 signs for SF MUH \$900. Four signs for tobacco free campus outreach advertising \$120. Two sandwich boards for tobacco free campus outreach, smoke free events and other outreach activities \$260.

Awards such as Extra Mile Awards (plaques) for SF MUH \$200.

Incentives for TMCC and Sierra Nevada College for tobacco free campus outreach \$2,000 to include but not limited to gift cards such as \$10-\$20 gift cards to Starbucks or Walmart. Incentives for LBGTQI outreach activities \$500 to include but not limited to gift cards such as \$20 gift cards to Starbucks or Walmart. *Three part time staff, interns, and program staff.

TOTAL OTHER COSTS: \$13,060

ADMINISTRATIVE COSTS:

8% of total Direct Costs

TOTAL ADMINISTRATIVE COSTS: \$14,961

TOTAL DIRECT COSTS: \$187,016

TOTAL BUDGET: \$201,977

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility, within the approved Scope of Work, so long as the adjustment is reasonable to support the activities described in the Scope of Work and the adjustment does not alter the Scope of Work. Subgrantee must notify or obtain written, prior authorization for such modifications.
- 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.

- Reimbursement may be requested MONTHLY for expenses incurred in the implementation of the Scope of Work, within 30 days of the end of the previous month and no later than 30 days from the end of the subgrant period; Year 1 – July 30, 2016 and Year 2 – July 30, 2017.
- The maximum amount available under this subgrant per year (July to June) is \$201,977. Total Maximum amount available under this subgrant is \$403,954.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;

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- Quarterly invoices will not be approved for payment until quarterly reports are received by the Tobacco Program Coordinator.
- DPBH reserves the right to conduct a site visit in regards to the subgrant and deliverables. If deliverables are not met for this subgrant period, DPBH is not obligated to issue continuation funding.
- Additional expenditure detail will be provided on a quarterly basis to the Nevada State Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness, Tobacco Program Manager.
- 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:

- The Division of Public and Behavioral Health shall provide technical assistance, upon request from the Subgrantee;
- The Division of Public and Behavioral Health shall provide prior approval of reports or documents to be developed;
- The Division of Public and Behavioral Health shall forward reports to the CDC.
- 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:

An annual site visit will be performed by the Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness, Tobacco Program Coordinator.

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.

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 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.

Program Reporting and other Requirements

- Participate in majority of Technical Assistance calls held monthly throughout the subgrant period on the fourth Tuesday of every month beginning August 2015 at 8:30 am PST. Calls will be held in conjunction with Tobacco-Core TA calls previously scheduled.
- Subgrantee agrees to provide quarterly reports according to the schedule specified below and in accordance with the quarterly report template.

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SECTION D
Request for Reimbursement

HD#: 15004
Budget
Account: 3220
GL: 8516
Draw #: _____

Program Name: Tobacco Prevention and Control Chronic Disease Prevention and Health Promotion Bureau of Child, Family and Community Wellness	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 210 Carson City, Nevada 89706-2009	Address: P.O. Box 11130 Reno, Nevada 89520
Subgrant Period: July 1, 2015 – June 30, 2017	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u>

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

Month(s): _____ Calendar year: _____

Approved Budget Category	A Approved Annual Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	50,197.00	\$0.00	\$0.00	\$0.00	\$0.00	-
2 Travel	\$518.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3 Supplies	\$4,241.00	\$0.00	\$0.00	\$0.00	\$0.00	-
4 Contractual	\$119,000.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Other	\$13,060.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6 Administrative Cost	\$14,961.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$201,977.00	\$0.00	\$0.00	\$0.00	\$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/back-up.
Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

FOR DIVISION USE ONLY

Program contact necessary? ____ Yes ____ No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

Scope of Work review/approval date: _____ Signed: _____

ASO or Bureau Chief (as required): _____ Date: _____

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SECTION E

Audit Information Request

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

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

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

Signature

Date

Title

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SECTION F

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District

Hereinafter referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the Contract between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the Contract. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the Contract and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS, Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into a contract containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

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

1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
3. **CFR** stands for the Code of Federal Regulations.
4. **Contract** shall refer to this Addendum and that particular Contract to which this Addendum is made a part.
5. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.

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7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes, but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **les including reporting.th Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the

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Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).

5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the Contract, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: the Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the Contract or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.

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12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use, or disclose protected health information as provided for by the Contract and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the Contract or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

III. **PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE.** The Business Associate agrees to these general use and disclosure provisions:

1. **Permitted Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the Contract, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e) (2) (i) and 42 USC 17935 and 17936.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
- c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for

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which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.

- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

2. Prohibited Uses and Disclosures:

- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction, and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.
2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. TERM AND TERMINATION

1. Effect of Termination:

- a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
- b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
- c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.

2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.

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3. **Termination for Breach of Contract.** The Business Associate agrees that the Covered Entity may immediately terminate the Contract if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
 - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

THIS SPACE INTENTIONALLY LEFT BLANK

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

Covered Entity	Business Associate
Division of Public and Behavioral Health 4150 Technology Way, Suite 300 Carson City, NV 89706	_____ Business Name
Phone: (775) 684-5975	_____ Business Address
Fax: (775) 684-4211	_____ Business City, State and Zip Code
_____	_____ Business Phone Number
_____	_____ Business Fax Number
_____ Authorized Signature	_____ Authorized Signature
for Marta E. Jensen	_____
_____ Print Name	_____ Print Name
Acting Administrator, Division of Public and Behavioral Health	_____
_____ Title	_____ Title
_____ Date	_____ Date

SECTION G
Annual Workplan

Washoe County Tobacco Prevention and Control Program
FHN Annual Work Plan 7/01/15 to 6/30/16

Evidence-based interventions that goals are guided by:

- Smoke free policies
- Mass media campaigns when combined with other interventions

Goal 1: Eliminate exposure to secondhand smoke (Guiding Intervention: Smoke free policies)					
Annual Objectives	Activities	Outputs	Timeline	Evaluation Measure (indicator)	Responsible Persons
1.1 Increase the number of businesses with voluntary smoke free (SF) meeting policies by five by June 30, 2016.	1.1.1 Create one list identifying at least 50 businesses to provide outreach to regarding voluntary SF meeting policies	Businesses with voluntary smoke free policies list	Q1	List of businesses Number of businesses	Nevada Cancer Coalition Program Coordinator
	1.1.2 Distribute information at one human resource related event targeting business leaders and decision-makers	SF meeting information	Q2	Number of events Number of informational materials distributed	
	1.1.3 Conduct one mailing campaign targeting identified businesses regarding voluntary SF meeting policies	Mailing campaign	Q2	Number of mailing campaigns implemented	
	1.1.4 Provide technical assistance (TA) to at least five businesses in adopting voluntary SF meeting policies	SF TA log SF pledges	Ongoing	Number of businesses provided with SF TA Number of pledges	

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	1.1.5 Conduct one advertising and media campaign targeting business leaders/decision-makers	Media campaign	Q2-Q4	Number of media campaigns implemented Percent reach	
Annual Objectives	Activities	Outputs	Timeline	Evaluation Measure (indicator)	Responsible Persons
1.2 By June 30, 2016 increase the number of smoke free outdoor community events by one.	1.2.1 Identify five events to provide outreach to regarding outdoor SF events	Event summary	Q1	Number of event summaries Number of events identified Number of events that were SF	Intermittent Hourly Health Educator, Public Service Intern, and UNR student intern
	1.2.2 Develop one informational document to provide to event organizers regarding outdoor SF events and provide information to at least five event organizers	Informational document	Q1	Number of info docs developed Number of event organizers that utilized info docs	
	1.2.3 Offer technical assistance (TA) and signage to at least five event organizers for outdoor SF events	TA records Signage	Ongoing	Number of event organizers offered TA Number of event organizers provided with TA Number of signs provided	
	1.2.4 Survey participants at a minimum of two outdoor events regarding their attitudes about SF events.	Surveys Analysis or baseline data on public attitudes about SF events	Ongoing	Number of surveys conducted Number of survey participants	

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	1.2.5 Conduct key informant interviews with at least five event organizers on their attitudes regarding voluntary SF event policies	Key informant interviews Analysis or baseline data on public attitudes about SF events	Ongoing	Number of interviews	
Annual Objectives	Activities	Outputs	Timeline	Evaluation Measure (indicator)	Responsible Persons
1.3 By June 30, 2016, increase the number of voluntary SF policies among multi-unit housing (MUH) properties by five.	1.3.1 Identify 30 MUH properties to target with outreach regarding voluntary SF housing policies; 50% of targeted properties will be low-income housing	List of targeted MUH properties	Q1	Number of MUH properties identified	Intermittent Hourly Health Educator, and Public Service Intern
	1.3.2 Partner with the City of Reno to present SF MUH policies to at least two outreach events.	Presentations	Ongoing as event are held	Number of presentations	
	1.3.3 Create one annual survey report on tenant surveys requested by property owners and managers, which assess resident attitudes and support of SF MUH	Survey report Tenant surveys as requested	Q4 Ongoing	Number of survey reports Number of tenant surveys Percent of support for MUH	
	1.3.4 Conduct one campaign using small media targeting owners, managers and tenants	Campaign using small media	Ongoing	Number of campaigns implemented	
	1.3.5 Assist five MUH owners and managers in communicating new policies by providing signage	Signage	Signage ordered at end of Q2 and at end of Q4	Number of SF signs provided Number of MUH properties	

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<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>
				implementing new SF policies	
1.4 By June 30, 2015, increase the number of campuses of higher education working towards a tobacco free campus by one.	1.4.1 Build partnerships with TMCC and Sierra Nevada College to identify at least one staff leader and one student advocate group at each campus to promote tobacco free campus efforts	Informal partnerships	Q1	Number of staff leaders and student advocate groups identified	Intermittent Hourly Health Educator and Public Service Intern
	1.4.2 Increase the number of educational activities and events at TMCC about tobacco free campuses from 0 to 1	Educational activities	Q2-Q4	Number of educational activities	
	1.4.3 In partnership with American Heart Association's ANCHOR efforts for a smoke free Incline Village, increase the number of educational activities and events at Sierra Nevada College in Incline Village from 0 to 1	Educational activities	Q2-Q4	Number of educational activities	
Goal 2: Prevent initiation of tobacco use among youth and young adults (Guiding interventions: Smoke free policies and mass media campaigns)					
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>
2.1 By June 30, 2016, plan, implement and evaluate one tobacco mass media campaign that promotes smoke free policies.	2.1.1 Reach 60% of targeted Washoe County populations with one mass media smoke free policy messages	Media campaign	Q2-Q3	Number of campaigns implemented Percent reach for campaign	Intermittent Hourly Health Educator

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2.2 By June 30, 2016, develop and implement one Youth Advocacy Plan which would guide youth advocates in smoke free policy and media efforts.	2.2.1 Maintain and coordinate T.A.T.U. groups, which meet on a regular basis and participate in the creation of a youth advocacy plan	Youth advocacy plan	Q4	Number of advocacy plans Number and location of each T.A.T.U. group and number of meetings held	American Lung Association Program Coordinator
	2.2.2 The Incline Village T.A.T.U. group make one presentation to at least one group of leaders on SF Incline Village efforts	SF presentation to leaders	Q2	Number of presentations	
	2.2.3 Youth advocates from the Incline Village T.A.T.U. group will participate and present at least one community meeting related to SF Incline Village	Presentation to community activists	Q3	Number of meetings participated in Number of presentations	
	2.2.4 T.A.T.U. youth advocates will participate in at least one advocacy training to learn about evidence-based tobacco prevention including smoke free policies and mass media communications	Training module	Q3	Number of advocacy trainings	
	2.2.5 T.A.T.U youth advocates will conduct one social media campaign to reach Washoe County High School students with tobacco media messages	Social media campaign Social media plan Media messages	Q4	Number of campaign Number of social media plans Reach of social media efforts	

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	2.2.6 A minimum of three T.A.T.U groups will reach a minimum of one elementary or middle school class each with tobacco education messages for a total of at least three school classes	Presentations	Q2-Q4	Number of schools classes receiving presentations	
Goal 3: Identify and eliminate tobacco-related disparities (Guiding Intervention: Smoke free policies)					
Annual Objectives	Activities	Outputs	Timeline	Evaluation Measure (indicator)	Responsible Persons
3.1 By June 30, 2016 plan, implement and evaluate one intervention with the, Lesbian, Gay, Bisexual, Transgender, Questioning, Intersexed (LGBTQI) population related to tobacco use and exposure.	3.1.1 Coordinate development of one Washoe County LGBTQI tobacco prevention and control outreach plan and one social media strategy, with at least two LGBTQI groups to participate in the creation of an outreach plan and social media strategy	Outreach plan Social media strategy	Q 1 and Q2	Number of outreach plans developed Number of LGBTQI groups participating Number of social media strategies developed	Intermittent Hourly Health Educator, Student interns and/or Public Health Associate
	3.1.2 Coordinate identification of at least one policy strategy that will impact the LBGTQI community through outreach such a focus group	Policy strategy	Q2	Number of policy strategies identified	
	3.1.3 Coordinate the implementation of one social media advertising campaign targeting the LGBTQI community using at least two platforms (Facebook, Twitter, Grindr, etc)	Social media campaigns	Q4	Number of social media campaigns implemented Reach of campaign	Intermittent Hourly Health Educator, Student interns and/or Public Health Associate

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3.2 Procure cessation information for at least 10 providers that serve the low SES community through June 30, 2016.	3.2.1 Development and/or purchase at least three tobacco cessation materials to assist low-income service providers and health care providers to promote cessation (distribution to occur with CDC Core activities)	Cessation materials	Ongoing	Number materials purchased and/or developed	Intermittent Hourly Health Educator, Public Service Intern
3.3 Support statewide tobacco prevention and control efforts through one Nevada Tobacco Prevention Coalition (NTPC) strategic plan, including development of specific activities and deliverables by February 1, 2016.	3.3.1 Attend the annual NTPC strategic planning session to work with statewide partners to develop a strategic plan	NTPC strategic plan	Q3	Number of strategic plans	American Lung Association (Southern Nevada)
	3.3.2 Report quarterly on the NTPC strategic plan by providing an update on one list of strategic plan activities and progress towards completing them.	Quarterly activity list progress report	Q1-Q4	Number of lists Number of activities implemented	

Goal 4: Evaluate program activities to demonstrate the impact of the Nevada Tobacco Control and Prevention Program

<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>
4.1 By June 30, 2016, develop at least one evaluation report to improve program processes, review outcomes, and engage stakeholders.	4.1.1 Development an evaluation plan to implement program improvement and have a reporting plan to engage partners in the community	Evaluation plan	Q1	Number of Evaluation plans	Intermittent Hourly Health Educator
	4.1.2 Produce four quarterly reports within two weeks of the end of the quarter updating and reviewing program progress	Quarterly report		Number of quarterly reports	

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	4.1.3 Maintain and compile evaluation measures and indicators to produce one evaluation report	Evaluation report (briefings, press releases and/or other forms used to engage stakeholders)	July 2016	Number of evaluation reports	
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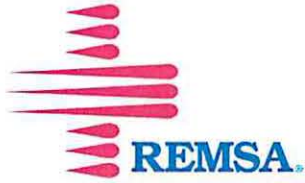
SECTION H
Quarterly Program Activity Tracking and Evaluation

ES Worksheet 4. CDPHP Tobacco Control Program Quarterly Program Activity Tracking/Evaluation
Washoe County Health District
2015-2016 Core Progress Report

Action Plan Period: 7/01/2015 – 6/30/2016

Data Collection Date: MM/DD/YY

Goal 1:			
Objectives	Activities	Quarterly Program Activity Tracking (Output, When, How, Who)	Evaluation Results (for evaluator use only)
Annual Objective: 1.1 -	Annual Activity: 1.1.1 -		
Annual Objective: 1.2 -	Annual Activity: 1.2.1 -		
	Annual Activity: 1.2.2 -		
	Annual Activity: 1.2.3 -		
	Annual Activity: 1.2.4 -		



Regional Emergency Medical Services Authority

REMSA

OPERATIONS REPORTS

FOR

MAY 2015

Fiscal 2015

Month	Priority 1 System-Wide Avg.	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul. 2014	5 mins. 41 secs.	93%	93%
Aug.	5 mins. 58 secs.	92%	96%
Sept.	5 mins. 35 secs.	92%	97%
Oct.	5 mins. 54 secs.	92%	98%
Nov.	5 mins. 59 secs.	93%	100%
Dec.	6 mins. 5 secs.	93%	97%
Jan. 2015	5 mins. 53 secs.	93%	99%
Feb.	6 mins. 6 secs.	92%	98%
Mar.	6 mins. 11 secs.	91%	99%
Apr.	6 mins. 9 secs.	91%	97%
May	6 mins. 21 secs.	92%	98%
June 2015			

Year to Date: July 2014 through May 2015

Priority 1 Zone A	Priority 1 Zones B,C,D
92%	98%

Average Response Times by Entity				
Month/Year	Priority	Reno	Sparks	Washoe County
July 2014	P-1	5:07	5:59	8:34
	P-2	6:33	6:55	9:53
Aug. 2014	P-1	6:06	6:11	9:07
	P-2	6:54	6:51	10:03
Sept. 2014	P-1	5:23	6:01	10:29
	P-2	5:54	7:02	10:19
Oct. 2014	P-1	5:20	5:56	9:23
	P-2	5:46	6:57	9:22
Nov. 2014	P-1	5:17	5:56	8:40
	P-2	5:54	6:21	9:00
Dec. 2014	P-1	5:20	6:07	9:16
	P-2	5:49	6:43	9:15
Jan. 2015	P-1	5:13	5:55	9:42
	P-2	5:27	6:42	9:53
Feb. 2015	P-1	5:28	6:06	9:36
	P-2	6:04	6:50	9:59
Mar. 2015	P-1	5:19	6:17	10:10
	P-2	5:56	6:52	10:40
Apr. 2015	P-1	5:30	6:19	9:30
	P-2	6:02	7:16	9:51
May 2015	P-1	5:30	6:19	9:57
	P-2	6:21	7:27	9:58
June 2015	P-1			
	P-2			

Year to Date: July 2014 through May 2015

Priority	Reno	Sparks	Washoe County
P-1	5:19	6:02	8:56
P-2	6:01	6:49	9:24

REMSA

Fiscal 2015

Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
July 2014	3767	\$4,028,488	\$1,069	\$1,069
Aug.	3965	\$4,234,791	\$1,068	\$1,069
Sept.	3674	\$3,942,547	\$1,073	\$1,070
Oct.	3806	\$4,059,917	\$1,067	\$1,069
Nov.	3535	\$3,791,791	\$1,073	\$1,070
Dec.	3843	\$4,119,979	\$1,072	\$1,070
Jan. 2015	3870	\$4,142,489	\$1,070	\$1,070
Feb.	3372	\$3,614,031	\$1,072	\$1,070
Mar.	3872	\$4,151,828	\$1,072	\$1,071
Apr.	3710	\$4,006,356	\$1,080	\$1,072
May	3984	\$4,300,782	\$1,080	\$1,072
June 2015			\$0	\$1,072
Totals	41398	\$44,393,000	\$1,072	
Allowed ground avg bill - \$1,076.00				



REMSA OCU Incident Detail Report

Period: 05/01/2015 thru 05/31/2015

12. 1 Monthly Reports (b) CAD Edits & Call Priority Reclassification

Response Area	Zone	Clock Start	Clock Stop	Stop Clock Unit	Threshold	Response Time	Overage
A-08-IC Reno	Zone A	05/03/2015 17:32:38	05/03/2015 17:38:30	301	00:08:59	00:05:52	-00:03:07
A-08-IC Reno	Zone A	05/03/2015 23:32:55	05/03/2015 23:32:55	435	00:08:59	00:00:00	-00:08:59
A-08-IC Reno	Zone A	05/04/2015 16:07:00	05/04/2015 16:07:43	321	00:12:59	00:00:43	-00:12:16
A-08-IC Reno	Zone A	05/05/2015 17:51:25	05/05/2015 17:51:25	326	00:19:59	00:00:00	-00:19:59
A-08-IC Reno	Zone A	05/11/2015 09:17:01	05/11/2015 09:19:17	321	00:19:59	00:02:16	-00:17:43
A-08-IC Reno	Zone A	05/14/2015 19:24:21	05/14/2015 19:24:21	409	00:12:59	00:00:00	-00:12:59
A-08-IC Reno	Zone A	05/16/2015 22:59:08	05/16/2015 22:59:08	421	00:12:59	00:00:00	-00:12:59
A-08-IC Reno	Zone A	05/17/2015 16:43:46	05/17/2015 16:56:32	333	00:12:59	00:12:46	-00:00:13
A-08-IC Reno	Zone A	05/18/2015 11:25:48	05/18/2015 11:31:40	305	00:08:59	00:05:52	-00:03:07
A-08-IC Sparks	Zone A	05/19/2015 15:30:50	05/19/2015 15:33:23	406	00:08:59	00:02:33	-00:06:26
A-08-IC Reno	Zone A	05/20/2015 14:07:03	05/20/2015 14:10:44	319	00:12:59	00:03:41	-00:09:18
A-08-IC Reno	Zone A	05/20/2015 15:06:06	05/20/2015 15:11:34	337	00:08:59	00:05:28	-00:03:31
A-08-IC	Zone A	05/20/2015 20:28:03	05/20/2015 20:28:03	435	00:12:59	00:00:00	-00:12:59
A-08-IC Reno	Zone A	05/28/2015 21:36:55	05/28/2015 21:38:42	436	00:12:59	00:01:47	-00:11:12
A-08-IC Reno	Zone A	05/30/2015 11:45:41	05/30/2015 11:50:59	326	00:08:59	00:05:18	-00:03:41
A-08-IC Sparks	Zone A	05/30/2015 18:02:40	05/30/2015 18:02:40	407	00:12:59	00:00:00	-00:12:59

Call Priority Reclassification					
Incident Number	City	Zone	Incident Date	Exemption Reason	Priority
126185-15	Sun Valley, NV	Zone A	05/06/2015	Upgrade	1
139119-15	Sparks, NV	Zone A	05/19/2015	Upgrade	1
148098-15	Reno, NV	Zone A	05/28/2015	Upgrade	1
151207-15	Sun Valley, NV	Zone A	05/31/2015	Upgrade	1



GROUND AMBULANCE OPERATIONS REPORT

May 2015

1. OVERALL STATISTICS:

Total Number Of System Responses	5925
Total Number Of Responses In Which No Transport Resulted	1984
Total Number Of System Transports	3941

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	2%
Medical	47%
OB	1%
Psychiatric/Behavioral	7%
Transfers	12%
Trauma – MVA	7%
Trauma – Non MVA	20%
Unknown/Other	4%
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: 3249

Total number of above calls receiving QA reviews: 308

Percentage of charts reviewed from the above ALS transports: 9%

EDUCATION AND TRAINING REPORT



REMSA Education
 Monthly Course and Student Report
 Month: May 2015

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	6	43	3	37	3	6
ACLS EP	0	0	0	0	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	0	0	0	0	0	0
ACLS P	0	0	0	0	0	0
ACLS R	19	100	5	40	14	60
ACLS S	8	31	3	3	5	28
AEMT	0	0	0	0		
AEMT T	0	0	0	0		
BLS	61	346	11	127	50	219
BLS I	3	22	1	16	2	6
BLS R	48	230	21	116	27	114
BLS S	44	80	13	14	31	66
CE	5	70	5	70	0	0
EMAPCT	0	0	0	0	0	0
EMPACT I	0	0	0	0	0	0
EMR	0	0	0	0		
EMR R	0	0	0	0		
EMS I	0	0	0	0		
EMT	2	47	2	47		
EMT T	0	0	0	0		
FF CPR	8	156	0	0	8	156
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	7	76	5	67	2	9
HS CPR	50	256	2	9	48	247
HS CPR FA	44	556	4	41	50	506
HS CPR FA S	1	1	1	1	0	0
HS CPR PFA	0	0	0	0	0	0
HS PFA S	0	0	0	0	0	0
HS CPR S	1	1	0	0	1	1
HS FA	15	106	3	52	12	54
HS FA S	1	1	0	0	1	1
HS PFA	7	31	1	6	6	25
ITLS	0	0	0	0	0	0
ITLS A	0	0	0	0	0	0
ITLS I	0	0	0	0	0	0
ITLS P	0	0	0	0	0	0
ITLS R	1	7	1	7	0	0
ITLS S	1	1	1	1	0	0
PALS	3	12	2	9	1	3
PALS I	0	0	0	0	0	0
PALS R	10	50	4	34	6	16
PALS S	6	14	0	0	6	14
PEARS	0	0	0	0	0	0
PM	2	24	2	24		
PM T	0	0	0	0		

Discipline	Total Classes	Total Students Legend	REMSA Classes	REMSA Students	Site Classes	Site Students Classes w/ CPR
ACLS		Advanced Cardiac Life Support				
ACLS EP		Advanced Cardiac Life Support for Experience Providers				257
ACLS P		Advanced Cardiac Life Support Prep				
ACLS R		Advanced Cardiac Life Support Recert				
ACLS S		Advanced Cardiac Life Support Skills				CPR Students
ACLS I		Advanced Cardiac Life Support Instructor				
AEMT		Advanced Emergency Medical Technician				1626
AEMT T		Advanced Emergency Medical Technician Transition				
BLS		Basic Life Support				
BLS I		Basic Life Support Instructor				REMSA CPR Classes
BLS R		Basic Life Support Recert				
BLS S		Basic Life Support Skills				52
CE		Continuing Education:				
EMAPCT		Emergency Medical Patients Assessment, Care, & Transport				
EMPACT I		Emergency Medical Patients Assessment, Care, & Transport Instructor				REMSA CPR Students
EMR		Emergency Medical Responder				
EMR R		Emergency Medical Responder Recert				308
EMS I		Emergency Medical Services Instructor				
EMT		Emergency Medical Technician				
EMT T		Emergency Medical Technician Transition				
FF CPR		Family and Friends CPR				
FF CPR FA		Family and Friends CPR and First Aid				
FF FA		Family and Friends First Aid				
HS BBP		Heartsaver Bloodborne Pathogens				
HS CPR		Heartsaver CPR and AED				
HS CPR FA		Heartsaver CPR, AED, and First Aid				
HS CPR FA S		Heartsaver CPR, AED, and First Aid Skills				
HS CPR PFA		Heartsaver Pediatric CPR, AED, and First Aid				
HS CPR S		Heartsaver CPR and AED Skills				
HS FA		Heartsaver First Aid				
HS FA S		Heartsaver First Aid Skills				
HS PFA		Heartsaver Pediatric First Aid				
HS PFA S		Heartsaver Pediatric First Aid Skills				
ITLS		International Trauma Life Support				
ITLS A		International Trauma Life Support Access				
ITLS I		International Trauma Life Support Instructor				
ITLS P		International Trauma Life Support - Pediatric				
ITLS R		International Trauma Life Support Recert				
ITLS S		International Trauma Life Support Skills				
PALS		Pediatric Advanced Life Support				
PALS I		Pediatric Advanced Life Support Instructor				
PALS R		Pediatric Advanced Life Support Recert				
PALS S		Pediatric Advanced Life Support Skills				
PEARS		Pediatric Emergency Assessment, Recognition, and Stabilization				
PM		Paramedic				
PM T		Paramedic Transition				

COMMUNITY RELATIONS

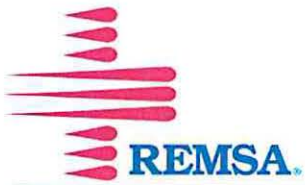
Community Outreach: May 2015

Point of Impact

5/16/2015	Child Safety Seat Checkpoint, Pebbles Preschool, Sparks; 15 cars and 21 seats inspected.	10 volunteers; 3 staff
5/20/2015	Child Passenger Safety Rural Outreach Project meeting	1 staff, 1 volunteer
5/28/2015	Technician Update for Continuing Education Units (recertification requirement)	1 staff, 4 volunteers

Safe Kids Washoe County

5/7/2015	Immunize Nevada Monthly Meeting	2 staff
5/12/2015	Safe Kids Monthly Coalition Meeting, Sparks	1 staff, 9 volunteers
5/13/2015	Cribs for Kids Train the Trainer, Las Vegas Southern Nevada Health District.	1 staff, 20 attendees
5/16/2015	Safe Kids Day at Pebbles Preschool, Sparks. Safety related games and booths.	18 volunteers
5/19/2015	Esther Bennett Elementary School Safety Committee Meeting	1 staff, 5 volunteers
5/19/2015	Cribs for Kids in-service with Renown Childbirth Educators on safe sleep, Reno.	1 staff, 5 attendees
5/20/2015	Cribs for Kids attends Fetal Infant Mortality meeting, Reno.	1 staff
5/21/2015	Photovoice Lab Session	1 staff, 2 volunteers, 7 students
5/29/2015	Photovoice Wrap-Up Meeting and Presentation	1 staff, 2 volunteers, 6th grade students and Safety Patrol



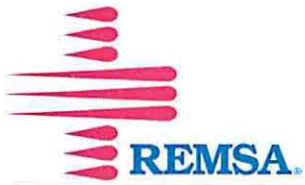
Regional Emergency Medical Services Authority

**INQUIRIES
FOR
MAY 2015**

INQUIRIES

MAY 2015

There are no inquiries for the month of May.



Regional Emergency Medical Services Authority

**CUSTOMER SERVICE
FOR
MAY 2015**

REMSA

Reno, NV
Client 7299



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www.EMSSurveyTeam.com

EMS System Report

May 1, 2015 to May 31, 2015

Your Score

93.31

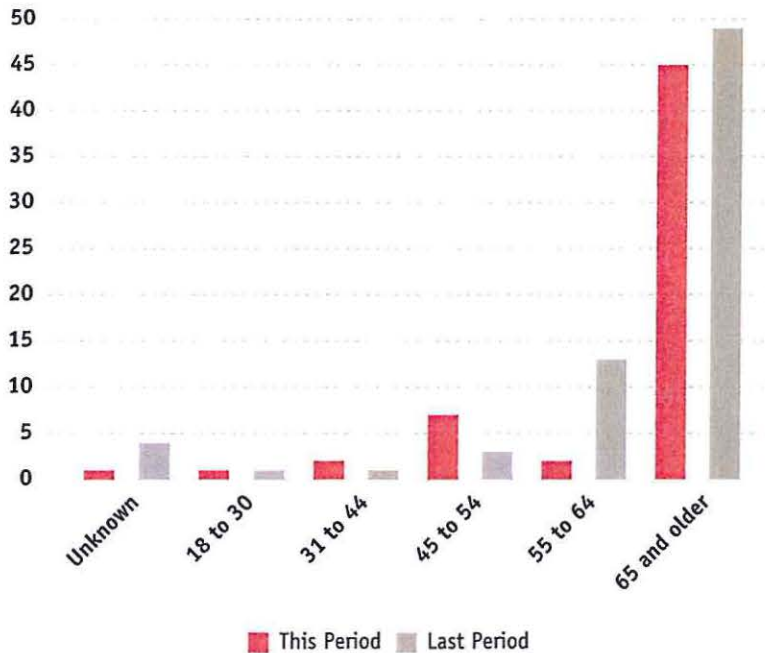




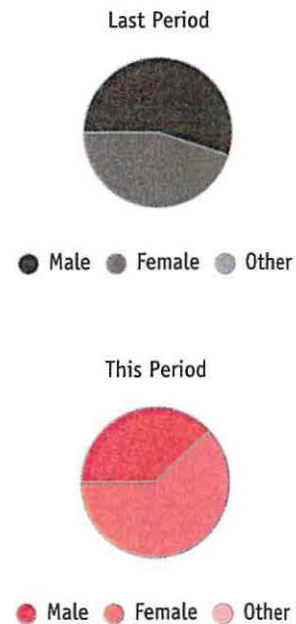
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate your service population.

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Unknown	4	2	2	0	1	0	1	0
18 to 30	1	0	1	0	1	0	1	0
31 to 44	1	1	0	0	2	0	2	0
45 to 54	3	3	0	0	7	4	3	0
55 to 64	13	2	11	0	2	2	0	0
65 and older	49	31	18	0	45	16	29	0
Total	71	39	32	0	58	22	36	0

Age Ranges



Gender



REMSA

May 1, 2015 to May 31, 2015



Monthly Breakdown

Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

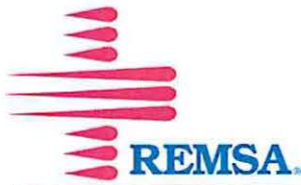
	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015
Helpfulness of the person you called for ambulance service	93.52	96.55	94.83	93.24	93.88
Concern shown by the person you called for ambulance service	92.00	97.41	94.83	94.40	93.88
Extent to which you were told what to do until the ambulance	91.67	95.54	96.00	92.54	91.30
Extent to which the ambulance arrived in a timely manner	94.70	92.50	95.00	94.46	90.18
Cleanliness of the ambulance	97.66	96.34	94.17	95.18	92.73
Comfort of the ride	89.84	92.68	91.67	91.96	88.21
Skill of the person driving the ambulance	94.70	94.51	95.00	94.20	92.45
Care shown by the medics who arrived with the ambulance	96.88	92.33	92.86	92.34	96.94
Degree to which the medics took your problem seriously	97.58	93.62	94.83	91.16	96.50
Degree to which the medics listened to you and/or your family	98.28	93.45	94.64	90.74	94.50
Skill of the medics	96.88	96.05	93.52	93.85	94.39
Extent to which the medics kept you informed about your	95.69	91.47	93.27	91.25	92.93
Extent to which medics included you in the treatment decisions	96.74	90.03	91.67	90.57	94.23
Degree to which the medics relieved your pain or discomfort	93.52	91.94	92.71	88.70	91.11
Medics' concern for your privacy	94.64	95.00	90.38	91.12	94.64
Extent to which medics cared for you as a person	95.97	94.11	93.75	90.98	95.21
Professionalism of the staff in our ambulance service billing	92.71	90.48	88.24	90.91	89.13
Willingness of the staff in our billing office to address your	90.63	92.50	85.94	91.18	89.29
How well did our staff work together to care for you	94.53	94.08	92.24	92.08	94.27
Extent to which our staff eased your entry into the medical	94.53	94.87	93.10	91.83	96.11
Appropriateness of Emergency Medical Transportation treatment	95.00	91.67	92.86	92.98	94.32
Extent to which the services received were worth the fees	88.39	86.03	85.00	90.78	89.40
Overall rating of the care provided by our Emergency Medical	95.31	93.62	93.97	91.38	95.65
Likelihood of recommending this ambulance service to others	96.88	92.59	94.83	93.42	94.57
Your Master Score	94.62	93.35	92.99	92.19	93.31
Your Total Responses	35	41	33	71	58

Ground Ambulance Customer Comments May,2015

Date of Service	What could we do better to serve you the next time?	If you had any problems with our Emergency Medical Transp...	Description / Comments
04/06/2015			Bad work
04/10/2015		None	None
04/10/2015		No problem	No problem
04/10/2015	Wonderful service		
04/10/2015			Positive
04/10/2015			Pt was confused. Can't remember
04/10/2015			Patient deceased
04/10/2015	They were great!		
04/10/2015			He was great putting a line in
04/10/2015	You are doing a great job		
04/10/2015			REMSA was always been great. This was isolated.
04/10/2015			"The superior was wonderful, concerned & helpful."
04/10/2015			I called and made a formal complaint for my wife
04/10/2015			Had no contact
04/10/2015			"Trouble getting pas our security locks, rectified the next day. Thank you!"
04/10/2015		"We have been with you for years, and this is the only time we had a little problem. Thank you"	
04/10/2015			"It was a toe problem, it didn't seem that important to people."
04/13/2015			They were awesome!
04/13/2015			I was not transported
04/13/2015			I got in the ambulance but decided to not go to the hospital.
04/13/2015			No contact with billing office
04/13/2015			"When in pain, it seems like a long time"
04/13/2015			"Cleanliness, comfort & skill do not relate to me. My husband was transported."
04/15/2015			Wonderful people!!
04/15/2015			Wonderful people!!
04/16/2015			People were great
04/16/2015			Husband was in ambulance. He has passed away
04/16/2015			"Extremely competent, very calm & helpful"
04/21/2015			Stayed with me till I was placed in my room.

04/21/2015			Pains terrible some relief till hospital stay. Medics took their time to call my daughter
04/21/2015			"When I called regarding a billing questions I was very pleased to talk to someone that was very knowledgeable and kind."
04/21/2015			"I did not call"
04/21/2015			"Very likely"
04/21/2015			"Staff and service providers very professional"
04/21/2015			"Very professional"
04/22/2015			Overall not such a bad ride
04/22/2015			Very nice dispatcher
04/22/2015			I have no negative things to/the crew that took care of me could not have better
04/22/2015			Temps were low & I am very thin and they made sure I was warm
04/22/2015			Everyone very concerned and nice to me as well as my husband
04/22/2015			Everything was great
04/22/2015			Great drive and services
04/22/2015			I was pleased with the service I received
04/22/2015			I am not a part of the billing
04/22/2015			I have no complaints of their service
04/22/2015			Thank you for saving my life!!
04/22/2015			"I was unconscious from heart att & seizure, but from the small amount I do know they were great."
04/22/2015			I was unconscious so do not know
04/22/2015			"I was the pt, but store clerk said very helpful"
04/22/2015	You are excellent		
04/22/2015			Excellent experience
04/22/2015			No contact w/this office---insurance
04/22/2015			All positive
04/22/2015			"Very positive---friendly, professional crew"
04/22/2015			Was in extreme pain & ride was rough
04/22/2015			The medics who cared for Shawn were very kind & good with Shawn. He has CP so it's hard for people to understand him!

04/22/2015			"Very clean, very calmness"
04/22/2015	Can't think of anything		
04/22/2015			I've encouraged my friends to consider utilizing this service
04/22/2015			I had only purchased my Senior Saver insurance the day before I needed it. The lady was very helpful & pleasant to work with
04/22/2015			As previously noted the EMTS were terrific
04/22/2015			Both EMTS were concerned & profesional & apparent concern for my welfare
04/27/2015	"Nothing, everything was perfect"		
04/27/2015			Very good experience
04/27/2015			All staff were excellent
04/27/2015			"Friendly, compassionate service"
04/27/2015			"Excellent, capable fast service"



Regional Emergency Medical Services Authority

**REMSA
PUBLIC RELATIONS REPORT
FOR
MAY 2015**

PUBLIC RELATIONS

May 2015

ACTIVITY	RESULTS
Worked on media advisory regarding EMS week and the award ceremony at REMSA.	Channel 4 attended and ran the story on their evening newscast, as well as promoting the event the morning before.
Wrote and distributed press release regarding REMSA paramedic award from Elks Club.	RGJ ran the story in its Good News section.
Wrote and distributed Safe Kids Day release.	NA
Coordinated interview with KOLO and REMSA regarding CPR week and NHL.	Story ran during the evening news.



STATEMENT OF SUPPORT FOR THE GUARD AND RESERVE



We recognize the Guard and Reserve are essential to the strength of our nation and the well-being of our communities.

In the highest American tradition, the patriotic men and women of the Guard and Reserve serve voluntarily in an honorable and vital profession. They train to respond to their community and their country in time of need. They deserve the support of every segment of our society.

If these volunteer forces are to continue to serve our nation, increased public understanding is required of the essential role of the Guard and Reserve in preserving our national security.

Therefore, we join other employers in pledging that:

- We fully recognize, honor and comply with the Uniformed Services Employment and Reemployment rights Act (USERRA).
- We will provide our managers and supervisors with the tools they need to effectively manage those employees who serve in the Guard and Reserve.
- We appreciate the values, leadership and unique skills Service members bring to the workforce and will encourage opportunities to employ Guardsmen, Reservists, transitioning Service members and Veterans.
- We will continually recognize and support our country's Service members and their families in peace, in crisis, and in war.

James D. Sullivan
 KEMSA Employer Core Flight
 May 20th, 2015
 Date

Paul E. Mock
 Paul E. Mock
 National Chair, ESGR

Ash Carter
 Ash Carter
 Secretary of Defense



Good News: REMSA supervisor honored

Staff Report 9:03 p.m. PDT May 31, 2015



177



6



GOOD NEWS!

A DAILY DOSE 

(Photo: RGJ)



177



6



LINKEDIN



COMMENT



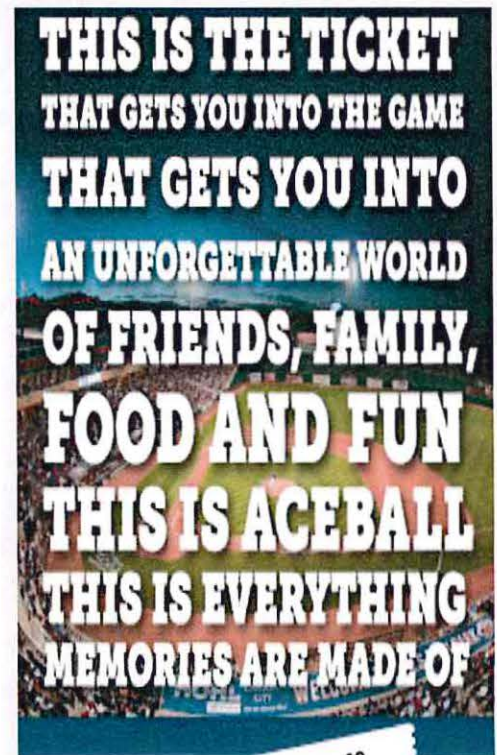
EMAIL



MORE

To recognize EMS Week, the Sparks Elks Lodge honored REMSA supervisor Heidi Weiss as EMS supervisor of the year. Weiss was honored at a May 22 ceremony alongside Christopher Bare, peace officer of the year; and Chas Welch, firefighter of the year.

Weiss has worked with REMSA since 1998, beginning as a paramedic and also serving as dispatcher, Care Flight critical care paramedic and field training officer. She also works as part of the Critical Incident Stress Management team that helps first responders deal with the aftermath of tragic incidents.





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2 NEWS Right Now
Coverage You Can Count On

Road Conditions

Only on 2: Programs Help Redesign Community Healthcare

Posted: Jun 11, 2015 4:27 PM PDT
Updated: Jun 11, 2015 5:49 PM PDT

By Erin Breen **CONNECT**

Greg Larson has recently undergone open heart surgery and just four days after his chest was cracked open, he was released from the hospital and sent home.

"It was so scary to come home without nurses and monitors!" he said.

On his seventh day post surgery his wife noticed he really didn't look well and called for help. That's when he found out about the latest addition to healthcare in Northern Nevada: Community Paramedics.

"They don't come in here with a thermometer and an aspirin. These are professionals and they are equipped. They did an EKG and checked my metabolism. And they could tell if I really needed to go to the hospital. And I didn't," Larson said.

"It's such a good program," said Katrina Travis, one of the programs paramedics. "We schedule tests and we check back with them. This is free to the patients and we are available to them 24-hours a day 7-days a week."

The Community Paramedics are actually one of three programs that REMSA has created. They also have a nurse hotline (775) 858-1000 where people can call and talk with a nurse on the phone.

"They can call about anything from a sore throat to a rash to something serious and the nurses on the line can either direct them to a primary care physician or give them advice on taking care of themselves at home," says Elaine Messerli who is the Operations Manager for the Program.

They also have a program to help patients who have called for an ambulance and can be better served at an urgent care or other facility. It's all aimed at unclogging the emergency rooms around town and making sure they are open for those who truly need them. And it's working.

Dr. Trudy Larson does Community Health Research at the University of Nevada and has been tracking the numbers.

"We have cut by 50% the number of people re-admitted to local hospitals. And we're saving money for the insurance companies, patients and hospitals. In fact this program will exceed the estimated savings of \$10-million!"

The programs are models and may be used as innovation projects in other communities across the country. It's been so successful that their funding from Medicare and Medicaid has been extended for another year. They hope to find a way to fund it permanently here in Northern Nevada.

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Celebrity Makeup Artist Shares Skincare Tips For Long Flights
VIOLET GREY

To the Remsa Management and Staff:

May 15, 2015

I would like to thank you for the wonderful gift you gave my husband. His last request before he passed was to be able to see and touch his newest grandchild. She was #10 and was born very, very early. She only weighed 2lbs. 6oz. We think she was in a hurry to get here because she knew her grandpa was leaving. She was very tiny but fully developed. A miracle!!

He really had no hope of being able to see her because of his health. He was not able to even sit up so we knew we were not able to transport him. He had given up hope of fulfilling his last request and had to be content to just see her on facebook. He kept saying if only I could just touch her. It would be a connection of one generation to another. He was so close to all his grandchildren and wanted to include her.

One day as I was visiting the baby, at the hospital, I mentioned to one of the nurses the wish of my husband to see Emma Rose before he passed. The nurse told me if we could get him there they would make arrangements for him to be able to reach into her incubator and touch her.

I came home and called Remsa and told of our plight to get my husband to the hospital. The gentleman said, "just a minute", came back and told me they would take him and would be able to slide him off the bed at home and onto the gurney.

The two young ladies who came to pick my husband up were very professional, compassionate and kind. They were able to get him into the ambulance without causing him pain. Got him up to the nursery and were very patient while he was able to rub her little feet and legs. They raised the gurney up so he could look down into her incubator. We were all shocked when she took hold of his thumb and held on to it. We got pictures of that and also videos.

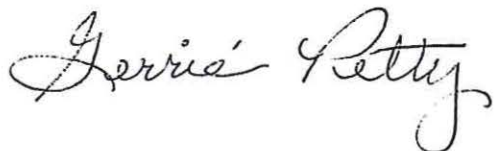
On the trip back home another Remsa employee, a caring young man, assisted the young lady in loading and unloading my husband. I was impressed by the gentleness they showed my husband by making sure he was comfortable both to and from. I know they are faced with very tragic circumstances and may have to shut down some of their emotions but these young employees hearts were touched by this happy occasion.

My husband passed away soon after on the early morning of May 2nd.

I want you to know many people were impressed by your sweet service of making a wish come true.

Thank you,

Gerrie' Petty

A handwritten signature in cursive script that reads "Gerrie' Petty". The signature is written in black ink and is positioned below the typed name.

STAFF REPORT**BOARD MEETING DATE:** June 25, 2015

TO: District Board of Health

FROM: Brittany Dayton, EMS Coordinator
775-326-6043, bdayton@washoecounty.us

SUBJECT: **Presentation, discussion and possible approval of the Regional Emergency Medical Services Authority (REMSA) Compliance Checklist, which will be used to determine REMSA's Franchise compliance with the Amended and Restated Franchise Agreement for Ambulance Service**

SUMMARY

Attached is a draft compliance checklist that the Washoe County Emergency Medical Services Program staff (WCEMS) recommends using to determine REMSA's franchise compliance for future compliance reports. This updated checklist includes input from all local political jurisdictions and addresses measurable outcomes for items 5.1b, 5.2d and 6.1.a.

District Health Strategic Objective supported by this item: Strengthen WCHD as an innovative, high- performing organization.

PREVIOUS ACTION

WCEMS staff presented the Compliance Checklist to the District Board of Health (DBOH) on April 23, 2015. At that meeting, the Board directed staff to review the checklist with regional stakeholders so that they would have an opportunity to provide input, and to bring the checklist back to the Board in May.

At the May 28 DBOH meeting, the checklist was approved with the exception of items 5.1.b., 5.2.d. and 6.1.a. The Board requested the EMS Advisory Board work with REMSA to establish milestones and outcomes for the excepted items. Additionally, they directed staff to include input provided by the City of Reno and allow REMSA to review the input. The updated report is to be presented to the Board in June.

BACKGROUND

The compliance checklist was developed and internally vetted by the members of the EMS Program. Subsequently, WCEMS met with REMSA to review and discuss the checklist to ensure requests were viable. After the April DBOH meeting, staff also met with additional regional stakeholders for further input and discussion and met with REMSA to confirm their agreement of the updates.

On June 11 EMS staff met with City of Reno representatives to discuss the proposed items that staff was previously unable to include in the checklist due to DBOH submission deadlines. The suggested additions have been included in the attached checklist.

EMS staff was unable to meet with REMSA due to scheduling conflicts; however staff provided a copy of the checklist with the proposed changes.

FISCAL IMPACT

There is no additional fiscal impact to the FY15 budget should the Board approve the REMSA Franchise Compliance Checklist.

RECOMMENDATION

The Washoe County Health District EMS Program staff recommends that the DBOH approve the Regional Emergency Medical Services Authority (REMSA) Compliance Checklist, which will be used to determine REMSA's compliance with the Amended and Restated Franchise Agreement for Ambulance Service.

POSSIBLE MOTION

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

“Move to approve the Regional Emergency Medical Services Authority (REMSA) Compliance Checklist, which will be used to determine REMSA's compliance with the Amended and Restated Franchise Agreement for Ambulance Service.”

REMSA Franchise Compliance Checklist

Franchise Article	Title	Compliance Documentation	Responsible Party	Date Received
1	Definitions	1.1 Definitions - Definitions are stated in the franchise, but are not part of compliance determination		
2	Granting of Exclusive Franchise	2.1 Exclusive Market Rights a) <input type="checkbox"/> The franchise agreement signed by DBOH and REMSA in May 2014, which gives REMSA the exclusive market rights within the franchise service area (<i>copy on file</i>) b) <input type="checkbox"/> All disaster agreements and/or mutual aid agreements (<i>copy on file</i>)	WCHD	
		2.2 Franchise Service Area a) <input type="checkbox"/> Map of the REMSA franchise area (<i>copy on file</i>)	WCHD/REMSA	
		2.3 Level of Care a) <input type="checkbox"/> A copy of state certification for ALS services b) <input type="checkbox"/> Documentation that demonstrates the staffing model for 9-1-1 units and interfaculty transfer units	REMSA	
		2.4 Term - The franchise term is stated in the franchise, but is not part of compliance determination until 2024	REMSA	
		2.5 Periodic Review - Requirement of periodic review is stated in the franchise, but is not part of compliance determination until 2024		
		2.6 Oversight Fee a) <input type="checkbox"/> Copies of quarterly invoices and checks paid to the EMS Oversight Program	WCHD	
		2.7 Supply Exchange and Reimbursement a) <input type="checkbox"/> The current supply exchange/reimbursement agreement b) <input type="checkbox"/> Documentation that all regional fire agencies were given the agreement - either a signed agreement or evidence the agreement was distributed c) <input type="checkbox"/> Confirmation that jurisdictions were reimbursed	REMSA REMSA WCHD	

2	Granting of Exclusive Franchise <i>(continued)</i>	2.8 No Obligation for Subsidy a) <input type="checkbox"/> A statement from the external auditor that REMSA does not receive any funding/monetary subsidy from the Cities of Reno and Sparks and Washoe County b) <input type="checkbox"/> 501C3 articles of incorporation (<i>copy on file</i>) c) <input type="checkbox"/> Disclosure of grant funding for franchise ground ambulance services, if any	REMSA WCHD/ REMSA REMSA	
3	Governing Body	3.1 Board of Directors a) <input type="checkbox"/> List of Board members b) <input type="checkbox"/> Legal confirmation that all contractual relationships involving a member of the REMSA Board have been approved by a majority of the disinterested members 3.2 Board Member Separation a) <input type="checkbox"/> A signed statement by each Board member that declares any contracts/conflicts of interest, and states the Board member is not an employee of REMSA or the contractor 3.3 Meetings a) <input type="checkbox"/> List of six Board meetings held during the fiscal year b) <input type="checkbox"/> Statement from the DHO that REMSA held six Board meetings with a quorum of its members	REMSA REMSA REMSA REMSA WCHD	
4	Ambulance Service Contract, Competitive Bidding and Market Survey	4.1 Market Survey and Competitive Bidding - A market survey or competitive bid is stated in the franchise, but is not part of compliance determination until 2021		
5	Communications	5.1 Radio a) <input type="checkbox"/> 800 MHz Authorization MOUs, or documentation showing attempt to sign an agreement b) <input type="checkbox"/> A checklist that demonstrates outcomes/progress made concerning full interoperability with the Washoe County Regional Communications System (WCRCS) 5.2 Dispatch a) <input type="checkbox"/> Documentation of regular checks/drills conducted on the backup system	WCHD/ REMSA REMSA REMSA	

5	Communications <i>(continued)</i>	<p>b) <input type="checkbox"/> Documentation of one operational drill on the backup system, including dates and names of the individuals who participated</p> <p>c) <input type="checkbox"/> A brief summary of the drill and an AAR-IP</p> <p>d) <input type="checkbox"/> A timeline that demonstrates progress toward the establishment of the CAD to CAD and AVL interfaces</p> <p>e) <input type="checkbox"/> A checklist that demonstrates outcomes/progress made toward the establishment of the CAD to CAD and AVL interfaces</p> <p>5.3 Change of Priority</p> <p>a) <input type="checkbox"/> Number of calls that were upgraded and downgraded and why this action occurred (<i>included in monthly Operations Report</i>)</p>	REMSA REMSA REMSA WCHD/ REMSA	
6	Data and Records Management	<p>6.1 Data and Records</p> <p>a) <input type="checkbox"/> A timeline that demonstrates progress toward the establishment of the CAD to CAD interface</p> <p>b) <input type="checkbox"/> A checklist that demonstrates outcomes/progress made toward the establishment of the CAD to CAD interfaces</p> <p>c) <input type="checkbox"/> List of investigations made by the DHO, or designee during the fiscal year</p> <p>d) <input type="checkbox"/> Response time compliance report/study zone reports (<i>submitted monthly by REMSA</i>)</p> <p>e) <input type="checkbox"/> List of DHO requests for data and records during the fiscal year (identifies outcomes of requests to include data provided or reasonable justification why request was not adhered to)</p>	From 5.2d REMSA WCHD WCHD/ REMSA WCHD	
7	Response Compliance and Penalties	<p>7.1 Response Zones</p> <p>a) <input type="checkbox"/> REMSA Franchise map (Zones A – E)</p> <p>b) <input type="checkbox"/> Date(s) of meeting(s) of the annual map review</p> <p>c) <input type="checkbox"/> Zone A report - 90% of all P1 calls have a response time of 8:59 or less</p> <p>d) <input type="checkbox"/> Zones B, C and D report - 90% of all P1 calls have a collective response time of 15:59, 20:59 and 30:59</p> <p>e) <input type="checkbox"/> Zone E report – total number of calls</p>	WCHD WCHD WCHD WCHD WCHD	

7	<p>Response Compliance and Penalties (continued)</p>	<p>7.2 Response Determinants</p> <p>a) <input type="checkbox"/> Meeting date(s) of the EMD determinants review by the REMSA MD and fire agency MDs</p> <p>b) <input type="checkbox"/> A summary of all pertinent outcomes/decisions - including updates/change to determinants, if any</p> <p>7.3 Zone Map</p> <p>a) <input type="checkbox"/> Date(s) of meeting(s) of the annual map review</p> <p>b) <input type="checkbox"/> List of changes to the map, if applicable</p> <p>c) <input type="checkbox"/> List of locations of the REMSA franchise map</p> <p>7.4 Response Time Reporting</p> <p>a) <input type="checkbox"/> Monthly call/response data with address and zone information (<i>collected monthly from the OCU</i>)</p> <p>b) <input type="checkbox"/> Total number of responses in the fiscal year (<i>collected from the OCU</i>)</p> <p>c) <input type="checkbox"/> EMS staff monthly review documentation</p> <p>7.5 Penalties</p> <p>a) <input type="checkbox"/> Penalty fund dollars verification letter from REMSA and all penalty fund reconciliation documents for FY 14/15</p> <p>b) <input type="checkbox"/> CPI calculation</p> <p>c) <input type="checkbox"/> Documentation of all penalties – all calls that incurred penalties and number of minutes per month</p> <p>d) <input type="checkbox"/> Priority 1 penalty fund analysis for FY 13/14 (<i>submitted by independent accounting firm</i>)</p> <p>e) <input type="checkbox"/> Agreed-upon procedures related to Priority 1 Penalty Fund (<i>submitted by independent accounting firm</i>)</p> <p>7.6 Exemptions</p> <p>a) <input type="checkbox"/> Monthly exemption reports approved by REMSA (<i>submitted monthly by REMSA</i>)</p> <p>b) <input type="checkbox"/> Description of REMSA’s internal exemption approval process</p> <p>c) <input type="checkbox"/> Any exemption disputes between REMSA and its contractor reviewed by the DHO, if any</p> <p>d) <input type="checkbox"/> Letter detailing approved exemptions by the</p>	<p>REMSA</p> <p>REMSA</p> <p>WCHD</p> <p>WCHD</p> <p>WCHD</p> <p>WCHD</p> <p>WCHD</p> <p>WCHD</p> <p>REMSA</p> <p>WCHD</p> <p>REMSA</p> <p>REMSA</p> <p>REMSA</p> <p>WCHD/ REMSA</p> <p>REMSA</p> <p>WCHD</p> <p>WCHD</p>	
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7	<p align="center">Response Compliance and Penalties <i>(continued)</i></p>	<p>DHO</p> <p>e) <input type="checkbox"/> Exemption request(s) and any approvals to the DHO, or designee, during the fiscal year, if applicable</p> <p>7.7 Penalty Fund</p> <p>a) <input type="checkbox"/> Letter from REMSA confirming penalty funds are recorded monthly in a separate restricted account</p> <p>b) <input type="checkbox"/> Documentation of all penalties – all calls that incurred penalties and number of minutes per month</p> <p>c) <input type="checkbox"/> Documentation of penalty fund usage to include dates received, services rendered, purpose, recipients, etc. <i>(included in the monthly Operations Report, as appropriate)</i></p> <p>d) <input type="checkbox"/> Documentation from the external auditor that the penalty fund is in a separate restricted account</p> <p>7.8 Health Officer Approval</p> <p>a) <input type="checkbox"/> Letter to the DHO requesting use of penalty fund dollars</p> <p>b) <input type="checkbox"/> Letter of approval from the DHO</p>	<p>WCHD</p> <p>REMSA</p> <p>From 7.5c</p> <p>REMSA</p> <p>REMSA</p> <p>REMSA</p> <p>REMSA</p> <p>WCHD</p>	
8	<p align="center">Patient Billing</p>	<p>8.1 Average Patient Bill</p> <p>a) <input type="checkbox"/> CPI calculation</p> <p>b) <input type="checkbox"/> Letter(s) from REMSA on schedule of rates, changes and fees as they occur throughout the fiscal year</p> <p>c) <input type="checkbox"/> Summary of the average bill calculations that are reported monthly to DBOH</p> <p>8.2 Increase Beyond CPI</p> <p>- Only applicable if REMSA requests an increase beyond the annual CPI adjustment</p> <p>8.3 Overage in Bill Amount</p> <p>- Only applicable if REMSA exceeds the maximum average patient bill</p>	<p>From 7.5b</p> <p>REMSA</p> <p>REMSA</p>	<p style="background-color: #cccccc;"></p>

8	Patient Billing <i>(continued)</i>	<p>8.4 Third Party Reimbursement a) <input type="checkbox"/> Summary of billing policies/procedures related to billing third parties and mitigating out of pocket expenses</p> <p>8.5 Prepaid Subscription Program a) <input type="checkbox"/> Silver Saver brochure b) <input type="checkbox"/> Number of enrolled members as of June 30</p> <p>8.6 Billing a) <input type="checkbox"/> REMSA organizational chart showing placement of billing department</p> <p>8.7 Accounting Practices a) <input type="checkbox"/> Documentation that the independent auditor adheres to GAAP and GAAS</p> <p>8.8 Audit a) <input type="checkbox"/> FY 14/15 financial audit from independent auditor b) <input type="checkbox"/> Form 990 from FY 13/14 c) <input type="checkbox"/> Agreed-upon procedures on the average bill <i>(submitted by an independent auditing firm)</i></p>	REMSA REMSA REMSA REMSA REMSA REMSA REMSA From 7.5e	
9	Personnel and Equipment	<p>9.1 Dispatch Personnel Training a) <input type="checkbox"/> List of dispatch personnel that includes EMD certification, EMT/Paramedic certification number and expiration date</p> <p>9.2 Dispatch Accreditation a) <input type="checkbox"/> A copy of the certification of the National Academy of Emergency Medical Dispatchers accreditation of the Accredited Center of Excellence (ACE) b) <input type="checkbox"/> List of Accredited Center of Excellence (ACE) standards/requirements</p> <p>9.3 Personnel Licensing and Certification a) <input type="checkbox"/> Lists of attendants, EMTs, Paramedics, RNs and EMD certified personnel that includes certification number and expiration date b) <input type="checkbox"/> Letter from State EMS confirming adherence to Chapter 450B</p>	REMSA REMSA WCHD REMSA WCHD	

<p style="text-align: center;">9</p>	<p style="text-align: center;">Personnel and Equipment <i>(continued)</i></p>	<p>9.4 ICS Training</p>		
		<p>a) <input type="checkbox"/> List of individuals who completed MCIP training</p>	<p>REMSA</p>	
		<p>b) <input type="checkbox"/> List of individuals trained in ICS 100 <i>(certificates of completion on file at REMSA)</i></p>	<p>REMSA</p>	
		<p>c) <input type="checkbox"/> List of individuals trained in ICS 200 <i>(certificates of completion on file at REMSA)</i></p>	<p>REMSA</p>	
		<p>d) <input type="checkbox"/> List of individuals trained in ICS 300 <i>(certificates of completion on file at REMSA)</i></p>	<p>REMSA</p>	
		<p>e) <input type="checkbox"/> List of individuals trained in ICS 400 <i>(certificates of completion on file at REMSA)</i></p>	<p>REMSA</p>	
		<p>f) <input type="checkbox"/> List of individuals trained in ICS 700 <i>(certificates of completion on file at REMSA)</i></p>	<p>REMSA</p>	
		<p>g) <input type="checkbox"/> List of field operational management personnel (both part-time and full-time)</p>	<p>REMSA</p>	
		<p>h) <input type="checkbox"/> List of REMSA REOC representatives</p>	<p>REMSA</p>	
		<p>9.5 Ambulance Markings</p>		
		<p>a) <input type="checkbox"/> Dates of quarterly EMS program “spot checks”</p>	<p>WCHD</p>	
		<p>9.6 Ambulance Permits and Equipment</p>		
		<p>a) <input type="checkbox"/> List of all REMSA vehicles</p>	<p>REMSA</p>	
		<p>b) <input type="checkbox"/> List of all capital equipment: monitors, power cots, stair chairs, etc.</p>	<p>REMSA</p>	
<p>c) <input type="checkbox"/> Letter from State EMS office confirming adherence to Chapter 450B (NAC/NRS)</p>	<p>WCHD</p>			
<p>9.7 Field Supervisor Staffing</p>				
<p>a) <input type="checkbox"/> Example of a week’s supervisor shift schedule</p>	<p>REMSA</p>			
<p>b) <input type="checkbox"/> Supervisor job description</p>	<p>REMSA</p>			
<p>9.8 Medical Director</p>				
<p>a) <input type="checkbox"/> Medical Director’s CV (from State EMS)</p>	<p>WCHD</p>			
<p>b) <input type="checkbox"/> Documentation that MD meets NAC 450B. 505 state requirements (coordination with State EMS)</p>	<p>WCHD</p>			

10	Quality Assurance	<p>10.1 Personnel</p> <p>a) <input type="checkbox"/> Written identification of the individual(s) responsible for the internal coordination of medical quality assurance issues</p> <p>10.2 Review</p> <p>a) <input type="checkbox"/> Quality assurance reviews of ambulance runs for at least 5% of the previous month's ALS calls (<i>included in the monthly Operations Report</i>)</p> <p>b) <input type="checkbox"/> Summary of the quality assurance review activities conducted throughout the fiscal year</p>	REMSA	
11	Community Relations and Public Education	<p>11.1 CPR Courses</p> <p>a) <input type="checkbox"/> List of all CPR public courses offered during the fiscal year – separated into REMSA employee conducted training and REMSA affiliated trainings (<i>included in the monthly Operations Report</i>)</p> <p>11.2 Community Health Education</p> <p>a) <input type="checkbox"/> Multimedia campaign(s) about a current need within the community (<i>included in the monthly Operations Report</i>)</p> <p>11.3 Clinical Skills</p> <p>a) <input type="checkbox"/> List of clinical skill experience(s) offered for specific prehospital care personnel through participating hospitals and the number of attendees, if necessary</p> <p>11.4 Fire EMS Training</p> <p>a) <input type="checkbox"/> List of training dates provided for regional EMS first responders (at least 4 per year)</p> <p>b) <input type="checkbox"/> Recommendations from the EMS Advisory Board and presentation to the District</p> <p>c) <input type="checkbox"/> Minutes of the EMSAB/DBOH demonstrating discussion/recommendations</p>	<p>WCHD/ REMSA</p> <p>WCHD/ REMSA</p> <p>REMSA</p> <p>REMSA</p> <p>WCHD</p> <p>WCHD</p>	
12	Reporting	<p>12.1 Monthly Reports</p> <p>a) <input type="checkbox"/> Monthly Operations Reports presented to the DBOH</p> <p>12.2 Annual Reports</p> <p>a) <input type="checkbox"/> All documentation for the Compliance Report should be submitted to the WCHD no later than December 31</p> <p>b) <input type="checkbox"/> Documentation of compliance monitoring</p>	<p>WCHD/ REMSA</p> <p>WCHD/ REMSA</p> <p>WCHD</p>	

13	Failure to Comply/ Remedies	<p>13.1 Failure to Comply with Agreement</p> <ul style="list-style-type: none"> - Failure to comply is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the Franchise <p>13.2 Notice of Noncompliance</p> <ul style="list-style-type: none"> - Notice of noncompliance is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the Franchise <p>13.3 Failure to Correct/Rescission of Agreement</p> <ul style="list-style-type: none"> - Failure to correct/rescission is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the Franchise <p>13.4 Alternate to Rescinding Agreement</p> <ul style="list-style-type: none"> - Alternate to rescinding is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the Franchise 		
14	Dispute Resolution	<p>14.1 Agreement to Mediate Disputes</p> <ul style="list-style-type: none"> - Agreement to mediate disputes is stated in the franchise, but is not part of compliance determination unless a dispute occurs 		
15	Financial Assurance/ Continuity of Operations	<p>15.1 Financial Assurance/Continuity of Operations</p> <p>a) <input type="checkbox"/> Documentation of the performance security in the amount of 3 million dollars - demonstrating that it is a reserve amount in the equity statement of the REMSA financials (<i>included in the financial audit</i>)</p>	REMSA	
16	Insurance and Indemnification	<p>16.1 Insurance</p> <p>a) <input type="checkbox"/> REMSA's insurance certificates for general liability insurance, automobile liability, workers compensation and employer's liability</p> <p>b) <input type="checkbox"/> Documentation that the WCHD is listed as an additional insured</p> <p>16.2 Indemnification</p> <p>a) <input type="checkbox"/> Signed franchise agreement</p>	REMSA REMSA WCHD	

		16.3 Limitation of Liability a) <input type="checkbox"/> NRS Chapter 41 b) <input type="checkbox"/> Signed franchise agreement	WCHD WCHD	
17	Miscellaneous	17.1 REMSA Contract with Other Entities a) <input type="checkbox"/> All current contracts, service agreements MAAs and MOUs with other political entities 17.2 Governing Law; Jurisdictions - Governing law; jurisdictions are stated in the franchise, but are not part of compliance determination 17.3 Assignment - Assignment is stated in the franchise, but is not part of compliance determination 17.4 Severability - Severability is stated in the franchise, but is not part of compliance determination 17.5 Entire Agreement/Modification - Entire agreement/modification is stated in the franchise, but is not part of compliance determination 17.6 Benefits - Benefits are stated in the franchise, but are not part of compliance determination 17.7 Notice - Notice is stated in the franchise, but is not part of compliance determination	REMSA 	

STAFF REPORT
BOARD MEETING DATE: June 25, 2015

TO: District Board of Health
FROM: Brittany Dayton, EMS Coordinator
775-326-6043, bdayton@washoecounty.us
SUBJECT: Presentation, discussion and possible approval of Fire EMS training framework

SUMMARY

EMS staff is requesting the District Board of Health (DBOH) support the recommendation of the EMS Advisory Board and approve the Fire EMS training framework.

District Health Strategic Objective supported by this item: Strengthen WCHD as an innovative, high-performing organization

PREVIOUS ACTION

The EMS Advisory Board heard a presentation on Fire EMS training during the March 4, 2015 Board meeting and directed staff to work with the regional EMS agencies to develop a process and training calendar.

EMS staff met with REMSA and regional fire agencies on April 3, 2015 to discuss the structure and topics of future Fire EMS trainings. The outcomes of this meeting were presented to the EMS Advisory Board on June 4, 2015. The Board approved the recommended training framework and directed EMS staff to present to the DBOH.

BACKGROUND

In accordance with article 11.4 of the Amended and Restated Franchise Agreement for Ambulance Services, the EMS Advisory Board has the ability to make recommendations for Fire EMS trainings to the District Board of Health (DBOH).

Below is the article language from the franchise agreement:

11.4 Fire EMS Training: REMSA shall provide quarterly training for regional EMS first responders at cost to be paid by the other EMS responders' jurisdiction, governing board or agency. Training will be determined based on recommendations of the Regional Emergency Medical Services Advisory Board as approved by the DISTRICT. REMSA shall provide documentation of compliance to the DISTRICT annually.

The EMS Advisory Board approved the recommendation that REMSA offer quarterly trainings that simulate the response of real world EMS calls. Fire and REMSA crews will “respond” with appropriate units/apparatus and practice all elements of the call from arrival to possible transport.

The training topics will focus on types of calls that do not occur as often in Washoe County. The training will allow participating first-responders the opportunity to practice and maintain certain skills they do not use on a frequent basis in the field. Suggested training topics include but are not limited to:

- Drowning
- MCI/triage
- Hyperthermia
- Long bone fractures
- Full cardiac arrest

FISCAL IMPACT

There is no additional fiscal impact to the FY15 budget should the Board approve the Fire EMS training framework.

RECOMMENDATION

Staff recommends that the DBOH approve the Fire EMS training framework.

POSSIBLE MOTION

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

“Move to approve the Fire EMS training framework.”

**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS
EMERGENCY MEDICAL SERVICES PROGRAM STAFF REPORT
BOARD MEETING DATE: June 25, 2015**

DATE: June 12, 2015
TO: District Board of Health
FROM: Christina Conti, EMS Program Manager
 775-326-6042, cconti@washoecounty.us
Subject: **Regional Emergency Medical Services Advisory Board June Meeting Summary**

The Regional EMS Advisory Board (Board) held its third meeting on June 4, 2015. During the meeting several items were discussed and/or approved. Below is a summary of the main items discussed and the outcomes associated with each topic:

- **Pre-Medicine Advisory Committee (PMAC):** The PMAC is comprised of medical providers from EMS agencies, hospitals and the private sector that meet to discuss clinical pre-hospital needs. The PMAC is interested in partnering with the EMS Oversight Program and the Board and exploring what the potential collaborations are.
- **Franchise Response Zones:** A sub-committee will work through the summer to bring a draft revised response zone map to the Board on October 1, 2015. The Board reviewed and approved the project charter that outlines the deliverables and a timeline to be followed by the sub-committee. . **Q3 Data Report:** The report was reviewed by the Board and approved to be distributed as final.
- **EMS Fire Training:** The concept for the annual fire EMS training program was proposed to the Board. The Board recommended the training program be presented to the District Board of Health for approval.
- **Strategic Plan:** The Board approved the establishment of a regional sub-committee that will work to develop the 5-year strategic plan required by the Interlocal Agreement. The Board requested a workshop be scheduled to begin the process and review short-term objectives that would include interoperability items.
- **Omega Protocols:** REMSA staff reviewed the proposed Omega procedures that would refer callers to the Nurse Health Line. The Board did not recommend this item to be presented to the District Board of Health at this time. However, during Board comment, it was recommended that Washoe County EMS program staff work with the regional partners to address the issues identified during the agenda item discussion.

STAFF REPORT
BOARD MEETING DATE: June 25, 2015

TO: District Board of Health
FROM: Anna Heenan, Administrative Health Services Officer
 328-2417, aheenan@washoecounty.us
SUBJECT: Acknowledge receipt of the Health District Fund Financial Review for May, Fiscal Year 2015

SUMMARY

The cash balance on May 31, 2015, was \$2.1 million. Total revenues were \$17.3 million, 89.8% of budget and an increase of 13.4% compared to fiscal year 2014 (FY14). With 91.7% of the fiscal year completed the expenditures totaled \$17.5 million, 83.8% of the budget and 3.4% more than FY14. Salaries and benefits are up \$817,050, 6.7%, over FY14. Services and supplies are down \$145,833, 3.2%, over FY14. The overall expenditures are up \$578,780, 3.4%, over May, 2014.

District Health Strategic Objective supported: Secure and deploy resources for sustainable impact.

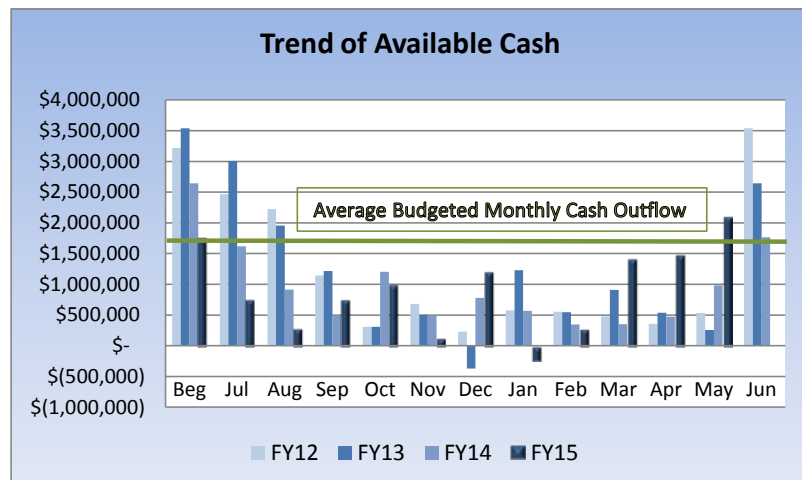
PREVIOUS ACTION

Fiscal Year 2015 Budget was adopted May 19, 2014.

BACKGROUND

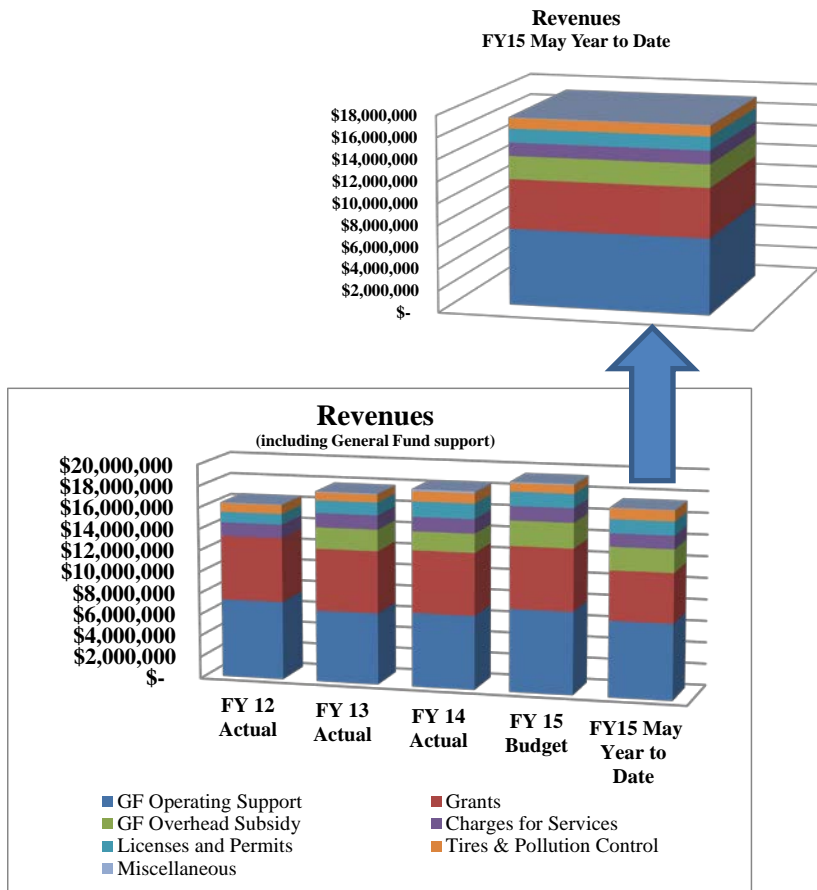
Review of Cash

The available cash on May 31, 2015, was \$2,099,844 which was 120.6% of the average budgeted monthly cash outflow of \$1,740,736 and up \$1,116,228, 113.5%, compared to FY14. Over the last four months the revenues have exceeded the expenditures by \$2,031,713 allowing for the increase in cash balance that will be needed in the first half of the new fiscal year, starting July 1, when there is a lag in grant reimbursement thus decreasing cash availability.



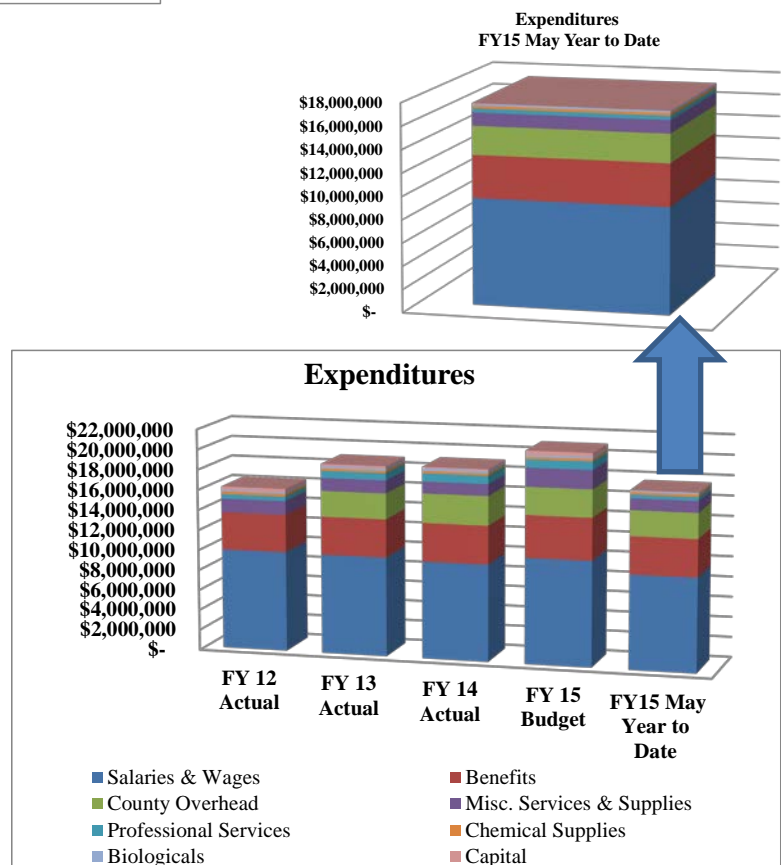
Note: December FY13 negative cash is due to 50%, \$1.3million, of the County Overhead being charged in December with just 8.3%, \$719,000, of the County Support being transferred to the fund. January FY15 no County General Fund support was transferred to the Health Fund leading to a negative cash situation.

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



Total year to date **revenues** of \$17,298,347 were up \$2,047,184, 13.4%, from the same time last fiscal year and were 89.8% of budget. The revenue categories that were up over last fiscal year are as follows: licenses and permits by \$1,667, 0.1%; federal and state grants by \$42,049, 0.9%; charges for services by \$91,812, 8.1%; and, the tire fee funding for the solid waste management program were up \$132,327, 42.1%. Miscellaneous revenues were down by \$123,845, 73.1%, due to donations received in FY14 not received in FY15; and, the restricted funding for pollution control was down \$93,105, 14.7% compared to FY14.

The total year to date **expenditures** of \$17,489,067 increased by \$580,132, 3.4%, compared to the same time frame for last fiscal year 2014. Salaries and benefits expenditures for the eleven months of FY15 were \$13,039,484 up \$817,050, 6.7%, over the prior year. Services and supplies expenditures of \$4,424,056 were down \$145,833, 3.2%, from FY14 mainly due to the County overhead charge being down \$143,892, 5.4%, from FY14. Without the overhead charge there is a decrease from FY14 of \$1,941, 0.1%. The major categories of expenditures that have a decline over FY14 include: professional services by \$84,093, 22.8%; biologicals by \$43,815, 20.1%; and capital by \$92,437, 78.4%. The declines are offset mostly due to the \$185,801 increase in advertisement costs over FY14.



Review of Revenue and Expenditures by Division

AQM division revenue was down \$255,141, 10.6%, compared to FY14 mainly due to federal grant funding and pollution control restricted funding received in FY14 not received in FY15. EHS is up \$19,054, 1.1%, over FY14. EPHP is down from FY14 by \$57,681, 4.0%, mainly due to anticipated reduction in the Public Health Preparedness grant funding. County General Fund transferred \$9.2 million of the budgeted transfer leaving a balance of \$833,350 for the remainder of the fiscal year.

With 91.7% of the fiscal year complete the total expenditures of \$17,489,067 were \$578,780 greater than FY14, up 3.4%, and 83.8% of budget. All divisions are reflecting savings compared to budget except AHS which continues to be high due to unbudgeted retirement payouts, excluding the payouts the division is at 88.5% of budget. AQM is considerably low compared to budget, 72.1%, due to unspent capital funding. EHS is low due to unspent funding in the restricted tire fee revenue account. The EPHP is showing savings due to vacant positions. The County General Fund overhead charges for the eleven months totaled \$2,512,639, 91.7% of budget and down 5.4% over FY14.

Washoe County Health District								
Summary of Revenues (including County General Fund transfers) and Expenditures								
Fiscal Year 2011/2012 through May Year to Date Fiscal Year 2014/2015 (FY15)								
	Actual Fiscal Year		Fiscal Year 2013/2014		Fiscal Year 2014/2015			
	2011/2012	2012/2013	Actual Year End	May Year to Date	Adjusted Budget	May Year to Date	Percent of Budget	FY15 Increase over FY14
Revenues (all sources of funds)								
ODHO	-	-	-	-	-	-	-	-
AHS	8	33,453	87,930	87,930	61,113	151	0.2%	-99.8%
AQM	1,966,492	2,068,697	2,491,036	2,396,871	2,116,070	2,141,730	101.2%	-10.6%
CCHS	3,706,478	3,322,667	3,388,099	2,425,484	3,528,098	2,857,282	81.0%	17.8%
EHS	1,755,042	1,828,482	1,890,192	1,714,426	1,931,774	1,733,481	89.7%	1.1%
EPHP	1,670,338	1,833,643	1,805,986	1,456,542	1,630,280	1,398,861	85.8%	-4.0%
GF Operating	7,250,850	6,623,891	6,853,891	5,711,576	7,666,420	7,027,552	91.7%	23.0%
GF Overhead Subsidy	-	2,000,000	1,750,000	1,458,333	2,333,772	2,139,291	91.7%	46.7%
Total Revenues	\$16,349,208	\$17,710,834	\$18,267,134	\$15,251,163	\$19,267,526	\$17,298,347	89.8%	13.4%
Expenditures								
ODHO	-	-	-	-	442,477	373,941	84.5%	-
AHS	1,202,330	1,305,407	1,247,924	1,076,481	1,004,343	956,668	95.3%	-11.1%
AQM	1,955,798	2,297,077	2,170,911	1,904,294	2,752,520	1,985,589	72.1%	4.3%
CCHS	6,086,866	5,757,304	5,779,003	5,128,446	5,982,646	5,308,516	88.7%	3.5%
EHS	4,848,375	4,772,942	4,804,597	4,356,061	5,603,142	4,555,346	81.3%	4.6%
EPHP	2,084,830	2,129,310	2,022,331	1,788,475	2,350,969	1,796,367	76.4%	0.4%
GF Overhead Charge	-	2,553,372	2,898,034	2,656,531	2,741,061	2,512,639	91.7%	-5.4%
Total Expenditures	\$16,178,200	\$18,815,411	\$18,922,800	\$16,910,288	\$20,877,158	\$17,489,067	83.8%	3.4%
Revenues (sources of funds) less Expenditures:								
ODHO	-	-	-	-	(442,477)	(373,941)		
AHS	(1,202,322)	(1,271,953)	(1,159,994)	(988,551)	(943,230)	(956,517)		
AQM	10,694	(228,380)	320,125	492,578	(636,450)	156,141		
CCHS	(2,380,389)	(2,434,637)	(2,390,904)	(2,702,962)	(2,454,548)	(2,451,234)		
EHS	(3,093,333)	(2,944,460)	(2,914,405)	(2,641,634)	(3,671,368)	(2,821,866)		
EPHP	(414,492)	(295,666)	(216,345)	(331,933)	(720,689)	(397,506)		
GF Operating	7,250,850	6,623,891	6,853,891	5,711,576	7,666,420	7,027,552		
GF Overhead Subsidy	-	(553,372)	(1,148,034)	(1,198,198)	(407,289)	(373,349)		
Surplus (deficit)	\$ 171,008	\$ (1,104,577)	\$ (655,666)	\$ (1,659,125)	\$ (1,609,632)	\$ (190,720)		
Fund Balance (FB)	\$ 3,916,042	\$ 2,811,465	\$ 2,155,799		\$ 546,168			
FB as a % of Expenditures	24.2%	14.9%	11.4%		2.6%			

Note: ODHO=Office of the District Health Officer, AHS=Administrative Health Services, AQM=Air Quality Management, CCHS=Community and Clinical Health Services, EHS=Environmental Health Services, EPHP=Epidemiology and Public Health Preparedness, GF=County General Fund

FISCAL IMPACT

No fiscal impact associated with the acknowledgement of this staff report.

RECOMMENDATION

Staff recommends that the District Board of Health acknowledge receipt of the Health District Fund Financial Review for May, Fiscal Year 2015.

POSSIBLE MOTION

Move to acknowledge receipt of the Health District Fund Financial Review for May, Fiscal Year 2015.

Attachment:
Health District Fund summary report with line item detail

Period: 1 thru 11 2015
 Accounts: GO-P-L P&L Accounts
 Business Area: *

Fund: 202
 Fund Center: 000
 Functional Area: 000

Health Fund
 Default Washoe County
 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance		2014 Plan	2014 Actual	Balance	
422503 Environmental Permits	46,317.00-	52,713.00-	6,396.00	114	63,177.00-	58,646.00-	4,531.00-	93
422504 Pool Permits	97,000.00-	94,210.00-	2,790.00-	97	74,690.00-	93,805.00-	19,115.00	126
422505 RV Permits	11,000.00-	10,578.00-	422.00-	96	13,306.00-	10,677.00-	2,629.00-	80
422507 Food Service Permits	420,000.00-	414,599.00-	5,401.00-	99	492,181.00-	399,631.00-	92,550.00-	81
422508 Wat Well Const Perm	30,000.00-	36,104.00-	6,104.00	120	23,567.00-	25,739.00-	2,172.00	109
422509 Water Company Permits	5,000.00-	13,123.00-	8,123.00	262	3,200.00-	9,186.00-	5,986.00	287
422510 Air Pollution Permits	474,103.00-	476,215.73-	2,112.73	100	584,012.00-	484,872.50-	99,139.50-	83
422511 ISDS Permits	75,000.00-	81,486.00-	6,486.00	109	66,522.00-	84,495.00-	17,973.00	127
422513 Special Event Permits	105,000.00-	66,413.00-	38,587.00-	63	99,623.00-	72,088.00-	27,535.00-	72
422514 Initial Applic Fee	31,000.00-	26,776.00-	4,224.00-	86	35,226.00-	31,411.00-	3,815.00-	89
* Licenses and Permits	1,294,420.00-	1,272,217.73-	22,202.27-	98	1,455,504.00-	1,270,550.50-	184,953.50-	87
431100 Federal Grants	5,206,334.40-	4,098,981.93-	1,107,352.47-	79	5,301,515.05-	4,018,413.48-	1,283,101.57-	76
431105 Federal Grants - Indirect	235,667.10-	226,178.06-	9,489.04-	96	243,178.41-	268,124.74-	24,946.33	110
432100 State Grants	311,068.24-	257,990.17-	53,078.07-	83	741,802.00-	262,799.94-	479,002.06-	35
432105 State Grants-Indirect	16,026.00-	11,928.33-	4,097.67-	74	2,205.00-	3,691.55-	1,486.55	167
432310 Tire Fee NRS 444A.090	468,548.00-	446,548.15-	22,084.85-	95	468,548.00-	314,136.09-	154,411.91-	67
432311 Pol Ctrl 445B.830	318,667.29-	541,625.60-	222,958.31	170	300,000.00-	634,731.00-	334,731.00	212
* Intergovernmental	6,556,311.03-	5,583,167.24-	973,143.79-	85	7,057,248.46-	5,501,896.80-	1,555,351.66-	78
460162 Services to Other Agencies								
460500 Other Immunizations	89,000.00-	39,733.87-	49,266.13-	45	89,000.00-	45,080.07-	43,919.93-	51
460501 Medicaid Clinical Services	8,200.00-	3,683.33-	4,516.67-	45	8,200.00-	1,841.17-	6,358.83-	22
460503 Childhood Immunizations	20,000.00-	12,855.00-	7,145.00-	64	20,000.00-	14,000.25-	5,999.75-	70
460504 Maternal Child Health						15.50-	15.50	
460505 Non Title X Revenue								
460508 Tuberculosis	4,100.00-	4,504.16-	404.16	110	4,100.00-	3,768.63-	331.37-	92
460509 Water Quality		376.64-	376.64					
460510 IT Overlay	35,344.00-	31,439.00-	3,905.00-	89	35,344.00-	33,342.00-	2,002.00-	94
460511 Birth and Death Certificates	480,000.00-	426,600.00-	53,400.00-	89	450,000.00-	413,711.00-	36,289.00-	92
460512 Duplication Service Fees		307.30-	307.30			791.18-	791.18	
460513 Other Health Service Charges		793.00-	793.00			699.00-	699.00	
460514 Food Service Certification	18,000.00-	16,062.00-	1,938.00-	89	19,984.00-	18,482.00-	1,502.00-	92
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	1,750.00-	34,934.44-	33,184.44	1,996	1,750.00-	18,909.81-	17,159.81	1,081
460517 Influenza Immunization	7,000.00-	52.50-	6,947.50-	1	7,000.00-	5,139.75-	1,860.25-	73
460518 STD Fees	21,000.00-	13,084.30-	7,915.70-	62	21,000.00-	15,695.25-	5,304.75-	75
460519 Outpatient Services		1,224.87-	1,224.87					
460520 Eng Serv Health	50,000.00-	44,769.00-	5,231.00-	90	50,707.00-	48,526.00-	2,181.00-	96
460521 Plan Review - Pools & Spas	3,600.00-	4,358.00-	758.00	121	3,816.00-	4,931.00-	1,115.00	129
460523 Plan Review - Food Services	20,000.00-	22,928.00-	2,928.00	115	18,765.00-	20,544.00-	1,779.00	109
460524 Family Planning	32,000.00-	29,490.94-	2,509.06-	92	27,000.00-	31,346.01-	4,346.01	116
460525 Plan Review - Vector	42,000.00-	48,269.00-	6,269.00	115	36,021.00-	54,901.00-	18,880.00	152
460526 Plan Review-Air Quality	57,889.00-	50,075.00-	7,814.00-	87	65,272.00-	28,327.00-	36,945.00-	43
460527 NOE-AQM	116,984.00-	111,244.00-	5,740.00-	95	113,934.00-	104,850.00-	9,084.00-	92

Period: 1 thru 11 2015
 Accounts: GO-P-L P&L Accounts
 Business Area: *
 Fund: 202 Health Fund
 Fund Center: 000 Default Washoe County
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance		2014 Plan	2014 Actual	Balance	
460528 NESHAP-AQM	99,333.00-	92,106.07-	7,226.93-	93	135,389.00-	69,873.00-	65,516.00-	52
460529 Assessments-AQM	51,336.00-	52,056.00-	720.00	101	57,888.00-	44,467.00-	13,421.00-	77
460530 Inspector Registr-AQ	2,162.00-	855.00-	1,307.00-	40	14,655.00-	2,671.00-	11,984.00-	18
460531 Dust Plan-Air Quality	142,403.00-	159,506.00-	17,103.00	112	187,690.00-	130,471.00-	57,219.00-	70
460532 Plan Rvw Hotel/Motel		4,387.00-	4,387.00			480.00-	480.00	
460533 Quick Start								
460534 Child Care Inspection	8,514.00-	7,948.00-	566.00-	93	10,560.00-	7,109.00-	3,451.00-	67
460535 Pub Accomod Inspectn	19,000.00-	16,804.00-	2,196.00-	88	22,540.00-	17,867.00-	4,673.00-	79
460570 Education Revenue					2,900.00-	796.00-	2,104.00-	27
* Charges for Services	1,329,615.00-	1,230,446.42-	99,168.58-	93	1,403,515.00-	1,138,634.62-	264,880.38-	81
483000 Rental Income		151.14-	151.14					
484050 Donations Federal Pgm Income	37,550.00-	24,774.10-	12,775.90-	66	37,550.00-	33,196.14-	4,353.86-	88
484195 Non-Govt'l Grants	55,988.00-		55,988.00-		88,263.36-	82,152.36-	6,111.00-	93
484197 Non-Gov. Grants-Indirect	5,125.00-		5,125.00-		5,125.00-	5,125.00-		100
485100 Reimbursements		19,130.63-	19,130.63			46,450.20-	46,450.20	
485121 Jury Reimbursements		120.00-	120.00			80.00-	80.00	
485300 Other Misc Govt Rev		1,497.46-	1,497.46		62,228.75-	2,515.00-	59,713.75-	4
* Miscellaneous	98,663.00-	45,673.33-	52,989.67-	46	193,167.11-	169,518.70-	23,648.41-	88
** Revenue	9,279,009.03-	8,131,504.72-	1,147,504.31-	88	10,109,434.57-	8,080,600.62-	2,028,833.95-	80
701110 Base Salaries	9,200,778.17	8,334,527.39	866,250.78	91	9,191,189.90	7,733,130.65	1,458,059.25	84
701120 Part Time	408,926.81	321,670.56	87,256.25	79	565,939.67	384,762.76	181,176.91	68
701130 Pooled Positions	510,604.70	330,590.07	180,014.63	65	464,480.66	382,678.59	81,802.07	82
701140 Holiday Work	4,318.65	2,803.96	1,514.69	65	2,818.65	3,144.59	325.94-	112
701150 xcContractual Wages								
701200 Incentive Longevity	155,100.00	83,427.74	71,672.26	54	165,425.50	83,144.03	82,281.47	50
701300 Overtime	62,405.07	57,487.57	4,917.50	92	69,919.68	53,481.90	16,437.78	76
701403 Shift Differential		127.86	127.86-					
701406 Standby Pay						100.00-	100.00	
701408 Call Back	1,000.00		1,000.00		1,000.00	93.52	906.48	9
701412 Salary Adjustment	100,143.18		100,143.18		230,084.60-		230,084.60-	
701413 Vac Payoff/Sick Pay-Term		150,762.93	150,762.93-			73,652.59	73,652.59-	
701417 Comp Time		22,930.65	22,930.65-			9,750.50	9,750.50-	
701419 Comp Time - Transfer						6,038.40	6,038.40-	
701500 Merit Awards								
* Salaries and Wages	10,443,276.58	9,304,328.73	1,138,947.85	89	10,230,689.46	8,729,777.53	1,500,911.93	85
705110 Group Insurance	1,451,775.69	1,312,051.65	139,724.04	90	1,422,034.93	1,197,711.45	224,323.48	84
705210 Retirement	2,507,587.90	2,219,303.11	288,284.79	89	2,515,666.69	2,101,113.51	414,553.18	84
705215 Retirement Calculation								
705230 Medicare April 1986	134,656.28	127,747.60	6,908.68	95	136,701.49	118,025.50	18,675.99	86
705320 Workmens Comp	68,213.92	62,138.34	6,075.58	91	66,992.03	60,626.61	6,365.42	90
705330 Unemply Comp	15,179.22	13,914.34	1,264.88	92	15,375.22	15,179.40	195.82	99
705360 Benefit Adjustment	21,854.53		21,854.53					
* Employee Benefits	4,199,267.54	3,735,155.04	464,112.50	89	4,156,770.36	3,492,656.47	664,113.89	84

Period: 1 thru 11 2015
 Accounts: GO-P-L P&L Accounts
 Business Area: *
 Fund: 202 Health Fund
 Fund Center: 000 Default Washoe County
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance		2014 Plan	2014 Actual	Balance	
710100 Professional Services	687,734.16	284,066.87	403,667.29	41	1,211,769.83	368,159.45	843,610.38	30
710105 Medical Services	9,323.00	2,689.00	6,634.00	29	9,173.00	10,737.00	1,564.00-	117
710108 MD Consultants	83,908.00	39,312.50	44,595.50	47	46,950.00	47,912.50	962.50-	102
710110 Contracted/Temp Services	31,581.16	35,162.37	3,581.21-	111	53,500.03	44,437.31	9,062.72	83
710119 Subrecipient Payments								
710200 Service Contract	120,719.52	44,672.56	76,046.96	37	103,593.00	49,440.92	54,152.08	48
710205 Repairs and Maintenance	5,538.00	7,554.08	2,016.08-	136	11,470.00	11,515.05	45.05-	100
710210 Software Maintenance	18,083.00	22,326.48	4,243.48-	123	15,636.00	22,318.00	6,682.00-	143
710300 Operating Supplies	117,991.81	72,437.41	45,554.40	61	134,869.77	96,877.89	37,991.88	72
710302 Small Tools & Allow	22,685.00	3,211.03	19,473.97	14	10,685.00	1,231.71	9,453.29	12
710308 Animal Supplies	1,600.00	92.04	1,507.96	6	1,600.00	582.75	1,017.25	36
710312 Special Dept Expense		300.00	300.00-					
710319 Chemical Supplies	231,900.00	232,652.23	752.23-	100	232,300.00	232,321.33	21.33-	100
710325 Signs and Markers								
710334 Copy Machine Expense	25,785.00	22,243.06	3,541.94	86	28,447.00	24,154.95	4,292.05	85
710350 Office Supplies	59,144.06	29,539.69	29,604.37	50	41,073.50	31,596.07	9,477.43	77
710355 Books and Subscriptions	7,869.37	3,385.86	4,483.51	43	7,594.00	6,188.91	1,405.09	81
710360 Postage	23,200.00	17,804.08	5,395.92	77	24,435.00	16,912.38	7,522.62	69
710361 Express and Courier	560.00	154.36	405.64	28	735.00	120.25	614.75	16
710391 Fuel & Lube	100.00		100.00		100.00	78.52	21.48	79
710400 Payments to Other Agencies		21,979.00	21,979.00-					
710412 Do Not Use								
710500 Other Expense	26,200.46	22,027.66	4,172.80	84	24,931.96	29,450.57	4,518.61-	118
710502 Printing	22,322.00	10,494.79	11,827.21	47	33,970.00	11,801.13	22,168.87	35
710503 Licenses & Permits	6,331.00	5,825.00	506.00	92	7,887.00	4,230.00	3,657.00	54
710505 Rental Equipment	1,800.00		1,800.00		1,900.00		1,900.00	
710506 Dept Insurance Deductible		300.00	300.00-			633.86	633.86-	
710507 Network and Data Lines	11,295.00	7,998.74	3,296.26	71	5,530.00	9,550.59	4,020.59-	173
710508 Telephone Land Lines	42,878.00	31,277.45	11,600.55	73	42,484.00	31,502.08	10,981.92	74
710509 Seminars and Meetings	49,998.27	29,842.33	20,155.94	60	36,065.00	40,905.19	4,840.19-	113
710512 Auto Expense	14,490.52	5,578.48	8,912.04	38	19,102.20	9,586.61	9,515.59	50
710514 Regulatory Assessments	11,920.00	18,638.12	6,718.12-	156	11,920.00	5,960.00	5,960.00	50
710519 Cellular Phone	15,714.00	13,336.49	2,377.51	85	15,660.00	10,893.77	4,766.23	70
710524 Utility relocation								
710529 Dues	11,866.60	5,304.00	6,562.60	45	10,756.01	5,073.00	5,683.01	47
710535 Credit Card Fees	12,665.00	14,236.78	1,571.78-	112	11,925.00	11,871.68	53.32	100
710546 Advertising	331,119.71	197,823.55	133,296.16	60	47,600.00	12,022.99	35,577.01	25
710551 Cash Discounts Lost		260.82	260.82-			101.71	101.71-	
710563 Recruitment		612.57	612.57-					
710577 Uniforms & Special Clothing	12,350.00	2,086.30	10,263.70	17	25,500.00	4,569.88	20,930.12	18
710585 Undesignated Budget	90,642.41		90,642.41		62,228.75		62,228.75	
710598 Telecomm Charge-out contra								
710600 LT Lease-Office Space	109,115.00	79,692.00	29,423.00	73	109,115.00	72,650.56	36,464.44	67

Period: 1 thru 11 2015
 Accounts: GO-P-L P&L Accounts
 Business Area: *

Fund: 202 Health Fund
 Fund Center: 000 Default Washoe County
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance		2014 Plan	2014 Actual	Balance	
710620 LT Lease-Equipment								
710703 Biologicals	203,743.25	174,351.65	29,391.60	86	246,790.79	218,166.61	28,624.18	88
710714 Referral Services		1,356.00	1,356.00-		6,328.00	3,616.00	2,712.00	57
710721 Outpatient	96,786.43	61,989.73	34,796.70	64	93,092.55	71,586.35	21,506.20	77
710872 Food Purchases	4,888.50	1,686.99	3,201.51	35	10,175.50	682.28	9,493.22	7
711010 Utilities					180.00		180.00	
711020 Water/Sewer								
711100 ESD Asset Management	66,526.00	58,829.00	7,697.00	88	47,436.00	44,957.00	2,479.00	95
711113 Equip Srv Replace	27,586.14	24,765.66	2,820.48	90	27,084.14	24,836.92	2,247.22	92
711114 Equip Srv O & M	41,537.88	40,635.48	902.40	98	46,868.56	39,049.21	7,819.35	83
711115 Equip Srv Motor Pool	5,000.00		5,000.00		16,741.00		16,741.00	
711117 ESD Fuel Charge	48,590.73	39,913.47	8,677.26	82	55,492.05	38,384.65	17,107.40	69
711119 Prop & Liab Billings	74,502.09	68,293.83	6,208.26	92	74,502.09	68,293.83	6,208.26	92
711210 Travel	221,063.80	85,096.34	135,967.46	38	269,811.03	80,735.29	189,075.74	30
711300 Cash Over Short		20.00-	20.00			40.00	40.00-	
711399 ProCard in Process		64.96	64.96-					
711400 Overhead - General Fund	2,741,061.00	2,512,639.25	228,421.75	92	2,898,034.00	2,656,531.13	241,502.87	92
711504 Equipment nonCapital	106,476.44	69,536.08	36,940.36	65	135,712.36	97,621.53	38,090.83	72
* Services and Supplies	5,856,192.31	4,424,056.14	1,432,136.17	76	6,328,754.12	4,569,889.41	1,758,864.71	72
781004 Equipment Capital	365,096.21	25,527.35	339,568.86	7	332,748.07	117,964.14	214,783.93	35
781007 Vehicles Capital	25,000.00		25,000.00		100,000.00		100,000.00	
* Capital Outlay	390,096.21	25,527.35	364,568.86	7	432,748.07	117,964.14	314,783.93	27
** Expenses	20,888,832.64	17,489,067.26	3,399,765.38	84	21,148,962.01	16,910,287.55	4,238,674.46	80
485193 Surplus Supplies Sales						652.80-	652.80	
* Other Fin. Sources						652.80-	652.80	
621001 Transfer From General	10,000,192.00-	9,166,842.66-	833,349.34-	92	8,603,891.00-	7,169,909.20-	1,433,981.80-	83
* Transfers In	10,000,192.00-	9,166,842.66-	833,349.34-	92	8,603,891.00-	7,169,909.20-	1,433,981.80-	83
818000 Transfer to Intrafund								
* Transfers Out								
** Other Financing Src/Use	10,000,192.00-	9,166,842.66-	833,349.34-	92	8,603,891.00-	7,170,562.00-	1,433,329.00-	83
*** Total	1,609,631.61	190,719.88	1,418,911.73		2,435,636.44	1,659,124.93	776,511.51	

STAFF REPORT

BOARD MEETING DATE: June 25, 2015

TO: District Board of Health

FROM: Kevin Dick, District Health Officer
775.328.2416, kdick@washoecounty.us

SUBJECT: **Presentation, Discussion and Possible Acceptance of the final 2015 Nevada Legislative Session Report and Discussion and direction to staff regarding legislation or legislative issues as may be deemed by the Chair or the Board to be of critical significance to Washoe County Health District.**

SUMMARY

This is the final update regarding 2015 bills which may be of interest to the District Board of Health.

District Health Strategic Objective supported by this item: Demonstrate the value and contribution of public health, secure and deploy resources for sustainable impact, strengthen WCHD as an innovative, high- performing organization and achieve targeted improvements in health outcomes and health equity.

PREVIOUS ACTION

Each biennium, WCHD has monitored Legislative activities and acted on them as directed by the District Board of Health. A staff report for the 2015 legislative session has been provided monthly since the December 18, 2014 meeting. The Washoe County Health District 2015 Legislative Principles were approved on February 26, 2015 to guide decision making during the session.

BACKGROUND

Staff has monitored and provided comment as bill drafts are released and/or legislative action occurs during the period between DBOH meetings. DBOH was briefed on these comments and activities during the monthly 2015 meetings. These monthly briefings were used for discussion and for any specific direction the DBOH wished to provide for the Health District's legislative activities.

FISCAL IMPACT

Should the Board approve staff's recommendation, there will be no fiscal impact to the adopted FY15 budget

RECOMMENDATION

Staff recommends the Board accept the final 2015 Nevada Legislative Session Report [*and provide direction to staff regarding legislation or legislative issues as may be deemed by the Chair or the Board to be of critical significance to Washoe County Health District*].

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to accept the final 2015 Nevada legislative session report, [*and provide direction to staff regarding legislation or legislative issues as may be deemed by the Chair or the Board to be of critical significance to Washoe County Health District*]."

2015 Bills enacted that the Health District engaged in.

AB 146 - Provides for a study relating to emissions from motor vehicles.

AB 243- Revises provisions relating to testing for the human immunodeficiency virus.

SB 59 - Revises provisions relating to the state business portal.

SB 441 - Enacts provisions relating to craft food operations (Pickle Bill).

SB 459 - Establishes an opioid overdose prevention policy for Nevada.

SB 483 - Revises provisions relating to governmental financial administration (Cig. Tax).

Short list of Bills enacted of interest to Health District.

AB 42 - Makes various changes concerning health care (Stroke Registry)

AB 152 - Enacts certain requirements governing child care facilities (breastfeeding and physical activity).

AB 305 - Authorizes and provides for the regulation of community paramedicine services.

SB 6 – Revises provisions relating to the delivery of health care (patient centered medical home and Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease).

SB 79 - Revises provisions governing the taxation of alternative nicotine products and vapor products (E-gigs not taxed as other tobacco products).

SB 196 - Makes various changes concerning health care (Cancer Registry).

SB225 - Revises provisions relating to the sale and distribution of tobacco products, vapor products and alternative nicotine products (Prohibits E-Cig sales to minors).

SB 314 - Revises provisions governing certain health districts (SNHD)

SB 464 –Revises provisions concerning criminal penalties for certain acts involving alcohol. (Good Samaritan Bill).

SB 498 - Provides for the regulation of community health worker pools.

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Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
AB4	Hickey	Active	Revises provisions relating to the operation of wineries in Nevada.	AQM; EHS	Monitor	No		Neutral	CA - no impact on AQM ability to permit if necessary BS It does apply to our county but there is no negative impact to us as a Public Health Agency.	Approved by Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB4_EN.pdf
AB19	Nevada League of Cities and Municipalities	Active	Revises provisions governing timing of adoption of tentative budgets by local governments.	AHS; ODHO	Monitor				AH - yes, AHS should keep an eye on this AB but given that they are not changing the time frame for when the Property Tax projections are due to the County, March 25th is the final proforma from the State, I cannot imagine the County ever moving the public hearing into March but you never know. Health always has the budget done long before the County completes the consolidated budget for the County so I think we are in good shape.	Approved by Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB19_EN.pdf

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Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
AB49	Attorney General	Active	Revises provisions governing the unlawful dissemination of an intimate image of another person.	CCHS	Monitor				JH - attaching documentation supporting amendments, this bill highlights the need for comprehensive sex ed	Approved by Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB49_R1.pdf
AB52	Leg Comm on Child Welfare and Juvenile Justice	Active	Revises provisions relating to child welfare	CCHS; CD						Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB52_EN.pdf
AB60	Comm on Ethics	Active	Revises provisions of the Nevada Ethics in Government Law	ALL					CA - No significant AQM impact. As an EPA delegated agency AQM already addresses conflict of interest issues (ethics).	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB60_R1.pdf

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Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
AB65	Secretary of State	Active	Revises provisions relating to notaries public.	EHS	Monitor				CA - Looks like the District impact will be as an employer of a notary: We can't prevent them from performing notary tasks and we can't advertise thier services. The rest is about training, appointments and penalties	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB65_EN.pdf

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Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
AB77	State Dept of Ag	Active	Makes various changes relating to the regulation of agriculture	EHS	Monitor	Yes	42054		BS - We have talked to both the State Health Division and Department of Agriculture. We have been assured that the program will not change when it moves under Dept of Ag. Bob sat through the hearing on the bill but did not testify. We do not have an issue with the move. We continue to be neutral on the bill CA - AB77 is not applicable to air quality. SK no interest.	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB77_R1.pdf
AB79	State Dept of Ag	Active	Revises provisions relating to the State Department of Agriculture and the regulation of agriculture	EHS	Monitor	Yes	19-Feb		BS - This is a companion bill to AB 77. Comments for this bill are the same as it.	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB79_EN.pdf

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Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
AB83	Attorney General	Active	Revises provisions governing the sale of electronic cigarettes and licensure of machinery used to manufacture cigarettes.	CCHS; EPHP; CD	Monitor				KS - AB83 relates to licensing of cigarette rolling machines. While it's not directly applicable to the HD, it may be something that we would support because it would strengthen continuity of regulations impacting access of cigarettes. This would be something that I would recommend we support, but not necessarily take action on.	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB83_R1.pdf

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Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
AB90	Emergency Mgt, DPS	Active	Establishes the Nevada Intrastate Mutual Aid System to create a flexible and scalable method of implementing intrastate mutual aid among political subdivisions, special districts and federally recognized tribes within the State for	ALL	Monitor				CA - EPHP bill – no AQM impact other than staff with ICS training may be requested to respond. SK it could impact the entire Health District, depending upon the emergency.	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB90_EN.pdf

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Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
AB93	Frierson	Active	Requires suicide awareness and prevention training for licensed educational personnel and certain other professionals	CCHS; EPHP; CD	Monitor				SK - Still no mention of nursing, so still no interest on CCHS' behalf. I would continue to monitor, should they decide to add nursing in somewhere along the way. BS - No impacts to us. RT This bill does not appear to have any direct impact on EPHP programs	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Reports/history.cfm?ID=190
AB99	Assemblyman Ellison	Active	Makes various changes relating to nonprofit camping programs for children	EHS	Monitor					Approved by the Governor.	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB99_EN.pdf

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Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
AB107	Legislative Committee on Education	Active	Revises provisions relating to information included in the annual report of accountability prepared by school districts and sponsors of charter schools	CCHS; CD	Monitor				KS - AB107 is something that I think many of our partners in the area of childhood nutrition would support. I don't see us playing an active role in this legislation, but we may want to continue to monitor it. I think it would supply good data related to income and academic success.	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB107_EN.pdf
AB146	Assembly Committee on Transportation	Active	Revises provisions governing motor vehicle licensing.	AQM	Track	Yes	42059	Oppose	CA - Extending smog check on new vehicles from 2 to 4 yrs has fiscal impact. Extending renewal smog check to every 2 yrs has potential environmental impact on ozone attainment status. EPA proposed ozone standard 65-70 ppb. Washoe, Carson, Fernley currently 68-69 ppb	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB146_R1.pdf

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Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
AB152	Assemblyman Araujo	Active	Establishes provisions to address childhood obesity for children in child care facilities, including nutrition, physical activity, screen time, and breastfeeding.	CCHS; CD	Track			Support		Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB152_R2.pdf
AB156	Assemblyman Thompson	Active	Revises provisions governing family resource centers	CCHS; ODHO	Monitor					Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB156_EN.pdf
AB157	Assemblyman Oscarson	Active	Revises provisions governing service animals.	EHS	Monitor	No		Neutral		Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB157_EN.pdf

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Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
AB158	Leg Comm on Health Care	Active	Provides for certain businesses to obtain and use auto-injectable epinephrine in certain circumstances	CCHS; EPHP	Monitor	No		Neutral	CCHS already has an extensive training and skills evaluation /competency program for Epi admin. No impact to Division at this point. 042115 Still not an issue for CCHS – hope this passes as it would be beneficial for many throughout Nevada.	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB158_EN.pdf
AB163	Assemblyman Hansen	Active	Provides for the establishment of Rangeland Fire Protection Associations	EPHP; EMS; ODHO						Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB163_R1.pdf
AB169	Assembly Committee on Health and Human Services	Active	Provides for the collection and application of graywater for a single-family residence.	EHS	Monitor	Yes		Support	Mandates that local jurisdictions allow grey water disposal systems on those lots which are allowed to have insite sewage disposal. We already allow for it in our regulations	6/2/15 - No further action taken	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB169_R2.pdf

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Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
AB199	Legislative Commission	Active	Makes various changes to certain advisory committees in the field of health care	AQM; CCHS; EPHP; CD	Monitor	No			KS - The bill abolishes or makes changes to certain advisory committees. As written, the bill does not affect the Health District, but we will monitor to watch for any changes.	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB199.pdf

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Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
AB243	Thompson	Active	Provides for targeted HIV outreach and testing	CCHS; EPHP	Monitor	Yes	4-May	Support with Amendment. Proposed amendment not utilized.	JH - Early detection of Human Immunodeficiency Virus (HIV) is critical in supporting the public health tenets of disease prevention and surveillance. Rapid HIV testing provides accurate screening results while reducing barriers to a person determining their HIV status. <u>The Washoe County Health District (WCHD) supports AB 243, with a minor modification to language specific to informing sexual and drug sharing partners of newly diagnosed individuals (Section 1 (f)). Support of revisions to the current statute will help increase the number of qualified people that can provide rapid HIV testing to people that may be difficult to</u>	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB243_EN.pdf

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Bill	Sponsor	Status	Summary	Division	Track/Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
AB285	Assembly woman Woodbury	Active	Revises provisions governing pupils.	EPHP		Yes			SK - CCHS has no interest in this bill	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB285_EN.pdf

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Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
AB305	Senate Comm on Transporta tion	Active	Revises provisions governing community paramedicine programs.	EPHP; EMS; ODHO	Monitor	No		Neutral	<p>SK - CCHS has no interest in this bill</p> <p>CC This bill has a potential impact on us if it is now requiring the Health Authority to do an annual report. FYI to Kevin and our system. CC update: we are neutral on this bill but need to monitor it. There are requirements for the Health Authority to include the permitting process and the annual report but there is a population threshold that has the Health Authority for WC as the State. Last item to watch is the requirement that fire agencies apply to be community paramedicine providers.</p>	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB305_EN.pdf

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Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
AB307	Assembly woman Spiegel	Active	Makes various changes to the provision of care for children with special needs.	CCHS		Yes				Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB307_R2.pdf

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Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
AB308	Assembly woman Woodbury	Active	Revises provisions relating to emergency medical services.	EPHP; EMS	Track	Yes		Neutral	<p>CC - The changes to this bill are good with the splitting out of a concert and then other factors applying. However, the opposition to the bill is due to subsection 2 within each of the three sections of the bill. If the subsection was removed, WCHD should support this bill. 042415</p> <p>AB308R1 - Our position remains neutral, as you testified to on April 6th. The language in the first reprint is the language we had seen proposed. Towns and townships have been removed, the addition of the firefighting agency and emergency plan as well as the change from 0.07 to 0.7.</p>	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB308_EN.pdf

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Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
AB326	Assemblyman Carrillo	Active	Revises provisions governing motor vehicle registration.	AQM	Monitor	Yes	26-Mar	Oppose	CA - The Washoe County Health District supports the proposed changes to NRS 482.3816, contained in Section 1 of Assembly Bill 326, which require proof be submitted upon renewal, satisfactory to the Department of Motor Vehicles, to verify the odometer reading of a passenger car with a special license plate. Washoe County Health District is taking a neutral position on all other changes in the bill. It is anticipated that the language included in Section 1 of AB 326 will support our State Implementation Plans for ozone and carbon monoxide while providing a necessary control measure in the effort to attain the more stringent ozone	6/11/15 - Vetoed by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB326_R1.pdf

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Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
AB333	Assembly man Kirner	Active	Provides for the merger of certain fire protection districts in certain counties.	EPHP; EMS; ODHO		Yes				Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB333_EN.pdf
AB364	Assembly man Thompson	Active	Revises provisions governing business licensing.	AQM; EHS		Maybe			CA - requires info received through Silver Flume to remain confidential which conflicts with Health regulations supporting the Freedom of Information Act and permitting/inspection procedures.	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB364_R2.pdf
AB405	Assembly man Hambrick	Active	Enacts provisions for the protection of women.	CCHS		No			JH - No recommendation, refer, continues to be mentioned but not agendized by Senate Finance.	6/2/15 - No further action taken	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB405_R1.pdf
AB409	Assembly woman Seaman	Active	Revises provisions governing cosmetology.	EHS						Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB409_R1.pdf

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Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
AB463	Assembly Committee on Health and Human Services	Active	Revises provisions relating to emergency medical services.	EPHP; EMS	Monitor	No		Neutral	CC - Washoe County does not participate in the licensing of EMS personnel or organizations, that is a State function. However, it would be important to monitor to know of any changes that may impact our regional organizations.	6/2/15 - No further action taken	http://www.leg.state.nv.us/Session/78th2015/Bills/AB/AB463.pdf
SB15	Senate Comm on Health & Human Services	Active	Revises provisions relating to mental health	CCHS; CD	Monitor			Support	SK - We'll monitor and would support. No fiscal impact. Nurses already are mandatory reporters, this appears to expand the scope of what and to whom to report to.	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB15R1.pdf
SB29	Nevada Association of Counties	Active	Grants authority for a Board of Commissioners to adopt ordinances regulating specific health and safety issues.	ALL	Track	No		Neutral	CA - Grants authority to BCC unless otherwise assigned to another agency. DBOH has authority so this shouldn't have an effect	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB29R1.pdf

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Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
SB33	Clark County	Active	Revises provisions relating to the public records of county hospitals and meetings of the governing bodies of county hospitals.	EPHP; ODHO						Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB33_R1.pdf
SB49	Clark County	Active	Revises provisions governing the regulation of county emergency shelters for children.	EHS; EPHP					SK - No impact to CCHS.	6/2/15 - No further action taken	http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB49_R1.pdf

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Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
SB59	Secretary of State	Active	Revises provisions governing the State Business Portal	ALL	Monitor	Yes	4/20/15	Neutral	<p>SK - No interest to CCHS. CA - This bill has the potential to have a significant impact on the District.</p> <p>The Secretary of State's Office was made aware of the Accela Project at the last session so I expect an update will be provided by someone during this session.</p> <p>The other problem is the State portal is not the most efficient at receiving information so IT continues to work on the problems.</p> <p>2/26 - Amendments presented to emphasize Silver Flume is not intended to be mandatory but enabling and recognizes the effort being put into Accela.</p> <p>No further impacts expected once the amended language is adopted.</p>	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB59_R1.pdf

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Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
SB65	State Dept. of Conservation & Natural Resources	Active	Makes various changes relating to the adjudication of vested water rights, appropriation of public waters, underground water and wells and planning and development of water resources	EHS						Lost. (Yeas: 13, Nays: 8.)	http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB65_R1.pdf

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Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
SB70	Attorney General	Active	Revises provisions governing meetings of public bodies	AQM; EHS; ODHO	Monitor	No			DS - no fiscal impact, as the only alteration of the secretary's tasks involves signing a form and retaining it with the meeting records. However, retrieving records in the case of a complaint could be time consuming if they are not maintained in a concise and easily accessible way. CA - I agree, there should be no significant fiscal impact since the completion of the Attorney General's form would be the only change. We already keep records and provide them upon request. The Committee's that we are members of already have alternate delegates assigned in writing. I don't believe there's	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB70_R1.pdf

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Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
SB79	Department of Taxation	Active	Clarifies provisions governing taxation of tobacco products other than cigarettes to specifically include the consumable part of e-cigarettes and nicotine heated in a vapor device	CCHS; CD	Monitor			Support		Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB79.pdf
SB85	Attorney General	Active	Clarifies provisions of the Nevada Insurance Code	CCHS	Monitor				Currently only pertains to insurance fraud. Plan to monitor to ensure no other language added that may pertain specifically to the WCHD	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB85_EN.pdf
SB86	PUC of NV	Active	Revises provisions governing pipeline and subsurface safety	EHS						Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB86_EN.pdf

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Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
SB89	EPA Div of Conservation & Natural Resources	Active	Clarifies provisions governing expenditure of money from the Fund for Cleaning Up Discharges of Petroleum	EHS	Monitor			Support	BS - no impacts but we support if needed to.	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB89.pdf
SB110	Senator Goicoechea	Active	Revises provisions governing the disposal of abandoned recreational vehicles.	EHS						Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB110R1.pdf
SB122	Senator Denis	Active	Revises provisions relating to recycling.	AQM; EHS	Monitor	Maybe	13-Feb	Neutral	EHS - Does not affect us directly but that could change if amended; AQM - may result in an increase in the number of recycling facilities operating in the area affecting permitting & compliance staff resources	6/2/15 - No further action taken	http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB122.pdf

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Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
SB142	Senator Gustavson	Active	Revises provisions governing the equipment and training required to operate a motorcycle.	CCHS; CD						Approved by the Governor	http://www.leg.state.nv.us/Sesion/78th2015/Bills/SB/SB142_EN.pdf
SB144	Manendo	Active	Revises provisions governing traffic laws	CCHS; CD						Approved by the Governor	http://www.leg.state.nv.us/Sesion/78th2015/Bills/SB/SB144_R2.pdf
SB151	Senator Atkinson, Assembly woman Kirkpatrick	Active	Makes various changes concerning infrastructure for natural gas	EHS		Yes				Approved by the Governor	http://www.leg.state.nv.us/Sesion/78th2015/Bills/SB/SB151_EN.pdf
SB172	Senator Farley	Active	Revises provisions relating to medical students.	CCHS; EPHP		Yes				Approved by the Governor	http://www.leg.state.nv.us/Sesion/78th2015/Bills/SB/SB172_R1.pdf

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SB185	Kieckhefer	Active	Makes various changes relating to fire and emergency medical services in Washoe County	EPHP; EMS; ODHO						Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB185R2.pdf
SB196	Senate Comm on Health & Human Services	Active	Revises provisions relating to licensing of medical professionals	CCHS	Monitor			Support	SB 196 would require the State to establish and maintain a Stroke Registry. This would help the NDPBH reach a goal in the State Plan for Chronic Disease Prevention related to the creation of a stroke registry. Some medical providers are already providing this data; this bill will expand the entities that are required to do so. Using the American Heart Association Get with the Guidelines program will help minimize the costs of the program.	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB196EN.pdf

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Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
SB205	Leg Comm on Education	Active	Revises provisions relating to plans for schools to use in responding to a crisis or emergency.	EPHP	Track	No		Neutral	CC - WCHD works closely with WCSO on emergency plans, specifically recovery plans. It will be important for EPHP to know if there are legislative actions regarding preparedness	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB205/EN.pdf
SB214	Senate Committee on Finance	Active	Provides for a statewide strategy regarding receipt of federal funds.	ALL		Yes				Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB214/R1.pdf
SB225	Senator Farley	Active	Revises provisions relating to the regulation of certain products.	CCHS; CD	Monitor	Yes				Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB225/R1.pdf
SB273	Senator Hardy	Active	Revises provisions relating to medical records.	AHS; CCHS; EHS; EPHP; CD; EMS	Monitor	No			SK - Correct, monitor/track	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB273/R1.pdf

2015 Legislative Tracking Report

No new Bill language or BDRs introduced
since May 27, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
SB276	Senator Segerblom	Active	Revises provisions governing medical marijuana dispensaries.	AQM; EHS	Track	No		Neutral	CA - Bill establishes a one time increase in number of approved dispensaries registration certificates issued by State Health	6/1/15 - Enrolled and delivered to Governor	http://www.leg.state.nv.us/Sesion/78th2015/Bills/SB/SB276.pdf
SB281	Senator Hammond	Active	Revises provisions relating to certain businesses.	EHS	Monitor			Neutral	BS - We are interested. We have no problem with the bill, so we should stay neutral on it but we do want to keep an eye on it and find out more about what is motivating this.	Approved by the Governor	http://www.leg.state.nv.us/Sesion/78th2015/Bills/SB/SB281EN.pdf
SB291	Senate Majority Leader	Active	Revises provisions relating to civil actions.	AHS; AQM; EHS; EPHP; ODHO		No			SK - no interest for CCHS. CA - no AQM impact	6/2/15 - No further action taken	http://www.leg.state.nv.us/Sesion/78th2015/Bills/SB/SB291R2.pdf
SB292	Senate Majority Leader	Active	Revises provisions relating to medical malpractice.	CCHS; EPHP						Approved by the Governor	http://www.leg.state.nv.us/Sesion/78th2015/Bills/SB/SB292.pdf
SB300	Senate Majority Leader	Active	Revises provisions relating to comparative negligence.	AQM; CCHS; EHS; EPHP; EMS		Maybe				6/2/15 - No further action taken	http://www.leg.state.nv.us/Sesion/78th2015/Bills/SB/SB300.pdf

2015 Legislative Tracking Report

No new Bill language or BDRs introduced
since May 27, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
SB305	Senator Segerblom	Active	Authorizes industrial hemp farming in Nevada and makes various other changes relating to hemp	AQM; EHS	Track	No		Neutral	CA - cultivation may be exempt per agricultural exemption, however, processing of industrial hemp will be regulated by AQM	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB305_R1.pdf
SB314	Senate Majority Leader/Assemblyman Thompson	Active	Revises provisions governing health districts.	ODHO	Monitor	No		Neutral	KD - Changes administration of Health District in Counties of 700,000+. A Southern Nevada issue sponsored by S. Nevada legislators.	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB314_R1.pdf
SB327	Senator Farley	Active	Revises certain provisions governing air ambulances.	EPHP; EMS						Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB327_R1.pdf
SB330	Senator Lipparelli	Active	Revises provisions related to education.	CCHS; CD		Yes				Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB330_R2.pdf

2015 Legislative Tracking Report

No new Bill language or BDRs introduced
since May 27, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
SB386	Senator Manendo	Active	Revises provisions relating to motor vehicles.	AQM; EHS	Track	No		Neutral	CA - Bill establishes the requirement for a smog station technician to determine if the "check engine" light is on prior to running a test. If the light is on, the test will not pass, this bill requires the technician to inform the driver that the test cannot be completed and there will be no charge. The bill has no significant air quality impact but does provide a sense of customer service by avoiding tests that are sure to fail. Smog check is required by the I/M program and included in the State SIP. 042115 AQM will remain neutral on this bill as amended. If the vehicle is tested and fails, it will be required to get repaired. If they advise the owner that it	6/2/15 - No further action taken	http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB386R1.pdf

2015 Legislative Tracking Report

No new Bill language or BDRs introduced
since May 27, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
SB402	Senator Denis	Active	Makes various changes concerning prevention and treatment of obesity.	CCHS; CD		Yes	4-May		KS - Testified on 5/4 (Assembly Health and Human Services Committee) in support of amendment adding language about height and weight collection in schools	(Pursuant to Joint Standing Rule No. 14.3.4, no further action allowed.)	http://www.leg.state.nv.us/Sesion/78th2015/Bills/SB/SB402_R1.pdf
SB441	Senate Committee on Commerce, Labor and Energy	Active	Revises provisions relating to cottage-food industries.	EHS	Track	Yes	4-21-10	Oppose	bill would allow high hazard home pickling of vegetables and fruit and then allow them to be sold to the general public with no permitting or inspection oversight.	Approved by the Governor	http://www.leg.state.nv.us/Sesion/78th2015/Bills/SB/SB441_R1.pdf

2015 Legislative Tracking Report

No new Bill language or BDRs introduced
since May 27, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
SB459	Governor	Active	Establishes Opioid Overdose Prevention Policy for Nevada	CCHS	Monitor				See SB309 SK - follow until we know more. JH - (this is super important to syringe service programs and is being backed by NNOT) JH- Attending SB459 joint HHS committee today and signing in as support. Many community partners, First Lady Sandoval, UNR CHS, Judge Nash Holmes will be testifying in support. SB459 was proposed by the Governor. Both bills may end up together.	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB459/EN.pdf
SB481	Senate Committee on Government Affairs	Active	Limits the information that a city or county may request from a public utility.	AQM; EHS	Track			Neutral	CA - AQM provides for information to be kept confidential so there shouldn't be any conflict in keeping utility company asset & infrastructure information confidential	Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB481/R1.pdf

2015 Legislative Tracking Report

No new Bill language or BDRs introduced
since May 27, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Most Recent History Action	Link
SB483	Administration, Department of	Active	Increases cigarette tax.	CCHS; CD	Monitor					Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB483R1.pdf
SB503	Governor	Active	Provides for the implementation of a "Breakfast After the Bell" program in certain public schools.	CCHS; CD	Monitor					Approved by the Governor	http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB503R2.pdf

Content	Description	Sponsors	Status/Location	Most Recent History Actions	Deadline Date
AB36	Revises provisions governing emergency services and care provided by hospitals in certain larger counties. (BDR 40-474)	Committee on Health and Human Services	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015
AB38	Revises provisions governing the admission of persons with certain mental conditions to and the release of such persons from certain facilities. (BDR 39-335)	Committee on Health and Human Services	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015
AB72	Revises provisions governing state professional licensing boards. (BDR 54-161)	Committee on Commerce and Labor	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015
AB95	Exempts certain persons and entities who operate home-based businesses from the requirement to obtain a state business license. (BDR 7-34)	Hansen	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015
AB186	Revises provisions governing craft distilleries. (BDR 52-854)	Seaman, Dickman, Fiore, Silberkraus, Titus, Dooling, Gardner, Jones, Moore, O'Neill, Shelton, Stewart, and Wheeler	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015
AB232	Revises provisions governing health districts. (BDR 40-694)	Assemblymen Thompson, Bustamante Adams, Carlton, and Kirkpatrick; Senators Atkinson, Roberson, and Manendo	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015
AB269	Revises provisions governing professional licensing. (BDR 54-899)	Assemblymen Jones, Moore, Seaman, Gardner, Fiore, Dickman, Dooling, Ellison, Shelton, Trowbridge, and Wheeler; Senator Gustavson	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015
AB322	Prohibits the smoking of tobacco inside any motor vehicle in which a child under the age of 18 years is present. (BDR 15-128)	Sprinkle	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015

AB331	Revises provisions governing Medicaid reimbursements for ground emergency medical transportation services. (BDR 38-961)	Kirkpatrick, Benitez-Thompson, Diaz, and Neal	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015
AB347	Revises provisions relating to domestic wells. (BDR 48-253)	Ohrenschall	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015
AB361	Enacts provisions relating to captive wild animals. (BDR 20-776)	Assemblymen Swank, Ohrenschall, and Titus; Senator Manendo	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015
AB417	Extends the deadline for approval of the revision of the boundary line between Storey and Washoe Counties. (BDR S-1102)	Committee on Government Affairs	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015
AB479	Revises provisions relating to public notices. (BDR 19-1095)	Committee on Government Affairs	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015
SB11	Grants power to local governments to perform certain acts or duties which are not prohibited or limited by statute. (BDR 20-284)	Goicoechea	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015
SB28	Clarifies provisions governing the fees that may be charged for providing copies of certain public records. (BDR 19-464)	Committee on Government Affairs	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015
SB102	Provides for the creation of rangeland fire protection associations. (BDR 42-484)	Committee on Government Affairs	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015
SB105	Authorizes the owners or operators of certain establishments to allow dogs to enter such establishments. (BDR 40-88)	Settelmeyer	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015
SB117	Revises provisions relating to immunizations. (BDR 34-691)	Committee on Health and Human Services	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015

SB139	Revises provisions concerning brew pubs. (BDR 52-715)	Senators Gustavson, and Settlemeyer; Assemblymen Fiore, Dickman, Jones, O'Neill, and Wheeler	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015
SB152	Makes various changes to provisions governing public safety. (BDR 43-17)	Spearman, Manendo, Woodhouse, Parks, Atkinson, and Kihuen	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015
SB178	Revises provisions relating to pupil health. (BDR 34-235)	Hardy, and Hammond	Failed Deadline	4/22/2015 -- (Pursuant to Joint Standing Rule No. 14.3.2, no further action allowed.)	4/21/2015
SB201	Revises provisions governing smoking in certain places. (BDR 15-144)	Committee on Finance	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015
SB267	Revises provisions relating to the safe transportation of children. (BDR 43-686)	Senators Woodhouse, Manendo, Ford, Atkinson, Spearman, Denis, Kihuen, Parks, and Segerblom; Assemblywoman Joiner	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015
SB275	Revises provisions governing certain alcohol and drug abuse programs. (BDR 16-39)	Segerblom	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015
SB277	Enacts the Nevada Environmental Policy Act. (BDR 40-439)	Segerblom	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015
SB301	Revises provisions relating to courses of instruction concerning acquired immune deficiency syndrome and the human reproductive system. (BDR 34-676)	Hammond	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015
SB309	Enacts the Good Samaritan Drug Overdose Act. (BDR 40-214)	Kieckhefer	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015

SB318	Provides for the consolidation of certain fire protection districts in certain counties. (BDR 42-833)	Kieckhefer	Failed Deadline	5/16/2015 -- (Pursuant to Joint Standing Rule No. 14.3.3, no further action allowed.)	5/15/2015
SB339	Authorizes the Nevada System of Higher Education to impose additional restrictions relating to the use of tobacco. (BDR 15-873)	Senators Smith, Woodhouse, Denis, Parks, Brower, Atkinson, Ford, Hardy, Kieckhefer, Kihuen, Manendo, Segerblom, and Spearman; Assemblymen Sprinkle, Joiner, Araujo, Carrillo, Hickey, Kirner, Munford, and Stewart	Failed Deadline	5/16/2015 -- (Pursuant to Joint Standing Rule No. 14.3.3, no further action allowed.)	5/15/2015
SB343	Revises provisions relating to vital statistics. (BDR 40-141)	Senators Smith, Parks, Atkinson, Kihuen, Woodhouse, Denis, Ford, and Manendo; Assemblymen Carrillo, Araujo, Joiner, and Sprinkle	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015
SB402	Makes various changes concerning the prevention and treatment of obesity. (BDR 40-891)	Senators Denis, Spearman, Parks, Hardy, Kihuen, Segerblom, and Smith; Assemblymen Diaz, Bustamante Adams, Carrillo, Flores, and Thompson	Failed Deadline	5/23/2015 -- (Pursuant to Joint Standing Rule No. 14.3.4, no further action allowed.)	5/22/2015
SB438	Provides for the development and implementation of a state emissions plan to reduce certain carbon-dioxide emissions. (BDR 40-992)	Committee on Commerce, Labor and Energy	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015
SB466	Provides for the implementation of certain federal provisions relating to transportation. (BDR 35-164)	Committee on Transportation	Failed Deadline	4/11/2015 -- (Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.)	4/10/2015

For most of its history, the Nevada Legislature has not exactly been a friend to public health. In the best of times, lawmakers have never adequately funded essential public health services – we typically rank among the bottom tier of states in terms of per capita expenditures on public health, and to this day remain heavily dependent on federal public health dollars.

In lean times, lawmakers have added insult to injury by shortchanging public health in the name of fiscal prudence. Since the onset of the Great Recession in 2007, for instance, lawmakers have diverted tens of millions of tobacco settlement dollars – a key source of revenue for tobacco cessation and prevention – to the general fund each year just to plug state budget holes.

It is thus noteworthy that the 2015 legislative session produced multiple wins for public health and, hopefully, marks a turning point for state public health policy in Nevada.

First and foremost, the Legislature approved revenue measures for major investments in K-12 education that put education funding on a more solid footing. A better-educated Nevada is not only critical for generating higher-paying jobs and improving economic productivity in our state; education is important for improving health in ways that will translate into lower spending on medical care. Educational attainment remains the strongest predictor of adult health and life expectancy.

Senate Bill 483, the cornerstone budget measure recently signed into law by Governor Sandoval last week, will provide \$1.1 billion in additional funding over the next biennium. It includes an increase in the cigarette tax by \$1, from 80 cents per pack to \$1.80 per pack. This landmark legislation will not only generate much-needed state revenue, it will deter use and prevent potential new smokers from starting a highly addictive, not to mention costly, habit in the first place.

Public health wins also include \$27 million for the new medical school in Las Vegas, support for statewide medical residency and fellowship programs, and enhanced Medicaid reimbursement for inpatient and mental health services. The Legislature also ratified and approved interstate compacts dealing with medical licensing and mental health.

None of these measures will solve our state's chronic health workforce deficits overnight. However, they signal a Legislature that is finally beginning to direct significant dollars to health care education.

The Legislature also took positive baby steps by approving new statutory language on the provision and reimbursement via telehealth technology, the development of community paramedicine services and community health workers, and the movement of more Nevadans into cost-effective, patient-centered medical homes.

Finally, public health wins include fending off -awful legislation that failed to meet legislative deadlines, most notably the "emergency" campus-carry gun bill that was anything but an emergency, and parental notification legislation that died in the final hours of this year's session.

There has been more than a bit of hyperbole about the historic nature of this year's legislative session. In some respects, lawmakers are finally catching up to the fact that we've entered the 21st century. Nonetheless, policymakers' long-overdue attention in 2015 to the state's economic and educational health also represent important wins for public health.

John Packham, Ph.D. is director of health policy research at the University of Nevada School of Medicine.

AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: June 25, 2015

DATE: June 12, 2015

TO: District Board of Health

FROM: Charlene Albee, Director
775-784-7211, calbee@washoecounty.us

SUBJECT: Program Update, Divisional Update, Program Reports

1. Program Update

a. 2015 Bike Week

The 2015 Bike Week took place during the week of May 9th through 15th and once again was a huge success for all of the participants and the community. The total number of registrants exceeded 600, which is less than the 822 last year, however the overall results showed an average 5% increase in positive outcomes. This year 192 registrants logged 8,503 miles which is up from 8,052 miles logged last year. The increase in miles logged translated into an increase in the avoided CO2 emissions to 4.1 tons or the equivalent of taking 305 vehicles off the road. The reduction in emissions and traffic congestion, along with the positive health effects from exercising, all contribute to an overall healthier community.

There were 11 schools registered to participate in the Rack Em Up at School Fullest and Best Decorated Bike Rack Contests this year. A total of \$1,800 in gift cards was awarded for the winners of the contests, \$500 for 1st, \$250 for 2nd, and \$150 for 3rd place. The Washoe County School District's Air Pollution Fine Account provided the funds for the prizes which were distributed through a coordinated effort by The Truckee Meadows Bicycle Alliance, Safe Routes to School, and the Air Quality Management Division. The fullest bike rack was Cold Springs Elementary with a total of 170 bikes. The best decorated rack was awarded to Lincoln Park Elementary. A total of 651 students participated in this year's event.



Westergard Elementary



Cold Springs Elementary



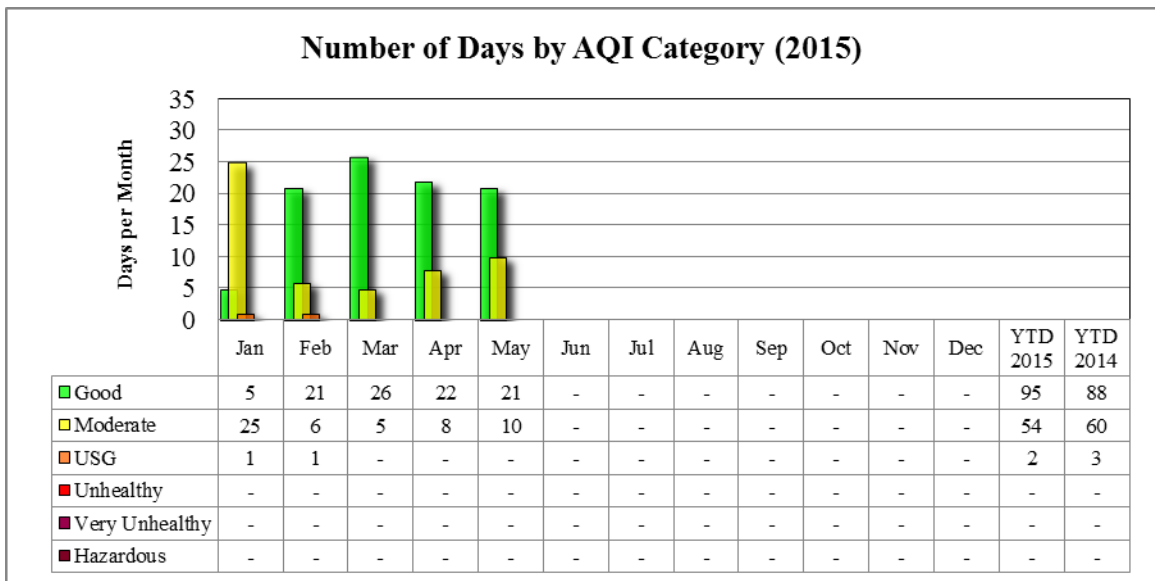
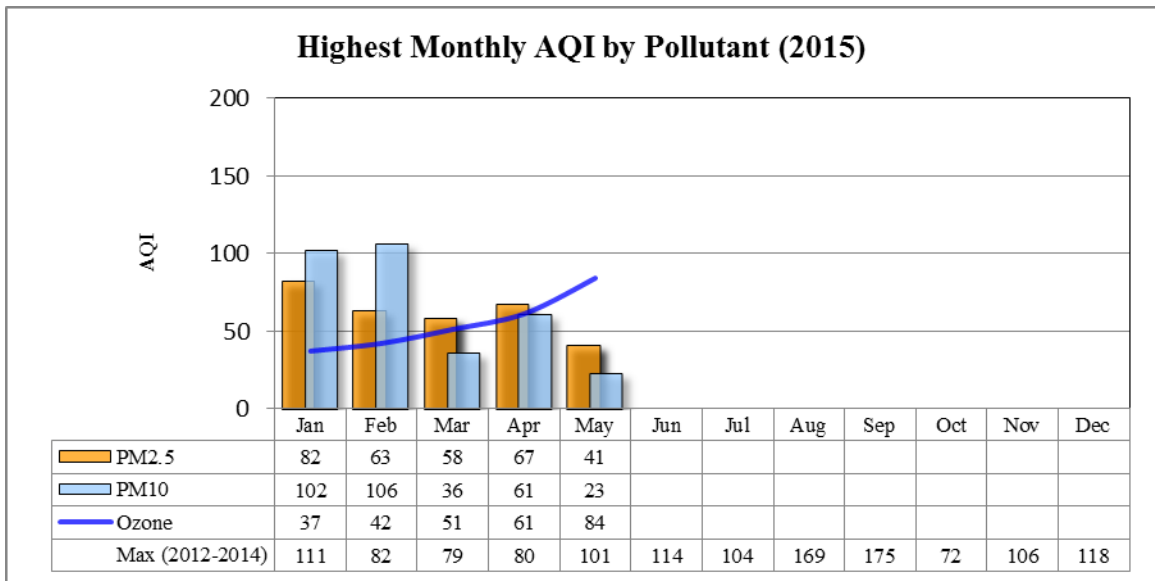
Agnes Risley Elementary

The Bike to Work, School & Fun Week events support the goals of the Air Quality Management Division's Keep it Clean – Rack Em Up campaign.

Charlene Albee, Director,
Air Quality Management Division

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 includes 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 includes 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

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

The DRAFT “2015 Ambient Air Monitoring Network Assessment” and DRAFT “2015 Ambient Air Monitoring Network Plan” are available for public inspection at OurCleanAir.com. The Network Assessment is essentially the Monitoring Branch’s 5-year strategic plan and prioritizes network resources. The Network Plan summarizes monitoring network operations for 2014 and includes proposed modifications for 2015-2016. These plans are required by 40 CFR 58.10 and will be submitted to EPA by July 1, 2015.

An exceptional events demonstration for last year’s King Fire is anticipated to begin a 30-day public comment period on July 1. The request is for EPA to exclude PM_{2.5} and PM₁₀ data that were affected by wildfire smoke when determining attainment for the NAAQS. The Nevada Division of Environmental Protection (NDEP) is also preparing a King Fire exceptional events demonstration. Planning staff have been coordinating and sharing resources with NDEP. After the 30-day public comment period, both demonstrations will be submitted to EPA at the same time in order to strengthen each agency’s demonstration.

Staff attended a two-day workshop co-sponsored by the Interagency Air and Smoke Council (IASC) and the California Air Response Planning Alliance (CARPA). This annual workshop brings together air quality management officials, land managers, meteorologists, and other wildfire smoke experts. The interagency and interstate collaboration is critical during wildfires in order to provide accurate and timely information to the public.

Daniel K. Inouye
Chief, Monitoring and Planning

b. Permitting & Enforcement

Type of Permit	2015		2014	
	May	YTD	May	Annual Total
Renewal of Existing Air Permits	156	582	158	1328
New Authorities to Construct	13	65	8	133
Dust Control Permits	17 (188 acres)	60 (749 acres)	11 (73 acres)	114 (1172 acres)
Wood Stove Certificates	38	146	37	322
WS Dealers Affidavit of Sale	1 (0 replacements)	38 (28 replacements)	5 (5replacements)	105 (80 replacements)
WS Notice of Exemptions	739 (4 stoves removed)	2903 (13 stoves removed)	445 (8 stoves removed)	7143 (63 stoves removed)
Asbestos Assessments	81	486	74	862
Asbestos Demo and Removal (NESHAP)	17	132	25	199

Staff reviewed thirty-three (33) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Phase II of the Southeast connector is now under construction. AQMD inspection staff continues to monitor progress and ensure compliance with dust regulations.
- AQMD permitting staff continues to work with the other local agencies for the Accela Automation transition. Three of the AQMD documents are finished being configured and are now in the testing phase the last document has been submitted for configuring and is in the queue.

Staff conducted eighty four (84) stationary source and fifty two (52) gas station inspections in May, 2015. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2015*		2014	
	May	YTD	May	Annual Total
Asbestos	1	11	4	27
Burning	0	1	0	9
Construction Dust	0	15	8	53
Dust Control Permit	1	1	3	20
General Dust	2	13	4	52
Diesel Idling	0	0	0	3
Odor	1	10	0	16
Spray Painting	1	5	0	8
Permit to Operate	1	6	4	31
Woodstove	1	10	0	12
TOTAL	8	72	23	231
NOV's	May		May	Annual Total
Warnings	2	13	7	41
Citations	1	5	3	11
TOTAL	3	18	10	52

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

Mike Wolf
 Chief, Permitting and Enforcement

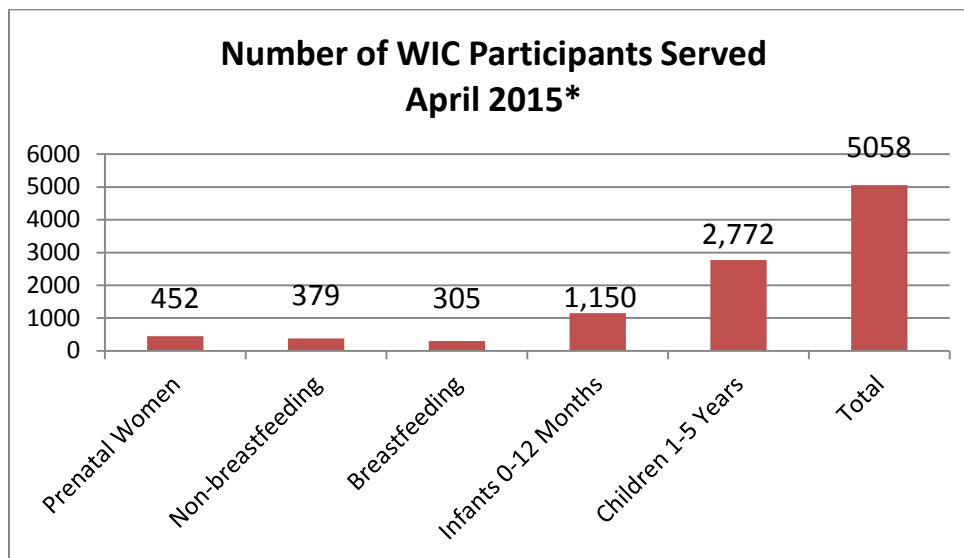
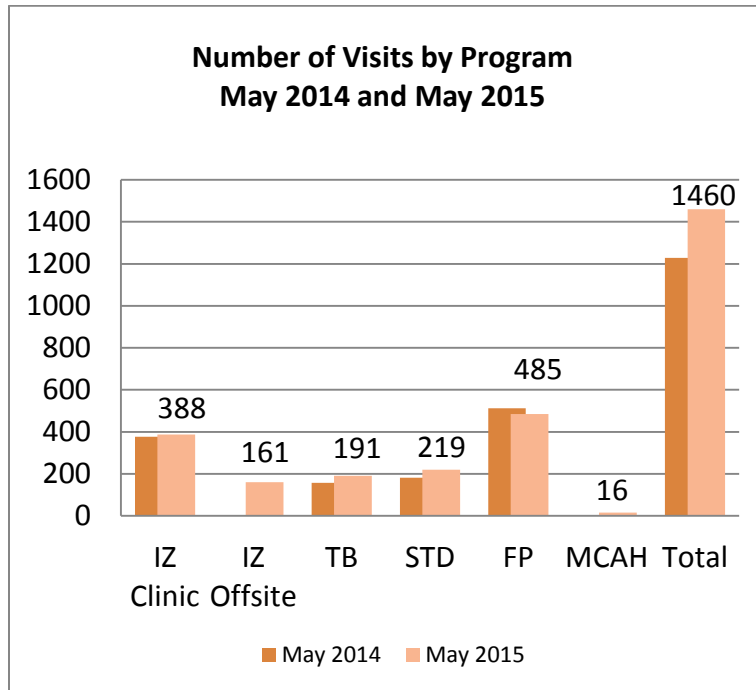
COMMUNITY & CLINICAL HEALTH SERVICES DIRECTOR STAFF REPORT
BOARD MEETING DATE: June 25, 2015

DATE: June 12, 2015
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. Electronic Health Record (EHR) Database – Staff will be visiting two Health Departments that use Patagonia Health in July, as part of the final piece in our evaluation of a replacement EHR.
- b. Revenue and Reimbursement – Staff have been working on making corrections to previous Medicaid billings so that reimbursement can be captured before the claims age out (180 days for regular Medicaid; 30 days for Medicaid Managed Care). As Medicaid is our largest third party payer, this is a top priority.

c. Data/Metrics –



*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** – Staff has engaged in a rapid cycle, quality improvement project to increase the number of clinic visits. When comparing May 2014 visits to those in May 2015, a 21% increase in the number of clients was realized.

The Division of Public and Behavioral Health, Medical Laboratory Services, conducted a laboratory site visit on May 21, 2015. Staff is completing a congenital syphilis policy. Staff will participate in the 2015 STD Treatment Guidelines webinar on June 22, 2015. Management has started the hiring process for a Public Health Nurse for the Sexual Health program, funded for FY 2016.

The Health District is required by NRS 441A.320 to partner with the jurisdiction's law enforcement agencies to test those arrested for sexual assault for HIV and syphilis. Testing is required to take place within 48 hours of arrest. Further requirements of this law include notifying the victim and suspect of the test results.

For many years, WCHD has provided training, guidance, and materials to law enforcement agencies to pursue their compliance and cooperation with this endeavor.

To support efforts and reinforce the importance of collaboration, staff prepared a packet for higher ranking law enforcement officers to share with their staff. The packet included a letter from the District Health Officer emphasizing that collaboration is necessary for victims to be afforded their right to know their perpetrator's HIV and STD status. Additional packet information included an overview of procedures, a copy of the statute, Suspect Blood Draw form, and a Lab Requisition. Staff is monitoring each case and will follow up with packet recipients, as well as the arresting officer, when a case is out of compliance.

- b. **Immunizations** – Three Spring Tdap School Located Vaccination Clinics (SLVCs) and a Community Tdap Clinic were held in partnership with Immunize Nevada. Flu and Varicella vaccines were also offered. A total of 157 vaccinations were given to 112 children. Tdap is required for students entering the seventh grade.
- c. **Tuberculosis Prevention and Control Program** – There have been five cases of active TB disease since January 1, 2015. Staff is currently conducting an investigation which involves contacts at a local commercial facility. Diane Freedman, TB Program Coordinator, attended the National TB Conference in Atlanta, Georgia the week of June 9, 2015.

- d. **Family Planning/Teen Health Mall** – Staff are preparing for a comprehensive program audit by Title X representatives, scheduled for the end of July.
- e. **Chronic Disease Prevention Program (CDPP)** – Staff completed the Photovoice Project at Esther Bennett Elementary School, which focused on working with sixth grade students on safety and health topics, using photography to capture examples of students' environments.

The cigarette tax increase of \$1.00 per pack is great news for the program, and tobacco prevention efforts in Nevada. Increasing the price of cigarettes is an evidence-based strategy to reduce tobacco use initiation and increase tobacco use cessation.

- f. **Maternal, Child and Adolescent Health (MCAH)** – FIMR staff has completed data abstraction on 74 cases since July 1, 2014; staff had a goal of 50 abstractions for the first year of FIMR. The Case Review Team continues to meet monthly and the number of clients accepting a maternal interview is improving. The FIMR REDcap (Research Electronic Data Capture) database is in the final stage of development.

MCAH staff continues to see clients for education, resources, and referrals. Staff has seen an increase in requests for assistance from the Nevada Division of Public and Behavioral Health (DPBH) related to infants with abnormal metabolic screenings. When an infant in Washoe County has an abnormal metabolic screening and DPBH is unable to locate the infant for follow up testing, an MCH staff member conducts a home visit to find the family and provide education and assistance with scheduling the follow up testing.

Staff has had several cases of children with elevated blood lead levels. Staff conducts a home visit to complete an environmental assessment as well as providing education to the family. Environmental Health Services has been collaborating with CCHS on these lead cases.

- g. **Special Supplemental Nutrition Program for Women, Infants and Children (WIC)** – WIC is finishing up Phase I of a study being conducted by UNR as part of the “Loving Support Breastfeeding Campaign” on the effectiveness of WIC breastfeeding services, which will end June 30th. Phase II will begin July 1st. Voluntary WIC participants are surveyed on their perceptions of WIC breastfeeding services sequentially over a period of six months. Results are expected in 2016, and may help secure funding for additional

breastfeeding resources for WIC and contribute to the evaluation component of public health accreditation, should the Health District move forward on this initiative.

A WIC client presented to the WIC clinic with a dangerously low hemoglobin level, which is considered life threatening. WIC staff were quick to respond to the medical emergency. The outcome could have been fatal had the family not come to WIC, and WIC staff not intervened. One of the valuable benefits of WIC is that WIC sometimes see situations before other agencies do, as clients are more likely to prioritize WIC services over others.

WIC staff are preparing for a Management Evaluation, to be conducted by the State WIC Office, later this summer. All aspects of WIC clinical operations will be evaluated.

**ENVIRONMENTAL HEALTH SERVICES
DIRECTOR STAFF REPORT
BOARD MEETING DATE: June 25, 2015**

DATE: June 12, 2015
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, IBD, Land Development, Vector-Borne Disease, Waste Management, and EHS Inspections / Permits / Plan Review.

DIVISION UPDATE

- Environmental Health staff, in conjunction with staff from the CD Program, investigated four gastrointestinal outbreaks over the past month. Two outbreaks occurred in a daycare setting, one was associated with a chorus competition that was held at a local casino/resort, and one outbreak was associated with a catered wedding reception. One of the outbreaks associated with a daycare was confirmed as Norovirus GII. Field investigations were conducted at all implicated facilities in order to determine compliance with our Viral Gastroenteritis Outbreak Guidelines. The outbreaks were closed once it was determined there was no further ongoing transmission of disease.
- Due to an increase in gastrointestinal (GI) complaints and outbreaks within our community a Press Release was issued by the Health District on May 22, 2015. The release notified Washoe County residents of the increases in gastrointestinal illnesses and reminded residents of the importance of practicing good hygiene, staying home when you are sick, and proper cleaning and disinfecting methods for areas affected by vomiting and/or diarrhea.

PROGRAM UPDATES

Food

- The State Board of Health approved the food regulations on Friday, June 12, 2015.
- In preparation for the implementation of the new food establishment regulations approved by the Board during the May 28, 2015 meeting, staff initiated the process of developing internal SOPs and resources for establishment operators related to new regulatory provisions. Operator resources include notification letters explaining new provisions, checklists, and informational forms and handouts that will be available on the program website and handed out during food establishment inspections.
- With a grant funded by the FDA Voluntary National Retail Food Regulatory Program Standards, staff collaborated with a local marketing company to develop radio and Facebook advertisements aimed at educating the general public and food service workers on foodborne illness prevention strategies. The ad campaign is scheduled to run mid-June through mid-August. The FDA grant was also utilized to purchase future field equipment for the Accela roll-out of the Permits Plus replacement.



- **Special Events** - There were two large events inspected in May by Special Events Staff, both larger than 2014. Cinco de Mayo had 24 permits and staff performed 60 inspections. Riverfest had 13 permits and 23 inspections were performed. The inspections and permits overall increased by greater than 15% from May of 2014.
- Staff is also working with the Cities of Reno and Sparks on several new events this season including new Artown Events in July and 'Fiesta on Wells Avenue' in September.

Invasive Body Decoration (IBD)

- The Silver State Tattoo Convention was the second large body art event in consecutive months. There were 43 permits issued, of which all were inspected the first day, Friday, May 15. A total of 51 additional inspections were completed between Friday evening (after 6pm) through Sunday, May 17 (by 5pm), for a total of 94 inspections completed for the event. The 2015 season is materializing into the biggest for IBD events in the history of Washoe County.
- Staff has been working with the Promoter for Rockabilly Riot, which is coming in June and will have more than 20 permits. This is a huge increase over previous years in which fewer than 10 permits have been processed and inspected each year.

Land Development

- Septic and well plan reviews and permits continue to come in at a rate higher than the last few years.

Vector-Borne Disease

- In light of the recent rabies concerns (see attached press release), the Program sent out letters to every veterinary facility in Washoe County to remind them to fax rabies certificates to our office at Ninth Street. The Health District is the Rabies Control Authority in Washoe County and the Nevada State Law (NAC441A.412) requires certificates be sent to our agency.
- Staff conducted their pre aerial surveys this past week with 400 acres flown on June 11th in the Truckee Meadows Community. Disease surveillance is continuing with 950 mosquitoes collected, identified and tested through the beginning of June, and from the data collected no positive samples of any mosquito transmitted diseases. A year ago at this time, June 2nd we had a positive sample for Saint Louis encephalitis at Swan Lake. The 950 mosquitoes identified so far, are from 5 mosquito (species) types.



Photos Courtesy of Melissa Bullock

- Pre surveys were conducted at the Cities and County Parks for flea loads. Staff followed this up with the dusting of rodent holes in the parks on the valley floor, up Mt. Rose Highway and finishing at Sand Harbor in Incline Village. Large ground squirrel populations were observed at Manzanita Park, Paradise Park High and Sand Harbor associated with high flea loads. Large ground squirrel populations are due to the feeding of animals by the public. Lowering flea loads minimizes the risk of a plague epizootic to humans and pets, and prevents the closure of a park if a plague epizootic occurs.
- The five chicken (sentinel) flocks located in the Truckee Meadows Community that are tested every two weeks currently indicate no virus. One of the flocks that had been housed at the Kiley Ranch for over 30 years has been moved to the Andelin Family Farms in light of the development of Kiley Ranch. The Andelin Family farm invites students from the Washoe County School District to visit the farm showing students how farm animals are raised. This new location has provided our staff with an educational component for the visiting students in raising chickens and their importance in being tested as an early indicator of mosquito diseases being transmitted through the adult population.
- The District Health Officer requested staff set up a District Health/BANN Committee regarding the City of Sparks' concerns of our Program's landscape criteria for common areas and typical front lots with turf. What we did not know is Truckee Meadows Water Authority (TMWA) has already formed a 'Landscape Action Committee' with the three jurisdictions. The purpose is to get everyone on the same page in terms of the landscape ordinance requirements. In reaching out to TMWA, they welcomed us to join their committee in the next group meeting with the three jurisdictions to discuss landscape requirements.
- Staff has reviewed 11 civil/building projects. Inspections are ongoing for project completion in implementing our design requirements.

Waste Management

- At the request of the Sun Valley General Improvement District (SVGID), the staff from the program presented a report to the SVGID Board of Trustees regarding the joint dumpster program and the Washoe County Health District Dumpster Program. Both programs are used to help clean up residential properties within their respective jurisdictions. The report was received with much positive support from the Trustees. The public in attendance also spoke in support of the Health District's actions to assist in keeping the Sun Valley community a cleaner place to live.
- In conjunction with the CCHS Division, the Waste Management Program funded a sharps drop-off location for the Community Assistance Center (homeless shelter) on East Fourth and Record Street. It was determined there was a need for a means of proper sharps and needle disposal at this facility, but funding was lacking. As part of the Solid Waste Management Plan, the Program felt the funding of this collection location would help the directives outlined in the plan. HOPES and the Sexual Health Program will take care of disposal.



EHS 2015 Inspections/Permits/Plan Review

	JAN 2015	FEB 2015	MAR 2015	APR 2015	MAY 2015	Mo. Avg
Child Care	5	11	5	16	9	9
Complaints	49	53	77	73	72	65
Food	404	543	536	394	412	458
General	63	103	108	109	315	140
Plan Review (Commercial Food/Pool/Spa)	19	10	13	8	42	18
Plan Review (Residential Septic/Well)	46	57	45	48	46	48
Residential Septic/Well Inspections	33	76	86	85	86	73
Temporary Food/Special Events	26	46	60	72	168	74
Well Permits	8	12	11	13	14	12
Waste Management	8	21	32	16	15	18
TOTAL	661	932	973	834	1,179	916

* **General Inspections Include:** Invasive Body Decorations; Mobile Homes/RVs; Public Accommodations; Pools; Spas; RV Dump Stations; and Sewage/Wastewater Pumping.

Washoe County Announcement – May 22, 2015

Gastrointestinal illness on the rise in Washoe County

Health District recommends steps to reduce illnesses in the community

Media Release

For Immediate Release

www.washoecounty.us/health

Contact: Phil Ulibarri

pulibarri@washoecounty.us

775.328.2414 or 775.772.1659

The Washoe County Health District reports that gastrointestinal illness is on the rise in the community. According to health officials, in the last several weeks the Health District has been busy investigating numerous illnesses which could be avoided if people practice good hygiene, proper cleaning methods, and stay home when sick.

While many different viruses can cause gastroenteritis, noroviruses are responsible for the majority of cases and have triggered outbreaks in Washoe County in recent years. In late 2012, hundreds of local school children were sickened by gastrointestinal illness which eventually subsided when schools closed for Christmas break and extensive thorough cleanings were conducted.

Gastrointestinal illness transmits most easily where people congregate in groups, such as child care facilities, group homes and extended care facilities. Usual symptoms include nausea, vomiting, diarrhea and/or abdominal cramping. Sometimes headache, fever and body aches are also present. Symptoms usually last 24 to 72 hours and those infected usually make a full recovery. Basic treatment consists of rest and drinking fluids. Some people experience symptoms severe enough to require hospitalization, usually for rehydration.

The bacteria and viruses that cause gastrointestinal illnesses enter the body through the mouth. They live in the digestive tract and are excreted in feces and can be easily transmitted through person-to-person contact; in food and beverages; and on environmental surfaces and objects contaminated with human feces. One key to avoiding these illnesses is to follow effective hand washing procedures. Use warm water and soap, and wash hands for at least 20 seconds every time after using the restroom, after changing diapers, and before preparing or eating food. After washing, dry hands with a clean, disposable towel and use the towel to turn off the faucet to avoid recontamination. Note that alcohol-based hand sanitizers can be used in addition to hand washing, but they should not be used as a substitute for washing with soap and water. Also remember to wash fruits and vegetables before eating them and to cook seafood thoroughly.

If you become ill, stay home from work, school, daycare and social activities until the symptoms have ended. While ill and for at least 3 days after symptoms stop, you should not prepare food for others. This can protect others from becoming exposed.

Health officials also stress the importance of cleaning and disinfecting areas affected by vomiting or diarrhea, and recommend the following procedures:

- Always clean with detergent and hot water prior to disinfecting.
- Disinfect with an effective virucide or chlorine solution of ½ cup bleach to 1 gallon of water.

For more information about gastrointestinal illness, visit the CDC website at www.cdc.gov.

1st rabid bat found in Washoe County

Reno Gazette-Journal

Staff report 2:35 p.m. PDT May 28, 2015



Photo of a fruit bat. The Nevada Department of Agriculture reported the first laboratory-confirmed rabid bat in Washoe County on Thursday (Photo: Getty)

The Nevada Department of Agriculture reported the first laboratory-confirmed rabid bat in Washoe County in a media release Thursday.

Bat rabies is endemic throughout Nevada and the NDA's Animal Disease Laboratory confirms between six and 20 bats per year, usually between the months of May and October. However, in recent years positive bats have been confirmed as early as February.

Companion animal owners are urged to have all cats and dogs vaccinated against rabies and maintain a regular vaccination schedule. Indoor cats should also be vaccinated since bats can enter and exit residences without being noticed.

"If your cat or dog plays with a live bat in bright day light you know there is a problem," says Dr. Michael Greenlee, Nevada's state veterinarian. "Pet and human exposure to bats, dead or alive should be reported to the appropriate animal control agency (city or county animal control), health department (Carson City, Washoe County, Southern Nevada Health District or the State Health Division for the rural counties) and the Animal Disease Laboratory (at 775-353-3718 or 3700) to facilitate testing."

Bats that have been in contact with people or domestic animals should be submitted for testing whenever possible. Even though the prevalence of the virus is estimated to be less than 1 percent in Nevada's bat populations, between 8 and 15 percent of the bats submitted to the ADL test positive for rabies. Availability of test results greatly reduces the need for post exposure prophylaxis in humans and treatment and quarantine in animals. Bats and other sick wildlife should only be handled while using appropriate personal protective equipment.

Even though Nevada is currently considered free of terrestrial rabies (rabies in skunks, raccoons and foxes) surveillance in wildlife species is ongoing. Rabies is currently considered an emerging disease. Bat rabies has been shown to jump the species barrier into skunks and foxes in neighboring Arizona within the last decade, a previously unrecognized possibility. California and Arizona have had significant levels of terrestrial rabies for decades and the NDA together with county health departments, animal control agencies, USDA wildlife services and the Nevada Department of Wildlife have conducted active surveillance for years.

Despite great advances in human medicine rabies is still considered an invariably fatal disease in humans once clinical symptoms appear. For information, visit <http://www.cdc.gov/rabies/>.

**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS
DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: June 25, 2015**

DATE: June 12, 2015
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**

Communicable Disease (CD) –

Shigellosis cluster – A cluster of five (5) cases of Shigellosis was investigated. Initially, CD staff received a report of two lab-confirmed cases. Through CD investigation, an additional three probable cases were identified. The five cases were from two households (four children and one adult). The transmission mode was from person to person. Children from the two households played together closely. The source of infection for the index case was indeterminate. The four children all attended one local elementary school and were excluded from school. Based on one case's antibiotic susceptibility report, no drug resistance was identified.

GI illness outbreak – CD staff members worked with the EHS-Foodborne Illness team to perform a retrospective cohort study to identify the source of an outbreak of gastroenteritis among participants in a chorus competition that took place in Reno. Although the outbreak took place locally, the ill persons were from the states of CA, HI, and OR. Therefore, the cohort study was done primarily using an online survey. Of 600 online survey responses received, 495 responses were valid and met the cohort study criteria. Of these, 151 reported an illness with either vomiting or diarrhea, which yielded an attack rate of 30.5%. The median age was 64 years (range: 13-87 years) and 95% were female. Approximately 14% of ill person sought medical care, 7% visited an ER, and one person was hospitalized. The association between more than 30 exposures (events and restaurants) and illness was assessed. The study concluded that the “after competition banquet” which took place on May 2, 2015, from 7-9 PM was likely the source of the outbreak. The adjusted risk ratio was 1.89 (95% CI: 1.14-3.14, P=0.01). This means that people who ate at the banquet had a risk of developing the illness that was 1.89 times higher than the risk for those who did not eat at the banquet. A p value of 0.01 means the statistical significance of this finding is high. Norovirus was the suspected etiology based on survey responses. The final outbreak report is under preparation.

Influenza – For the week ending May 23 (Week 20), eleven of twelve participating sentinel healthcare providers reported a total of 74 patients with influenza-like-illness (ILI) out of a total of 6,017 patients seen. This represents an ILI percentage of 1.2% which is below the regional baseline of 2.7%. During week 20, the percentage of ILI patient visits to US sentinel healthcare

providers was 1.2% which is below the national baseline of 2.0%. On a regional level the ILI percentage ranged from 0.6% to 2.2%.

Four death certificates were received for week 20 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 20 was 84. This reflects a P&I ratio of 4.8% which is below the epidemic threshold set by CDC for week 20 at 6.6%. The national P&I for week 20 was 6.4 and below the epidemic threshold at 6.6%. The total P&I deaths registered to date in Washoe County for the 2014-2015 influenza surveillance season is 230. This reflects an overall P&I ratio of 7.3% (230/3,146).

In terms of severity, among 1,751 laboratory-confirmed cases of influenza, there have been 224 hospitalizations, 30 admissions to intensive care and 7 deaths cumulatively this season. By comparison, for the entirety of last year's influenza season there were 101 hospitalizations, 29 admissions to intensive care and 9 deaths.

This concluded the 2014-15 influenza season. The 2015-16 season will begin on October 4th, 2015.

Public Health Preparedness (PHP) –

Assessments and Surveys - Staff completed Phase II of the Jurisdictional Risk Assessment for Washoe County and provided input to the Nevada Division of Public and Behavioral Health.

Staff worked with Statewide preparedness partners to finalize an Essential Assets and Services survey to be distributed to Nevada hospitals at the end of June. This survey will document critical information about hospitals equipment, materials and medication to establish a baseline to be used for emergency planning.

Medical Reserve Corp (MRC) – Renown Regional Medical Center has returned a MOU to the Washoe County MRC Volunteer program for approval by our Health Officer. Once approved Renown will become the second hospital in the state of Nevada to enter into an MOU with an MRC unit (Saint Mary's is the other hospital). MRC volunteers will be able to help out in times of emergencies and participate in other activities and/or events with Renown.

Incident Command System (ICS) Training – The Health Educator assisted the Public Health Communications Program Manager in conducting ICS 400 on May 19th and 20th. This was a two-day course which was attended by 6 Washoe County Employees. In addition, attendees included various representatives from emergency medical services, local law enforcement agencies, area hospitals and volunteer groups.

Trainings – Staff provided training on the AM radio station positioned in Incline Village. This training provided North Lake Tahoe Fire Protection staff updated information and assisted them in putting a message in play for the May 30th community evacuation drill.

Staff has been taking part in a series of WebEOC board building trainings to learn how to build and update boards in WebEOC to provide depth within the PHP program.

New Staff - Interviews were held for the vacant Public Health Emergency Response Coordinator position (Sara Dinga's former position). Stephen Shipman from Washoe County Social Services was selected for this position and will start Monday, June 15th.

Plans - Staff continues to support efforts to update the Washoe County Hazard Mitigation Plan through meeting attendance, document review and revisions.

Emergency Medical Services (EMS) -

EMS staff participated in the Incline Village evacuation exercise on Saturday, May 30. EMS staff conducted training on the Mutual Aid Evacuation Annex (MAEA) and hospital staff safely evacuated four "patients" from the facility.

The feedback from this exercise as well as the functional drill conducted at Saint Mary's Regional Medical Center on May 15 confirmed the region's support of changing the current patient tracking process during a hospital evacuation. EMS staff developed a subcommittee of hospital emergency managers, nursing house supervisors, other hospital staff and REMSA to develop a customized evacuation tag system that will effectively meet the patient tracking and documenting needs of medical facilities during an evacuation.

EMS staff met with a regional partner to discuss the Nevada Dispatch Interconnect Project (NDIP) and learn more about the functionality and capabilities of the equipment. EMS staff will continue researching this topic and how it may improve interoperability in our region.

The EMS Advisory Board convened on June 4. This was the third meeting of the Advisory Board. The meeting encompassed a variety of items, such as, a presentation by the Pre-Medicine Advisory Committee (PMAC), a presentation on the project charter for revising the REMSA response map and discussion of the EMS 5-year strategic plan.

EMS staff participated in a Reno Air Races Tabletop exercise at the REOC on June 9. More than 60 individuals from the region attended. EMS staff participated in the medical group and had valuable discussions concerning response, recovery and demobilization of a possible disaster at the Reno Air Races.

The EMS Program Manager participated in a REMSA ride along on May 29, 2015. The ride along was the fourth partner agency the Manager has ridden along with. The purpose of the ride along is to see the daily operations of the EMS organization and the integration with the regional partners.

**REMSA Percentage of Compliant Responses
 FY 2014 -2015**

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2014	93.1%	93.1%	93.7%	100%	93.4%	93.1%
August 2014	91.9%	97.5%	98%	100%	97.8%	92.4%
September 2014	91.5%	98.6%	93%	100%	96.6%	91.9%
October 2014	92.3%	97.6%	100%	100%	98.4%	92.7%
November 2014	93.2%	100%	100%	100%	100%	93.7%
December 2014	92.5%	94.9%	98.5%	100%	96.6%	92.8%
January 2015	93.1%	100%	95.6%	100%	98.6%	93.4%
February 2015	91.8%	100%	93.9%	100%	97.6%	92.2%
March 2015	91.3%	99%	100%	100%	99.9%	92.0%
April 2015	90.8%	98.4%	94.5%	100%	97%	91.3%
May 2015**	90.8%	98.7%	97.1%	100%	98%	91.3%
YTD	92%	98%	96.6%	100%	97.6%	92.4%

REMSA 90th Percentile Responses

Month	Zone A 8:59	Zone B 15:59	Zone C 20:59	Zone D 30:59
July 2014	8:30	13:58	18:11	N/A*
August 2014	8:39	13:51	18:12	N/A*
September 2014	8:43	12:22	19:22	N/A*
October 2014	8:27	11:46	16:50	N/A*
November 2014	8:17	12:00	17:22	N/A*
December 2014	8:32	12:22	18:21	N/A*
January 2015	8:23	12:22	19:16	N/A*
February 2015	8:35	13:16	18:23	N/A*
March 2015	8:41	13:41	16:37	N/A*
April 2015	8:48	13:51	18:58	N/A*
May 2015**	8:47	13:23	19:19	N/A*

**There were 5 or less calls per month in Zone D, therefore a statistically meaningful 90th percentile analysis cannot be conducted. However, no calls in Zone D exceeded the 30:59 time requirement.*

***The compliance percentages and percentile responses may change due to a pending exemption request. The final numbers for May will be updated in the July staff report.*

**DISTRICT HEALTH OFFICER STAFF REPORT
BOARD MEETING DATE: June 25, 2015**

DATE: June 12, 2015
TO: District Board of Health
FROM: Kevin Dick, District Health Officer
 (775) 328-2416, kdick@washoecounty.us
SUBJECT: **District Health Officer Report –Legislature, Community Health Improvement Plan, Truckee Meadows Healthy Communities, Emergency Medical Services, Fundamental Review, Other Events and Activities and Health District Media Contacts**

Legislature

The biennial legislative session ended on June 1. Staff was engaged in tracking bill progress until the end.

Community Health Improvement Plan

The Steering Committee met on June 11 to begin the process of selecting priorities to address in the Community Health Improvement Plan (CHIP). The Committee has selected eight priority areas to further discuss at the July meeting with the goal of identifying 3-5 priorities to address in the CHIP. A number of infographics were developed to provide information on health needs identified in the Community Health Needs Assessment. These will be finalized with input from the Steering Committee and used to provide information to the community.

Truckee Meadows Healthy Communities (TMHC)

The first 89502 activity will be a Neighborhood Health Festival (Festival Comunidad de Salud). The event will be held on July 22, 2015 from 9 am – Noon at Miguel Ribera Park with an estimated attendance: 500-750 people. Additional Neighborhood Health Festivals will be planned for the future. The marketing committee has plans to provide informational updates via the website and social media. The next Committee meeting is scheduled for June 19.

Emergency Medical Services

Consolidation of dispatch and/or emergency medical dispatch was discussed at the May 26 concurrent meeting, the June 9 Board of County Commissioners meeting, the June 10 Reno City council meeting, and is scheduled for the June 15 concurrent meeting with Reno and Washoe County. The Reno City Council directed the Reno Fire Department to proceed with Emergency Medical Dispatch Subject to the direction of Council when resources become available to provide it. Dr. Todd provided public comment at the Reno City Council meeting regarding the Franchise for Ambulance Services Article

Subject: District Health Officer Report

Date: May 18, 2015

Page 2 of 2

5.2, which states that REMSA is the community emergency medical dispatch center for the Franchise Service Area. It further states that REMSA will be responsible for coordinating all EMS service radio traffic for patient reports to the area hospitals and will record these transactions.

Fundamental Review

The monthly dashboard report is attached.

Other Events and Activities

I met with the Division Directors on June 3 and 17. I meet regularly with the Division Directors and ODHO staff on an individual basis.

Attended the Accela Regional Project Management Oversight Group meeting on June 2.

Participated in the Nevada Health Authorities Conference Call, June 2.

Met with the Technology Services Data Analytics Project team on June 3.

Attended the EMS Advisory Board meeting on June 4.

Attended Washoe County Department Heads meeting June 10.

Chaired the CHIP Steering Committee Meeting, June 11.

Attended the State Board of Health meeting on June 12.

Attended the Community Health Sciences Advisory Board meeting on June 12.

Attended the Reno - Washoe County concurrent meeting June 15.

Attended the REMSA Board meeting June 19.

Attended the TMHC Committee, June 19.

A meeting with the Reno Gazette Journal Editorial Board is scheduled for June 24.

My monthly meeting with County Manager John Slaughter is scheduled for June 24. This will be my meeting for both June and July.

The EnergyFit Nevada and Green Chips merger was approved by both Boards. EnergyFit Nevada will continue as a Green Chips program so I will no longer serve on the EnergyFit Board.

Health District Media Contacts: May 18 - June 16, 2015

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
06/03/2015	UNIVISION	Ivet Contreras	Norovirus & Salmonella - Ulibarri
05/28/2015	KRNV CH4 - NBC Reno	Alex Cannito	New Food Regulations - Sack
05/28/2015	KRNV CH4 - NBC Reno	Ryan Kern	New Food Regulations - Ulibarri (x2)
05/27/2015	KRNV CH4 - NBC Reno	Ryan Kern	New Food Regulations - Ulibarri
05/22/2015	UNIVISION	Laura Calzada	Norovirus - Ulibarri

Press Releases/Media Advisories/Editorials/Talking Points

05/27/2015	Interview Talking Points	PIO Ulibarri	New Food Service Regulations
05/22/2015	Press Release	PIO Ulibarri	Gastrointestinal Illness on the Rise in Washoe County
05/18/2015	Press Conference Talking Points	PIO Ulibarri	Compassionate Vigilance/Mental Health/Suicide Prevention

Fundamental Review Recommendation Status

Legend:

June 25, 2015

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

	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
	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 five days a week, accept IZ walk ins on a limited basis
	b.	Extended IZ hours established.
	c.	Staffing Vital Statistics five days a week
	d.	Discussion has begun with Interactive Voice Response software companies
	5	Update fee schedules and billing processes for all clinical and environmental services
	a.	Third-party billing service began July 1, 2014
	b.	Adopted new fees. Effective July 1, 2015. Next step, update for full cost recovery.
	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

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	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.	ILA and contract with Accela signed. 16-month implementation proceeding.
	8	Develop infrastructure to support the District Health Officer
	a.	The Office of the District Health Officer was established on July 1, 2014. Staffing in process.
	9	Implement time coding for employees
	a.	Time coding in EHS has been expanded, AQM timecoding is underway. CCHS timestudy occurring.
	10	Perform cost analysis of all programs
	a.	Proposed schedule approved on June 26, 2014 by DBOH. Pilot analysis of Administration completed.
	11	Perform assessment of needed administrative and fiscal staffing to increase efficiencies
	a.	Will be performed in conjunction with program const analysis. See 10a
	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.	Shifted home visiting resources to provide additional clinical services on June 1, 2014
	b.	Assess changes in service levels and program alignment with respect to CHA CHIP, SP or funding
	14	Conduct a CHA in concert with current partner organizations
	a.	Complete.
	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.	Franchise Agreement approved, Regional EMS Oversight Program and Advisory Board established.
	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, performance metrics and SP to develop & implement performance mgmt. syst

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	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
	23	Develop an organizational culture to support quality by taking visible leadership steps
		a. QTeam established, all-staff training beginning July 1
	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