

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, September 24, 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

September 24, 2015

5. Approval of Draft Minutes

August 27, 2015

6. Recognitions

A. Years of Service

1. Randall Todd, 10 years, hired 9/12/05 - EPHP
2. Luke Franklin, 15 years, hired 9/11/00 - EHS
3. Teresa Long, 15 years, hired 9/11/00 - EHS
4. Dawn Spinola, 15 years, hired 9/1/2000 – ODHO
5. Dave McNinch, 25 years, hired 9/24/90 - EHS

B. Retirements

1. Susan Henkes, 15 years, 10/9/00 through 10/9/15 – EHS

C. Achievements

1. Genine Wright, from AQM Specialist II to Environmental Engineer I

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 Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2015 through September 30, 2016 in the total amount of \$248,720.00 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness (PHP) – Preparedness, Assurance, Inspections and Statistics (PAIS), IO 11257; Approve amendments totaling an increase of \$226,903 in both revenue and expense to the FY16 CDC PAIS – Ebola Preparedness & Response Federal Grant Program, IO 11257; and if approved authorize the Chair to execute.

Staff Representative: Erin Dixon

2. Ratification of Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine, to provide physician consultative services in the total amount of \$8,032.50 for the period October 1, 2015 through September 30, 2016 unless extended by the mutual agreement of the Parties; with automatic renewal for successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to September 30 of each year; and if approved, authorize the Chair to execute the Interlocal Agreement.

Staff Representative: Patsy Buxton

3. Approve the abolishment of one vacant Permanent Full-time Office Assistant II position (PC# 70002142); Approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period October 1, 2015 through September 30, 2016 in the amount of \$1,062,145 for the Women, Infants and Children (WIC) Program Grant (IO 10031); and if approved authorize the Chair to execute.

Staff Representative: Patsy Buxton

4. Approve Subgrant Amendment #2 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 \$337,109 for the Centers for Disease Control and Prevention (CDC) Immunization Program Grant (IOs 10028 & 10029); and if approved authorize the Chair to execute.

Staff Representative: Patsy Buxton

- B. Approval to add Liletta (Intrauterine Device) to the Community and Clinical Health Services fee schedule

Staff Representative: Steve Kutz

- 8. Recommendation to Re-Appoint Mr. David Rinaldi and Dr. Cathleen Fitzgerald, DEnv, PE, for Three Year Terms to the Air Pollution Control Hearing Board, Serving from September 27, 2015 to September 27, 2018; and Ms. Jeanne Rucker, REHS., for a Three Year Term, to the Air Pollution Control Hearing Board, Serving from October 24, 2015 to October 24, 2018.**

Presented by Charlene Albee

9. Regional Emergency Medical Services Authority

Presented by Jim Gubbels

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

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

10. Acknowledge receipt of the Health District Fund Financial Review for August Fiscal Year 2016

Staff Representative: Anna Heenan

11. Discussion, acknowledge and possible direction to staff on the Phase One Cost Analysis for the Health District – Fundamental Review Recommendation #10

Staff Representative: Anna Heenan

12. Presentation, Discussion, and Possible Direction to Staff regarding a report on the implementation of Fundamental Review Recommendations. Take action to direct staff to continue with implementation of the plan as approved or direct staff to make changes as discussed.

Staff Representative: Kevin Dick

13. Update on the NACCHO strategic planning grant proposal and Board discussion and possible action and/or direction regarding scheduling (a) special DBOH meeting or meetings to conduct a Governance Self-Assessment and/or work on the Strategic Plan.

Staff Representative: Kevin Dick

14. Review, discussion and possible action and/or direction to staff regarding the provisions for a written notice of termination 15 days prior to the date of expiration in the Interlocal Agreement (ILA) entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District

Staff Representative: Kevin Dick

15. Discussion of Process and Presentation of Evaluation Forms for District Health Officer's Annual Review and Possible Direction to Staff

Presented by Kitty Jung

16. Recommend to approve a 3% Cost of Living Adjustment (COLA) in base wage for the District Health Officer position, retroactive to July 1, 2015

Staff Representative: Laurie Griffey

17.*Staff Reports and Program Updates

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

B. Community and Clinical Health Services, Steve Kutz, Director
Fetal Infant Mortality Review (FIMR) Program, Divisional Update, Program Reports

C. Environmental Health Services, Bob Sack, Director
EHS Division Update, Program Updates - Food, IBD, Land Development, Vector-Borne Disease 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

Community Health Improvement Plan, Truckee Meadows Healthy Communities, Quality Improvement, Fundamental Review, County Strategic Plan Goals, Regional Emergency Management Accreditation Program (EMAP) Review, West Nile Virus, Riverbelle Mobile Home Park, Other Events and Activities and Health District Media Contacts

18.*Board Comment

Limited to announcements or issues for future agendas.

19. Emergency Items

20.*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.

21. 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, August 27, 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

Acting Chair Novak called the meeting to order at 1:04 p.m.

The following members and staff were present:

Members present: Dr. John Novak, Acting Chair
Julia Ratti, Vice Chair (participated by phone)
Dr. George Hess
David Silverman

Ms. Spinola verified a quorum was present.

Members absent: Kitty Jung, Chair
Mike Brown
Neoma Jardon

Staff present: Kevin Dick, District Health Officer, ODHO
Leslie Admirand, Deputy District Attorney
Anna Heenan, Administrative Health Services Officer, AHS
Charlene Albee, Division Director, AQM
Steve Kutz, Division Director, CCHS
Randall Todd, Division Director, EPHP
Bob Sack, Division Director, EHS
Dawn Spinola, Administrative Secretary/Recording Secretary, ODHO

2. *Pledge of Allegiance

Dr. Hess 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.

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

4. Approval of Agenda

August 27, 2015

Dr. Hess moved to approve the agenda for the August 27, 2015, District Board of Health regular meeting. Mr. Silverman seconded the motion which was approved four in favor and none against.

5. Approval of Draft Minutes

July 23, 2015

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

6. Recognitions

A. Years of Service

1. Wesley Rubio, 5 years, hired 8/6/10 – EHS

Mr. Rubio was not in attendance

2. Edwin Smith, 10 years, hired 8/8/05 – AHS

Mr. Dick congratulated Mr. Smith and presented him with a commemorative certificate.

3. Jim English, 15 years, hired 8/14/00 – EHS

Mr. Dick congratulated Mr. English and presented him with a commemorative certificate.

4. Charlene Albee, 20 years, hired 7/31/1995 – AQM

Mr. Dick congratulated Ms. Albee and presented her with a commemorative certificate.

5. Denise Cona, 30 years, hired 8/19/85 – EHS

Mr. Dick congratulated Ms. Cona and presented her with a commemorative certificate.

C. Promotion

1. Heather Holmstadt, Public Health Investigator to Epidemiologist

Dr. Todd stated the division was pleased with her promotion.

B. Retirements

1. Kathy Dickens, 15 years, 11/2/99 through 8/28/15 - CCHS

2. Kathleen Hanley, 21 years, 7/25/94 through 8/19/15 – EHS

Mr. Dick recognized Ms. Dickens' and Ms. Hanley's long service to the Health District and stated that although they were not able to attend, they would be receiving commemorative clocks.

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. Q & D Construction – Case No. 1175, NOV No. 5463
 - b. Jackson Food Stores #32 – Case No. 1177, NOV No. 5479

B. Budget Amendments/Interlocal Agreements

1. Ratification of Interlocal Agreement between the Washoe County Health District and Washoe County to provide multiple locations for the Health District to locate, install operate, and maintain Air Monitoring Equipment for the period upon ratification until terminated by either party; and if approved, authorize the Chair to execute.

Staff Representative: Erin Dixon

2. Approval of Notice of Subgrant Award from the Division of Public and Behavioral Health in the amount of \$258,633 (with \$25,863.30 or 10% match) for the budget period July 1, 2015 through June 30, 2016 in support of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program; and if approved authorize the Chair to execute the award.

Staff Representative: Patsy Buxton

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

8. Recommendation to Appoint Mr. Gerald Lee Squires, Jr., for an Initial Three Year Term to the Air Pollution Control Hearing Board (APCHB), Serving from August 27, 2015 to August 26, 2018

Staff Representative: Charlene Albee

Ms. Albee reviewed the structure and responsibilities of the APCHB, discussed the contributions of the individual who had previously held the position. She introduced Mr. Squire, Jr. and explained his qualifications.

[Correction to item – in the original agenda and staff report Mr. Squire, Jr. was incorrectly introduced as Mr. Squire(s), Jr.]

Dr. Hess moved to appoint Mr. Gerald Lee Squire, Jr., for an initial three-year term to the Air Pollution Control Hearing Board (APCHB), serving from August 27, 2015 to August 26, 2018. Mr. Silverman seconded the motion which was approved four in favor and none against.

Dr. Novak thanked Mr. Squire for volunteering.

9. *REMSA Board Member Report

Presented by: Tim Nelson

Mr. Nelson reviewed what he had learned about REMSA and had observed as a Board member. These items included the various services REMSA provides to the community, their successful fiscal status and supporting bank oversight, budget details to include equipment costs, attitudes of management and employees, their competition, and his overall

favorable opinion. Mr. Nelson noted that he was chairing the RMESA finance subcommittee.

Dr. Novak thanked Mr. Nelson for volunteering. Mr. Silverman reiterated the Board's appreciation for Mr. Nelson's liaison activities between the two Boards.

Mr. Dick opined the District Board of Health (DBOH) had made a wise decision in the selection of Mr. Nelson based on his knowledge of Mr. Nelson's engagement with and contributions to the REMSA Board.

10. Regional Emergency Medical Services Authority

Presented by Jim Gubbels

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

Mr. Gubbels reported for the month Priority One compliance in Zone A was 92 percent. For Priority One Zones B, C and D, it was 99 percent. Year-to-date average for Priority One Zone A was 92 percent. For Priority One Zones B, C and D, it was 99 percent.

Average Priority One response time in minutes was 5:29 for Reno, 6:02 for Sparks and 8:39 for Washoe County. Average Priority Two response time in minutes was 5:50 for Reno, 6:55 for Sparks and 8:31 for Washoe County.

Year-to-date average numbers were the same as July is the first month of the fiscal year.

Average bill for the month was \$1,094, bringing the year-to-date total to \$1,094. The allowable ground average bill for the new fiscal year is \$1,098.

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

Vice President of Operations Kevin Romero discussed joint trainings that had been conducted. The next round of trainings is in the planning stages.

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

11. Acknowledge receipt of the Health District Fund Financial Review for July, Fiscal Year 2016

Staff Representative: Anna Heenan

Ms. Heenan reviewed the highlights of the staff report. She noted that additional revenues are being generated through the new fees and an increase in activity.

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

12. *NALBOH (National Association of Local Boards of Health) Conference Report

Presented by: Dr. Novak

Dr. Novak opined NALBOH was an organization that is experiencing a period of refreshment and upgrades. He noted that going to the conference had been very worthwhile. His major focus had been to learn about and discuss accreditation and public health law.

Dr. Novak stated his overall opinion of the standards and overview of the Public Health Accreditation Board was that there is a nationwide movement towards accreditation. He opined the Health District should move in that direction, particularly since some of the major components of the process had already been completed or were underway. The downside is that it can be a lengthy and potentially expensive project.

Dr. Novak had asked other attendees if accreditation was necessary. He learned that currently it is not, but there are indications that numerous funding agencies will positively factor

accredited status in to their decision-making processes in the future.

Dr. Hess stated he had enjoyed reviewing the information and asked if all members should attend. Dr. Novak supported that idea.

13.*Staff Reports and Program Updates

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

Ms. Albee stated she had nothing further to add but would be happy to answer questions.

Dr. Novak noted the number of renewals of existing air permits was diminishing. Ms. Albee explained that the new permitting process allowed a facility to have a single permit for all of their equipment, instead of having one permit for each industrial process. Additionally, new equipment was replacing old, negating the need for a permit.

- B. Community and Clinical Health Services, Steve Kutz, Director
Immunizations, Divisional Update, Program Reports

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

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

Mr. Sack noted five pools had tested positive for West Nile Virus within the past few weeks. More chemicals will be purchased to address the mosquito population.

Dr. Hess suggested it was unusual that any water was ponding in light of the drought. Mr. Sack explained there were approximately 25,000 drop inlets on the storm drain systems that hold water. He noted there have been numerous storms that have filled up storm water basins and anything else that may act as catch basins.

Mr. Sack explained some Food and Drug Administration (FDA) grant funding had been used to hire an intermittent hourly staff member who will help with implementing the new food regulations and assist in education development.

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

Dr. Todd explained the State communicable disease reporting system was upgraded in June and had not worked well since then, and not at all between July 24 and August 18. The problem appears to have been resolved.

Dr. Todd noted September was National Preparedness Month. The emphasis is on preparedness in general, so staff has partnered with the County Emergency Management program to develop a month-long program for the public regarding different aspects of preparedness.

Dr. Todd explained a private ambulance company had been invited to provide services to the Nugget for the Rib Cook Off. The ambulance company felt it would not be a violation unless they transported a patient, which they did not intend to do, unless it was absolutely essential. Health District Emergency Medical Services (EMS) staff had expressed concern that would violate the Franchise Agreement with REMSA. EMS staff has since ascertained that REMSA will provide ambulance services to the event.

Dr. Novak asked for clarification regarding the Points of Dispensing (POD) agreements with NV Energy and Circus Circus. Dr. Todd explained there may be reasons for the Health District to need to dispense medications to many or all of the citizens and visitors of Washoe County in a very short amount of time. Partnering with other public and private agencies allows them to dispense the medication to their employees and families, reducing the burden to Health District staff. Additionally, once they have taken care of their own, they are able to augment public distribution.

E. Office of the District Health Officer, Kevin Dick, District Health Officer
Community Health Improvement Plan, Truckee Meadows Healthy Communities, Quality Improvement, Fundamental Review, County Strategic Plan Goals, Regional Emergency Management Accreditation Program (EMAP) Review, Other Events and Activities and Health District Media Contacts

Mr. Dick thanked Dr. Novak for leading the meeting with no advance notice. He noted that the staff report format now included a section that indicated that all necessary approvals had been obtained, in response to the Board's request.

A video of the Healthy Communities Festival was shown for the Board members. (Link: http://washoe-nv.granicus.com/MediaPlayer.php?view_id=6&clip_id=1741)

Mr. Dick noted Health District staff had attended the festival working with Immunize Nevada and Kids to Senior Corner Catholic Charities on immunizations.

Mr. Dick stated the final District-wide Quality Improvement training would be held September 15.

The National Association of County and City Health Officials (NACCHO) has grant funding available to support activities related to accreditation, to include development of the strategic plan. Mr. Dick spoke with Chair Jung regarding obtaining contract services through OnStrategy to assist in the strategic planning process. He and staff are working on the proposals for both the grant and the support contract.

Mr. Dick noted that in January of 2014, a special meeting of the Board had been convened for the purpose of going through the NALBOH self-assessment exercise. Chair Jung had opined that repeating the exercise would be a good idea, and indicated it should be discussed by the Board.

Mr. Dick explained the National Emergency Management Accreditation Review Team had visited Washoe County and studied all required elements for the regional program. The Health District provided emergency communications procedure materials. Reports have come in that the County is one of only two communities in the country that have had 100 percent coverage of all of the elements of the national accreditation program, and it appears likely that Washoe County will receive accreditation. Mr. Dick acknowledged the work of all agencies as partners involved in emergency planning.

14.*Board Comment

Limited to announcements or issues for future agendas.

Dr. Novak supported the idea of working to obtain the NACCHO grant funding for the accreditation process.

Dr. Novak requested an item for discussion regarding potential special meetings be included on the September agenda.

Dr. Novak noted the REMSA contract had a 30-day exit clause and the Board had intended to discuss a possible lengthening of that. He asked if Deputy District Attorney (DDA) Admirand had conducted any work on that subject and she stated she had not, but pointed out it could be placed on a future agenda if the Board wished. Dr. Novak stated he would like that to occur. Mr. Dick and DDA Admirand clarified the document in question was the Interlocal Agreement for the Health District rather than the REMSA contract.

15. Emergency Items

None.

16. *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.

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

17. Adjournment

At 2:10 p.m., Mr. Silverman moved to adjourn. Vice Chair Ratti 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.

DD	NA
AHSO	AH
DHO	kd
DA	LA
Finance	NA
Risk	DME
Purchasing	NA

STAFF REPORT
BOARD MEETING DATE: September 24, 2015

DATE: September 14, 2015

TO: District Board of Health

FROM: Erin Dixon, Fiscal Compliance Officer, 775-328-2419, edixon@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 July 1, 2015 through September 30, 2016 in the total amount of \$248,720.00 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness (PHP) – Preparedness, Assurance, Inspections and Statistics (PAIS), IO 11257; Approve amendments totaling an increase of \$226,903 in both revenue and expense to the FY16 CDC PAIS – Ebola Preparedness & Response Federal Grant Program, IO 11257; 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 September 30, 2016 in the total amount of \$248,720 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness (PHP) – Preparedness, Assurance, Inspections and Statistics (PAIS), IO 11257. 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.

BACKGROUND

On February 9, 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 funding to support readiness and response capability to respond effectively to Ebola virus disease. These activities include: Updating the community Concept of Operations Plan (CONNOPS), updating the Ebola Virus Disease (EVD) Emergency Response Plan, conducting community response exercises, and purchasing appropriate Personal Protective Equipment (PPE) and provide appropriate training on its use.

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, .10 FTE of the Public Health Preparedness Manager, .14 FTE of a Public Health Emergency Response Coordinator, .17 FTE of a Public Health Emergency Response Coordinator, .10 FTE of an Epidemiologist, .04 FTE of an Epidemiologist, .02 FTE of an Administrative Assistant), contractual services, supplies and indirect costs.

The (CDC) Public Health Preparedness (PHP) – Preparedness, Assurance, Inspections and Statistics (PAIS), IO 11257 was not projected in the FY16 budget. The total award amount is \$248,720. A budget amendment in the amount of \$226,903 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 \$226,903** in the following accounts:

<u>Account Number</u>		<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-11257	-431100	Federal Revenue	\$226,903
		Total Revenue	\$226,903
2002-IO-11257	-701110	Base Salaries	82,471
2002-IO-11257	-701200	Incentive	460
2002-IO-11257	-705110	Insurance	9,535
2002-IO-11257	-705210	Retirement	23,092
2002-IO-11257	-705230	Medicare	1,196
2002-IO-11257	-710108	Professional Services	66,359
2002-IO-11257	-710300	Operating Supplies	43,790
		Total Expenditures	\$226,903

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 July 1, 2015 through September 30, 2016 in the total amount of \$248,720.00 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness (PHP) – Preparedness, Assurance, Inspections and Statistics (PAIS), IO 11257; Approve

amendments totaling an increase of \$226,903 in both revenue and expense to the FY16 CDC PAIS – Ebola Preparedness & Response Federal Grant Program, IO 11257; 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 July 1, 2015 through September 30, 2016 in the total amount of \$248,720.00 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness (PHP) – Preparedness, Assurance, Inspections and Statistics (PAIS), IO 11257; Approve amendments totaling an increase of \$226,903 in both revenue and expense to the FY16 CDC PAIS – Ebola Preparedness & Response Federal Grant Program, IO 11257; 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 #: **14892**
 Budget Account: 3218
 Category: 24
 GL: 8516
 Job Number: 9307415A

NOTICE OF SUBGRANT AWARD

Program Name: Public Health Preparedness (PHP) Preparedness, Assurance, Inspections and Statistics (PAIS)		Subgrantee Name: Washoe County Health District (WCHD)																	
Address: 4150 Technology Way, Suite #200 Carson City, NV 89706-2009		Address: 1001 East Ninth St. / PO Box 11130 Reno, NV 89520																	
Subgrant Period: July 1, 2015 through September 30, 2016		Subgrantee's: EIN: 88-6000138 Vendor #: T40283400Q Dun & Bradstreet: 073786998																	
Purpose of Award: Funds are intended to demonstrate achievement in the following Public Health Preparedness activities for Ebola Preparedness and Response activities, according to the CDC Grant Guidance.																			
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <u>Washoe</u>																			
Approved Budget Categories: <table style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td style="text-align: right;">\$ 116,754.00</td></tr> <tr><td>2. Contractual/Consultant</td><td style="text-align: right;">\$ 66,359.00</td></tr> <tr><td>3. Travel</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>4. Equipment</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>5. Supplies</td><td style="text-align: right;">\$ 43,790.00</td></tr> <tr><td>6. Other</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>7. Indirect</td><td style="text-align: right;">\$ 21,817.00</td></tr> <tr><td>Total Cost:</td><td style="text-align: right;">\$ 248,720.00</td></tr> </table>		1. Personnel	\$ 116,754.00	2. Contractual/Consultant	\$ 66,359.00	3. Travel	\$ 0.00	4. Equipment	\$ 0.00	5. Supplies	\$ 43,790.00	6. Other	\$ 0.00	7. Indirect	\$ 21,817.00	Total Cost:	\$ 248,720.00	Disbursement of funds will be as follows: Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$248,720.00 during the subgrant period.	
1. Personnel	\$ 116,754.00																		
2. Contractual/Consultant	\$ 66,359.00																		
3. Travel	\$ 0.00																		
4. Equipment	\$ 0.00																		
5. Supplies	\$ 43,790.00																		
6. Other	\$ 0.00																		
7. Indirect	\$ 21,817.00																		
Total Cost:	\$ 248,720.00																		
Source of Funds: 1. Centers for Disease Control and Prevention		% of Funds: 100%	CFDA: 93.074	Federal Grant #: 3U90TP000534-03S2															
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; Section F: DPBH Confidentiality Addendum; Attachment 1: Detailed Work Plan																			
Kitty Jung Washoe County District Board of Health		Signature		Date															
Erin Lynch Health Program Manager II, PHP		For Erin Lynch		7/15/15															
Chad Westom Bureau Chief, PAIS		Erin Lynch for Chad Westom		7/15/15															
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 stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
 - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer (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: Contract Unit
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.**

THIS SPACE INTENTIONALLY LEFT BLANK

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

SECTION B

Description of Services, Scope of Work and Deliverables

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

- The attached Detailed Work Plan (Attachment 1) is for activities, July 1, 2015 through September 30, 2016. The Detailed Work Plan contains activity description, outcomes, output, and estimated date of completion for each activity broken down by Capability.
- Submit written Progress Reports to the Division electronically on or before:
 - October 31, 2015 1st Quarter Progress Report (For the period of 7/1/15 - 9/30/15)
 - January 31, 2016 2nd Quarter Progress Report (For the period of 7/1/15 - 12/31/15)
 - April 30, 2016 3rd Quarter Progress Report (For the period of 7/1/15 – 3/31/16)
 - July 31, 2016 4th Quarter Progress Report (For the period of 7/1/15 – 6/30/16)
 - October 31, 2016 Final Progress Report (For the period of 7/1/15 – 9/30/16)
- Additional information may be requested by the Division, as needed, due to evolving state and federal reporting requirements.

**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 3U90TP000534-03S2 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 3U90TP000534-03S2 from the CDC.

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	\$ 116,754			
			Annual Salary	% of Time
		\$ 19,863	\$ 158,907	10%
			Epi Center Director (15 months) (\$158,907 x 10% = \$15,890.70/12 months = \$1,324.23 x 15 months = \$19,863)	
		\$ 9,466	\$ 151,457	5%
			District Health Officer (15 months) (\$151,457 x 5% = \$7,572.85/12 months = \$631.07 x 15 months = \$9,466)	
		\$ 11,226	\$ 89,806	10%
			Public Health Preparedness Manager (15 months) (\$89,806 x 10% = \$8,980.60/12 months = \$748.38 x 15 months = \$11,226)	
		\$ 13,505	\$ 77,173	14%
			Public Health Emergency Response Coordinator 1 (15 months) (\$77,173 x 14% = \$10,804.22/12 months = \$900.35 x 15 months = \$13,505)	
		\$ 13,229	\$ 62,254	17%
			Public Health Emergency Response Coordinator 2 (15 months) (\$62,254 x 17% = \$10,583.18/12 months = \$881.93 x 15 months = \$13,229)	
		\$ 9,926	\$ 79,411	10%
			Epidemiologist 1 (15 months) (\$79,411 x 10% = \$7,941.10/12 months = \$661.76 x 15 months = \$9,926)	
		\$ 3,971	\$ 79,411	4%
			Epidemiologist 2 (15 months) (\$79,411 x 4% = \$3,176.44/12 months = \$264.70 x 15 months = \$3,971)	
		\$ 1,285	\$ 51,396	2%
			Administrative Assistant (15 months) (\$51,396 x 2% = \$1,027.92/12 months = \$85.66 x 15 months = \$1,285)	
		\$ 34,283	Fringe Benefits -- 41.57% of \$82,471	

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

2. Contractual / Consultant	\$ 66,359	
	\$ 8,059	Part-time administrative support (6 hours/week x 78 weeks) 468 hours \$ 17.22
	\$ 24,500	Contractor: TTX Exercise Isolation and Quarantine Plan/Public Health Orders
	\$ 2,500	Contractor: N95 Fit Testing and Training
	\$ 16,800	Contractor: Multiagency exercise-transport EVD patient to Ebola Assessment Hospital - Washoe County
	\$ 14,500	Contractor: Multiagency exercise-transport EVD patient to treatment hospital - California
3. Travel	\$ 0	
4. Equipment	\$ 0	
5. Supplies	\$ 43,790	
	\$ 43,790	Personal Protective Equipment (PPE). A breakdown is not available since a assesement will be completed to determine how much PPE is needed for the Sheriff and public health. PPE not to exceed \$43,790
6. Other	\$ 0	
7. Indirect	\$ 21,817	9.615% of \$226,903
Total Cost	\$248,720	

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility (no more than a cumulative amount of \$24,872), within the approved Scope of Work, unless otherwise authorized. Upon reaching the 10% funding adjustment threshold, additional adjustments between categories cannot be made without prior written approval from the Division. Changes to the Scope of Work cannot be made without prior approval from the Division and the federal funding agency.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred, summarizing the total amount and type of expenditures made during the reporting period.
- Submit monthly Requests for Reimbursement no later than 30 days following the end of the month; submit a Request for Reimbursement for activities completed through the month of September no later than October 31, 2016.
- The maximum available through the subgrant is \$248,720.00.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred.
- Provide complete travel detail including purpose of travel and attach copies of travel claim summary (if available).

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

- Attached invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items which have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (ie: laptops, iPads, printers, etc...).
- Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 45 days of completion.
- 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:

- Review and approve activities through programmatic and fiscal reports and conduct annual site visits at the Subgrantee's physical site as necessary.
- Provide technical assistance, upon request, to the Subgrantee.
- The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:

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

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

SECTION D

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

HD #: 14892
Budget Account: 3218
Category #: 24
Job #: 9307415A
GL #: 8516
Draw #:

REQUEST FOR REIMBURSEMENT

Program Name: Public Health Preparedness Preparedness, Assurance, Inspections and Statistics	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 200 Carson City, NV 89706	Address: 1001 East Ninth Street / PO Box 11130 Reno, NV 89520
Subgrant Period: July 1, 2015 through September 30, 2016	Subgrantee's: <div style="text-align: right;">EIN: 88-6000138 Vendor #: T40283400Q</div>

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	\$ 116,754.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 116,754.00	-
2 Contractual/Consultant	\$ 66,359.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 66,359.00	-
3 Travel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
4 Equipment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
5 Supplies	\$ 43,790.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 43,790.00	-
6 Other	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
7 Indirect	\$ 21,817.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 21,817.00	-
8 Total	\$ 248,720.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 248,720.00	-

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: _____

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

Washoe County Health District (WCHD) Reimbursement Worksheet July 1 - July 31, 2015							
Personnel	Title	Description					Amount
TOTAL							
Contract / Consultant		Description					Amount
TOTAL							
Travel (Name of Traveler)	Travel Dates	To	Mileage @ \$0.56/mi	Lodging &	AirFare & Misc	Purpose/ Description	Amount
TOTAL							
Supplies		Description					Amount
TOTAL							
Equipment		Description (attach invoice copies for all items)					Amount
TOTAL							
Other		Description					Amount
TOTAL							
Indirect		Description					Amount
TOTAL							

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

Nevada State Division of Public & Behavioral Health: Public Health Preparedness
CDC Ebola Preparedness & Response Activities
Budget Breakdown by Capability Form
Washoe County Health District (WCHD)
July 1, 2015 through September 30, 2016

Contact Name:	Jeff Whiteside
Phone Number:	775-328-6130
E-Mail Address:	jwhitesides@washoecounty.us
Applicant/Agency Name:	WCHD
Total Agency Request:	\$248,720.00

Insert your total monthly expenditure amount beside each Capability. Return this document along with your monthly reimbursement request. This will provide a tracking to expedite the Quarterly progress reporting.

**Please contact us if you have any questions.

Budget Summary

Monthly Expenditure:		Budget	Current \$ Expended
CDC Ebola Preparedness Capabilities:			
1. Community Preparedness		\$ 22,285.00	\$ -
2. Public Health Surveillance and Epi Investig:		\$ 21,316.00	\$ -
3. Public Health Laboratory Testing	No Activity	\$ -	\$ -
4. Non-Pharmaceutical Interventions		\$ 71,314.00	\$ -
5. Responder Safety and Health		\$ 79,133.00	\$ -
6. Emergency Public Information and Warning / Information Sharing	No Activity	\$ -	\$ -
7. Medical Surge:		\$ 54,672.00	
TOTAL		\$ 248,720.00	\$ -

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

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: Contract Unit
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

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

SECTION F

Confidentiality Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as "Division"

and

Washoe County Health District

Hereinafter referred to as "Contractor"

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

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

NOW, THEREFORE, Division and Contractor agree as follows:

I. DEFINITIONS

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

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

II. TERM

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

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

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

IV. PERMITTED USES AND DISCLOSURES OF INFORMATION BY CONTRACTOR

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

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

ATTACHMENT 1

Detailed Work Plan

Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements/ PHEP Supplemental for Ebola Preparedness and Response Activities

Washoe County Health District
July 1, 2015 – September 30, 2016

Capability 1: Community Preparedness		\$22,285
Problem Statement #1		
Although Washoe County Health District (WCHD) has developed an Ebola Virus Disease (EVD) Emergency Response Plan, deficits of the plan have already surfaced as different scenarios have been discussed. Particular sections of the plan need to be updated to address those deficits.		
Baseline Capacity #1		
Washoe County Health District currently has five Ebola-related plans/policies which need to be updated/ revised.		
Outcomes		
Through partnerships between Nevada State Public Health Preparedness (PHP), WCHD, and healthcare partners, and by updating the Statewide Concept of Operations Plan (CONOPS), the public health and healthcare system will have increased awareness of roles and responsibilities as they relate to Ebola response efforts.		
Activities	Output Documentation	Date of Completion
1) WCHD PHP Program will collaborate with Nevada State PHP in updating the Statewide CONOPS as guided by Nevada State PHP.	1) Updated Statewide Concept of Operations Plan	September 2016
2) WCHD PHP will collaborate with healthcare partners (hospital members of Inter-Hospital Coordinating Council (IHCC)) to update the WCHD EVD Emergency Response Plan related to surveillance, monitoring, patient referral, infection control activities and response.	2) Updated plans: <ul style="list-style-type: none"> • Infection and Bloodborne Exposure Control Plan; • Ebola Virus Disease Emergency Response Plan sections: <ul style="list-style-type: none"> ○ surveillance, ○ monitoring, ○ patient referral, and infection control. 	January 2016

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

Capability 2: Public Health Surveillance and Epidemiology Investigation		\$21,316
Problem Statement #1		
Although Washoe County Health District (WCHD) has developed an Ebola Virus Disease (EVD) Emergency Response Plan, deficits of the plan have already surfaced as different scenarios have been discussed. Particular sections of the plan need to be updated to address those deficits. Those sections include travelers, epidemiologic investigation, and control of contacts.		
Baseline Capacity #1		
Washoe County Health District currently has five Ebola-related plans/policies which need to be updated/ revised.		
Outcomes		
Washoe County Health District and healthcare partners will assist with updating the Statewide Concept of Operations Plan (CONOPS), and increase their awareness of roles and responsibilities as they relate to the Ebola response.		
Activities	Output Documentation	Date of Completion
1) WCHD Public Health Preparedness (PHP) will collaborate with healthcare partners (hospital members of (Inter-Hospital Coordinating Council (IHCC)) to update Washoe County Health District, EVD Emergency Response Plan related to travelers, epidemiologic investigation, and control of contacts	1) Ebola Virus Disease Emergency Response Plan sections: <ul style="list-style-type: none"> • travelers, • epidemiologic investigation, and control of contacts 	January 2016
2) Shared information through the health coalition, Northern Nevada Infection Control Committee.	2) Number of meetings attended by Washoe County Health District and healthcare partners related to Statewide CONOPs updates.	September 2016

Capability 3: Public Health Laboratory Testing
No Activities - \$0

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

Capability 4: Non-Pharmaceutical Interventions		\$71,314
Problem Statement #1		
Although Washoe County Health District (WCHD) has developed an Ebola Virus Disease (EVD) Emergency Response Plan, deficits of the plan have already surfaced, requiring the Isolation and Quarantine section to be revised. Revisions to the Isolation and Quarantine section of the EVD Emergency Response Plan will force changes to the Benchbook in order to keep plans standardized.		
Baseline Capacity #1		
Washoe County Health District currently has one Isolation and Quarantine plan and one Benchbook that need revision due to a lack of specific response activities to be taken by public health officials, law enforcement, and Court personnel (e.g., Judges) as they relate to a Category A Agents.		
Outcomes		
To increase the capacity of community partners (Courts, Law Enforcement, and Health Officials) to respond to a public health emergency through the use of isolation and quarantine measures.		
Activities	Output Documentation	Date of Completion
1) Washoe County Health District will update the Isolation and Quarantine Plan as it relates to EVD.	1) Updated Isolation and Quarantine Plan.	January 2016
2) Washoe County Health District will update the Benchbook, utilizing the recommendations from the consultant.	2) Updated Benchbook.	September 2016
3) Washoe County Health District will exercise the Isolation and Quarantine Plan as it relates to EVD with appropriate stakeholders.	3) AAR-IP – strengths and areas for improvement will be identified from the Isolation and Quarantine TTX for further plan development.	June 2016
4) Washoe County Health District will exercise Use of Public Health Orders as it relates to EVD with appropriate stakeholders.	4) AAR-IP – strengths and areas for improvement will be identified from the Use of Public Health Orders TTX for further plan development.	June 2016

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

Capability 5: Responder Safety and Health		\$79,133
Problem Statement #1		
<ul style="list-style-type: none"> • Currently, Washoe County Health District (WCHD) has five sets of Personal Protective Equipment (PPE) for direct active monitoring of high risk individuals and zero sets of PPE for law enforcement. No training has been offered to Health District staff or law enforcement personnel in the use of PPE. • In an attempt to increase capacity to assess and/or treat an Ebola patient, the need to purchase an autoclave for a non-Ebola assessment hospital will allow the non-Ebola assessment hospital to meet capabilities to become such a facility. 		
Baseline Capacity #1		
<ul style="list-style-type: none"> • No Public Health First Responders have been trained in PPE donning and doffing, who would provide direct active monitoring. • No Law Enforcement personnel have been trained in PPE donning and doffing by Washoe County Health District as it applies to Ebola. • There are two autoclaves in Washoe County with enough capacity to respond to an Ebola patient. 		
Outcomes		
<ol style="list-style-type: none"> 1) Public Health first responders and law enforcement will increase knowledge and skills of appropriate use of PPE for an Ebola Response. 2) One additional Washoe County non-Ebola Assessment Hospital will have the capacity to sterilize medical equipment for Ebola patients. 		
Activities	Output Documentation	Date of Completion
1) Washoe County Health District will purchase appropriate PPE to conduct direct active monitoring for public health first responders, including law enforcement.	1) Sets of PPE purchased to conduct direct active monitoring for public health first responders, including law enforcement.	August 2015
2) Washoe County Health District will determine appropriate personnel to be FIT tested using a tiered system, utilizing the system already in place for ICS. Fit testing of appropriate personnel will be conducted.	2) Mechanism and list of personnel determined appropriate to be FIT tested. 3) Number of Washoe County Health District employees and law enforcement trained.	November 2015
3) In collaboration with Nevada State Public Health Preparedness (PHP), WCHD will develop a PPE training curriculum and provide the curriculum to appropriate Health District employees and law enforcement personnel.	4) Purchase of autoclave for one hospital.	September 2016
4) Washoe County Health District in partnership with Inter-Hospital Coordinating Council (IHCC) hospitals will implement the PPE training.		September 2016

Capability 6: Emergency Public Information and Warning / Information Sharing
No Activities - \$0

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

Capability 7: Medical Surge		\$54,672
Problem Statement #1		
Although Washoe County Health District (WCHD) has developed an Ebola Virus Disease (EVD) Emergency Response Plan, and there are proposed plans to address gaps/deficits of the plan, the plan has not been exercised to include transport of a patient into and from a WCHD Ebola Assessment Hospital.		
Baseline Capacity #1		
Washoe County Health District currently has five Ebola-related plans/policies which need to be updated/ revised. In addition, WCHD has not participated in the transport of an EVD patient to and from a WCHD Ebola Assessment Hospital.		
Outcomes		
Through partnerships between WCHD and healthcare, the public health and healthcare system will increase their awareness of roles and responsibilities as they relate to Ebola response efforts.		
Activities	Output Documentation	Date of Completion
1) Develop a multiagency exercise involving transport of an EVD patient; transporting a patient from a rural Nevada hospital to an Ebola Assessment Hospital in Washoe County.	1) One exercise transporting a suspected EVD patient from rural Nevada to Washoe County and one AAR/IP.	December 2015
2) Develop a multiagency exercise involving transport of an EVD patient; transporting a patient from an Ebola Assessment Hospital to a treatment hospital in California.	2) One exercise transporting an EVD patient from Washoe County to a treatment hospital in California and one AAR/IP.	December 2015
3) Revise Washoe County Health District, EVD Emergency Response Plan after the exercises, to make necessary revisions based on identified areas of improvements.	3) Revised Washoe County Health District, Ebola Virus Disease Emergency Response Plan after the exercises, to make necessary revisions.	September 2016

DD	NA
AHSO	AH
DHO	KB
DA	LA
Finance	NA
Risk	DME
Purchasing	NA

Staff Report
Board Meeting Date: September 24, 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 University of Nevada School of Medicine, to provide physician consultative services in the total amount of \$8,032.50 for the period October 1, 2015 through September 30, 2016 unless extended by the mutual agreement of the Parties; with automatic renewal for successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to September 30 of each year; and if approved, authorize the Chair to execute the Interlocal Agreement.

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 Interlocal Agreement is attached.

District Health Strategic Objective supported by this item: Strengthen District-wide infrastructure to improve public health.

PREVIOUS ACTION

This is an on-going Agreement that has been entered into annually for many years. The Agreement that terminates September 30, 2015 was approved by the District Board of Health on June 26, 2014.

BACKGROUND

The Washoe County Health District has had a long standing relationship with the University of Nevada School of Medicine (UNSOM) for many years. UNSOM has requested that our contracts reflect UNSOM instead of University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc. In addition to the name change, the contract amount has been increased by 5% and the scope of services has been revised to reflect current activities.

The Washoe County Health District received a termination letter from the University of Nevada School of Medicine on September 1, 2015. Per the contract terms, a 30 day written notice is required

to terminate the Agreement. As such, the Health District proposes to enter into a new contract with the University of Nevada School of Medicine for the period October 1, 2015 through September 30, 2016 unless extended by the mutual agreement of the Parties. The contract rate is \$669.38 per month, not to exceed a total amount of \$8,032.50 per year.

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

FISCAL IMPACT

Should the Board approve this Interlocal Agreement, there will be no additional impact to the adopted FY16 budget as expenses for this contract were anticipated and projected in the Immunization Program (Cost Centers 173500 and Internal Order 10028) under General Ledger account 710108-MD Consulting.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine, to provide physician consultative services in the total amount of \$8,032.50 for the period October 1, 2015 through September 30, 2016 unless extended by the mutual agreement of the Parties; with automatic renewal for successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to September 30 of each year; and if approved, authorize the Chair to execute the Interlocal Agreement.

POSSIBLE MOTION

Move to ratify Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine, to provide physician consultative services in the total amount of \$8,032.50 for the period October 1, 2015 through September 30, 2016 unless extended by the mutual agreement of the Parties; with automatic renewal for successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to September 30 of each year; and if approved, authorize the Chair to execute the Interlocal Agreement.



University of Nevada
School of Medicine

Thomas L. Schwenk, M.D.
Vice President, Division of Health Sciences
Dean, School of Medicine

August 31, 2015

Steve Kutz, RN, MPH
Division Director, Community and Clinical Health Services
Washoe County Health District
1001 E. Ninth Street, Building B
Reno, Nevada 8912

Re: Notice of Termination

Dear Steve,

Pursuant to the "Termination" Section, of the Interlocal Agreement between Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and the University of Nevada School of Medicine Multi-Specialty Group Practice North, Inc. d/b/a MedSchool Associates North, I am providing you written notice within the required thirty (30) day time period to terminate the Agreement effective **September 30, 2015**.

Thank you for the opportunity to have worked with your organization and we look forward to discussing any opportunities that may arise in the future.

Sincerely,

A handwritten signature in black ink, appearing to read "Schwenk", with the date "9/1/15" written to the right of the signature.

Thomas L. Schwenk, MD
Vice President, Division of Health Sciences
Dean, School of Medicine
President, Integrated Clinical Services, Inc.

Office of the Dean
Pennington Medical Education Bldg.
University of Nevada, Reno/332
Reno, Nevada 89557-0332
(775) 784-6001 office
(775) 784-8251 fax

INTERLOCAL AGREEMENT

THIS AGREEMENT is made and entered into between the WASHOE COUNTY HEALTH DISTRICT, hereinafter referred to as "District," and the UNIVERSITY OF NEVADA SCHOOL OF MEDICINE, hereinafter referred to as "School."

WITNESSETH:

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

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

WHEREAS, the School agrees to provide a physician preceptor to the Immunization Program as described herein;

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

The School agrees to:

1. Designate a faculty member to serve as the physician consultant to the District for the Immunization Programs including off-site clinic locations.
2. Review and approve treatment protocols and clinical evaluations performed by nurses.
3. Provide physician coverage for all programs listed above 52 weeks per year. Provide coverage when the assigned physician is on vacation, out of town or otherwise unavailable, and will notify the District who the back-up physician will be. School will also notify the back-up physician that he or she will be covering for the medical consultant during the time the medical consultant is unavailable.
4. Perform credentialing physician of record duties for WCHD clinical programs in order to contract with third party payers.
5. Provide periodic in-service education to District staff upon request.
6. Bill the District each month for consultative/clinical services provided.
7. Comply with OSHA blood borne pathogen requirements for medical service providers. The requirements of Exhibit A are attached and included by reference.
8. Require the physician(s) to submit the following documentation prior to beginning services at the District: proof of immunity to measles and rubella, proof of hepatitis B immunization or a declination form, and a negative two-step baseline Tuberculosis Skin Test (TST) within 30 days prior to beginning services at the District; or a negative TST within the last year with a second negative TST within 30 days prior to beginning services at the District; or other TB screening documentation as may be required by the District's TB program Coordinator.
9. Ensure that the physician consultant has submitted to a full background investigation pursuant to NRS 179.180 et seq., which includes a criminal history check and fingerprinting, and authorize the District to receive the records. The discovery of a) an undisclosed conviction for a sexual offense or a conviction based on an arrest or initial charge for a sexual offense, b) an undisclosed pending arrest or initial charge for a sexual offense, or c)

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

The District agrees to:

1. Pay School \$8,032.50 per year in 12 monthly installments of \$669.38 for medical consultant services described herein. Pay School any sums still owing should this Agreement be terminated as provided hereafter and if such termination occurs during a month, School shall be paid a pro-rated amount for the fee for that month.
2. Reserve the right to withhold any payment if it is determined that the services described herein have not been provided.
3. Be responsible for all fiscal and program responsibilities, records and reports for patients provided services through District programs.
4. Provide physician(s) with appropriate forms to obtain fingerprints at the Washoe County Sheriff's Office.

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

INDEMNIFICATION.

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

actual or pending claim or cause of action. The indemnifying party shall not be liable to hold harmless any attorneys' fees and costs for the indemnified party's chosen right to participate with legal counsel.

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

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

TERM. The term of this Agreement is from October 1, 2015 through September 30, 2016 unless extended by the mutual agreement of the Parties. The Agreement will automatically be renewed for successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. The automatic renewal provision of this section shall not affect the right of the Health District to terminate the Agreement as provided below.

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

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

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

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

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

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

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

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

Notices to School shall be addressed to:

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

Notices to the District shall be addressed to:

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

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

District Board of Health

By: _____ Date: _____
Chair

University of Nevada School of Medicine

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

DD	NA
AHSO	AH
DHO	kd
DA	LA
Finance	NA
Risk	DME
Purchasing	NA

Staff Report
Board Meeting Date: September 24, 2015

TO: District Board of Health

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

SUBJECT: Approve the abolishment of one vacant Permanent Full-time Office Assistant II position (PC# 70002142); Approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period October 1, 2015 through September 30, 2016 in the amount of \$1,062,145 for the Women, Infants and Children (WIC) Program Grant (IO 10031); 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's WIC program received a Notice of Subgrant Award from the Division of Public and Behavioral Health for the period October 1, 2014 to September 30, 2015 in the total amount of \$1,062,144. A copy of the Notice of Subgrant Award is attached.

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

PREVIOUS ACTION

The Washoe County District Board of Health approved the Notice of Subgrant Award for the period October 1, 2014 through September 30, 2015 in the amount of \$1,062,144 on December 18, 2014.

BACKGROUND

The Permanent Full-time Office Assistant II position has been vacant since March 23, 2015. Due to the increases in personnel costs (salaries, insurance, and PERS contribution) and the need to recover indirect costs there is not sufficient funding to support the vacant Office Assistant II. As such, we are requesting this position be abolished.

The Washoe County Health District agrees to provide a level of service sufficient to provide WIC food instruments to an estimated 5,532 participants per month for a total of 66,384 participants per

year during the term of this Subgrant Award as compared to 5,809 participants per month for a total of 69,708 in the prior award.

FISCAL IMPACT

There is no additional fiscal impact should the Board approve the abolishment of the vacant Office Assistant II position (PC# 70002142) and accept the Notice of Subgrant Award. As the FY16 budget in Internal Order 10031 was adopted with a total of \$1,093,771.30 in revenue (includes \$3,000 of indirect) and \$1,090,771.30 in expenditure authority, no budget amendment is necessary.

RECOMMENDATION

Staff recommends that the District Board of Health approve the abolishment of one vacant Permanent Full-time Office Assistant II position (PC# 70002142); Approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period October 1, 2015 through September 30, 2016 in the amount of \$1,062,145 for the Women, Infants and Children (WIC) Program Grant (IO 10031); and if approved authorize the Chair to execute.

POSSIBLE MOTION

Move to approve the abolishment of one vacant Permanent Full-time Office Assistant II position (PC# 70002142); approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period October 1, 2015 through September 30, 2016 in the amount of \$1,062,145 for the Women, Infants and Children (WIC) Program Grant (IO 10031); 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 #: 15149
 Budget Account: 3214
 Category: 14
 GL: 8516
 Job Number: 1055716A

NOTICE OF SUBGRANT AWARD

Program Name: Women, Infants and Children Program (WIC) Bureau of Child, Family and Community Wellness		Subgrantee Name: Washoe County Health District																	
Address: 4126 Technology Way, Suite # 102 Carson City, NV 89706-2009		Address: 1001 East Ninth Street/PO Box 11130 Reno, NV 89520																	
Subgrant Period: October 1, 2015 through September 30, 2016		Subgrantee's: EIN: <u>88-60000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073-78-6998</u>																	
Purpose of Award: <u>Provide staffing and support for WIC clinic operations in Washoe County.</u>																			
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <u>Washoe County</u>																			
Approved Budget Categories:		Disbursement of funds will be as follows:																	
<table style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td style="text-align: right;">\$ <u>1,004,538</u></td></tr> <tr><td>2. Travel</td><td style="text-align: right;">\$ <u>752</u></td></tr> <tr><td>3. Operating</td><td style="text-align: right;">\$ <u>36,029</u></td></tr> <tr><td>4. Equipment</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>5. Contractual/Consultant</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>6. Training</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>7. Other</td><td style="text-align: right;">\$ <u>20,826</u></td></tr> <tr><td>Total Cost:</td><td style="text-align: right;">\$ <u>1,062,145</u></td></tr> </table>		1. Personnel	\$ <u>1,004,538</u>	2. Travel	\$ <u>752</u>	3. Operating	\$ <u>36,029</u>	4. Equipment	\$ _____	5. Contractual/Consultant	\$ _____	6. Training	\$ _____	7. Other	\$ <u>20,826</u>	Total Cost:	\$ <u>1,062,145</u>	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 \$1,062,145.00 during the subgrant period.	
1. Personnel	\$ <u>1,004,538</u>																		
2. Travel	\$ <u>752</u>																		
3. Operating	\$ <u>36,029</u>																		
4. Equipment	\$ _____																		
5. Contractual/Consultant	\$ _____																		
6. Training	\$ _____																		
7. Other	\$ <u>20,826</u>																		
Total Cost:	\$ <u>1,062,145</u>																		
Source of Funds:		% of Funds:	CFDA:																
1. USDA/Food and Nutrition Service/WIC		100	10.557																
Federal Grant #: <u>7NV700NV7</u>																			
Terms and Conditions: In accepting these grant funds, it is understood that: <ol style="list-style-type: none"> 1. Expenditures must comply with appropriate state and/or federal regulations; 2. This award is subject to the availability of appropriate funds; 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																			
Kitty Jung, Chair Washoe County District Board of Health		Signature	Date																
Michelle Walker Program Manager, WIC																			
Beth Handler, MPH Deputy Bureau Chief, CFCW																			
for Cody L. Phinney, MPH 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 stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
 - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer (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(a). 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.

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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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SECTION B

Description of Services, Scope of Work and Deliverables

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

Scope of Work for Washoe County Health District

- I. GENERAL: Subgrantee shall operate using the following guidelines:
- A. Comply with the fiscal and operational requirements prescribed by the State of Nevada WIC Program pursuant to 7CFR part 246, 7CFR part 3016, the debarment and suspension requirements of 7 CFR part 3017, if applicable, the lobbying restrictions of 7 CFR part 3018, and FNS guidelines and instructions;
 - B. Have at least one Competent Professional Authority (CPA) that has successfully completed the mandatory State training on staff of the local agency, that possesses the necessary skills to perform certification procedures;
 - C. Provide nutrition education services to participants, in compliance with 7CFR part 246.11 and FNS guidelines and instructions;
 - D. Implement a food delivery system prescribed by the State pursuant to 7CFR part 246.12 and approved by FNS;
 - E. Inform and facilitate the delivery of appropriate health services to WIC participants, and in the case of referrals, have current written agreements in place with health care providers;
 - F. Maintain and have available for review, audit, and evaluation all criteria used for certification.
 - G. Maintain complete, accurate current documentation that accounts for program funds received and expended;
 - H. Maintain comprehensive internal control procedures to insure proper funds management and separation of duties when determining eligibility and issuing benefits;
 - I. Maintain a computer back-up system that duplicates all record transactions on a daily basis, transmit transfer files daily;
 - J. Prohibit discrimination against persons on the grounds of race, color, national origin, age, sex or handicap, and compiles data, maintains records and submits reports as required to permit effective enforcement of nondiscrimination laws;
 - K. Prohibit smoking in State WIC facilities where WIC functions are carried out.
- II. CLINIC OPERATION
- A. Term: The term of the subgrant is October 1, 2015 through September 30, 2016.
 - B. Clinic Operation: Subgrantee shall operate clinic(s) in accordance with the State WIC Policy and Procedure Manual and 7CFR part 246, incorporated herein by reference as if set forth in full, subject to coordination and supervision of the State WIC office.
 - C. Operating Hours: Full time clinics shall remain open for participant services a minimum of eight hours daily. Agencies are encouraged to provide staff manning during lunch period and give consideration to providing services prior to 8 AM and after 5 PM or on Saturday to meet the needs of participants receiving WIC benefits.
 - D. Personnel Assigned: Terminations, replacements or additions will be reported to the State WIC office within seventy two (72) hours of occurrence, and include affected employee's work location, position, VPN name and work telephone number.
 - E. Any change in clinic location, including opening of a new clinic, must be approved in writing by State WIC office at least 60 days prior to change in clinic location. A copy of the proposed lease must be forwarded to the State WIC office for review prior to execution.
- III. STAFF, FACILITIES AND EQUIPMENT
- A. Training: Subgrantee shall provide, or cause to be provided, training in accordance with State WIC program objectives and Value Enhanced Nutritional Assessment (VENA) guidance, for each appropriate WIC staff member during the term of this subgrant, and will document such training. Training shall ensure that staff works toward meeting the six competency areas for WIC nutrition assessment; (1) principles of life-cycle nutrition; (2) nutrition assessment process; (3) anthropometric and hematological data collection; (4) communication; (5) multicultural awareness; (6) critical thinking.
 - B. Facilities
 - 1. Privacy: Subgrantee shall make provisions to insure clinic space provides privacy and confidentiality for applicants during application and individual nutritional education procedures.
 - 2. Laboratory Registration: All metropolitan area subgrantees must register all clinics with the United States Department of Health and Human Services in accordance with 42 CFR part 493 and with the Nevada Bureau of Health Care Quality and Compliance in accordance with Nevada Administrative Code 652. Rural clinics

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will make arrangements with nurses in their respective counties to perform hemoglobin tests in accordance with policy #CT: 13 of the State WIC Policy and Procedure Manual.

C. Equipment

1. Title: All property purchased with funds provided by the State WIC program pursuant to this subgrant that are not fully consumed in performance of this subgrant shall be the property of the State WIC program.
2. Inventory: Equipment having a useful life over one year purchased using WIC funds, will be inventoried and reported annually, with clinic plan, to the State WIC office prior to September 30th of the current subgrant year. The inventory list shall include date of purchase, cost, clinic location, and if available, State of Nevada inventory tag number and/or subgrantee inventory tag number.
3. Loss: Subgrantee shall be responsible for all equipment purchased with funds provided by State WIC, insuring that said equipment is maintained in good repair and working order. In the event of loss of said equipment, due to theft or disaster, Subgrantee shall replace such equipment with equipment of like value at Subgrantee expense.
4. Purchase: Equipment purchases which exceed \$5,000 and all purchases of computer hardware must receive prior written approval from State WIC office.

IV. PROGRAM ADMINISTRATION

- A. General: Subgrantee shall operate clinic(s) in accordance with provisions of 7CFR part 246, 7CFR part 3016 and State WIC Policy and Procedure Manual, incorporated herein by reference as if set forth in full, subject to coordination and supervision of the State WIC office.
- B. Local Agency: Subgrantee shall submit to the State WIC office their annual Local Agency Nutritional Services Plan with their equipment inventory and current laboratory certification, no later than September 30th. Failure to comply may result in funding delay.
- C. Record Retention
 1. Administrative Files: Subgrantee shall maintain and have available for program review and audit all administrative files pertaining to its WIC clinic operations for a minimum of six (6) years from the date of termination of the subgrant or until all discrepancies relating to audit findings are resolved, whichever occurs later.
 2. Fiscal Records: Subgrantee shall maintain all fiscal records and books constituting the basis for submission of reimbursement requests, including records and books supporting indirect rates, for a period of five (5) years from the date of termination of the subgrant or until any discrepancies related to audit findings are resolved, whichever occurs last.
 3. Participant Files: Subgrantee shall maintain all participant files for a minimum of six (6) years after closure or until completion of Federal and State audits, whichever occurs last.
 4. Conflict of Interest: Subgrantee shall insure that no conflict of interest exists or arises between the subgrantee or persons employed by or associated with the subgrantee and any authorized vendor within or outside the State of Nevada.
 5. Inspection: USDA and Nevada WIC Program through any authorized representative shall have the right at all reasonable times to inspect or otherwise evaluate the work performed or being performed by subgrantee pursuant to this subgrant at the premises where such work is performed or where subgrantee records are maintained. Subgrantee shall provide reasonable facilities and assistance for the safety and convenience of WIC program representatives in the performance of their duties pursuant to this section.

V. CASELOAD AND FUNDING

- A. Assigned Caseload: Subgrantee agrees to provide the level of service to an estimated **66,384** yearly participants at a maximum allowable reimbursement award of **\$1,062,145.00**. A mid-term participant and funding review will be conducted during the month of May of the subgrant year for the purpose of evaluating expenditures and caseload. Adjustments may be necessary to the estimated caseload which may have the net effect of increasing or decreasing the maximum future awards. Subgrantee agrees to monthly reimbursements that are based on actual costs to provide services.
- B. Funding: In consideration of subgrantee's performance of all required services and fulfillment of all obligations pursuant to this subgrant, the WIC program agrees to pay monthly to subgrantee an amount for WIC services, the total not to exceed One Million Sixty Two Thousand One Hundred Forty Five Dollars (\$1,062,145) subject to any amendment of funding. The State WIC program will provide subgrantee with EBT cards, specialty infant formula (when approved), certification and nutrition education materials and technical support as necessary. Subgrantee hereby acknowledges and agrees that the maximum subgrant amount is subject to approval by the Administrator of the Nevada Division of Public and Behavioral Health and that amount is based upon the approved line item budget (Section C. Budget and Financial Reporting).

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VI. NON-LIMITATION OF REMEDY

The provisions of sanctions or penalties pursuant to this subgrant shall not be construed as excluding or reducing any criminal or civil penalties or sanctions or other remedies that may be applicable under Federal, State or local laws. Subgrantee hereby acknowledges and agrees that, pursuant to the Regulations, whoever embezzles, willfully misapplies, steals or obtains by fraud any funds, assets or property provided under the Child Nutrition Act, whether received directly or indirectly from Federal Nutritional Services (FNS), or whoever receives, conceals or retains such funds, assets or property for his or her own interest, knowing such funds, assets or property have been embezzled, willfully misapplied, stolen or obtained by fraud shall, if such funds, assets or property are of the value of \$100 or more, be fined not more than \$25,000 or imprisoned not more than 5 years, or both; or if such funds, assets or property are of a value of less than \$100, shall be fined not more than \$1,000 or imprisoned for not more than 1 year, or both.

VII. ADVERSE ACTIONS

A. Arbitrations: This subgrant shall not be subject to arbitration.

B. Adverse Action: The right of appeal shall be granted when State WIC office takes adverse actions which affect participation.

1. State WIC office must provide written notification of adverse action with a minimum of 60 days notice.

2. Subgrantee must file appeal within 15 calendar days of receipt of notification.

3. The hearing shall be convened with 20 days advance notice.

4. The hearing officer, appointed by the Administrator of the Division of Public and Behavioral Health, shall schedule two alternative hearing dates.

5. Subgrantee shall have the opportunity to confront and cross-examine adverse witnesses; to be represented by counsel; and the opportunity to review the case record prior to the hearing.

6. Within 60 days of the date of receipt of the notice of appeal, the hearing officer shall issue a written decision.

C. Disqualification: Subgrantee may be disqualified.

1. The State WIC office determines noncompliance with program regulations.

2. The State WIC office program funds are insufficient to support the continued operation of all its existing local agencies at their current participation level.

3. When the State WIC office determines, following a periodic review of local agency credentials, that another local agency can operate the program more effectively and efficiently.

D. Participation Pending Appeal: Appealing an action does not relieve Subgrantee, while the appeal is in process, from the responsibility of continued compliance with the terms of this Subgrant.

E. Final Order: The decision shall be final and conclusive subject to an appeal to a court of law pursuant to NRS Chapter 233B (Nevada Administrative Procedures Act).

F. Exceptions: Expiration of this subgrant and reduction in caseload due to insufficient funds shall not be subject to appeal.

VIII. DISCRIMINATION

A. Data Collection: Subgrants shall comply with Federal Nutritional Services (FNS) requirements for the collection of racial and ethnic participation data.

B. Translation Services: Subgrantee shall take all reasonable steps to ensure that WIC program information and nutrition education materials and services are available in the appropriate language to non-English or limited-English speaking persons or hearing and speech impaired.

C. Employment: Subgrantee shall state in all solicitation or advertisements for employees placed by or on behalf of subgrantee that all applicants for employment shall receive consideration regardless of race, age, disability, color, sex, or national origin.

D. Notice and Opportunity for Hearing: Subgrantee shall comply with FNS requirements for public notification of nondiscrimination policy. Subgrantee shall provide all persons with notice and an opportunity to file a civil rights complaint. Subgrantee shall refer any and all complaints of discrimination filed by applicants, eligible recipients or participants to the Director, Office of Equal Opportunity, USDA, Washington, DC 20250, with a copy to State WIC office.

IX. ADDITIONAL SERVICES AND FUNDS

Nothing in this subgrant shall be deemed in any way to authorize subgrantee to perform any additional services or to expend any additional funds without prior written authorization from State WIC office.

X. TERMINATION

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A. By Subgrantee: The Subgrant may be terminated by subgrantee prior to expiration by providing written notification to State WIC office provided that subgrantee continues to perform this subgrant during its term until such time as State WIC office is able to replace subgrantee with another provider of the services or until 120 days after notification of revocation, whichever occurs first.

B. Availability of Federal Funds: This subgrant is contingent upon federal funding and will terminate if such funding becomes unavailable. State WIC office shall notify subgrantee immediately in writing of such termination.

C. Cooperation: Subgrantee shall, upon notification of the termination of this subgrant and if so directed by State WIC office, cooperate in any and all efforts to refer participants to other WIC clinics in order to maintain continuity of participation in the WIC program.

D. Liability Following Termination: Following receipt of notice of termination by State WIC office, subgrantee shall cease all WIC program operations as of the effective date of termination. Subgrantee shall be liable for any and all EBT cards issued by subgrantee after the effective date of termination of this subgrant, unless the issuance of such EBT cards is expressly authorize in writing by State WIC office.

E. This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the 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 for any reason the Division of Public and Behavioral Health, State, and/or Federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

XI. VALIDITY AND EFFECTIVENESS OF SUBGRANT.

A. Both parties recognize that this subgrant's validity and effectiveness are conditional upon availability of funds as provided for by Congress for the purposes of this program.

B. It is mutually understood between the parties that this subgrant may have been written prior to October 1 of the current year and before congressional appropriation of funds, for the mutual benefit of both parties in order to avoid program and fiscal delays which would occur if the subgrant were executed after October 1.

C. This subgrant is valid and enforceable only if sufficient funds are made available to the State WIC office by the United States government for the fiscal year specified for the purposes of this program. In addition, this subgrant is subject to any additional restrictions, limitations or conditions enacted by the Congress or any statute enacted by the Congress which may affect the provisions, terms or funding of this subgrant in any manner.

D. It is mutually agreed that if the Congress does not appropriate sufficient funds for the program, this subgrant may be amended or terminated, to reflect any reduction in funding to the Nevada WIC program.

XII. AUDIT

Subgrantee shall have an independent audit of its operations performed during the term of this subgrant. If the subgrantee expends more than \$750,000 in aggregate federal funds, an audit must be performed in accordance with OMB Uniform Guidance, Title 2, Subpart F- Audit Requirements, 200.501. The audit must be completed and submitted to State WIC office within nine (9) months following the close of the fiscal year or subgrantee will be subject to a penalty of up to the amount paid for the audit and Subgrant funding may be withheld.

XIII. RENEWAL

Nothing in this Subgrant shall be deemed to impose any obligation on either party to enter into any subsequent Subgrant.

XIV. WHOLE AGREEMENT

This subgrant with Sections A, B, C, D, E and F constitutes the entire agreement between the parties hereto, and supersedes and replaces all previous communications, representations, or agreements, whether oral or written, between the parties pertaining to the subject matter herein.

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SECTION C

Budget and Financial Reporting Requirements

Any activities performed under this subgrant shall acknowledge funding was provided through the Division of Public Behavioral Health, by Grant Number 7NV700NV7 from United States Department of Agriculture, Food and Nutrition Services, Women, Infants and Children Program.

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	\$ 1,004,538		
		\$ 5,914	Public Health Program Manager -.05 FTE @ \$5,914
		109,742	Community Health Nutritionist – 1 FTE @ 109,742
		112,925	Community Health Nutritionist – 1 FTE 112,925
		84,094	Human Services Support Specialist II – 1 FTE @ \$84,094
		84,970	Human Services Support Specialist II – 1 FTE @84,970
		88,971	Human Services Support Specialist II – 1 FTE @ 88,971
		71,501	Community Health Aide – 1 FTE @ 71,501
		77,752	Community Health Aide – 1 FTE @ 77,752
		72,163	Community Health Aide – 1 FTE @ 72,163
		73,781	Office Assistant II – 1 FTE @ 73,781
		72,616	Office Assistant II – 1 FTE @ 72,616
		77,687	Office Assistant II – 1 FTE @ 77,687
		72,422	Office Assistant II – 1 FTE @ 72,422
2. Travel	\$ 752		
		\$ 752.00	Mileage @ 109 miles per month 12 months x .575 = 752
3. Operating	\$ 36,029		
		\$ 200	Medical Services @ \$200/yr. for employee screening
		50	Laundry @ \$50 for 12 months
		100	Repairs and Maintenance @ \$100 for 12 months
		8,000	Medical Supplies @\$ 666.67 X 12 mo. to include hemacues, lancets, alcohol, gauze, exam paper, etc.
		3,500	Copy Machine @\$291.67 X 12 mo.
		5,168	Office Supplies @\$430.67 X 12 mo. includes pens, paper, files, labels, markers, toner, Medfax, etc.
		100	Postage @ \$100 for 12 mo. for missed appointments, client notifications, voter registration materials, etc.
		1,000	Printing @\$83.34 X 12 mo. includes appointment slips, applications, rights and responsibilities, etc.
		845	Licenses/Permits/Dues @ \$895 for 12 months (i.e. laboratory licenses for certifying staff, licensure renewal for registered dieticians, fingerprinting)
		150	Cell phone for off -site satellite clinics @\$12.50/mo. X 12 mo.
		16,866	Building Lease @\$1,405.50 X 12=\$16,866
4. Equipment	\$		
		\$	
5. Contractual Consultant	\$		
		\$	
6. Training	\$		
		\$	
7. Other	\$ 20,826		
		\$ 20,826	Indirect Costs @ 2% of Total Direct Costs = \$1,041,319
Total Cost	\$ 1,062,145		

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- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility, within the approved Scope of Work. Funds may be transferred to another approved category after a written request, with supporting document for the change, has been received and approved by the Division.
- 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.

- State WIC Program shall reimburse subgrantee monthly, and upon submission of a monthly Division of Public and Behavioral Health Request for Reimbursement with supporting documentation acceptable to the State WIC program, provided the requested amount does not exceed authorized subgrant amount. Any amount in excess of the authorized subgrant amount shall be borne by subgrantee. Monthly reports shall be submitted by the 15th of the month following service to participant. The final Request for Reimbursement report must be submitted by November 30th following the end of each Federal Fiscal Year ended September 30th.
- Maximum allowable for the term of the subgrant is **\$1,062,145.00**.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- **Allowable Expense:** Subgrantee shall be paid only for allowable expenses, as defined in the applicable regulations (OMB Uniform Guidance, Title 2, Subpart E- Cost Principles). It is the policy of the State Board of Examiners to restrict contractors/subgrantees travel 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; see State Administrative Manual (SAM) Sections 0200.0 and 0320.0. Standard mileage reimbursement rate will be at the current Nevada State per mile rate. WIC program shall have the right to determine whether expenditures made by subgrantee from funds provided pursuant to this subgrant were made in accordance with the regulations, and to withhold payment or demand reimbursement of disallowed expenditures from subgrantee. Additional expenditure detail will be provided upon request from the Division.
- **Nutrition Education Requirement:** Subgrantee shall expend a minimum of one-sixth of all funds provided in this subgrant for nutrition education by including Time and Effort Studies and Unit Breakdown forms with Request for Reimbursements. The State WIC program shall have the right to determine if the subgrantee has fulfilled this requirement in accordance with the regulations, and to withhold payment from subgrantee for the difference between the amount expended on nutrition education and an amount equal to the one-sixth of the total subgrant.
- **Refunds:** Subgrantee shall pay the State WIC program the amounts, including any interest thereon, of any and all refunds, rebates, credits, or other amounts accruing to or received by Subgrantee for services provided by Subgrantee in performance of this subgrant from any outside source to the extent that such amounts are allocable to costs for which Subgrantee has been or may be reimbursed by
- State WIC program pursuant to this subgrant.
- All reports of expenditures and requests for reimbursement processed by the Division of Public and Behavioral Health are SUBJECT TO AUDIT.
- **Audit Exceptions:** Subgrantee shall pay to State WIC program any and all amounts claimed for reimbursement of WIC program funds brought against subgrantee as a result of state or federal audits.

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- **Food Instrument Security:** Subgrantee shall pay the State WIC program any and all amounts equal to the value of EBT cards which were in their custody and were lost, misused, or otherwise diverted from WIC program purposes through negligence, fraud, theft, embezzlement, or unexplained causes. Subgrantee shall have an opportunity to submit evidence, explanation or information concerning alleged instances of non-compliance or diversion prior to a final determination being made by State WIC program as to the imposition of this requirement.

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.
- Additional expenditure detail will be provided upon request from the Division.

The Division agrees:

- Providing technical assistance, upon request from the Subgrantee;
- The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:

The 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.

The amount of this subgrant is subject to the availability of appropriate funds from the United States Department of Agriculture (USDA) Food and Nutrition Services (FNS). The amount of this Federal Fiscal Year (FFY) 2016 subgrant was based on several factors including a monthly average of the WIC participants served during FFY 2015 by each local agency, and the number of clinics offered by each local agency. If that monthly average of participants or the number of clinics changes in a material way, the Division may revise the amount of the subgrant for the local agency for FFY 2016 to reflect an increase or decrease commensurate with that change. Any revision may be dependent on the total grant funding provided to the Division by the USDA FNS. The Division would provide a minimum of 60 days' notice of that change to the local agency.

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#: 15149
Budget Account: 3214
GL: 8516
Draw #: 1

Program Name: Women, Infants and Children Program	Subgrantee Name: Washoe County Health District
Address: 4126 Technology Way, Ste. 102 Carson City, NV 89706-2009	Address: 1001 East Ninth Street/PO Box 11130 Reno, NV 89520
Subgrant Period: October 1, 2015 - September 30, 2016	Subgrantee's: EIN: <u>88-60000138</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 Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$1,004,538.00	\$0.00	\$0.00	\$0.00	\$1,004,538.00	0.0%
2 Travel	\$752.00	\$0.00	\$0.00	\$0.00	\$752.00	0.0%
3 Operating	\$36,029.00	\$0.00	\$0.00	\$0.00	\$36,029.00	0.0%
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6 Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7 Other	\$20,826.00	\$0.00	\$0.00	\$0.00	\$20,826.00	0.0%
Total	\$1,062,145.00	\$0.00	\$0.00	\$0.00	\$1,062,145.00	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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Request for Reimbursement Instructions

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

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

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

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

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

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

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

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

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

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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SECTION 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

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

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

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

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

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

- I. DEFINITIONS. The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.
1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
 2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
 3. **CFR** stands for the Code of Federal Regulations.
 4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
 5. **Covered Entity** shall mean the name of the 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 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

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Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.

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

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

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

1. **Permitted Uses and Disclosures:**

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

2. **Prohibited Uses and Disclosures:**

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

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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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 Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and

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- b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
- 4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
- 5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
- 6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

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 Cody L. Phinney, MPH	_____
_____ Print Name	_____ Print Name
Administrator, Division of Public and Behavioral Health	_____
_____ Title	_____ Title
_____ Date	_____ Date

DD	NA
AHSO	AH
DHO	KB
DA	LA
Finance	NA
Risk	DME
Purchasing	NA

Staff Report
Board Meeting Date: September 24, 2015

TO: District Board of Health

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

SUBJECT: Approve Subgrant Amendment #2 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 \$337,109 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.

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 Subgrant Amendment is attached.

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

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. Subgrant Amendment #1 in the amount of \$224,570 representing "Round 2" was approved by the Board on June 25, 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 \$337,109 representing "Round 3" of funding from the CDC. The total award amount after receiving all rounds of funding is \$337,109 (\$113,218-317 Ops and \$223,891-VFC Ops).

FISCAL IMPACT

There is no additional fiscal impact should the Board accept the Subgrant Amendment. As the FY16 budget in Internal Orders 10028 and 10029 was adopted with a total of \$338,517.64 in revenue (includes \$38,753 of indirect) and \$299,764.64 in expenditure authority, no budget amendment is necessary.

RECOMMENDATION

Staff recommends that the District Board of Health approve Subgrant Amendment #2 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 \$337,109 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 #2 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 \$337,109 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 #2

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 3 funding from the CDC issued on 07/24/2015. 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 makes adjustments for rounding errors in the current budget, and increases the original subgrant budget by \$112,541 for a total budget award of \$337,109.

Required Changes:

Current Language: N/A

Amended Language: N/A

Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$ 186,076.00	\$ 93,295.00	\$ 279,370.00
2. Travel	\$ 5,134.00	\$ 2,567.00	\$ 7,701.00
3. Operating	\$ 1,334.00	\$ 666.00	\$ 2,000.00
4. Equipment	\$ 0.00	\$ 0.00	\$ 0.00
5. Contractual/Consultant	\$ 0.00	\$ 0.00	\$ 0.00
6. Other	\$ 6,190.00	\$ 3,094.00	\$ 9,284.00
7. Indirect	\$ 25,836.00	\$ 12,919.00	\$ 38,753.00
Total	\$ 224,570.00	\$ 112,541.00	\$ 337,109.00

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	<i>Karissa Loper</i>	8/20/15
Christine Mackie Bureau Chief, BCFCW	<i>[Signature]</i>	8/20/15
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				317 Ops - Round 3 Award			
	Qty	Total Wages	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total
IZ PHN	1	109,366	0.25	\$ 27,342	1	96,822		\$ 32,189	1	96,822		\$ 32,189	1	96,822		\$ 32,444
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	0.05235	\$ 5,626												
				\$ -												
Total Wages include Fringe				\$ -												
Total Personnel:				\$ 96,822	Total Round 1 Personnel:			\$ 32,189	Total Round 2 Personnel:			\$ 32,189	Total Round 3 Personnel:			\$ 32,444
Travel:	Staff	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total
2015 Nevada Health Conference					1	2,900		\$ 967	1	2,900		\$ 967	1	2,900		\$ 966
Registration	2	250		\$ 500												
Airfare to Las Vegas	2	250		\$ 500												
Lodging	2	105	2	\$ 420												
Per Diem	2	71	3	\$ 426												
Gas	2	0.575	60	\$ 69												
Parking	2	14	3	\$ 84												
Motor Pool	1	201	1	\$ 201												
Various Meetings and Provider Visits				\$ -												
Mileage	1,217	0.575		\$ 700												
Total Travel:				\$ 2,900	Total Round 1 Travel:			\$ 967	Total Round 2 Travel:			\$ 967	Total Round 3 Travel:			\$ 966
Operating/Supplies:	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total
General Office Supplies	1	41.67	12	\$ 500.00	1	500		\$ 167	1	500		\$ 167	1	500		\$ 166
Total Operating:				\$ 500	Total Round 1 Operating:			\$ 167	Total Round 2 Operating:			\$ 167	Total Round 3 Operating:			\$ 166
Equipment:	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total
Total Equipment:				\$ -	Total Round 1 Equipment:			\$ -	Total Round 2 Equipment:			\$ -	Total Round 3 Equipment:			\$ -
Contractual:	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total
Total Contractual:				\$ -	Total Round 1 Contractual:			\$ -	Total Round 2 Contractual:			\$ -	Total Round 3 Contractual:			\$ -
Other:	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total
Total Other:				\$ -	Total Round 1 Other:			\$ -	Total Round 2 Other:			\$ -	Total Round 2 Other:			\$ -
Indirect*	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total
	100,222	0.12967		\$ 12,996	1	12,996		\$ 4,331	1	12,996		\$ 4,331	1	12,996		\$ 4,334
Total Indirect:				\$ 12,996	Total Round 1 Indirect:			\$ 4,331	Total Round 2 Indirect:			\$ 4,331	Total Round 3 Indirect:			\$ 4,334
Total 317 Ops Budget:				\$ 113,218	Total Round 1 317 Ops Budget:			\$ 37,654	Total Round 2 317 Ops Budget:			\$ 37,654	Total Round 3 317 Ops Budget:			\$ 37,910

*Indirect percentage adjusted for rounding error in original budget.

Round 1 \$ 37,654
 Round 2 \$ 37,654
 Total Award \$ 113,218

VFC Ops Approved Budget					VFC Ops - Round 1 Award				VFC Ops - Round 2 Award				VFC Ops/PPHF - Round 3 Award			
Personnel:	Qty	Rate	Time	Total	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		\$ 60,849	1	182,549		\$ 60,849	1	182,549		\$ 60,851
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	Total Round 3 Personnel:			\$ 60,851
Travel:	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total
2015 Nevada Health Conference																
Registration	3		250	\$ 750	1	4,801		\$ 1,600	1	4,801		\$ 1,600	1	4,801		\$ 1,601
Airfare to Las Vegas	3		250	\$ 750												
Lodging	3		105	2 \$ 630												
Per Diem	3		71	3 \$ 639												
Gas	3	0.575	60	\$ 104												
Parking	3		14	3 \$ 126												
Motor Pool	2		151	1 \$ 302												
Silver State Syringe Conference																
Registration	3		150	\$ 450												
Various Meetings and Provider Visits				\$ -												
Mileage	1826	0.575		\$ 1,050												
Total Travel:				\$ 4,801	Total Round 1 Travel:			\$ 1,600	Total Round 2 Travel:			\$ 1,600	Total Round 3 Travel:			\$ 1,601
Operating:	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total
General Office Supplies	1		125	12 \$ 1,500	1	1,500		\$ 500	1	1,500		\$ 500	1	1,500		\$ 500
Total Operating:				\$ 1,500	Total Round 1 Operating:			\$ 500	Total Round 2 Operating:			\$ 500	Total Round 3 Operating:			\$ 500
Equipment:	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total
Total Equipment:				\$ -	Total Round 1 Equipment:			\$ -	Total Round 2 Equipment:			\$ -	Total Round 3 Equipment:			\$ -
Contractual:	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total
Total Contractual:				\$ -	Total Round 1 Contractual:			\$ -	Total Round 2 Contractual:			\$ -	Total Round 3 Contractual:			\$ -
Other:	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total
MD Consultant	1	3,782	n/a	\$ 3,782	1	9,284		\$ 3,095	1	9,284		\$ 3,095	1	9,284		\$ 3,094
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	Total Round 3 Other:			\$ 3,094
Indirect	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total	Qty	Rate	Time	Total
	198,134		0.13	\$ 25,757	1	25,757		\$ 8,586	1	25,757		\$ 8,586	1	25,757		\$ 8,585
Total Indirect:				\$ 25,757				\$ 8,586				\$ 8,586				\$ 8,585
Total VFC/AFIX Budget:				\$ 223,891	Total VFC/AFIX Budget:			\$ 74,630	Total VFC/AFIX Budget:			\$ 74,630	Total VFC/AFIX-PPHF Budget:			\$ 74,631

Note: \$33,524 of VFC/AFIX from round 3 is PPHF Funds, will have a separate Job# and Sub-Org.

Round 1 \$ 74,630
Round 2 \$ 74,630
Total Award \$ 223,891

DD	SK
AHSO	AH
DHO	kd
DA	NA
Finance	NA
Risk	NA
Purchasing	NA

Staff Report
Board Meeting Date: September 24, 2015

TO: District Board of Health
FROM: Steve Kutz, RN, MPH, Director, Community and Clinical Health Services
775-328-6159; skutz@washoecounty.us
SUBJECT: Approval to add Liletta (Intrauterine Device) at \$50 per unit to the Community and Clinical Health Services fee schedule

SUMMARY

The Washoe County District Board of Health must approve changes to the adopted fee schedule.

The Family Planning Program (FPP) is requesting approval to add Liletta, a new type of IUD to the Community and Clinical Health Services fee schedule.

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

PREVIOUS ACTION

There has been no previous action taken by the Board.

BACKGROUND

The Family Planning Program (FPP) is requesting approval to offer Liletta, a new type of IUD. A goal for the FPP is to continue to provide Long Acting Reversible Contraceptives (LARCs). This is also a key issue for Title X, the agency which funds the FPP. LARCs are the most effective methods of birth control and are important tools in the public health effort to reduce both unintended and teen pregnancy rates.

Liletta was approved by the Federal Drug Administration earlier this year. It is similar to other available IUDs, which release progestin. However, the cost is far less than all of the other IUDs on the market, with a cost of \$50.00 per unit. Offering Liletta will allow the FPP to provide more IUDs to clients seeking long acting methods of birth control.

Evidence exists that providing LARCs at low cost can significantly reduce teen birth rates, abortion rates and consequences of unintended pregnancy. For more information please see the following site: <https://www.colorado.gov/pacific/cdphe>.

FISCAL IMPACT

There is no additional fiscal impact to the FY16 budget should the Board approve the addition of Liletta at \$50 per unit to the Community and Clinical Health Services fee schedule. No additional revenues are expected to be received as this is an alternative to what is currently being offered in the formulary. Sliding scale discounts are applied as determined by the client's financial record.

RECOMMENDATION

Staff recommends that the District Board of Health approve to add Liletta (Intrauterine Device) at \$50 per unit to the Community and Clinical Health Services fee schedule.

POSSIBLE MOTION

Move to approve to add Liletta (Intrauterine Device) at \$50 per unit to the Community and Clinical Health Services fee schedule.

DD	CA
AHSO	NA
DHO	kd
DA	NA
Finance	NA
Risk	NA
Purchasing	NA

Staff Report
Board Meeting Date: September 24, 2015

TO: District Board of Health

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

SUBJECT: Re-Appointment of Mr. David Rinaldi and Dr. Cathleen Fitzgerald, DEnv, PE, to the Air Pollution Control Hearing Board (APCHB) for a three-year term beginning September 27, 2015 thru September 27, 2018; and the re-appointment of Ms. Jeanne Rucker, REHS to the Air Pollution Control Hearing Board for a three-year term beginning October 24, 2015 thru October 24, 2018

SUMMARY

In accordance with the District Board of Health Regulations Governing Air Quality Management, specifically Section 020.025 Hearing Board Creation and Organization, staff is recommending the Board re-appoint Mr. David Rinaldi, Dr. Cathleen Fitzgerald, DEnv, PE., and Ms. Jeanne Rucker for three-year terms.

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

PREVIOUS ACTION

At the August 27, 2015 Board meeting, following the appointment of Mr. Lee Squire to the APCHB, staff reported to the Board there were three (3) additional members of the APCHB with terms expiring in September and October. The Board accepted the report and acknowledged staff would return with recommendations for re-appointment at a future meeting.

BACKGROUND

The APCHB, as established in regulation, considers appeals of notice of violation citations issued by the Air Quality Enforcement Staff and petitions for variances authorized by the regulations. The APCHB consists of seven (7) members who are not employees of the state or any of its political subdivision. The membership is required to include one attorney, one professional engineer registered in Nevada, one licensed Nevada general engineering or building contractor, and four at-large appointees. Appointments are established by regulation to be three-year periods.

Mr. David Rinaldi is a Certified Industrial Hygienist that has filled an at-large position on the APCHB for almost 20 years and is currently serving as the Chairman. Mr. Rinaldi has extensive knowledge of the health effects from exposure to air pollutants including toxic substances. His experience and insight continue to be a valuable resource for staff, the public, and other members of the APCHB.

Dr. Cathleen Fitzgerald, DEnv, PE, serves as the Nevada Registered Professional Engineer required by Section 020.025. Dr. Fitzgerald has been on the APCHB since October 22, 2009. Her technical skills and familiarity with construction related activities continue to provide a valued perspective especially during appeal proceedings.

Ms. Jeanne Rucker, REHS, is a retired Health District employee filling an at-large position and is completing her first 3-year term. Ms. Rucker retired from the Health District as a Supervisor in the Environmental Health Services Division. Her experience brings a strong environmental health background with knowledge of the regulatory and procedural requirements that must be satisfied during enforcement proceedings.

FISCAL IMPACT

As these are voluntary positions, there will be no fiscal impact to the Washoe County Health District associated with the re-appointments.

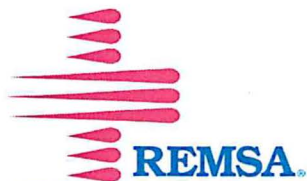
RECOMMENDATION

Air Quality Management Division staff recommends the Washoe County District Board of Health re-appoint Mr. David Rinaldi and Dr. Cathleen Fitzgerald, DEnv, PE, to the Air Pollution Control Hearing Board for a three-year term serving from September 27, 2015, thru September 27, 2018. Staff further recommends the Board of Health re-appoint Ms. Jeanne Rucker, REHS, to the Air Pollution Control Hearing Board for a three-year term serving from October 24, 2015 thru October 24, 2018.

POSSIBLE MOTION

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

“Move to re-appoint Mr. David Rinaldi and Dr. Cathleen Fitzgerald, DEnv, PE, to the Air Pollution Control Hearing Board for a three-year term serving from September 27, 2015, thru September 27, 2018. It further be moved to re-appoint Ms, Jeanne Rucker, REHS, to the Air Pollution Control Hearing Board for a three-year term serving from October 24, 2015 thru October 24, 2018.”



Regional Emergency Medical Services Authority

REMSA

OPERATIONS REPORTS

FOR

AUGUST 2015

Fiscal 2016

Month	Priority 1 System-Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul. 2015	6 mins. 0 secs.	92%	99%
Aug.	6 mins. 10 secs.	92%	95%
Sept.			
Oct.			
Nov.			
Dec.			
Jan. 2016			
Feb.			
Mar.			
Apr.			
May			
June 2016			

Year to Date: July 2015 through August 2015

Priority 1 Zone A	Priority 1 Zones B,C,D
92%	97%

Average Response Times by Entity				
Month/Year	Priority	Reno	Sparks	Washoe County
July 2015	P-1	5:29	6:02	8:39
	P-2	5:50	6:55	8:31
Aug. 2015	P-1	5:14	5:57	9:08
	P-2	5:55	6:59	8:50
Sept. 2015	P-1			
	P-2			
Oct. 2015	P-1			
	P-2			
Nov. 2015	P-1			
	P-2			
Dec. 2015	P-1			
	P-2			
Jan. 2016	P-1			
	P-2			
Feb. 2016	P-1			
	P-2			
Mar. 2016	P-1			
	P-2			
Apr. 2016	P-1			
	P-2			
May 2016	P-1			
	P-2			
June 2016	P-1			
	P-2			

Year to Date: July 2015 through August 2015

Priority	Reno	Sparks	Washoe County
P-1	5:22	5:59	8:54
P-2	5:53	6:57	8:40



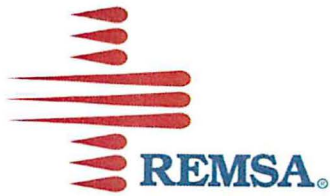
REMSA OCU Incident Detail Report

Period: 08/01/2015 thru 08/31/2015

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

Response Area	Zone	Clock Start	Clock Stop	Stop Clock Unit	Threshold	Response Time	Overage
Reno	Zone A	08/01/2015 08:29:12	08/01/2015 08:34:59	335	00:08:59	00:05:47	-00:03:12
Reno	Zone A	08/11/2015 18:37:51	08/11/2015 18:43:10	406	00:08:59	00:05:19	-00:03:40
Lemmon Valley - Golden	Zone A	08/16/2015 17:43:57	08/16/2015 17:52:42	340	00:08:59	00:08:45	-00:00:14
Reno	Zone A	08/18/2015 13:30:09	08/18/2015 13:33:45	306	00:08:59	00:03:36	-00:05:23
Reno	Zone A	08/21/2015 08:42:48	08/21/2015 08:47:19	342	00:08:59	00:04:31	-00:04:28
Sparks	Zone A	08/23/2015 17:00:30	08/23/2015 17:05:55	310	00:08:59	00:05:25	-00:03:34
Sparks	Zone A	08/23/2015 18:18:59	08/23/2015 18:23:25	331	00:08:59	00:04:26	-00:04:33
Reno	Zone A	08/24/2015 18:26:23	08/24/2015 18:32:50	433	00:08:59	00:06:27	-00:02:32
Reno	Zone A	08/30/2015 16:53:59	08/30/2015 16:53:59	319	00:08:59	00:00:00	-00:08:59
Sparks	Zone A	08/31/2015 19:08:44	08/31/2015 19:11:10	136	00:08:59	00:02:26	-00:06:33

Call Priority Reclassification				
Incident	City	Zone	Incident Date	Reason



GROUND AMBULANCE OPERATIONS REPORT

August 2015

1. OVERALL STATISTICS:

Total Number Of System Responses	5644
Total Number Of Responses In Which No Transport Resulted	1832
Total Number Of System Transports	3812

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	2%
Medical	52%
OB	1%
Psychiatric/Behavioral	6%
Transfers	10%
Trauma – MVA	7%
Trauma – Non MVA	17%
Unknown/Other	4%
Total Number of System Responses	100%

3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director or designee reviewed:

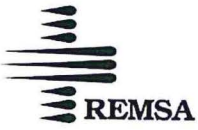
- 100% of cardiopulmonary arrests
- 100% of pediatric patients (transport and non-transport patients)
- 100% of advanced airways (outside cardiac arrests)
- 100% of STEMI Alert or STEMI rhythms
- 100% of deliveries and neonatal resuscitation
- 100% Advanced Airway Success rates for nasal/oral intubation 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: 4899

Total number of above calls receiving QA reviews: 786

Percentage of charts reviewed from the above ALS transports: 16%

EDUCATION AND TRAINING REPORT



REMSA Education
 Monthly Course and Student Report
 Month: August 2015

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	7	40	4	32	3	8
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	1	11	1	11	0	0
ACLS R	6	43	3	31	3	12
ACLS S	3	3	3	3	0	0
AEMT	1	24	1	24		
AEMT T	0	0	0	0		
BLS	53	317	10	75	43	242
BLS I	3	9	3	9	0	0
BLS R	52	231	28	164	24	67
BLS S	43	69	16	16	27	53
CE	2	56	2	56	0	0
EMAPCT	0	0	0	0	0	0
EMPACT I	0	0	0	0	0	0
EMR	1	9	1	9		
EMR R	0	0	0	0		
EMS I	0	0	0	0		
EMT	2	49	2	49		
EMT T	0	0	0	0		
FF CPR	3	29	1	6	2	23
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	4	25	0	0	4	25
HS CPR	36	203	4	32	32	171
HS CPR FA	60	487	6	47	54	440
HS CPR FA S	0	0	0	0	0	0
HS CPR PFA	0	0	0	0	0	0
HS PFA S	0	0	0	0	0	0
HS CPR S	0	0	0	0	0	0
HS FA	11	37	1	13	10	24
HS FA S	0	0	0	0	0	0
HS PFA	7	43	2	15	5	28
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	3	1	3	0	0
ITLS S	3	3	3	3	0	0
PALS	3	13	2	11	1	2
PALS I	0	0	0	0	0	0
PALS R	6	26	2	17	4	9
PALS S	0	0	0	0	0	0
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				247
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				1336
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				65
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				340
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

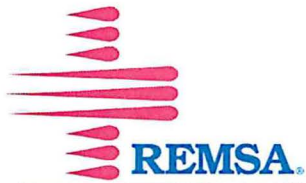
Community Outreach: August 2015

Point of Impact

Date	Description	Attending
8/7/2015	Carrington College of Nursing Child Passenger Safety Awareness class	1 staff; 21 nursing students
8/8/2015	Give Kids a Boost Health and Safety Fair at Boys and Girls Club; 52 booster seats distributed to 38 families	1 staff; 7 volunteers
8/11-14/15	National Child Passenger Safety Certification Training Program; 6 students successfully completed the course	1 staff; 3 volunteers
8/15/2015	Child Car Seat Checkpoint, UNR Early Head Start; 10 cars and 10 seats inspected.	18 volunteers; 3 staff

Safe Kids Washoe County

Date	Description	Attending
8/1/2015	Give Kids a Boost Health and Safety Fair at Sun Valley Community Park	2 volunteers
8/7/2015	Child Death Review Meeting	2 staff
8/8/2015	Give Kids a Boost Health and Safety Fair at Boys and Girls Club	1 volunteer
8/11/2015	Mini Golf Tournament Planning Meeting	
8/11/2015	Safe Kids Monthly Coalition Meeting, Sparks	
8/19/2015	Mini Golf Tournament Planning Meeting	3 volunteers; 1 staff
8/19/2015	Fetal Infant Mortality Meeting	1 staff
8/26/2015	Presentation on Not Even for a Minute for Child Death Review Executive Committee Meeting	2 staff



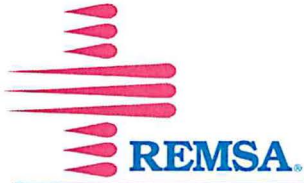
Regional Emergency Medical Services Authority

**INQUIRIES
FOR
AUGUST 2015**

INQUIRIES

August 2015

There were no inquiries in the month of August.

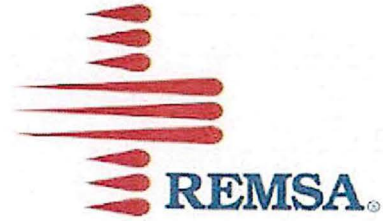


Regional Emergency Medical Services Authority

**CUSTOMER SERVICE
FOR
AUGUST 2015**

REMSA

Reno, NV
Client 7299



1515 Center Street
Lansing, Mi 48096
1 (877) 583-3100
service@EMSSurveyTeam.com
www.EMSSurveyTeam.com

EMS System Report

August 1, 2015 to August 31, 2015

Your Score

91.54

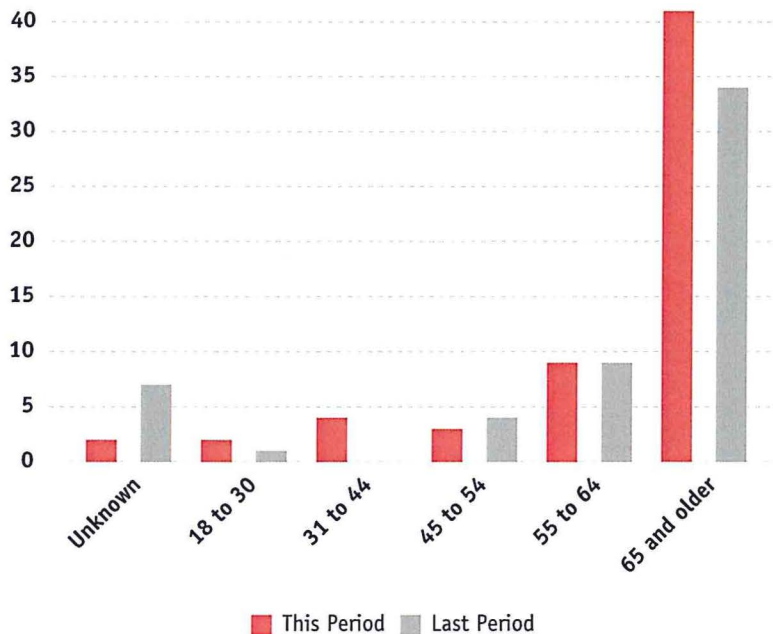




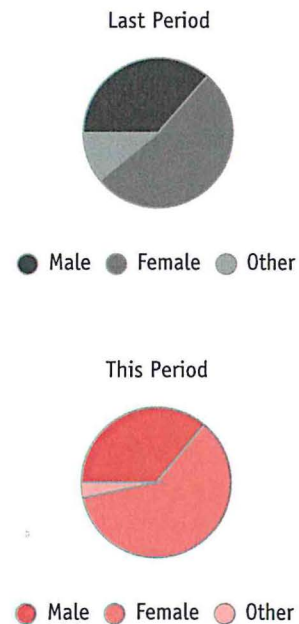
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate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

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Unknown	7	0	1	6	2	0	1	1
18 to 30	1	0	1	0	2	0	2	0
31 to 44		0	0	0	4	1	2	1
45 to 54	4	2	2	0	3	2	1	0
55 to 64	9	5	4	0	9	2	7	0
65 and older	34	13	21	0	41	17	24	0
Total	55	20	29	6	61	22	37	2

Age Ranges



Gender





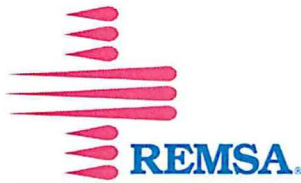
Monthly Breakdown

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	Jun 2015	Jul 2015	Aug 2015
Helpfulness of the person you called for ambulance service	93.52	96.55	94.83	93.24	93.88	92.26	94.79	91.20
Concern shown by the person you called for ambulance service	92.00	97.41	94.83	94.40	93.88	91.25	95.31	91.20
Extent to which you were told what to do until the ambulance	91.67	95.54	96.00	92.54	91.30	91.67	93.75	87.52
Extent to which the ambulance arrived in a timely manner	94.70	92.50	95.00	94.46	90.18	91.84	96.57	91.81
Cleanliness of the ambulance	97.66	96.34	94.17	95.18	92.73	96.11	95.50	94.20
Comfort of the ride	89.84	92.68	91.67	91.96	88.21	100.00		94.20
Skill of the person driving the ambulance	94.70	94.51	95.00	94.20	92.45	94.15	94.39	
Care shown by the medics who arrived with the ambulance	96.88	92.33	92.86	92.34	96.94	94.32	95.10	92.81
Degree to which the medics took your problem seriously	97.58	93.62	94.83	91.16	96.50	94.77	95.59	93.55
Degree to which the medics listened to you and/or your family	98.28	93.45	94.64	90.74	94.50	91.86	96.08	93.44
Skill of the medics	96.88	96.05	93.52	93.85	94.39	95.35	95.59	94.41
Extent to which the medics kept you informed about your	95.69	91.47	93.27	91.25	92.93	90.63	94.50	90.37
Extent to which medics included you in the treatment decisions	96.74	90.03	91.67	90.57	94.23	95.45	93.18	88.52
Degree to which the medics relieved your pain or discomfort	93.52	91.94	92.71	88.70	91.11	91.67	93.23	90.47
Medics' concern for your privacy	94.64	95.00	90.38	91.12	94.64	93.75	94.15	90.97
Extent to which medics cared for you as a person	95.97	94.11	93.75	90.98	95.21	95.83	96.00	91.40
Professionalism of the staff in our ambulance service billing	92.71	90.48	88.24	90.91	89.13	85.87	90.15	87.10
Willingness of the staff in our billing office to address your	90.63	92.50	85.94	91.18	89.29	86.36	89.84	87.07
How well did our staff work together to care for you	94.53	94.08	92.24	92.08	94.27	93.75	94.39	90.81
Extent to which our staff eased your entry into the medical	94.53	94.87	93.10	91.83	96.11	90.70	95.41	92.54
Appropriateness of Emergency Medical Transportation treatment	95.00	91.67	92.86	92.98	94.32	94.51	96.28	92.24
Extent to which the services received were worth the fees	88.39	86.03	85.00	90.78	89.40	86.83	88.64	88.30
Overall rating of the care provided by our Emergency Medical	95.31	93.62	93.97	91.38	95.65	92.86	95.59	93.00
Likelihood of recommending this ambulance service to others	96.88	92.59	94.83	93.42	94.57	94.23	95.59	92.56
Your Master Score	94.62	93.35	92.99	92.19	93.31	92.75	94.51	91.54
Your Total Responses	35	41	33	71	58	50	55	61

Ground Ambulance Customer Comments August, 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
1	06/03/2015	"Probably not. Svce was very good"		
2	06/04/2015	"Nothing you can think of. Thank you"		"Content with all svc received"
3	06/05/2015	"They offered me a ride along, but I transport myself as the need for transport back home was needless. Very hard"		
4	06/02/2015	"I like the way you are doing"		"Suctioning lungs fluid build up/"
5	06/03/2015	"Make a senior feel like they matter"		
6	06/04/2015	"There will never be a next time!"		
7	06/02/2015			"They looked & treated me like I was faking & drunk"
8	06/02/2015	"Be on time for pick up. Services were delayed the rest of the day because waiting for ambulance to arrive"		"My two medics were amazing"
9	06/04/2015			"Medics very caring & kind"
10	06/03/2015	"More accurate communication to family and to patient"		
11	06/01/2015			"I asked them to wait for my husband & they did not. Transfer to the gurney was excruciatingly painful."
12	06/03/2015			"Experience was very positive"
13	06/04/2015	"...passed away 6/14/15. Thank you all for everything you did."		
14	06/01/2015	"Be there! Thank you"		
15	06/04/2015			"They both were terrific"
16	06/01/2015	"None"	"No"	
17	06/02/2015	"Please see my previous comment"		
18	06/01/2015			
19	06/02/2015	"Couldn't do anything better"		
20	06/05/2015			"They were professional. Was real good"
21	05/01/2015	"Nothing!"		
22	06/01/2015	"You provided excellent professional service"		
23	06/03/2015	"Everything was great. It couldn't get any better"		
24	06/04/2015	"Be more attentive to patient, show more concern"		
25	06/03/2015	"Great service!"	"No problems!"	
26	05/04/2015	"It all good"	"No"	
27	06/03/2015	"I have one, received the best possible care with REMSA. Thank you."		
28	06/05/2015	"Keep doing what you are doing"		
29	06/03/2015			"All personnel were very professional"
30	06/04/2015		"None"	
31	06/01/2015			"Positive"



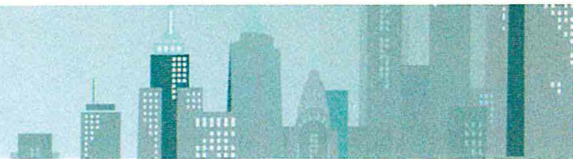
Regional Emergency Medical Services Authority

REMSA
PUBLIC RELATIONS REPORT
FOR
AUGUST 2015

PUBLIC RELATIONS

August 2015

ACTIVITY	RESULTS
Attended weekly PR meeting to assist in on-going public relations efforts.	NA
Continued working on marketing and strategy for Community Health Programs.	NA
Served as the contact for ZOLL in its requests for marketing materials and information.	ZOLL requested use of photos for marketing material on 8/4.
Developed weekly agendas for the company-wide business development initiative and assisted in moderation.	Meetings take place on Wednesday mornings as way to put more emphasis in building businesses for many of REMSA's services.
Monitored media regarding the closing of the Nye County Regional Medial Center.	NA
Developed a marketing inventory spreadsheet that will be used company-wide to better determine marketing needs for the organization.	The spreadsheet will be launched in September.



2015 Northern Nevada

Jim Gubbels

PRESIDENT & CEO | REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY



President and CEO of the Regional Emergency Medical Services Authority (REMSA), Jim Gubbels has led the organization's effort to improve the delivery of patient care to the region. Under his leadership, REMSA carried out community health programs with the aim of reducing non-urgent visits to emergency departments across the community.

Jim and his team continue to develop programs that help ensure patients who enter the emergency medical services system with urgent, low-acuity medical conditions receive the safest and most appropriate levels of quality care. In cooperation with community healthcare partners, these programs improve patient-centered care, reduce ambulance transports, emergency department visits, hospi-

tal readmissions, overall healthcare costs and improve patient satisfaction.

One of these programs is REMSA's Nurse Health Line, a phone number that operates 24 hours per day, seven days per week. It is free and available to all Washoe County residents regardless of their insurance status. It is staffed with registered nurses who are specially trained to assist patients with non-emergency medical issues over the phone. Another is the Ambulance Transport Alternatives program, which provides alternative pathways of care for 9-1-1 patients. Instead of transporting all patients to an emergency room, this program transports patients with low-acuity medical conditions to urgent care centers and clinics.

Jim's vision and determination to lead REMSA through these innovations in healthcare has benefited patients all across Washoe County. Through his efforts, REMSA received the only Nevada-based Health Care Innovation Award grant, which amounted to nearly \$9.8 million.

Past Heroes



2006

Kathy Barlow



2007

Todd Radtke



2008

Dr. Tracey Green



2009

Sherri Rice



2010

**Linda Ferris
PhD**



2011

Dr. Kent Sasse



2012

Dr. Kosta Arger



2013

Kirk Gillis



2014

Tami Carbonell

DD	NA
AHSO	AH
DHO	Ⓚ
DA	NA
Finance	NA
Risk	NA
Purchasing	NA

STAFF REPORT
BOARD MEETING DATE: September 24, 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 August, Fiscal Year 2016

SUMMARY

The second month of fiscal year 2016 (FY16) ended with a cash balance of \$1.8 million. Total revenues for the first two months of the fiscal year were \$2.7 million, 13.9% of budget and an increase of 122.4% compared to fiscal year 2014 (FY14) mainly due the increase in transfers from the County General Fund that previously was not transferred until the third month of the fiscal year. With 16.7% of the fiscal year completed the expenditures totaled \$3.3 million, 15.5% of the budget and 4.4% more than FY15.

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

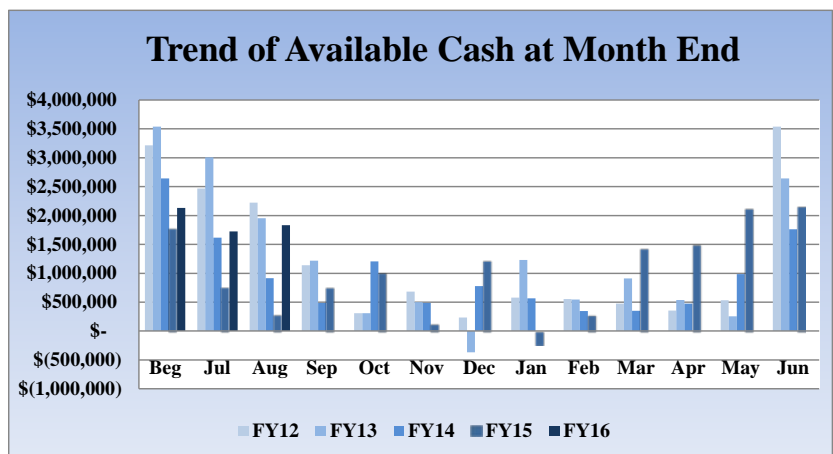
PREVIOUS ACTION

Fiscal Year 2016 Budget was adopted May 18, 2015.

BACKGROUND

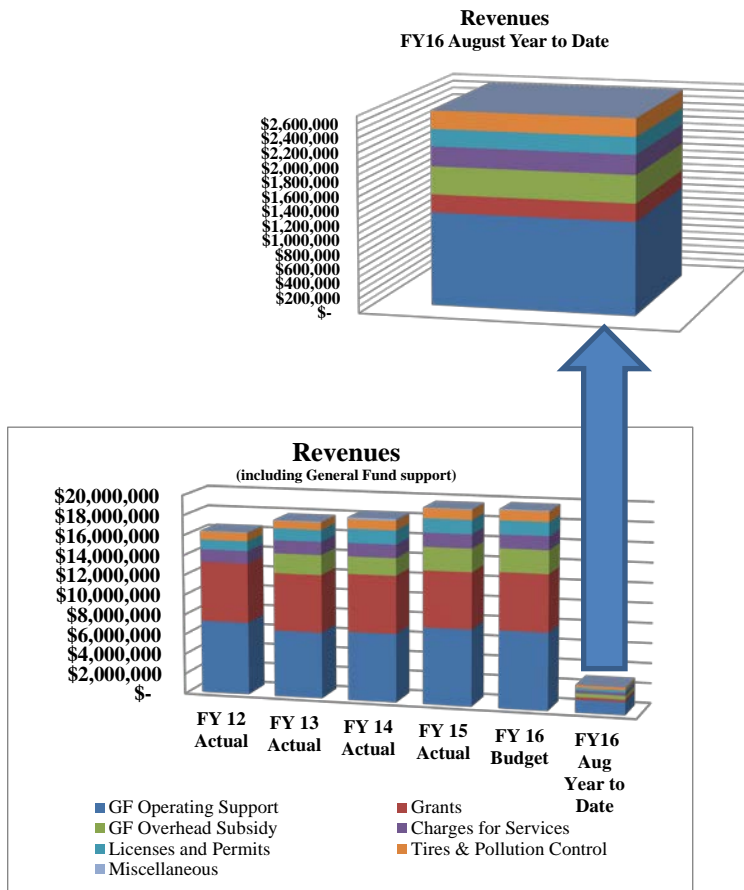
Review of Cash

The available cash at the end of the second month of the fiscal year 2016 was \$1,830,813 which was 3.5% greater than the average budgeted monthly cash outflow of \$1,769,708 for the fiscal year. Given the monthly cash inflow the Health fund continues to have a cash balance that allows for financial stability.



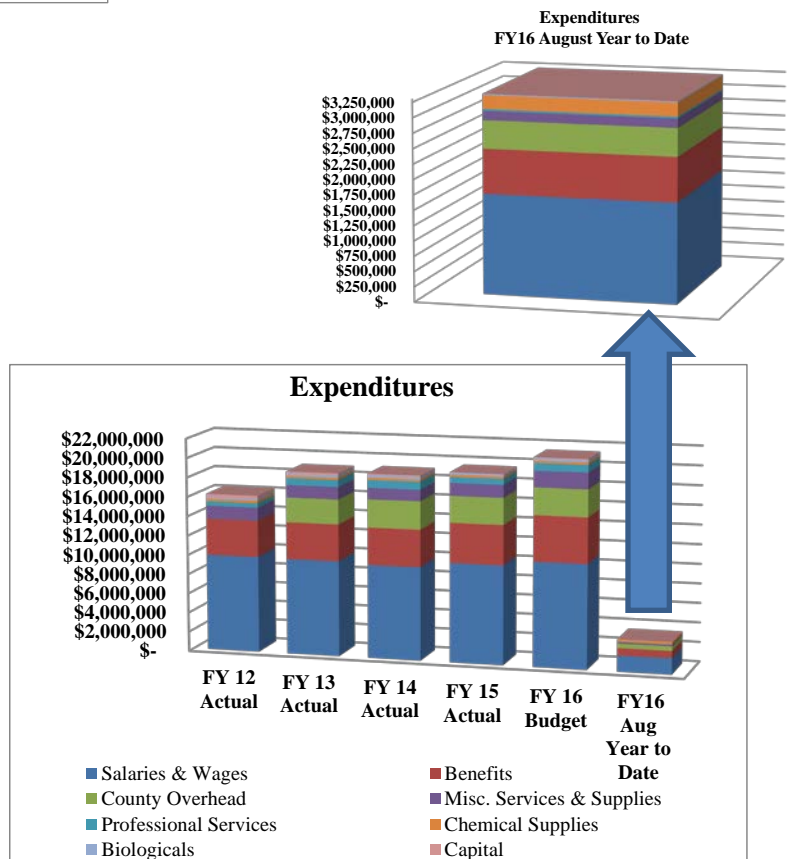
Note: December FY13 negative cash is due to 50%, \$1.3million, of the County Overhead being charged in December with just 8.3%, \$719,000, of the County Support being transferred to the fund. January FY15 no County General Fund support was transferred to the Health Fund leading to a negative cash situation.

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



Total year to date **revenues** of \$2,727,586 were up \$1,501,366, 122.4%, from the same time last fiscal year and were 13.9% of budget. The revenue categories that were up over last fiscal year are as follows: licenses and permits by \$24,715, 11.5%; charges for services by \$78,653, 40.1%; tire fee funding for the solid waste management program up \$6,023, 3.3%; fines and forfeitures received \$500; and, the County General Fund transferred \$839,738 for August, 2016. Miscellaneous revenues were down just \$637; and, federal and state grant revenue is down \$186,680 compared to the prior year.

The total year to date **expenditures** of \$3,295,630 increased by \$137,576, 4.4%, compared to the same time frame for last fiscal year 2015. Salaries and benefits expenditures for FY16 were \$2,401,675 down \$117,466, 4.7%, over the prior year. Services and supplies expenditures of \$893,955 were up \$255,042, 39.9%, from FY15 mainly due to the August County Overhead not being charged in FY15 until September. Excluding the County Overhead the services and supplies were up by \$17,484, approximately 4.3% over last year.



Review of Revenue and Expenditures by Division

EHS has received the largest percent of revenue compared to budget of 20.9% and \$44,027 additional funding compared to FY15. CCHS is at 6.2% of budget and is up \$58,249, 35.1% over last year. AQM is down \$138,975 compared to last year due to a one time pollution control funding source in FY15 not received in FY16 and EPHP is down \$36,417 over last year due to grant funding reimbursements not being received in August. The County General Fund has transferred \$1,679,476 of the support for FY16.

With 16.7% of the fiscal year completed the total expenditures were \$3,295,630 which is 15.5% pf budget and \$137,576 over last fiscal year. AQM spent \$400,267 of the budget and has increased \$28,202, 7.6% over last fiscal year. CCHS has spent \$1,067,027 of the budget and is up \$22,330 over last year. EHS has savings from vacant positions but it is offset by the chemical purchases in the Vector program. ODHO and AHS are on target for a level spending pattern compared to budget and AHS is down \$75,431 over last year due to a payout of accrued benefits for an employee that retired in FY 15. EPHP expenditures were \$387,419 for the first couple of months and up \$44,531 over last year mainly due to County overhead being charged to the division in FY16 not charged until September of FY15.

Summary of Revenues and Expenditures									
Fiscal Year 2011/2012 through August Year to Date Fiscal Year 2015/2016 (FY16)									
	Actual Fiscal Year			Fiscal Year 2014/2015		Fiscal Year 2015/2016			
	2011/2012	2012/2013	2013/2014	Actual Year End (unaudited)	August Year to Date	Adjusted Budget	August Year to Date	Percent of Budget	FY16 Increase over FY15
Revenues (all sources of funds)									
ODHO	-	-	-	-	-	-	-	-	-
AHS	8	33,453	87,930	151	-	-	6	-	-
AQM	1,966,492	2,068,697	2,491,036	2,427,471	419,707	2,255,504	280,732	12.4%	-33.1%
CCHS	3,706,478	3,322,667	3,388,099	3,520,945	165,761	3,610,928	224,010	6.2%	35.1%
EHS	1,755,042	1,828,482	1,890,192	2,008,299	368,916	1,972,876	412,943	20.9%	11.9%
EPHP	1,670,338	1,833,643	1,805,986	1,555,508	166,836	1,729,897	130,419	7.5%	-21.8%
GF Operating	7,250,850	6,623,891	6,853,891	7,666,420	80,496	7,743,084	1,290,514	16.7%	1503.2%
GF Overhead Subsidy	-	2,000,000	1,750,000	2,333,772	24,504	2,333,772	388,962	16.7%	1487.3%
Total Revenues	\$ 16,349,208	\$ 17,710,834	\$ 18,267,134	\$ 19,512,566	\$ 1,226,220	\$ 19,646,061	\$ 2,727,586	13.9%	122.4%
Expenditures									
ODHO	-	-	-	481,886	79,929	515,468	82,615	16.0%	3.4%
AHS	1,202,330	1,366,542	1,336,740	1,096,568	239,724	1,021,350	164,293	16.1%	-31.5%
AQM	1,955,798	2,629,380	2,524,702	2,587,196	372,065	3,223,296	400,267	12.4%	7.6%
CCHS	6,086,866	6,765,200	6,949,068	6,967,501	1,044,697	7,372,877	1,067,027	14.5%	2.1%
EHS	4,848,375	5,614,688	5,737,872	5,954,567	1,078,751	6,539,945	1,194,009	18.3%	10.7%
EPHP	2,084,830	2,439,602	2,374,417	2,312,142	342,888	2,621,636	387,419	14.8%	13.0%
Total Expenditures	\$ 16,178,200	\$ 18,815,411	\$ 18,922,800	\$ 19,399,860	\$ 3,158,054	\$ 21,294,570	\$ 3,295,630	15.5%	4.4%
Revenues (sources of funds) less Expenditures:									
ODHO	-	-	-	(481,886)	(79,929)	(515,468)	(82,615)		
AHS	(1,202,322)	(1,333,088)	(1,248,810)	(1,096,417)	(239,724)	(1,021,350)	(164,287)		
AQM	10,694	(560,683)	(33,666)	(159,725)	47,643	(967,792)	(119,535)		
CCHS	(2,380,389)	(3,442,533)	(3,560,969)	(3,446,555)	(878,937)	(3,761,949)	(843,017)		
EHS	(3,093,333)	(3,786,206)	(3,847,680)	(3,946,268)	(709,835)	(4,567,069)	(781,066)		
EPHP	(414,492)	(605,958)	(568,431)	(756,634)	(176,052)	(891,739)	(257,000)		
GF Operating	7,250,850	6,623,891	6,853,891	7,666,420	80,496	7,743,084	1,290,514		
GF Overhead Subsidy	-	2,000,000	1,750,000	2,333,772	24,504	2,333,772	388,962		
Surplus (deficit)	\$ 171,008	\$ (1,104,577)	\$ (655,666)	\$ 112,707	\$ (1,931,833)	\$ (1,648,509)	\$ (568,044)		
Fund Balance (FB)	\$ 3,916,042	\$ 2,811,465	\$ 2,155,799	\$ 2,268,506		\$ 619,997			
FB as a % of Expenditures	24.2%	14.9%	11.4%	11.7%		2.9%			

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 August, Fiscal Year 2016.

POSSIBLE MOTION

Move to acknowledge receipt of the Health District Fund Financial Review for August, Fiscal Year 2016.

Run by: AHEENAN
 Run date: 09/10/2015 12:41:53
 Report: 400/ZS16

Washoe County
 Plan/Actual Rev-Exp 2-yr (FC)

Period: 1 thru 2 2016
 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	2016 Plan	2016 Actuals	Balance		2015 Plan	2015 Actual	Balance	
422503 Environmental Permits	46,317-	8,609-	37,708-	19	46,317-	4,435-	41,882-	10
422504 Pool Permits	97,000-	7,694-	89,306-	8	97,000-	4,623-	92,377-	5
422505 RV Permits	11,000-	1,878-	9,122-	17	11,000-	1,515-	9,485-	14
422507 Food Service Permits	509,823-	77,976-	431,847-	15	420,000-	68,745-	351,255-	16
422508 Wat Well Const Perm	30,000-	6,455-	23,545-	22	30,000-	5,520-	24,480-	18
422509 Water Company Permits	5,000-	2,469-	2,531-	49	5,000-	3,564-	1,436-	71
422510 Air Pollution Permits	477,443-	84,779-	392,665-	18	474,103-	86,461-	387,642-	18
422511 ISDS Permits	75,000-	15,070-	59,930-	20	75,000-	11,160-	63,840-	15
422513 Special Event Permits	90,000-	31,042-	58,958-	34	105,000-	25,957-	79,043-	25
422514 Initial Applic Fee	31,000-	4,116-	26,884-	13	31,000-	3,392-	27,608-	11
* Licenses and Permits	1,372,583-	240,087-	1,132,496-	17	1,294,420-	215,372-	1,079,048-	17
431100 Federal Grants	5,211,847-	229,954-	4,981,893-	4	5,271,536-	304,793-	4,966,743-	6
431105 Federal Grants - Indirect	291,791-	16,174-	275,617-	6	235,667-	15,498-	220,169-	7
432100 State Grants	209,951-	4,176-	205,775-	2	311,068-	116,899-	194,169-	38
432105 State Grants-Indirect	15,457-	306-	15,151-	2	16,026-	100-	15,926-	1
432310 Tire Fee NRS 444A.090	468,548-	190,709-	277,839-	41	468,548-	184,685-	283,863-	39
432311 Pol Ctrl 445B.830	550,000-	86,085-	463,915-	16	318,667-	81,771-	236,896-	26
* Intergovernmental	6,747,595-	527,404-	6,220,190-	8	6,621,513-	703,746-	5,917,767-	11
460162 Services to Other Agencies	28,421-		28,421-					
460500 Other Immunizations	89,000-	7,864-	81,136-	9	89,000-	4,961-	84,039-	6
460501 Medicaid Clinical Services	8,200-	11,227-	3,027	137	8,200-	381-	7,819-	5
460503 Childhood Immunizations	20,000-	3,044-	16,956-	15	20,000-	2,336-	17,664-	12
460504 Maternal Child Health								
460508 Tuberculosis	4,100-	779-	3,321-	19	4,100-	1,216-	2,884-	30
460509 Water Quality		7-	7					
460510 IT Overlay	35,344-	5,900-	29,444-	17	35,344-	5,580-	29,764-	16
460511 Birth and Death Certificates	470,000-	89,754-	380,246-	19	480,000-	72,509-	407,491-	15
460512 Duplication Service Fees		6-	6					
460513 Other Healt Service Charges	10,167-	3,338-	6,829-	33				
460514 Food Service Certification	18,000-		18,000-		18,000-	3,431-	14,569-	19
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	1,450-	1,973-	523	136	1,750-	123-	1,627-	7
460517 Influenza Immunization	7,000-		7,000-		7,000-	15-	6,986-	0
460518 STD Fees	21,000-	2,705-	18,295-	13	21,000-	2,057-	18,943-	10
460519 Outpatient Services		818-	818					
460520 Eng Serv Health	50,000-	9,332-	40,668-	19	50,000-	5,448-	44,552-	11
460521 Plan Review - Pools & Spas	1,500-	4,215-	2,715	281	3,600-	1,086-	2,514-	30
460523 Plan Review - Food Services	20,000-	4,037-	15,963-	20	20,000-	953-	19,047-	5
460524 Family Planning	32,000-	6,788-	25,212-	21	32,000-	4,662-	27,338-	15
460525 Plan Review - Vector	42,000-	10,768-	31,232-	26	42,000-	6,220-	35,780-	15
460526 Plan Review-Air Quality	60,804-	8,613-	52,191-	14	57,889-	6,701-	51,188-	12
460527 NOE-AQM	116,984-	26,574-	90,410-	23	116,984-	20,647-	96,337-	18
460528 NESHAP-AQM	99,333-	14,525-	84,808-	15	99,333-	13,874-	85,459-	14

Run by: AHEENAN
 Run date: 09/10/2015 12:41:53
 Report: 400/ZS16

Washoe County
 Plan/Actual Rev-Exp 2-yr (FC)

Period: 1 thru 2 2016
 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	2016 Plan	2016 Actuals	Balance		2015 Plan	2015 Actual	Balance	Act%
460529 Assessments-AQM	51,336-	10,168-	41,168-	20	51,336-	7,440-	43,896-	14
460530 Inspector Registr-AQ	2,162-	98-	2,064-	5	2,162-	607-	1,555-	28
460531 Dust Plan-Air Quality	142,403-	45,805-	96,598-	32	142,403-	28,414-	113,989-	20
460532 Plan Rvw Hotel/Motal	2,530-	350-	2,180-	14		1,920-	1,920	
460533 Quick Start								
460534 Child Care Inspection	8,514-	1,886-	6,628-	22	8,514-	2,214-	6,300-	26
460535 Pub Accomod Inspectn	19,000-	4,109-	14,891-	22	19,000-	3,234-	15,766-	17
460570 Education Revenue								
* Charges for Services	1,361,248-	274,682-	1,086,566-	20	1,329,615-	196,029-	1,133,586-	15
471265 Illegal Dumping		500-	500					
* Fines and Forfeitures		500-	500					
483000 Rental Income								
484000 Donations,Contributions		700-	700					
484050 Donations Federal Pgm Income	37,550-	4,736-	32,814-	13	37,550-	4,732-	32,818-	13
484195 Non-Govt'l Grants					55,988-		55,988-	
484197 Non-Gov. Grants-Indirect	11,631-		11,631-		5,125-		5,125-	
485100 Reimbursements	38,599-		38,599-					
485121 Jury Reimbursements								
485300 Other Misc Govt Rev						1,341-	1,341	
* Miscellaneous	87,780-	5,436-	82,344-	6	98,663-	6,073-	92,590-	6
** Revenue	9,569,206-	1,048,110-	8,521,096-	11	9,344,211-	1,121,220-	8,222,990-	12
701110 Base Salaries	9,696,290	1,511,012	8,185,278	16	9,204,374	1,582,455	7,621,919	17
701120 Part Time	398,206	58,988	339,218	15	408,927	84,026	324,901	21
701130 Pooled Positions	375,376	77,961	297,415	21	510,064	75,996	434,068	15
701140 Holiday Work	4,319	108	4,211	2	4,319	789	3,530	18
701150 xcContractual Wages								
701200 Incentive Longevity	167,215	594	166,621	0	155,100	496	154,604	0
701300 Overtime	63,686	8,700	54,986	14	62,798	7,081	55,717	11
701403 Shift Differential	300	52	248	17				
701406 Standby Pay								
701408 Call Back	1,000	640	360	64	1,000		1,000	
701412 Salary Adjustment	51,380-		51,380-		131,434		131,434	
701413 Vac Payoff/Sick Pay-Term	49,515	2,200	47,315	4		79,553	79,553-	
701417 Comp Time	7,603	574	7,029	8		11,771	11,771-	
701500 Merit Awards								
* Salaries and Wages	10,712,129	1,660,830	9,051,299	16	10,478,015	1,842,166	8,635,849	18
705110 Group Insurance	1,605,062	293,743	1,311,319	18	1,452,108	238,127	1,213,980	16
705210 Retirement	2,863,730	424,395	2,439,335	15	2,508,521	399,686	2,108,835	16
705215 Retirement Calculation								
705230 Medicare April 1986	142,730	22,708	120,022	16	134,798	25,334	109,464	19
705320 Workmens Comp	69,143		69,143		68,214	11,298	56,916	17
705330 Unemply Comp	15,483		15,483		15,179	2,530	12,649	17
705360 Benefit Adjustment					21,855		21,855	

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 Report: 400/ZS16

Washoe County
 Plan/Actual Rev-Exp 2-yr (FC)

Period: 1 thru 2 2016
 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	2016 Plan	2016 Actuals	Balance	Act%	2015 Plan	2015 Actual	Balance	
* Employee Benefits	4,696,147	740,846	3,955,301	16	4,200,674	676,975	3,523,699	16
710100 Professional Services	682,324	29,300	653,023	4	687,734	21,590	666,144	3
710105 Medical Services	9,621	105	9,516	1	9,323	240	9,084	3
710108 MD Consultants	71,612	500	71,112	1	83,908	1,225	82,683	1
710110 Contracted/Temp Services	7,279		7,279		31,581	1,636	29,945	5
710119 Subrecipient Payments								
710200 Service Contract	171,856	24,510	147,346	14	120,720	16,151	104,569	13
710205 Repairs and Maintenance	24,189	605	23,584	3	5,538		5,538	
710210 Software Maintenance	16,607	9,900	6,707	60	18,083	9,363	8,720	52
710300 Operating Supplies	152,799	3,036	149,763	2	118,636	4,144	114,492	3
710302 Small Tools & Allow	23,685		23,685		22,685	200	22,485	1
710308 Animal Supplies	1,600	186	1,414	12	1,600		1,600	
710312 Special Dept Expense								
710319 Chemical Supplies	231,900	228,132	3,768	98	231,900	190,221	41,679	82
710325 Signs and Markers								
710334 Copy Machine Expense	30,061	6,012	24,049	20	25,625	4,185	21,440	16
710350 Office Supplies	36,777	1,832	34,945	5	59,144	3,138	56,006	5
710355 Books and Subscriptions	6,364	1,301	5,063	20	8,059	375	7,684	5
710360 Postage	26,055	1,199	24,856	5	23,150	2,979	20,171	13
710361 Express and Courier	850		850		510	15	495	3
710391 Fuel & Lube	100		100		100		100	
710400 Payments to Other Agencies								
710412 Do Not Use								
710500 Other Expense	43,416	119	43,297	0	28,429	974	27,455	3
710502 Printing	28,365	1,391	26,974	5	22,171	984	21,188	4
710503 Licenses & Permits	6,470	430	6,040	7	6,331	1,225	5,106	19
710505 Rental Equipment	1,800		1,800		1,800		1,800	
710506 Dept Insurance Deductible		300	300-					
710507 Network and Data Lines	9,755	447	9,308	5	11,295	1,856	9,439	16
710508 Telephone Land Lines	36,040	5,023	31,018	14	42,650	5,540	37,110	13
710509 Seminars and Meetings	53,867	2,071	51,796	4	50,633	1,840	48,793	4
710512 Auto Expense	11,541	1,447	10,094	13	14,665	1,053	13,613	7
710514 Regulatory Assessments	18,500	4,333	14,167	23	11,920	4,999	6,921	42
710519 Cellular Phone	13,709	1,077	12,632	8	15,117	2,175	12,942	14
710529 Dues	8,325	1,620	6,705	19	11,867	1,941	9,926	16
710535 Credit Card Fees	12,107	2,194	9,913	18	12,665	3,259	9,406	26
710546 Advertising	187,922	1,277	186,645	1	346,208	903	345,305	0
710551 Cash Discounts Lost		12	12-			4	4-	
710563 Recruitment						301	301-	
710577 Uniforms & Special Clothing	9,900		9,900		12,350	1,143	11,207	9
710585 Undesignated Budget					90,642		90,642	
710598 Telecomm Charge-out contra								
710600 LT Lease-Office Space	79,703	18,843	60,860	24	109,115	19,923	89,192	18

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 Report: 400/ZS16

Washoe County
 Plan/Actual Rev-Exp 2-yr (FC)

Page: 4/ 4
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 Variation: 1/ 115

Period: 1 thru 2 2016
 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	2016 Plan	2016 Actuals	Balance		2015 Plan	2015 Actual	Balance	
710620 LT Lease-Equipment								
710703 Biologicals	242,868	18,454	224,414	8	203,743	25,508	178,235	13
710714 Referral Services								
710721 Outpatient	93,962	7,580	86,381	8	96,370	5,830	90,541	6
710872 Food Purchases	2,255	50	2,205	2	4,889	30	4,859	1
711010 Utilities								
711020 Water/Sewer								
711100 ESD Asset Management	66,552	10,904	55,648	16	66,526	10,947	55,579	16
711113 Equip Srv Replace	38,039	4,227	33,812	11	27,586	4,507	23,079	16
711114 Equip Srv O & M	62,441	17,892	44,549	29	41,538	7,567	33,971	18
711115 Equip Srv Motor Pool					5,000		5,000	
711117 ESD Fuel Charge	47,382	7,914	39,467	17	48,591	10,163	38,428	21
711119 Prop & Liab Billings	75,992		75,992		74,502	12,417	62,085	17
711210 Travel	146,414	9,109	137,305	6	222,874	15,481	207,392	7
711300 Cash Over Short								
711399 ProCard in Process		20	20-					
711400 Overhead - General Fund	2,795,882	465,980	2,329,902	17	2,741,061	228,422	2,512,639	8
711504 Equipment nonCapital	135,448	4,621	130,827	3	100,055	14,461	85,595	14
* Services and Supplies	5,722,332	893,954	4,828,379	16	5,868,891	638,913	5,229,979	11
781004 Equipment Capital	105,880		105,880		381,454		381,454	
781007 Vehicles Capital					25,000		25,000	
* Capital Outlay	105,880		105,880		406,454		406,454	
** Expenses	21,236,489	3,295,630	17,940,860	16	20,954,034	3,158,054	17,795,981	15
621001 Transfer From General	10,076,856-	1,679,476-	8,397,380-	17	10,000,192-	105,000-	9,895,192-	1
* Transfers In	10,076,856-	1,679,476-	8,397,380-	17	10,000,192-	105,000-	9,895,192-	1
812230 To Reg Permits-230	58,081		58,081					
814430 To Reg Permits Capit								
* Transfers Out	58,081		58,081					
** Other Financing Src/Use	10,018,775-	1,679,476-	8,339,299-	17	10,000,192-	105,000-	9,895,192-	1
*** Total	1,648,509	568,044	1,080,465	34	1,609,632	1,931,833	322,202-	120

DD	NA
AHSO	AH
DHO	kd
DA	NA
Finance	NA
Risk	NA
Purchasing	NA

STAFF REPORT
BOARD MEETING DATE: September 24, 2015

TO: District Board of Health
FROM: Kevin Dick, District Health Officer
Anna Heenan, Administrative Health Services Officer
SUBJECT: Discussion, acknowledge and possible direction to staff on the Phase One Cost Analysis for the Health District – Fundamental Review Recommendation #10

SUMMARY

Discussion, acknowledge and possible direction to staff on the Phase One Cost Analysis for the Health District – Fundamental Review Recommendation #10.

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

PREVIOUS ACTION

February 27, 2014, the *Washoe County Public Health: A Fundamental Review* report was presented to the District Board of Health. This report outlined 24 recommendations for the Washoe County Health District.

March 27, 2014, the District Health Officer presented a staff report with a proposed prioritization for implementation of the 24 recommendations to the District Board of Health for its review and direction to staff. The District Board of Health took action to adopt the report as presented.

June 26, 2014, the District Board of Health approved the proposed uniform cost methodology and schedule to review the 22 Health District Programs; and directed staff to initiate the cost analyses.

December 18, 2014 The Board acknowledged the cost analysis of the Pilot Program for the Health District Administration and methodology used and directed staff to start the cost analysis of the Phase One group.

BACKGROUND

The phase one of the cost analyses for goal ten of the Fundamental Review focuses on a few programs within the Community and Clinical Health Services Division, the entire Environmental Health Services Division and one program in the Epidemiology and Public Health Preparedness Division.

Within the Community and Clinical Health Services Division (CCHS) the Sexual Health Human Immunodeficiency Virus (HIV) program, Sexual Health Sexually Transmitted Disease (STD) program and the Tuberculosis program were reviewed. Due to the overlapping of resources the entire Environmental Health Services Division (EHS) was reviewed. The programs within EHS include; Environmental Health Services/Land Development, Food Protection, Safe Drinking Water, Solid Waste

Management, Underground Storage Tanks, and Vector-borne Disease. The Epidemiology and Public Health Preparedness Division program reviewed was Epidemiology Surveillance.

The Phase One Cost Analysis was submitted to the Health Officer for evaluation and review. The direction from the Board on June 26, 2014 was incorporated in the methodology used to complete the cost analysis. Because 87% of the total costs (excluding County Overhead costs) to the Health District are from staffing (75% including the County Overhead) the main focus is on the proper mix of staffing in each program. The total full-time equivalents (FTEs) for the Health District in FY16 are 150.01, 11.19 FTEs below the mean benchmark of 161.20 (benchmark values are from the National Connection for Local Public Health-Public Health Uniform National Data System) and 40.49 FTEs below the median benchmark of 190.50 FTEs. In looking at the FTEs per 100,000 population WCHD is at 33.67 FTEs which is well below the median of 43.52 FTEs (benchmarks used are from the NACCHO *Local Public Health Workforce Benchmarks* reported in 2013).

The Phase One Cost Analysis shows there may be excess staffing capacity in programs; however, given that the Health District appears to be under FTEs compared to other similar agencies it is apparent that the cost analysis should not focus on the elimination of FTEs or other operating expenditures but provide information for consideration in relations to a shift in the number of FTEs assigned to programs, increased utilization of staffing capacity within programs, or changes in the classification of FTEs. Where the Phase One Cost Analysis identifies programs that appear to have more staff than comparable agencies or more than the benchmarks those areas should be considered for possible changes or further exploration of staff time utilization to identify any deviations from the assumptions used in the analysis.

This cost analysis is intended to be used as a tool to evaluate programmatic adjustments that will allow for a higher level of customer service to be delivered to the community. The complete analysis is attached.

Listed below are the programs that will be completed in Phase Two and Phase Three.

Phase Two

- Air Quality Management
- Chronic Disease Prevention
- Family Planning
- Immunizations
- Maternal, Child and Adolescent Health
- Public Health Preparedness
- Women, Infants and Children

Phase Three

- Community & Clinical Health Services
- Emergency Medical Services
- Vital Statistics

FISCAL IMPACT

No fiscal impact.

RECOMMENDATION

Staff recommends that the Board acknowledge the Phase One Cost Analysis for the Health District.

POSSIBLE MOTION

Move to acknowledge the Phase One Cost Analysis for the Health District.

Date: August 25, 2015
 To: Kevin Dick, District Health Officer
 Division Directors and Supervisors
 From: Anna Heenan, Administrative Health Services Officer
 Subject: Phase One Cost Analysis

INTRODUCTION

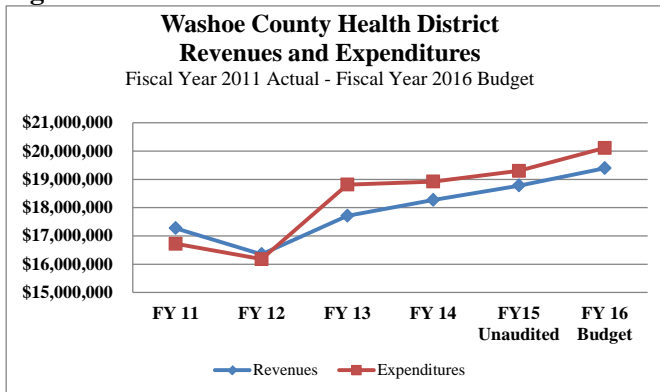
Health District

The total budgeted expenditures for the Health District for Fiscal Year 2016 (FY16) are \$20,079,242 with the revenues being budgeted at \$19,394,045 resulting in a structural deficit of \$685,197; which will be balanced utilizing savings from Fiscal Year 2015 and accumulated fund balance from the prior years (Figure 1). Additional revenue is anticipated for Fiscal Year 2017 given fee structure changes that are currently being developed and will be brought to the Board by the end of the calendar year 2015.

District in FY16 are 150.01, 11.19 FTEs below the mean benchmark of 161.20 (benchmark values are from the National Connection for Local Public Health-Public Health Uniform National Data System) and 40.49 FTEs below the median benchmark of 190.50 FTEs. In looking at the FTEs per 100,000 population WCHD is at 33.67 FTEs which is well below the median of 43.52 FTEs (benchmarks used are from the NACCHO *Local Public Health Workforce Benchmarks* reported in 2013).

Given that the Health District appears to be under FTEs compared to other similar agencies it is apparent that the cost analysis should not focus on the elimination of FTEs or other operating expenditures but a shift in the number of FTEs assigned to programs, increased utilization of staffing capacity within programs, or changes in the classification of FTEs. Where the Phase One Cost Analysis identifies programs that appear to have more staff than comparable agencies or more than the benchmarks those areas should be considered for possible changes.

Figure 1



Because 87% of the total costs (excluding County Overhead costs) to the Health District are from staffing (75% including the County Overhead) the main focus is on the proper mix of staffing in each program. The total full-time equivalents (FTEs) for the Health

This cost analysis is intended to be used as a tool to evaluate programmatic adjustments that will allow for a higher level of customer service to be delivered to the community.

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.



EXECUTIVE SUMMARY

The phase one of the cost analyses for goal ten of the Fundamental Review focuses on a few programs within the Community and Clinical Health Services Division, the entire Environmental Health Services Division and one program in the Epidemiology and Public Health Preparedness Division.

Within the Community and Clinical Health Services Division (CCHS) the Sexual Health Human Immunodeficiency Virus (HIV) program, Sexual Health Sexually Transmitted Disease (STD) program and the Tuberculosis program were reviewed. Due to the overlapping of resources the entire Environmental Health Services Division (EHS) was reviewed. The programs within EHS include; Environmental Health Services, Food Protection, Safe Drinking Water, Solid Waste Management, Underground Storage Tanks, and Vector-borne Disease. The Epidemiology and Public Health Preparedness Division program reviewed was Epidemiology Surveillance.

Washoe County Health District Programs in Phase One Cost Analysis		
Community and Clinical Health Services Division	Environmental Health Services Division	Epidemiology and Public Health Preparedness Division
Sexual Health - HIV Program Sexual Health - STD Program Tuberculosis Program	Environmental Health Services- (Land Development/General Environmental Facilities) Food Protection Safe Drinking Water Solid Waste Management Underground Storage Tanks Vector-borne Disease	Epidemiology Surveillance

Summary of the purpose of the programs reviewed

Sexual Health Human Immunodeficiency Virus (HIV) program (details on page 13) and Sexually transmitted disease (STD) program (details on page 15)

The sexual health program was established to provide comprehensive prevention education, treatment, and surveillance activities in Washoe County that reduce the incidence of STD infection including HIV.

Tuberculosis (TB) (details on page 18)

The TB program is dedicated to controlling the spread of TB by ensuring effective treatment for persons with active disease, identification and treatment of person exposed to someone with TB disease and person with latent TB Infection who are at risk of developing active TB.

Environmental Health Services (EHS) Program [Land Development/General Environmental Facilities] (details on page 27)

The EHS program insures protection for the health and safety of residents and visitors of Washoe County that use hotels/motels, Mobile home and RV parks, Child care facilities, public swimming pool and spas, schools and correctional facilities and tattoo parlors.

Food Protection Program (details on page 31)

The purpose of the Food Protection program is to provide regulatory oversight for many permitted events that occur each year; this includes ensuring food protection and adequate sanitation such as proper sewage and availability of potable water.

Safe Drinking Water (SDW) Program (details on page 34)

The Nevada Division of Environmental Protection (NDEP) provides regulatory oversight for the Public Water System Program in Nevada. Pursuant to an interlocal agreement with NDEP the staff at the Health District provides the services and local oversight within Washoe County.

Solid Waste Management Program (details on page 37)

Solid Waste Management program was established to regulate the storage, collection, transfer, processing and disposal of solid waste in a manner that will protect public health and welfare, prevent water and air pollution, prevent the spread of disease and the creation of nuisances, conserve natural resources and enhance the quality of the environment.

Underground Storage Tanks (UST) (details on page 40)

UST program was established to prevent the accidental or incidental release of petroleum products stored in underground storage tanks into the environment. The Leaking Underground Storage Tank (LUST) program was established to mitigate and remediate the environmental impact of petroleum products, released from failed UST systems that have contaminated the environment, particularly groundwater.

Vector-borne Disease Prevention Program (details on page 43)

The Vector-borne disease program was established to protect the public's health and well-being through the prevention of human disease, annoyance, and economic loss caused by vector-borne diseases agents.

Epidemiology Surveillance Program (details on page 50)

The purpose of the Epidemiology Surveillance program is to develop and integrate public health data available to the Washoe County Health District to better support the core functions of public health assessment and policy development.

Phase One Consolidated Staffing review

The total FTEs in the Phase One Cost analysis are 65.65. Excluding the 5.90 Management FTEs, the total FTEs of 59.75 are available to deliver the direct services for the programs in the Phase One Cost Analysis. The total staff hours given the 59.75 FTEs is 124,280 (Table 1); however, when excluding the vacation, sick-leave, holidays, paid breaks, and meetings the total available hours for direct services to the community is 91,250, 73.4% of the total staffing hours. The total hours projected to complete the service activities is 77,247. The excess capacity with the current staffing level is 14,003. In looking at the Management Staff for the programs and the bench mark of 8 to 12 staff positions per supervisor the CCHS Division falls within the range at 10.15, EHS Division falls under the range at 6.61 staff to

management (this excludes the Vector program given the off-site location); and EPHP has the least staff to management ratio of 5.18 when including the Emergency Medical Services (EMS) which is required to have a Management position due to the level of senior management engagement in the program. When excluding EMS the staff to management ratio is 8.01 which are within the benchmark.

Table 1

Washoe County Health District Summary of Staffing Hours and FTEs for Phase One Cost Analysis Programs							
Programs	Total FTEs (excludes Management)	Total Staff Hours	Net Available Staff Hours (1)	Total Hours Required to complete program activities	Total FTEs Required given the anticipated Work Activities	Excess Capacity (shortfall in hours) given available hours vs. required hours	Excess Capacity (shortfall in FTEs) given available FTEs vs. required FTEs
Sexual Health (STD & HIV)	10.03	20,862	15,522	17,458	11.28	(1,937)	(1.25)
Tuberculosis	4.80	9,984	7,428	5,309	3.43	2,119	1.37
Environmental Health Svcs	11.62	24,170	17,233	20,594	13.89	(3,362)	(2.27)
Food Protection	14.61	30,389	21,667	13,045	8.80	8,623	5.81
Safe Drinking Water	1.00	2,080	1,483	1,506	1.02	(23)	(0.02)
Solid Waste Management	4.40	9,152	6,525	2,431	1.64	4,095	2.76
Underground Storage Tanks	1.64	3,411	2,432	2,192	1.48	240	0.16
Vector-borne Disease	5.63	11,710	9,621	6,638	4.48	2,983	1.15
Epidemiology Surveillance (2)	6.02	12,522	9,339	8,074	5.20	1,265	0.82
Total	59.75	124,280	91,250	77,247	51.21	14,003	8.54

(1) Net available hours excludes the sick-leave, vacation, personal leave, holidays, meetings and varies by Division
 (2) Hours required to complete program activities were not submitted so the benchmark FTEs have been used

Phase One Consolidated Revenues and Expenditures

The total revenue for the programs in phase one of the cost analyses is \$2,877,553, excluding the \$6,695,816 of County General Fund support, and the total expenditures are \$9,573,369 (Figure 2). The single largest source of revenue is from the County General Fund with the second largest source from grants at \$1,169,680. The largest use of the funds is for salaries and benefits of \$6,784,158 (Figure 3). The total full-time equivalents (FTEs) for the programs in the phase one cost analysis is 65.65. The average salary cost per FTE is \$72,382 and the average benefit cost is \$30,956 for a total cost per FTE of \$103,338.

Figure 2

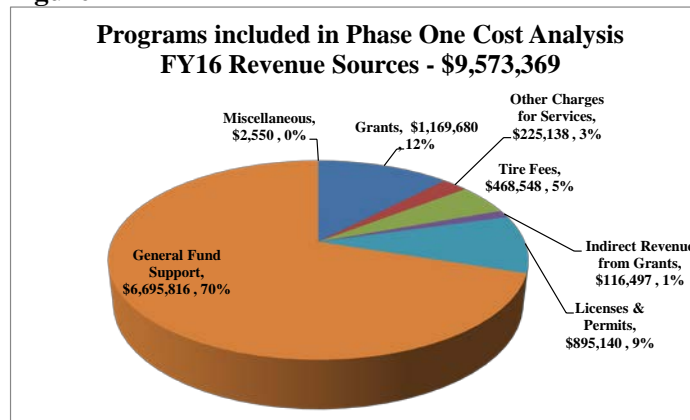


Figure 3

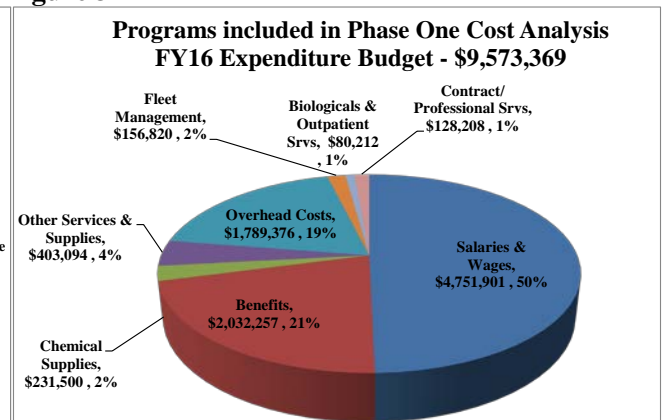


Table 2 below reflects the Phase One Programs total revenues and expenditures with line item detail from FY 2011 through the Final Budget for FY 2016. The grants have declined 17% since FY11; however, the decline was mostly offset with an increase in licenses and permits due to applying 25% of the County Overhead costs into the fee structure thus bringing the overall decline in revenue to 4%. When excluding the County General Overhead charge, that was not charged in FY 2011, the expenditures have increased 1.1% mainly due to the increase in retirement costs-PERS (PERS=Public Employee Retirement System); FY2011 PERS rate was 21.50% and in FY2016 it is 28.00%.

Table 2

	Actual				Unaudited	Final
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
Revenue:						
Licenses and Permits	677,436	647,805	723,326	873,951	881,200	895,140
Federal & State Grants	1,546,017	1,429,592	1,192,037	1,120,358	1,019,734	1,169,680
Federal & State Indirect Rev.	8,931	17,295	33,936	86,982	89,039	116,497
Tire Fees	450,911	513,800	432,642	314,136	446,463	468,548
Other Charges for Services	310,752	266,005	332,983	258,715	243,956	225,138
Miscellaneous	4,761	6,656	2,957	52,074	5,869	2,550
Total Revenue	2,998,808	2,881,152	2,717,881	2,706,217	2,686,261	2,877,553
USES OF FUNDS:						
Expenditures:						
Salaries & Wages	4,528,543	4,303,358	4,248,412	4,106,893	4,455,116	4,570,591
Intermittent Hourly Positions	171,607	184,098	153,127	178,044	186,206	181,310
Group Insurance	630,797	599,410	582,868	568,411	615,074	670,372
Retirement	951,326	997,831	972,694	1,041,612	1,096,874	1,265,249
Other Employee Benefits	97,596	94,432	93,918	93,339	96,980	96,636
Contract/Professional Svcs	310,209	212,980	88,059	146,022	159,281	128,208
Chemical Supplies (Vector only)	321,497	265,304	231,490	231,398	231,437	231,500
Biologicals	6,277	13,164	8,125	3,716	6,907	11,250
Fleet Management billings	120,884	134,461	99,185	110,402	129,212	156,820
Outpatient	79,058	66,950	70,627	63,613	58,205	68,962
Property & Liability billings	33,060	38,612	39,162	36,166	36,166	36,890
Other Services and Supplies	412,341	346,555	422,262	388,221	374,115	366,204
Overhead Costs	-	-	1,152,038	1,285,362	1,816,068	1,789,376
Capital	-	145,876	-	-	7,961	-
Total Expenditures	7,663,196	7,403,030	8,161,967	8,253,200	9,269,603	9,573,369
Revenues less Expenditures	\$(4,664,388)	\$(4,521,878)	\$(5,444,086)	\$(5,546,983)	\$(6,583,341)	\$(6,695,816)

Of the programs in the cost analysis the Sexual Health-HIV program receives the greatest amount of grant funding, \$488,536 (Table 3), which covers the total direct cost of \$441,918 and the balance of \$46,618 to cover a portion of indirect costs. The Underground Storage Tank receives the second largest grant funding of \$218,000 with a total direct expenditure budget of \$208,736 with the balance of \$9,764

paying for a portion of indirect costs. The total grant funding for phase one programs is \$1,169,680 for operations and \$116,497 to cover indirect cost allocations to the programs. The fees, charges for services & other revenue total \$1,591,376. The total revenue is \$2,877,553 with an expenditure budget of \$9,573,369. The balance of the expenditures is covered with County General Fund support of \$6,695,816 (Table 3). The Food Protection Program has the greatest FTE count at 16.41 with an expenditures budget of \$2,373,148. The revenue to support the program is \$648,300 with the balance of \$1,724,848 of funding required coming from the County General Fund. The Environmental Health Services Program has the second largest FTE allocation of 14.37 and an expenditure budget of \$2,018,645 with total revenue of \$441,028 and \$1,577,617 required from the General Fund support. Vector-borne Disease program is the third highest use of the County General Fund support at \$941,890 and an FTE count of 5.63. The Sexual Health – STD program is the third highest FTE count of 6.96 and requires \$824,599 from the County General Fund, the fourth highest allocation, due to the grant revenue and other charges that brings the total General Fund support down.

Table 3

Washoe County Health District Summary of Phase One Cost Analysis FTEs and FY16 Budget								
	Budgeted FTEs	FTEs per 100,000 population	Grant Revenue	Grant Revenue to cover Indirect Costs	Fees, Charges for Services, & Other	Total Revenue (Excl County Support)	County General Fund Support	Expenditure Total
COMMUNITY AND CLINICAL HEALTH SERVICES (CCHS):								
Sexual Health - HIV	3.77	0.85	441,918	46,618	-	488,536	54,970	543,506
Sexual Health - STD	6.96	1.56	118,190	11,266	25,400	154,856	824,599	979,455
Tuberculosis	5.20	1.17	97,970	12,736	5,400	116,106	672,953	789,059
TOTAL CCHS	15.93	3.58	658,078	70,620	30,800	759,498	1,552,522	2,312,020
ENVIRONMENTAL HEALTH SERVICES DIVISION (EHS):								
Environmental Health Services	14.37	3.23	-	-	441,028	441,028	1,577,617	2,018,645
Food Protection	16.41	3.68	63,000	6,300	579,000	648,300	1,724,848	2,373,148
Safe Drinking Water	1.00	0.22	114,305	10,695	5,000	130,000	57,739	187,739
Solid Waste Management	4.65	1.04	-	-	493,548	493,548	139,164	632,712
Underground Storage Tanks	1.64	0.37	208,236	9,764	-	218,000	38,105	256,105
Vector Borne Diseases	5.63	1.26	-	-	42,000	42,000	941,890	983,890
TOTAL EHS	43.70	9.81	385,541	26,759	1,560,576	1,972,876	4,479,363	6,452,239
EPIDEMIOLOGY & PUBLIC HEALTH PREPAREDNESS DIVISION (EPHP):								
Epidemiology Surveillance	6.02	1.35	126,060	19,119	-	145,179	663,930	809,109
TOTAL EPHP	6.02	1.35	126,060	19,119	-	145,179	663,930	809,109
TOTAL FOR PROGRAMS IN PHASE ONE COST ANALYSIS								
	65.65	14.74	\$1,169,680	\$ 116,497	\$1,591,376	\$2,877,553	\$6,695,816	\$ 9,573,369

PHASE ONE COST ANALYSIS

According to the Public Health Economics, Research on the Value of Public Health Policy & Practice, What the Recession and Recovery Teach Us about Public Health Delivery Systems:

The recommended public health activities measure in the National Longitudinal Survey of Public Health Systems (NLSPHS) reflect a set of 20 programs, policies and administrative practices that national expert panels have consistently recommended to be performed in every U.S. community in order to prevent disease and injury and promote health. This recommended set includes activities to monitor community health status, investigate and control disease outbreaks, educate the public about health risks and prevention strategies, prepare for and respond to natural disasters and other large-scale health emergencies, and enforce health related laws and regulations such as those concerning tobacco exposure, food and water safety, and air quality. These 20 activities are based on the Institute of Medicine's Core Public Health Functions definitions and reflect high-value practices recommended by a series of expert panels convened by the U.S. Centers for Disease Control and Prevention. These activities are also closely aligned with the federal governments' Essential Public Health Services Framework and a more recently developed set of Foundational Public Health Capabilities called for by the Institute of Medicine in its 2012 consensus report on public health financing.

With that, in researching the programs within the phase one of the cost analyses the Washoe County Health District is providing the services in order to prevent disease and promote health. In many areas such as the sexual health program the minimum service level is all that can be provided due to reductions in funding and so many services have resorted to being reactive and not proactive to the public health concerns.

The overall benefits to the community for all services provided by the Health District is to promote and protect the public health and thus increase the quality of life for the citizens of Washoe County. Given this, some programs may appear to have excess resources due to benchmarking that is being reported but given the national recovery from the great recession the benchmarking should be viewed as just one tool in evaluating the programs given that the Local Health Departments within the benchmarking have suffered reductions due to the Great Recession of 2008 and have not completely recovered thus making cost benefit judgements and benchmarking difficult, never the less, the reviews on programs should not be ignored but periodically evaluated.

COMMUNITY AND CLINICAL HEALTH SERVICES DIVISION

The Community and Clinical Health Services Division (CCHS) provides clinical services, community and individual health education, and partners with other community organizations and health care providers to improve the health of our community.

Functions of the Community and Clinical Health Services Division

- Empower our community to be tobacco free, live active lifestyles, and eat nutritiously through education, collaboration and policy.
- Provide County citizens a confidential, high quality, reproductive health and family planning service.
- Prevent and control tuberculosis to reduce morbidity, disability and premature death.
- Promote public health by reducing vaccine preventable disease through immunization, with an emphasis on collaboration and cooperation with community partners.
- Provide prevention education, treatment, and surveillance activities that reduce the incidence of sexually transmitted diseases.
- Improve the health status of eligible pregnant and postpartum women, infants and children by providing supplemental nutritious foods, education and referrals.

The programs in the CCHS division that are responsible for the implementation of the functions include:

- | | |
|-------------------------------------|-----------------------------|
| Chronic Disease Prevention | Sexual Health – HIV |
| Community & Clinical Health | Sexual Health – STD |
| Family Planning | Tuberculosis |
| Immunizations | Women, Infants and Children |
| Maternal, Child & Adolescent Health | |

Authorized positions and Full-time Equivalent (FTEs) in the CCHS Division – 55.76 FTEs

- | | |
|--|---|
| Advanced Practitioner of Nursing – 2.17 FTEs | Office Assistant II – 13.00 FTEs |
| Community Health Aide – 6.40 FTEs | Office Support Specialist – 2.00 FTEs |
| Community Health Nutritionist – 2.00 FTEs | Public Health Nurse II – 15.40 FTEs |
| Division Director – 1.00 FTE | Public Health Nurse Supervisor – 3.00 FTEs |
| Health Educator Coordinator – 2.00 FTEs | Registered Nurse I – 1.88 FTEs |
| Health Educator II – 1.91 FTEs | Storekeeper – 1.00 FTE |
| Human Srvs Support Specialist II – 3.00 FTEs | Women, Infant & Children Manager – 1.00 FTE |

The total FY16 FTEs budgeted for the CCHS Division is 55.76. The historical details of the FTEs are in Table 4 below. The individual program reviews will line out which FTEs are assigned to programs.

Table 4

Washoe County District Health CCHS Budgeted Full-time equivalents (FTEs)						
Title	FY 11 FTEs	FY 12 FTEs	FY 13 FTEs	FY 14 FTEs	FY15 FTEs	FY16 FTEs
ADVANCED PRACTITIONER OF NURSING	2.40	2.40	2.40	2.40	2.38	2.17
COMMUNITY HEALTH AIDE	7.45	7.45	7.45	6.60	6.38	6.40
COMMUNITY HEALTH NUTRITIONIST	2.00	2.00	2.00	2.00	2.00	2.00
DISEASE INTERVENTION SPECIALIST	4.00	4.00	4.00	4.00	0.00	0.00
DIV DIRECTOR-CCHS	1.00	1.00	1.00	1.00	1.00	1.00
HEALTH EDUCATOR COORDINATOR	0.00	0.00	0.00	0.00	2.00	2.00
HEALTH EDUCATOR II	3.00	2.18	2.10	1.72	1.88	1.91
HUMAN SERVICES SUPPORT SPECIALIST II	4.00	4.00	4.00	4.00	3.00	3.00
LICENSED PRACTICAL NURSE	1.00	1.00	1.00	0.00	0.00	0.00
OFFICE ASSISTANT II	18.60	13.60	12.61	12.15	14.00	13.00
OFFICE SUPPORT SPECIALIST	4.00	0.00	0.00	0.00	1.00	2.00
PUBLIC HEALTH NURSE II	13.25	13.25	13.69	13.15	14.40	15.40
PUBLIC HEALTH NURSE SUPERVISOR	3.00	3.00	3.00	3.00	3.00	3.00
REGISTERED NURSE I	6.89	6.89	1.21	1.30	0.90	1.88
STOREKEEPER	1.00	1.00	1.00	1.00	1.00	1.00
WIC PROGRAM MANAGER	1.00	1.00	1.00	1.00	1.00	1.00
TOTAL HEALTH DISTRICT FTEs	72.59	62.77	56.46	53.32	53.94	55.76
Year over year increase (decrease)		(9.82)	(6.31)	(3.14)	0.62	1.82

The FY16 projected population used for the County is 445,526 which equates to CCHS having 12.52 FTEs per 100,000 population to deliver the services that are required (Table 5). In looking at the Carson City/Douglas Health District it is running at 12.68 FTEs per 100,000. The Southern Nevada Health District (SNHD) does not handle the WIC and chronic disease program so with pulling those programs from the calculation Washoe County is operating with 8.65 FTEs per 100,000 and SNHD is operating with 7.24 FTEs.

Table 5

Washoe County District Health CCHS Budgeted Full-time equivalents (FTEs)						
	FY 11 FTEs	FY 12 FTEs	FY 13 FTEs	FY 14 FTEs	FY15 FTEs	FY16 FTEs
CCHS FTEs per 100,000 population	17.22	14.68	13.06	12.21	12.23	12.52
Carson City	CCHS FTEs per 100,000 pop. is 12.68					
WCHD - CCHS Excl Chronic Disease and WIC	CCHS FTEs per 100,000 pop. is 8.65					
Southern Nevada Health District	CCHS FTEs per 100,000 pop. is 7.24					

The total public health nursing occupation full-time equivalents for CCHS is 19.45 (Table 6-includes the Advanced Practitioner of Nursing, Public Health Nurse II, and the Registered Nurse I FTEs). The median FTE reported by the 2008 National Profile of Local Health Departments was 25.00 nursing occupation FTEs for a population size of Washoe County; however, by 2013 the median FTE reported in the National Profile of Local Health

Departments was 19.00 reflecting a national decline in the nursing occupation for Local Health Departments.

Table 6

CCHS Division - Budgeted Full-Time Equivalent in Nursing Occupation						
	FY 11	FY 12	FY 13	FY 14	FY15	FY16
	FTEs	FTEs	FTEs	FTEs	FTEs	FTEs
WCHD CCHS Public Health Nurse Occupation	27.54	27.54	22.30	20.85	17.68	19.45
Public Health Nurses per 100,000 population	6.53	6.44	5.16	4.78	4.01	4.37
Benchmarks and best practice:						
NACCHO 2013 National Profile of Local Health Departments-Median FTEs in Nursing Occupation	For Population of 250,000-499,999 = <u>19.00</u> and for a Population of 500,000-999,999 = <u>36.50</u>					
NACCHO 2008 National Profile of Local Health Departments-Median FTEs in Nursing Occupation	For Population of 250,000-499,999 = <u>25.00</u> and for a Population of 500,000-999,999 = <u>52.00</u>					

Unlike the Nursing occupation the Public Health Educator median FTE has increased since the 2008 level of 1.15 to 3.00 according to the 2013 National Profile of Local Health Departments for the Health Educator Occupation for a population the size of Washoe County (Table 7). The CCHS Health Educator positions for FY16 are 3.91, slightly over the median (includes the Health Educator Coordinator and Health Educator II FTEs).

Table 7

CCHS Division - Budgeted Full-Time Equivalent for Public Health Educators						
	FY 11	FY 12	FY 13	FY 14	FY15	FY16
	FTEs	FTEs	FTEs	FTEs	FTEs	FTEs
WCHD CCHS Public Health Educators	6.53	2.18	2.10	1.72	3.88	3.91
Benchmarks and best practice:						
NACCHO 2013 National Profile of Local Health Departments-Median FTEs in Health Educator Occupation	For Population of 250,000-499,999 = <u>3.00</u> and for a Population of 500,000-999,999 = <u>5.00</u>					
NACCHO 2008 National Profile of Local Health Departments-Median FTEs in Health Educator Occupation	For Population of 250,000-499,999 = <u>1.15</u> and for a Population of 500,000-999,999 = <u>0.80</u>					

Taking into consideration all management/supervisors for the division, the ratio for CCHS is operating at 10.15 (Table 8) for staff to management ratio. The benchmark ratio for staff to management is 8 to 12 (source: Ideal Ratio of Managers to Staff, Business & Entrepreneurship and International Customer Management Institute-Workforce Management 2012 Staff to Supervisor Ratio). Given the benchmark the level of staff to management/supervisors falls within the range.

Table 8

CCHS Division - Budgeted Management Staff						
	FY 11	FY 12	FY 13	FY 14	FY15	FY16
	FTEs	FTEs	FTEs	FTEs	FTEs	FTEs
WCHD CCHS Total Management	5.00	5.00	5.00	5.00	5.00	5.00
WCHD CCHS Staff to Management Ratio	13.52	11.55	10.29	9.66	9.79	10.15
Benchmark	Ratio of 8 to 12					

Revenues and Expenditures for CCHS Division (details in Table 9):

The FY16 adopted budget for CCHS is \$7.6 million which includes the 55.76 FTEs and the services and supplies to support the program. Approximately 46.6%, \$3.5 million, of the FY16 budget is anticipated to be recovered in revenue from grants and other revenue sources. The balance of the expenditures not covered with the revenue, \$4.0 million, is supported by the Washoe County General Fund transfer.

Figure 4

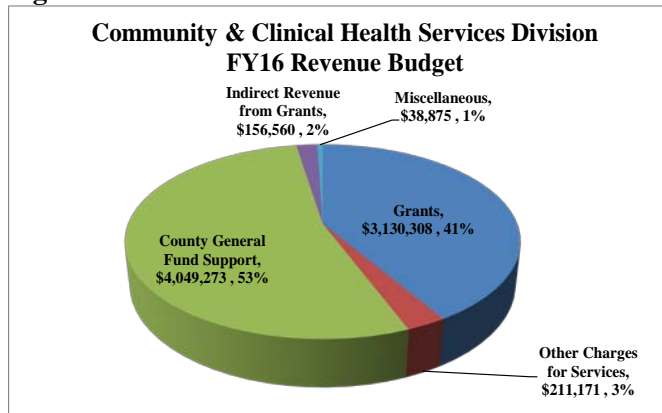


Figure 5

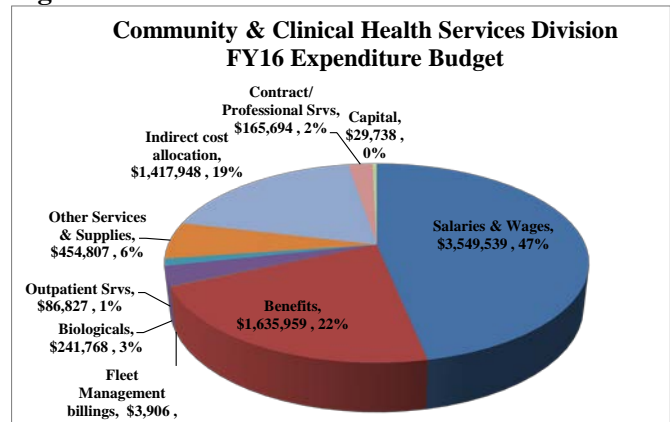


Table 9

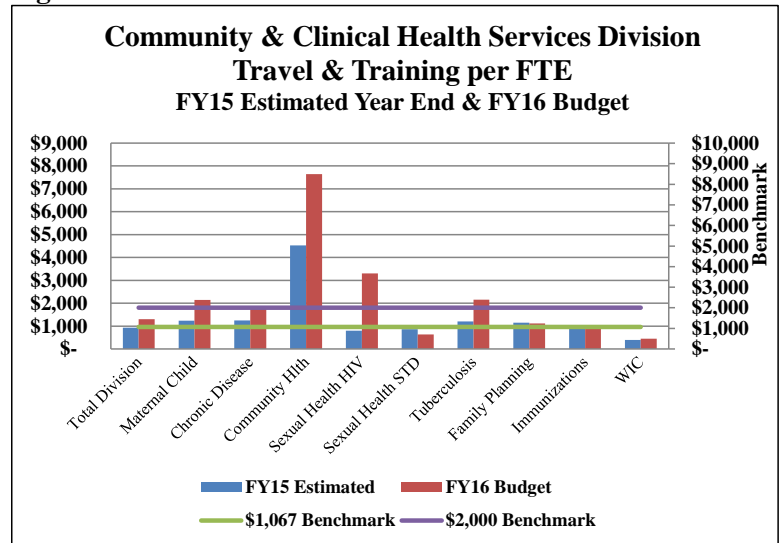
	Actual				Unaudited	Final
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
COMMUNITY AND CLINICAL HEALTH SERVICES:						
Revenue:						
Licenses and Permits	-	-	-	-	-	-
Federal & State Grants	3,517,431	3,408,568	3,096,077	3,017,961	2,763,604	3,130,308
Federal & State Indirect Rev.	21,072	39,882	35,646	117,932	135,262	156,560
Other Charges for Services	304,263	208,989	151,773	216,347	173,063	211,171
Miscellaneous	44,445	49,039	39,171	35,859	26,891	38,875
Total Revenue	3,887,210	3,706,478	3,322,667	3,388,099	3,098,821	3,536,914
Expenditures:						
Salaries & Wages	3,677,719	3,479,059	3,319,937	3,133,509	3,288,652	3,359,948
Intermittent Hourly Positions	219,515	209,539	212,130	286,492	211,059	189,591
Group Insurance	536,459	523,506	546,365	512,520	550,542	615,290
Retirement	777,673	818,236	774,825	794,582	818,157	942,967
Other Employee Benefits	86,488	73,495	77,147	76,227	78,456	77,703
Contract/Professional Svcs	340,454	286,692	155,369	302,555	160,708	165,694
Biologicals	130,163	180,336	226,789	246,585	216,333	241,768
Fleet Management billings	1,362	393	1,724	2,217	3,237	3,906
Outpatient	100,887	89,712	83,236	77,457	75,986	86,827
Property & Liability billings	29,260	29,271	31,007	28,701	28,701	29,275
Other Services and Supplies	350,653	379,158	327,427	291,340	424,641	425,532
Indirect cost allocation	-	-	1,007,896	1,170,065	1,428,880	1,417,948
Capital	-	17,467	1,350	26,817	7,961	29,738
Total Expenditures	6,250,632	6,086,865	6,765,200	6,949,067	7,293,313	7,586,187
Revenues less Expenditures	\$(2,363,421)	\$(2,380,388)	\$(3,442,533)	\$(3,560,968)	\$(4,194,492)	\$(4,049,273)

Developing the Workforce

According to the Society of Human Resource Management the role of employee training and development is becoming more important as organizations are increasingly relying on the knowledge, skills and abilities of their human capital to drive performance. Since training is a major component in enhancing employee competencies, monitoring the training cost per employee is critical. The budget for training and development of the Community and Clinical Health Division is \$72,492 which equates to \$1,300 per FTE when factoring in the grants, restricted funding and an estimated cost (\$358/FTE) for one all day training session that is required by each employee in CCHS. Given the calculated costs, the budget is in-

line with the expenditure benchmark per employee for training which is between \$1,067 and \$2,000.

Figure 6



The following programs from the Community and Clinical Health Services Division have been evaluated as part of the phase one cost analysis: Sexual Health - Sexually Transmitted Diseases (STDs); Sexual Health - Human Immunodeficiency Virus (HIV) program; and the Tuberculosis program (TB). The other programs within the Community and Clinical Health Services Division will be evaluated in phase two and three of the cost analysis.

COMMUNITY AND CLINICAL HEALTH SERVICES PROGRAM REVIEWS

Sexual Health HIV

Purpose of the program

The sexual health program was established to provide comprehensive prevention education, treatment, and surveillance activities in Washoe County that reduce the incidence of sexually transmitted disease (STD) infection including human immunodeficiency virus (HIV).

Statutory Authority to Provide Services

NRS 441A.240 Duties of health authority - The health authority shall control, prevent, treat and, whenever possible, ensure the cure of sexually transmitted diseases. NAC 441A.450 Acquired immune deficiency syndrome (AIDS); human immunodeficiency virus infection (HIV): 1. The health authority shall investigate each report of a case having: (a) Acquired immune deficiency syndrome (AIDS); or (b) A human immunodeficiency virus infection (HIV), as identified by a confirmed positive human immunodeficiency virus infection (HIV) blood test administered by a medical laboratory, to confirm the diagnosis and identify each person with whom the case has had sexual relations and each person with whom the case has shared a needle.

Functions of the Sexual Health HIV Program

- Screening/testing
- Counseling
- Notifying partners and other contacts about possible infection
- Assistance to Community based organizations
- Referrals for individual living with HIV
- Prevention Education

Benefits of the Sexual Health HIV Program

According to the Centers for Disease Control and Prevention, to realize the full prevention benefit of treating HIV infection, we should keep in mind four overarching tenets: HIV testing is the foundation for both prevention and care efforts; early identification of infection empowers individuals to take action that benefits both their own health and the public health; early treatment of infected persons substantially reduces their risk of transmitting HIV to others; and, the prevention benefit of treatment can only be realized with effective treatment, which requires linkage to and retention in care, and adherence to antiretroviral therapy.

Authorized positions and Full-time Equivalents (FTEs) in the program – 3.77 FTEs

Health Educator Coordinator – 0.95 FTEs	Public Health Nurse II – 2.00 FTEs
Office Support Specialist – 0.40 FTE	Registered Nurse I – 0.42 FTEs

There are 3.77 FTEs budgeted for this program. Comparing the Nursing occupation field to other entities has been consolidated with the information in the Sexually Transmitted Disease section given that the agencies reviewed has the STD and HIV programs consolidated into one program, the Health

District has separated the programs due to the increased work activities for supervisors across several programs. The review of FTEs for work activities has also been consolidated in the STD section.

Revenues and Expenditures (details in Table 10)

The Sexual Health HIV program is grant funded with the scope of work including the overall coordination of all programmatic activities relating to HIV prevention in northern Nevada. The total FY16 revenue budget is set at \$488,536 with \$441,918 being reimbursed by federal grant funding and an additional \$46,618 of federal funding is anticipated to cover indirect costs.

The total expenditure budget is \$543,506. The total salaries and benefits for the program are \$348,480, 64.1% of total costs. The cost per FTE for the program is \$92,435. The total services and supplies of \$195,025 include the following: \$101,588 for indirect cost allocations; \$17,860 for lab and outpatient services; \$24,647 for advertisement, incentives and printing of program materials; \$25,600 for medical supplies; \$11,171 for training and development of staff; and, \$14,159 for other miscellaneous supplies required to run the program.

Table 10

	Actual				Unaudited	Final
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
<u>Sexual Health - HIV</u>						
Revenue:						
Federal & State Grants	704,626	609,084	509,749	425,231	379,812	441,918
Federal & State Indirect Rev.	-	-	14,013	26,706	27,788	46,618
Sub-total Revenue	704,626	609,084	523,762	451,937	407,600	488,536
Expenditures:						
Salaries & Wages	321,935	307,779	247,038	229,660	206,446	223,526
Intermittent Hourly Positions	9,737	15,743	21,082	23,097	22,403	27,487
Group Insurance	40,403	37,156	30,258	30,678	25,865	32,558
Retirement	68,835	72,681	49,751	58,982	52,209	60,496
Other Employee Benefits	6,481	6,378	5,716	5,854	4,573	4,413
Contract/Professional Svcs	208,625	102,459	26,416	29,400	1,000	100
Outpatient	12,630	24,443	31,215	14,649	9,699	17,860
Property & Liability billings	-	-	-	-	-	-
Other Services and Supplies	35,980	42,445	98,274	33,150	84,071	75,478
Indirect cost allocation	-	-	-	-	98,988	101,588
Sub-total Expenditures	704,626	609,083	509,750	425,470	505,255	543,506
Revenue less Expenditures	\$ (0)	\$ 0	\$ 14,013	\$ 26,467	\$ (97,655)	\$ (54,970)

Sexual Health Sexually Transmitted Disease (STD)

Purpose of the program

The sexual health program was established to provide comprehensive prevention education, treatment, and surveillance activities in Washoe County that reduce the incidence of sexually transmitted disease (STD) infection including human immunodeficiency virus (HIV).

Statutory Authority to Provide Services

NRS 441A mandates health departments to prevent, investigate, and treat HIV/STDs.

Functions of the Sexual Health STD Program

- Screening/testing and counseling for STDs
- Hepatitis A and B vaccinations
- Diagnosis and treatment
- Prevention education
- Provide the community with data on STD, HIV, Aids and risk behaviors

Benefits of the Sexual Health STD Program

According to Healthy People 2020, an estimated 19 million new cases of sexually transmitted diseases (STDs) are diagnosed each year in the United States. Untreated STDs can lead to serious long-term health consequences. Improving reproductive and sexual health is crucial to eliminating health disparities, reducing rates of infectious diseases and infertility, and increasing educational attainment, career opportunities, and financial stability.

Authorized positions and Full-time Equivalent (FTEs) in the program – 6.96 FTEs

- Health Educator Coordinator – 0.05 FTE
- Office Assistant II – 0.84 FTE
- Office Support Specialist – 0.25 FTE
- Public Health Nurse II – 4.40 FTEs
- Public Health Nurse Supervisor – 0.70 FTE
- Registered Nurse I – 0.47 FTE
- Storekeeper – 0.25 FTE

The total budgeted FTEs for the STD program are 6.96. Combining STD and HIV for comparisons the total nursing staff for Washoe County Health District (WCHD) is 7.29 (Table 11) for Southern Nevada Health District (SNHD) the total staff is 14.00 (Note: Carson combines many programs when utilizing the nursing staff so the comparisons will be utilized during phase two of the cost analysis when all CCHS programs are reviewed). Given the different populations a comparison of FTEs per 100,000 was done: WCHD has 1.64 and SNHD has 0.66 FTEs per 100,000 population.

Table 11 (note that the history was not available so the table focuses on FY16)

CCHS Division - Budgeted Full-Time Equivalent for Sexual Health (includes STD & HIV)	
	FY16 FTEs
WCHD CCHS Public Health Nurses (incl. Registered Nurses) for Sexual Health	7.29
WCHD Public Health Nurses per 100,000 population	1.64
Comparisons to other agencies:	
Southern Nevada Health District (includes RNs, Disease investigator, and Senior Community Health Nurse)	Nursing occupation per 100,000 population = 0.66

What is not apparent in the comparison to Southern Nevada is the workload and time consumption per visit that is currently required from the Sexual Health staff. The FTE review has consolidated the staff for the HIV and STD programs. The total hours available for the Sexual Health visits is 20,862 (Table 12), taking into consideration that approximately 74.4% of an FTE is used for direct program work, the breakdown for hours is as follows:

CCHS Breakdown of Work Hours		
	Hours for a Full-time Equivalent	Percent of Total
Direct Program Activity	1,548	74.4%
Average Sick Leave Taken	110	5.3%
Average Vacation Leave Taken	163	7.8%
Average Compensatory Time Taken	15	0.7%
Average Personal Leave Taken	5	0.2%
Average Holidays Taken	88	4.2%
Average Time in Meetings	45	2.2%
Average Paid Breaks	106	5.1%
	2,080	100.0%

Given the total number of visits and contacts at an estimated 4,365 and the average hours spent per visit/contact at 4.00 (calculated from the time accounting done in FY15) the total annual hours of staff required are 17,458 or 11.28 FTEs leaving a shortfall in FTEs of 1.25 to complete the estimated workload.

Table 12

CCHS - Sexual Health STD & HIV Program FTE Review	
Health Educator Coordinator	1.00
Office Assistant II	0.84
Office Support Specialist	0.65
Public Health Nurse II	6.40
Registered Nurse I	0.89
Storekeeper	0.25
Total Full-time Equivalent (FTEs)	10.03
Total hours given the FTEs (at 2080)	20,862
Net available hours to complete Visits & Contacts (74.4% of an FTE is available - 25.6% is for vacation, holidays, sick leave, training, breaks, meetings)	15,522
Total Hours available per FTE	1,548
Average number of visits & contacts investigated	4,365
Average time per visit (includes checkin/out, exam, pharmacy, investigative activity, & restocking room-source: time accounting done in FY15)	4.00
Total annual hours required	17,458
Total FTEs required given the annual hours available	11.28
Excess FTEs available after contacts are met	(1.25)

Revenues and Expenditures (details in Table 13)

The total fiscal year 2016 (FY 16) budget is set at \$979,455. Total revenue for the program is \$154,856; which includes federal funding, charges for services and other miscellaneous revenue. The balance of the expenditures, \$824,599, is paid for with the County General Fund support.

The total expenditure budget is \$979,455. The total salaries and benefits for the program are \$716,063, 73.1% of total costs. The cost per FTE for the program is \$102,883. The total services and supplies of \$263,393 include the following: \$183,072 in indirect cost allocation; \$18,160 in contractual services for pharmacy, interpreting, medical consulting and lab Director services; \$40,132 for biologicals and other outpatient supplies and lab testing needed for client care; \$2,000 for training and development of staff; \$5,029 for property & liability insurance paid to the County; \$8,000 for medical supplies; and, \$7,000 for other miscellaneous office supplies required to run the program.

Table 13

	Actual				Unaudited	Final
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
<u>Sexual Health - STD</u>						
Revenue:						
Federal & State Grants	126,228	119,391	116,925	94,019	123,868	118,190
Federal & State Indirect Rev.	-	-	4,086	7,525	11,691	11,266
Other Charges for Services	34,406	22,310	20,880	17,015	16,137	22,900
Miscellaneous	4,650	4,003	2,376	3,067	3,392	2,500
Sub-total Revenue	165,285	145,704	144,267	121,626	155,088	154,856
Expenditures:						
Salaries & Wages	389,689	352,951	332,324	267,808	414,082	479,996
Intermittent Hourly Positions	8,103	12,344	15,196	25,123	21,433	22,000
Group Insurance	40,933	40,862	48,950	40,020	61,414	71,786
Retirement	83,958	82,899	77,832	68,919	105,300	132,976
Other Employee Benefits	8,265	9,521	7,612	7,127	8,550	9,303
Contract/Professional Srvs	19,420	19,659	18,913	14,911	17,011	18,160
Biologicals	-	3,387	2,197	614	3,512	4,000
Outpatient	52,997	30,656	29,050	37,079	38,711	36,132
Property & Liability billings	3,800	6,445	4,812	4,930	4,930	5,029
Other Services and Supplies	20,804	20,228	13,116	24,220	19,126	17,000
Indirect cost allocation	-	-	-	-	169,111	183,072
Sub-total Expenditures	627,968	578,952	550,002	490,752	863,181	979,455
Revenue less Expenditures	\$ (462,683)	\$ (433,248)	\$ (405,736)	\$ (369,126)	\$ (708,093)	\$ (824,599)

Tuberculosis

Purpose of the program

The program is dedicated to controlling the spread of tuberculosis by ensuring effective treatment for persons with active Tuberculosis (TB) disease, identification and treatment of person exposed to someone with TB and person with latent TB Infection who are at risk of developing active TB disease.

Statutory Authority to Provide Services

NRS 441A.340 “The Health Division shall control, prevent the spread of, and ensure the treatment and cure of tuberculosis (TB)”.

Functions of the Tuberculosis (TB) Program

- Investigates cases of TB – TB disease is a reportable illnesses
- Confirm diagnosis and ensure treatment
- Conducts contact investigations
- Treats contacts and other with Latent Tuberculosis Infection (LTBI – a dormant form of TB)
- Performs measures to prevent and control TB

Benefits of the Tuberculosis Program

The benefit of the program is to keep the threat of Tuberculosis from spreading in our community due to the fact that TB continues to be a public health threat. The Centers for Disease Control reports that the “essential elements for controlling TB in the United States include sufficient resources, interventions targeted to populations at high risk for TB, and collaborative efforts with the international community to reduce the burden of TB globally.”

Authorized positions and Full-time Equivalents (FTEs) in the program – 5.20 FTEs

- Office Assistant II – 1.00 FTE
- Public Health Nurse II – 3.30 FTEs
- Public Health Nurse Supervisor – 0.40 FTE
- Registered Nurse I – 0.25 FTE
- Storekeeper – 0.25 FTE

The total authorized positions for the program are 5.20 FTEs. The majority of the FTEs are the Public Health Nurse II and Registered Nurse I positions at a total of 3.55 FTEs, 0.80 FTEs per 100,000 population (Table14). Southern Nevada Health District (SNHD) runs 0.54 FTEs per 100,000 population, this includes the nurses and investigative staff. SNHD has more active cases per TB nurse, 3.78, compared to 2.44 for WCHD. WCHD would have to reduce the Nursing staff by 1 to be in line

with SNHD. Carson City currently has zero active cases so there is no dedicated staffing for the TB program but Nurses from other programs will assist when a TB issue arises.

Table 14

CCHS Division - Budgeted FY16 Full-Time Equivalents for Tuberculosis	
WCHD CCHS Public Health Nurses and Registered Nurses	3.55
WCHD Public Health Nurses per 100,000 population	0.80
Active Cases per WCHD Public Health Nurse	2.44
Southern Nevada Health District	Nurses & Investigative staff per 100,000 population = 0.54
	Active Cases per TB Nurses = 3.78

The total FTES in the TB Program are 5.20 but for the FTE review the supervisor has been excluded. The total non-management FTES is 4.80. The total hours available for TB visits is 9,984, taking into consideration that approximately 74.4% of an FTE is used for direct program work; the balance of the hours are for meetings, vacation, holidays, sick leave, personal leave and paid breaks. Given the total number of visits and contacts at 2,655 and the average hours spent per visit, 2.00, the total annual hours of staff required is 5,309 or 3.43 FTEs leaving a balance of 1.37 FTEs unaccounted for and therefore available for reallocation to other programs or elimination.

Table 15

CCHS - Tuberculosis Program FTE Review	
Office Assistant II	1.00
Public Health Nurse II	3.30
Registered Nurse I	0.25
Storekeeper	0.25
Total Full-time Equivalents (FTEs)	4.80
Total hours given the FTEs (at 2080)	9,984
Net available hours to complete Visits & Contacts (74.4% of an FTE is available - 25.6% is for vacation, holidays, sick leave, training, breaks, meetings)	7,428
Total Hours available per FTE	1,548
Average number of visits and contacts	2,655
Average time per visit and contact (source: time accounting done in FY15)	2.00
Total annual hours required	5,309
Total FTEs required given the annual hours available	3.43
Excess FTEs available after visits/contacts are met	1.37

Revenues and Expenditures (details in Table16)

Total revenues for the Tuberculous Program are \$116,106 with the majority of that, \$110,706, due to grant funding. A portion of the total revenue, \$5,400, is from other miscellaneous charges for services. The balance, \$672,953, not covered by grants and other revenue is County General Fund support.

The total expenditure budget is \$789,059. The total salaries and benefits for the program are \$566,115, 71.7% of total costs. The cost per FTE for the program is \$108,868. The total services and supplies of \$222,944 includes the following: \$147,484 in indirect cost allocations; \$17,000 in contractual services for pulmonary and other medical consultative services; \$3,800 for pharmacy-consulting services; \$7,150 for biologicals; \$12,835 outpatient costs; \$9,252 for training and employee development; \$3,720 for the telephone/cell phone costs; \$2,208 for the property and liability insurance charged by the County;

\$9,000 for incentives (The grant funding allows for incentives or enabler with the intent that they help patients [for both TB disease and latent tuberculosis infection] more readily complete appropriate testing, therapy and/or adhere to treatment. The incentives and enablers are defined as, but not limited to, transportation, gasoline or food vouchers, personal items, telephone calling cards, housing and utility assistance and patient centered behavioral reinforcement items.); and, the balance of \$10,495 is for the miscellaneous office supplies required to run the program.

Table 16

	Actual				Unaudited	Final
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
<u>Tuberculosis</u>						
Revenue:						
Federal & State Grants	197,433	71,244	73,477	85,939	99,375	97,970
Federal & State Indirect Rev.	-	-	3,478	6,186	9,700	12,736
Other Charges for Services	9,467	4,878	4,624	4,298	4,844	5,350
Miscellaneous	(64)	33	11	57	60	50
Sub-total Revenue	206,835	76,155	81,590	96,479	113,979	116,106
Expenditures:						
Salaries & Wages	334,305	270,314	293,597	331,668	388,800	379,003
Intermittent Hourly Positions	7,610	44,494	16,771	17,721	12,021	15,123
Group Insurance	41,644	34,635	45,666	49,354	51,330	58,698
Retirement	64,099	63,932	69,692	84,409	89,828	105,338
Other Employee Benefits	6,317	5,761	6,600	7,117	8,205	7,953
Contract/Professional Svcs	21,237	21,196	21,317	18,072	18,097	20,800
Biologicals	6,256	9,777	5,928	2,547	3,335	7,150
Outpatient	12,217	10,652	7,928	10,306	8,570	12,835
Fleet Management billings	-	58	-	-	-	-
Property & Liability billings	1,900	2,242	2,651	2,165	2,165	2,208
Other Services and Supplies	19,006	14,658	16,861	18,061	21,404	32,467
Indirect cost allocation	-	-	-	-	149,046	147,484
Capital	-	-	-	-	7,961	-
Sub-total Expenditures	514,590	477,717	487,011	541,420	760,761	789,059
Revenue less Expenditures	\$ (307,755)	\$ (401,563)	\$ (405,421)	\$ (444,940)	\$ (646,781)	\$ (672,953)

ENVIRONMENTAL HEALTH SERVICES DIVISION

The Environmental Health Services Division (EHS) leads the team that ensures compliance with local, state and federal laws regulating food, water, vector and other areas of public health in Washoe County. The many programs under the EHS umbrella have an emphasis on regulation and enforcement, but also have a strong education component, promoting a collaborative approach with industry to meet local and national public health goals.

Functions of the Environmental Health Services Division

- Child Care Facilities Inspections
- Food Services-foodborne illness, outbreak program and food product complaints
- Hotels & Motels inspections
- Land Development/Plan reviews
- Safe Drinking Water
- School Inspections
- Special Events and Temporary Food Establishments
- Tattoo & Piercing and permanent make-up
- Underground Storage Tanks
- Vector-Borne Disease Prevention/Mosquitos & Rodents
- Waste Management

The programs in the EHS division that are responsible for the implementation of the functions include:

Environmental Health Services (Land Development/General Environmental Facilities)	Solid Waste Management
Food Protection	Underground Storage Tanks
Safe Drinking Water	Vector Borne Diseases

Authorized positions and Full-time Equivalents (FTEs) in the EHS Division – 43.70 FTEs

Division Director – 1.00 FTE	Office Assistant II – 2.00 FTEs
Administrative Assistant – 1.00 FTE	Plans/Permits/Application Aid – 3.0 FTEs
Environmental Health Specialist – 20.66 FTEs	Public Service Interns – 2.54 FTEs
EH Specialist Supervisor – 3.00 FTEs	Sr.Environmental Health Specialist – 6.00 FTEs
Licensed Engineer – 1.00 FTE	Vector Borne Disease Specialist – 2.00 FTEs
Office Assistant I – 0.50 FTE	Vector Control Coordinator – 1.00 FTEs

There are a total of 43.70 FTEs in the Environmental Health Division available to perform the functions required. The historical details of the FTEs are in Table 17 below. The individual program reviews will line out which FTEs are assigned to the program.

Table 17

Environmental Health Services Division - Budgeted Full-Time Equivalents (FTEs)						
Title	FY 11 FTEs	FY 12 FTEs	FY 13 FTEs	FY 14 FTEs	FY15 FTEs	FY16 FTEs
Management and Administration:						
DIV DIRECTOR-ENVIRONMENTAL SERVICES	1.00	1.00	1.00	1.00	1.00	1.00
ENVIRONMENTAL HEALTH SPECIALIST SUPVR	3.00	3.00	3.00	3.00	3.00	3.00
ADMINISTRATIVE ASSISTANT I	1.00	1.00	1.00	1.00	1.00	1.00
OFFICE ASSISTANT II	2.00	2.00	2.00	2.00	2.00	2.00
PLANS/PERMITS/APPLICATIONS AIDE	3.00	3.00	3.00	3.00	3.00	3.00
Total Management and Administration	10.00	10.00	10.00	10.00	10.00	10.00
Environmental Health positions (excludes Vector):						
ENVIRONMENTAL HEALTH AIDE	0.00	0.00	0.00	0.00	0.44	0.00
ENVIRONMENTAL HEALTH SPECIALIST	21.40	21.40	21.80	20.75	20.80	20.66
HAZARDOUS MATERIALS SPECIALIST	1.00	1.00	0.00	0.00	0.00	0.00
LICENSED ENGINEER	2.00	2.00	1.30	0.00	1.00	1.00
PUBLIC SERVICE INTERN-EHS	0.41	0.41	0.41	0.41	0.41	0.41
SR. ENVIRONMENTAL HEALTH SPECIALIST	6.00	6.00	6.00	6.00	6.00	6.00
SENIOR LICENSED ENGINEER	1.00	1.00	1.00	1.00	0.00	0.00
Total Environmental Health positions	31.81	31.81	30.51	28.16	28.65	28.07
Vector Program:						
OFFICE ASSISTANT I	0.00	0.00	0.00	0.00	0.50	0.50
PUBLIC SERVICE INTERN-VECTOR	2.98	3.10	2.35	1.85	1.76	2.13
VECTOR BORNE DISEASE SPECIALIST	3.00	3.00	3.00	2.00	2.00	2.00
VECTOR CONTROL COORDINATOR	1.00	1.00	1.00	1.00	1.00	1.00
Total Vector positions	6.98	7.10	6.35	4.85	5.26	5.63
TOTAL ENVIRONMENTAL HEALTH DISTRICT FTEs	48.79	48.91	46.86	43.01	43.91	43.70
Year over year increase (decrease)		0.12	(2.05)	(3.85)	0.90	(0.21)

The total FY16 FTEs budgeted for EHS are 43.70. Given the FY16 projected population for the County, EHS has 9.81 FTEs per 100,000 population to deliver the services. Comparing to other agencies, the SNHD has 6.76 FTEs per 100,000. To be comparable to Carson City area the Underground Storage Tank, Solid Waste Management and Safe Drinking Water has been excluded; the FTE's per 100,000 population for WCHD is 8.17 compared to Carson at 6.34. With the projected population for FY16, EHS would have to reduce the number of FTEs by 13 to bring the FTE per 100,000 to 6.89, which is more in line with SNHD and by 8 to be in-line with the Carson City level.

Table 18

Environmental Health Services Division - Budgeted FTEs						
	FY 11 FTEs	FY 12 FTEs	FY 13 FTEs	FY 14 FTEs	FY15 FTEs	FY16 FTEs
WCHD EHS FTEs per 100,000	11.57	11.44	10.84	9.85	9.95	9.81
WCHD EHS FTEs per 100,000 (excludes UST, WM & SDW [FTE's for UST,WM&SDW held constant at FY16 level] to compare to Carson City)	9.84	9.73	9.15	8.18	8.30	8.17
Southern Nevada Health District	FTEs per 100,000 population is 6.76					
Carson City/Douglas County	FTEs per 100,000 population is 6.34					

The total Environmental Health Specialist positions (excluding the Vector program) are 28.07 for FY16. The National Association of County & City Health Officials (NACCHO) median number of Local Health Department FTEs in an Environmental Health position is 14.00 for a population the size of Washoe County.

Table 19

Environmental Health (EH) Services Division - Budgeted Full-Time Equivalent EH Specialists						
	FY 11	FY 12	FY 13	FY 14	FY15	FY16
	FTEs	FTEs	FTEs	FTEs	FTEs	FTEs
WCHD Environmental Health (EH) Specialists (excl Vector)	31.81	31.81	30.51	28.16	28.65	28.07
Benchmarks and other Environmental Health Agencies						
NACCHO 2013 National Profile of Local Health Departments-Median Number of LHD FTES in an Environmental Health Position	For Population of 250,000-499,999 = <u>14.00</u> and for a Population of 500,000-999,999 = <u>25.00</u>					

In looking at the FTEs per 100,000 population for the EH Specialists the Health District is budgeted at 6.30 for FY16. The NACCHO benchmark for the Washoe County population is 4.77. It would take a reduction of 6 specialist positions to bring the ratio to 4.95 FTEs per 100,000 population, which is in line with the NACCHO benchmark for the County population.

Table 20

Environmental Health Division - Budgeted Full-Time Equivalents (FTEs) per 100,000 population						
	FY 11	FY 12	FY 13	FY 14	FY15	FY16
	FTEs	FTEs	FTEs	FTEs	FTEs	FTEs
WCHD EH Specialists FTEs per 100,000 population (excl Vector)	7.55	7.44	7.06	6.45	6.49	6.30
NACCHO 2011 Local Public Health Workforce Benchmark-FTEs per 100,000 population	For Population of 250,000-499,999 = <u>4.77</u> and for a Population of 500,000-999,999 = <u>3.37</u>					

The Washoe County Health District (WCHD) has 7.23 Environmental Health Specialists FTEs per 100,000 population, Southern Nevada Health District (SNHD) has 5.82 FTEs. Carson City has 4.39 Environmental Health Specialists per 100,000 population but does not operate the Underground Storage Tank/Leaking Storage Tank Program, Waste Management Program, and Safe Drinking Water Program so with excluding those programs for WCHD the FTEs per 100,000 population is 5.78.

Table 21

Environmental Health Division - Budgeted Full-Time Equivalents (FTEs) per 100,000 population						
	FY 11	FY 12	FY 13	FY 14	FY15	FY16
	FTEs	FTEs	FTEs	FTEs	FTEs	FTEs
WCHD EH Specialists FTEs per 100,000 population (includes Vector non-management specialists)	8.96	8.86	8.29	7.33	7.35	7.23
WCHD EH Specialists FTEs per 100,000 population (excludes UST,WM & SDW)-to compare to Carson City)	7.44	7.36	6.81	5.86	5.89	5.78
Southern Nevada Health District	EH Specialists FTEs per 100,000 pop. is 5.82					
Carson City	EH Specialists FTEs per 100,000 pop. is 4.39					

Not having a breakdown for just the EH services administrative/clerical benchmark a comparison to other agencies was done. The Washoe County Health District has 1.12 EHS administrative/clerical FTEs per 100,000 population. SNHD is operating with 0.90 FTEs and Carson City/Douglas County is operating with 0.98 FTEs per 100,000 population. Washoe County would have to decrease staff by 1 to bring the ratio down to 0.90 similar to the other agencies in the State.

Table 22

Environmental Health Division - Budgeted Full-Time Equivalents (FTEs) for Administrative/Clerical						
	FY 11	FY 12	FY 13	FY 14	FY15	FY16
	FTEs	FTEs	FTEs	FTEs	FTEs	FTEs
Administrative/Clerical Positions	5.00	5.00	5.00	5.00	5.00	5.00
WCHD EHS FTEs per 100,000	1.19	1.17	1.16	1.15	1.13	1.12
Southern Nevada Health District	FTEs per 100,000 population is 0.90					
Carson City/Douglas County	FTEs per 100,000 population is 0.98					

Taking into consideration all management/supervisors, excluding the Vector Program, the ratio for EHS is running at 6.61 for staff to management ratio. The benchmark ratio for staff to management is 8 to 12. It would require a reduction of 1 management staff position to bring the ratio to 8.52 staff to management ratio. The Vector Program has been excluded from this ratio due to the off-site location of the program; if the program is consolidated with the other EHS staff the program can be included in the analysis then the ratio would fall to 6.28 staff to management. An elimination of 2 positions would be required to get the ratio at 9.93 which is within the recommended benchmark of 8 to 12 employees per supervisor.

Table 23

Environmental Health Services Division - Budgeted Management Staff						
	FY 11	FY 12	FY 13	FY 14	FY15	FY16
	FTEs	FTEs	FTEs	FTEs	FTEs	FTEs
WCHD Total Management (includes Administrative Assistant & excludes Vector Coordinator due to off-site location)	5.00	5.00	5.00	5.00	5.00	5.00
WCHD EHS Staff to Management Ratio	7.36	7.36	7.10	6.63	6.73	6.61
WCHD Total Management (includes Admin Assistant & Vector Coordinator)	6.00	6.00	6.00	6.00	6.00	6.00
WCHD EHS Staff to Management Ratio	7.13	7.15	6.81	6.17	6.32	6.28
Benchmark	Ratio of 8 to 12					

Revenues and Expenditures for EHS Division (details in Table 24)

The FY16 budget for EHS is \$6,452,239 which includes the 43.70 FTEs and the services and supplies for the program. Approximately 31%, \$1,972,876, of the FY16 budget is anticipated to be recovered in revenue from licenses, permits, grants, restricted funding and other miscellaneous revenue.

The balance of the expenditures not covered with the revenue, \$4,479,363, is supported by the Washoe County General Fund transfer. As a comparison the Southern Nevada Health District recovers 91% of expenditures with fees and charges for services (87%) and grants/contributions (4%) and Carson City recovers approximately 50% in fees and charges for services. The EHS revenue from licenses and permits appears to be lower than should be expected for a program that provides primarily regulatory program services. The Washoe County Health District is moving towards a full cost recovery for regulatory programs when setting its fees.

Figure 7

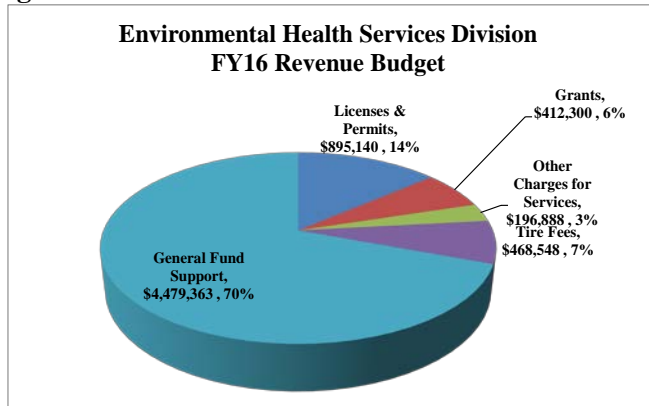


Figure 8

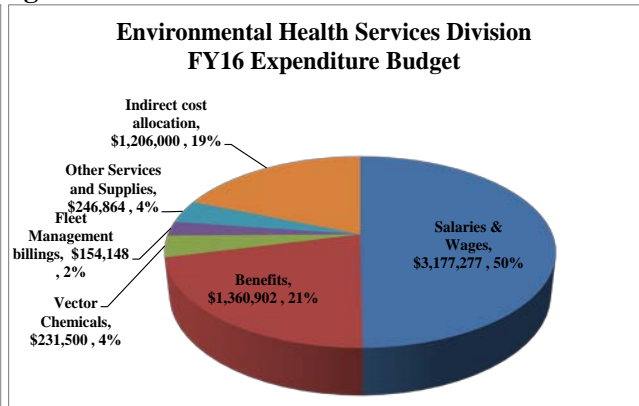


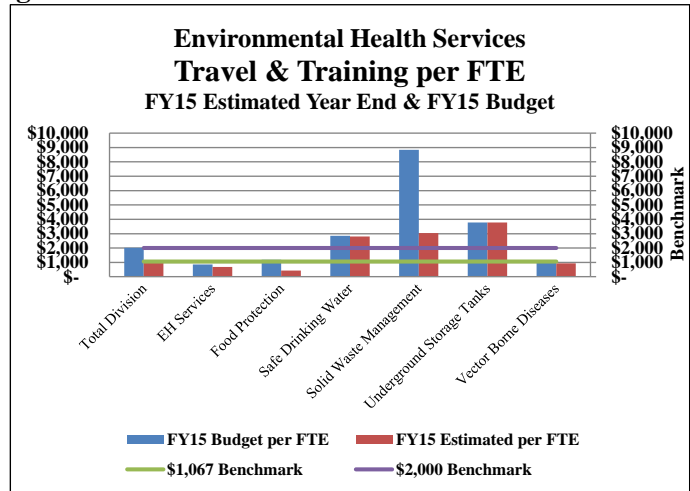
Table 24

	Actual				Unaudited	Final
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
ENVIRONMENTAL HEALTH SERVICES DIVISION SUMMARY:						
Revenue:						
Licenses and Permits	677,436	647,805	723,326	873,951	881,200	895,140
Federal & State Grants	374,491	341,098	363,332	386,839	301,522	385,541
Federal & State Indirect Rev.	-	10,902	1,133	28,948	21,730	26,759
Tire Fees	450,911	513,800	432,642	314,136	446,463	468,548
Other Charges for Services	266,333	238,817	307,478	237,367	222,975	196,888
Miscellaneous	150	2,620	570	48,950	2,417	-
Total Revenue	1,769,321	1,755,042	1,828,482	1,890,192	1,876,307	1,972,876
Expenditures:						
Salaries & Wages	3,031,679	2,905,545	2,911,419	2,801,838	2,958,082	3,061,077
Intermittent Hourly Positions	145,921	111,518	99,624	112,103	127,615	116,200
Group Insurance	444,965	422,688	394,276	387,651	411,476	448,064
Retirement	638,669	668,489	666,519	707,847	728,130	847,707
Other Employee Benefits	66,592	62,670	63,942	62,975	65,061	65,131
Contract/Professional Svcs	42,668	29,674	20,889	70,210	114,485	75,548
Chemical Supplies (Vector only)	321,497	265,304	231,490	231,398	231,437	231,500
Fleet Management billings	119,886	132,586	98,120	109,220	127,766	154,148
Property & Liability billings	21,280	23,247	23,656	21,592	21,592	22,024
Other Services and Supplies	270,998	226,658	263,006	299,763	230,629	224,840
Indirect cost allocation	-	-	841,746	933,276	1,222,224	1,206,000
Total Expenditures	5,104,157	4,848,376	5,614,687	5,737,873	6,238,497	6,452,239
Revenues less Expenditures	\$(3,334,836)	\$(3,093,334)	\$(3,786,205)	\$(3,847,681)	\$(4,362,190)	\$(4,479,363)

Developing the Workforce

Since training is a major component in enhancing employee competencies, monitoring the training cost per employee is critical. The budget for training and development of the Environmental Health Division is \$88,000 factoring in the grants and restricted funding; which equates to \$2,011 per FTE. The budget is in-line with the expenditure benchmark per employee for training which is between \$1,067 and \$2,000. The budget is sufficient; however, actual anticipated training expenditure for FY15 is \$1,004, below the benchmark range and down from FY14 which was \$1,291. Given the importance of training for the employee to be at their top performance level it is recommended that it be monitored and adjusted accordingly.

Figure 9



Note: the increase in the Solid Waste Management is due to the restricted funding available from the prior year.

ENVIRONMENTAL HEALTH SERVICES PROGRAM REVIEWS

Environmental Health Services Program (Land Development/General Environmental Facilities)

Purpose of the program

The EHS program insures protection for the health and safety of residents and visitors of Washoe County that use hotels/motels, mobile home and RV parks, child care facilities, public swimming pool and spas, schools and correctional facilities and tattoo parlors and it provides plan review and inspections to ensure that development occurs in a manner that minimizes environmental contamination.

Statutory Authority to Provide Services

NRS 439.370 & .410, 278A.010-.520, 445A.800-.955, NAC 445A.45-.492, 445A.65505-.6731, NRS 444.003-.546, NRS 461A.223, NRS447, NRS 444.335, NRS 432A.180, NRS 439.410, NRS 444.650

Functions of the Environmental Health Services Program

- Review community development and building permit applications
- Insures protection for the health and safety of users of public swimming pools and spas
- Inspection of mobile home/RV parks
- Inspect for cleanliness and safety of schools
- Inspect for cleanliness and safety of the jail
- Inspect for compliance with standards for health and sanitation for child care facilities and outdoor youth programs
- Enforce regulations governing the plan review, construction, inspection and operation of domestic and public wells
- Enforce regulations governing construction, onsite sewage disposal systems, sewage and wastewater pumping, non-sewer toilet contractors, and dump station operators
- Provide emergency responses to hazardous material related incident
- Inspect each public accommodation

Benefits of the Environmental Health Services Program

Environmental Health Services program produces the following benefits for all citizens in the community: safe swimming in community swimming pools, the provision of necessary and uncontaminated water supplies during and after disasters; homes secured from hazards such as lead, radon, mold, carbon dioxide, and asthma triggers; neighborhoods free of potentially hazardous nuisances such as toxic waste, illegal dumping; and, attendance of schools that are protected from environmental hazards and threats, including, but not limited to, unsafe food, impure drinking water, and unsafe playgrounds.

Authorized positions and Full-time Equivalents (FTEs) used to provide the service – 14.37 FTEs

Administrative Assistant – 1.00 FTE	Office Assistant II – 1.75 FTEs
Division Director – 1.00 FTE	Plans/Permits/Application Aide – 2.40 FTEs
Environmental Health Specialist – 4.85 FTEs	Public Service Interns – 0.41 FTEs
EH Specialist Supervisor – 0.75 FTEs	Sr.Environmental Health Specialist – 1.46 FTEs
Licenses Engineer – 0.75 FTEs	

The total FTES in the Environmental Health Program are 14.37. Of the total FTEs 2.75 is part of the Management Team (includes the Division Director, EH Specialist Supervisors, and Administrative Assistant) and 11.62 is available for direct services to the community. The inspections, permitting, and other contacts have a total of 11.62 FTEs. The total hours available for inspections are 17,233, taking into consideration that approximately 71.3% of an FTE is used for direct program work, the breakdown is as follows and is utilized with all EHS programs:

EHS Breakdown of Work Hours		
	Hours for a Full-time Equivalent	Percent of Total
Direct Program Activity	1,483	71.3%
Average Sick Leave Taken	75	3.6%
Average Vacation Leave Taken	136	6.5%
Average Compensatory Time Taken	37	1.8%
Average Personal Leave Taken	4	0.2%
Average Holidays Taken	88	4.2%
Average Time in Meetings	148	7.1%
Average Paid Breaks	109	5.2%
	2,080	100.0%

Given the anticipated work activity and the average time to complete each activity it is estimated that 20,594 hours is required to complete the work. This equates to 13.89 FTEs reflecting a shortfall in FTEs of 2.27 (Table 25).

Table 25

EHS Program - Review of FTEs for Inspections/Permitting and other Work Activities	
Environmental Health Specialist Full-time equivalents	4.85
Licensed Engineer	0.75
Office Assistant II	1.75
Plans/Permits/Application Aide	2.40
Public Service Interns	0.41
SR. Environmental Health Specialist Full-time equivalents	1.46
Total Full-time Equivalents (FTEs)	11.62
Total hours given the FTEs (at 2080)	24,170
Net available hours to complete work activity (71.3% of an FTE is available - 28.7% for vacation, holidays, sick leave, training, meetings)	17,233
Total Hours available per FTE	1,483
Number of Inspections:	
Childcare	128.00
Community Development (Application/Submittal review)	320.00
Community Development Plan Reviews	521.00
General EHS complaints	356.20
Emergency Response	41.00
Hotel/Motel	297.00
IBD-invasive body decorations (including Temporry IBDs & reviews)	383.00
Jail	2.00
Late Permits	53.00
Liquid Waste-Septic (incl. waste hauler/pump)	516.00
Pool/Spa	1,227.00
Report Reviews	3,558.00
RV/Mobile (incl. RV dump)	191.00
Schools	286.00
Wells	135.00
Total Inspections	8,014
Average time per Work Activity (source: FY14 time accounting & permits plus)	2.57
Total annual hours required	20,594
Total FTEs required given the annual hours available	13.89
Excess FTEs available after work activity is met	(2.27)

Revenues and Expenditures (details in Table 26)

Total revenue for the Environmental Health Services program is \$441,028 with the majority of that coming from licenses and permits; which includes permits for pools, RVs, environmental, water well construction, and septic permits to name a few (list reported in Table 25). A small portion of the total revenue, \$35,344, is dedicated for the technology improvements required in the program and for FY16 \$27,702 is budgeted for the subscription costs associated with the new Regional Permitting system.

The total expenditure budget is \$2,018,645. The total salaries and benefits for the program are \$1,487,274, 91% of total costs when excluding the indirect cost allocation (74% including indirect costs). The total services and supplies of \$531,371 includes the following: \$377,309 for the indirect cost allocations; \$43,256 for the cost of running the fleet for the program; \$18,500 to reimburse the State for the services they provide for Public Health inspections within the County but performed by the State Division of Public and Behavioral Health (includes the food safety program); \$27,702 for the regional permitting system; \$12,600 for training and employee development; \$9,500 for the telephone/cell phone costs; \$9,000 for the property and liability insurance charged by the County; \$6,048 for employee medical exams and testing for respirator use required by employees; and, the balance of \$27,456 is for the miscellaneous office supplies required to run the program.

Table 26

	Actual				Unaudited	Final
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
<u>Environmental Health Services</u>						
Revenue:						
Licenses and Permits	245,517	232,759	222,791	250,579	258,633	324,140
Other Charges for Services	188,744	166,777	208,704	129,987	127,833	116,888
Miscellaneous	150	-	525	28,386	1,341	-
Sub-total Revenue	434,411	399,536	432,020	408,953	387,807	441,028
Expenditures:						
Salaries & Wages	1,117,228	1,036,672	1,038,469	1,075,321	1,418,147	1,010,017
Intermittent Hourly Positions	10,151	8,974	7,205	19,740	26,708	9,000
Group Insurance	156,206	147,519	133,065	155,552	197,847	155,441
Retirement	233,670	234,661	226,432	277,875	351,504	290,019
Other Employee Benefits	22,845	20,744	22,105	22,840	28,172	22,797
Contract/Professional Svcs	6,988	5,262	2,278	8,874	9,887	6,048
Fleet Management billings	38,717	38,642	30,461	26,823	28,678	43,256
Property & Liability billings	9,120	8,406	8,543	7,965	8,783	8,959
Other Services and Supplies	53,889	51,110	62,884	55,832	57,386	95,799
Indirect cost allocation	-	-	841,746	896,927	518,275	377,309
Sub-total Expenditures	1,648,814	1,551,990	2,373,186	2,547,749	2,645,387	2,018,645
Revenue less Expenditures	\$(1,214,402)	\$(1,152,454)	\$(1,941,166)	\$(2,138,796)	\$(2,257,580)	\$(1,577,617)

Food Protection Program

Purpose of the program

The Food Protection Program ensures protection for the health and safety of residents and visitors of Washoe County that eat at food establishments and participate at special events and it provides plan review and inspections to ensure that development occurs in a manner that minimizes environmental contamination. The program also investigates foodborne disease complaints, recalls, referrals and outbreak events.

Statutory Authority to Provide Services

NRS 446 are the laws associated with Food Establishments and what needs to be reported and permitted through the local Health Authority. NRS 441A are the laws associated with foodborne disease reporting and disease investigation.

Functions of the Food Protection Program

- Provides regulatory oversight for permitted events that includes food protection and adequate sanitation (sewage & potable water)
- Investigate food establishment complaints
- Review food establishment applications
- Inspect food establishment within the Health District at least once per year
- Investigate food-borne botulism (illness)
- Provide food protection education

Benefits of the Food Protection Program

The major benefit of the food protection program is to prevent disease spread through food or beverages. Infectious diseases spreading through food or beverages are a common, distressing, and sometimes life-threatening problem for millions of people in the United States and around the world. The Centers for Disease Control and Prevention (CDC) estimates that each year in the United States, 1 in 6 Americans (or 48 million people) get sick, 128,000 are hospitalized, and 3,000 die of foodborne diseases.

Foodborne disease is extremely costly. Health experts estimate that the yearly cost of all foodborne diseases in this country is 5 to 6 billion dollars in direct medical expenses and lost productivity. There are more than 250 known foodborne diseases. They can be caused by bacteria, viruses, or parasites. Natural and manufactured chemicals in food products also can make people sick. In 2006, a *Salmonella* outbreak costs Cadbury Chocolate Company \$20 million dollars when it was forced to recall 1 million candy bars.

Authorized positions and Full-time Equivalents (FTEs) used to provide the service – 16.41 FTEs

- | | |
|--|--|
| Environmental Health Specialist – 11.56 FTEs | Office Assistant II – 0.25 FTEs |
| EH Specialist Supervisor – 1.80 FTEs | SR. Environmental Health Specialists – 2.80 FTEs |

The total net available hours to complete the Contacts, given the 14.61 FTEs and assuming 71.3% productivity level, are 21,667 (Table 27). The annual hours required to complete the Food Protection work activity is 13,045 per year. Given the available hours per FTE at 1,483 it will require 8.80 FTEs to complete the work activities; given this, a total of 5.81 FTEs is not allocated to work activities.

Table 27

Food Inspection Program - Review of FTEs for total Contacts	
Environmental Health Specialist Full-time equivalents	11.56
Office Assistant II	0.25
SR. Environmental Health Specialist Full-time equivalents	2.80
Total Full-time Equivalents (FTEs)	14.61
Total hours given the FTEs (at 2080)	30,389
Net available hours to complete work activity (71.3% of an FTE is available - 28.7% for vacation, holidays, sick leave, training, meetings)	21,667
Total Hours available per FTE	1,483.04
Total Inspections/permitting per year (source: FY15 fee Schedule includes Construction Plan Review, Food Service Establishment Permits, Temporary Foods/Special Events Permits)	5,338
Average time per inspection/permit (source: FY15 fee schedule)	2.25
Total annual hours required per inspection/permit	12,011
Total Epidemiology and outbreak investigation work activities total hours	648
Total Report Review (346) & citations (40)	386
Total annual hours required	13,045
Total FTEs required given the annual hours available	8.80
Excess FTEs available after contacts are met	5.81

Revenues and Expenditures (details in Table 28)

Total revenues for the FY16 budget include \$541,000 in licenses and permits, \$69,300 in grant reimbursement and \$38,000 for other charges and services. The program recovers approximately 27% of costs with the balance of the funding, \$1,724,848, coming from County General Fund support.

The total expenditure budget is \$2,373,148. The total salaries and benefits for the program are \$1,781,921, 75% of total costs. Included in the salaries and benefits is \$34,500 for overtime that is required due to the special events and other inspections that are outside the normal work day; one event, Rib Cook-off held in the City of Sparks, consumes approximately 32% of the overtime budget at \$11,000. The overtime budget in the Food Protection Program is 71% of the total overtime budget of \$48,686 for the Health District. The FY16 budgeted cost per FTE is \$108,588, which is about 8% above the average Health District cost per FTE of \$100,751. The total services and supplies budgeted for FY16 is \$591,227. Of the total services and supplies the following is the anticipated use of the funds: \$443,570 for the indirect cost allocation; \$60,000 is from grant funding to assist with the development of written policies relating to Food and Drug Administration Food Standards; \$55,365 is for the fleet management costs; \$7,482 is for the County property and liability insurance charges; \$10,000 for training and development of the employees; and, the balance \$14,810 for the miscellaneous office supplies, telephone, postage and other costs associated with running the program.

Table 28

	Actual				Unaudited	Final
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
<u>Food Program</u>						
Revenue:						
Licenses and Permits	390,262	372,425	451,114	565,818	568,911	541,000
Federal & State Grants	-	-	11,332	41,852	31,966	63,000
Federal & State Indirect Rev.	-	-	1,133	4,185	3,197	6,300
Other Charges for Services	39,917	40,264	49,334	44,433	41,150	38,000
Miscellaneous	-	2,620	-	2,500	-	-
Sub-total Revenue	430,179	415,309	512,913	658,788	645,224	648,300
Expenditures:						
Salaries & Wages	1,065,574	1,055,700	1,111,450	1,002,042	833,879	1,207,436
Intermittent Hourly Positions	43,724	49,056	49,741	36,664	24,788	49,000
Group Insurance	175,011	167,182	159,026	135,822	112,864	173,797
Retirement	225,498	247,956	261,423	247,974	200,491	326,832
Other Employee Benefits	23,983	23,654	24,281	22,240	20,200	24,856
Contract/Professional Svcs	-	-	-	33,788	52,614	60,000
Fleet Management billings	32,232	35,595	29,860	39,953	45,784	55,365
Property & Liability billings	7,220	8,593	8,543	7,335	7,335	7,482
Other Services and Supplies	8,771	15,287	12,052	17,738	47,586	24,810
Indirect cost allocation	-	-	-	-	327,844	443,570
Sub-total Expenditures	1,582,012	1,603,022	1,656,376	1,543,555	1,673,387	2,373,148
Revenue less Expenditures	\$(1,151,833)	\$(1,187,713)	\$(1,143,463)	\$(884,766)	\$(1,028,163)	\$(1,724,848)

Safe Drinking Water Program

Purpose of the program

The Nevada Division of Environmental Protection, Bureau of Safe Drinking Water provides regulatory oversight for the Public Water System Supervision Program in Nevada. Pursuant to an interlocal agreement the staff at the Health District provides the services and local oversight within Washoe County. The Land Development Program (LDP) staff ensures that 94 public water systems in Washoe County comply with the Safe Drinking Water Act and the Nevada Public Water System Construction Regulations.

Under the Safe Drinking Water Act (SDWA), EPA sets legal limits on the levels of certain contaminants in drinking water. The legal limits reflect both the level that protects human health and the level that water systems can achieve using the best available technology. Besides prescribing these legal limits, EPA rules set water-testing schedules and methods that water systems must follow. The rules also list acceptable techniques for treating contaminated water. SDWA gives individual States the opportunity to set and enforce their own drinking water standards if the standards are at least as strong as EPA's national standards. Most states and territories directly oversee the water systems within their borders.

(United States Environmental Protection Agency <http://water.epa.gov/lawsregs/rulesregs/sdwa/currentregulations.cfm>).

Statutory Authority to Provide Services

Public Water Systems - NRS 445A.815 to 445A.955, NRS 445A.925 Duties of Division and district boards of health.

Functions of the Safe Drinking Water Program as outline in interlocal contract with the State

- Annual sanitary surveys on all public water systems served by surface water sources or ground water under the direct influence of surface water.
- Conduct and document sanitary surveys annually on at least one third of the total inventory of community and on-community public water systems served by groundwater sources.
- Record the results of sanitary surveys using the Safe Water Information Field Tool.
- Schedule with State personnel a minimum of three joint sanitary surveys annually.
- Verify the status of public water system operators for community and on-transient non-community water systems at the time of the sanitary survey.

Benefits of the Program

Pursuant to the Centers for Disease Control and Prevention, drinking water comes from a variety of sources including public water systems, private wells, or bottled water. Ensuring safe and healthy drinking water may be as simple as turning on the tap from an EPA-regulated public water system. Other water sources may need a water filter, a check on water fluoridation, or an inspection to ensure a septic tank is not too close to a private well.

The benefits of the program are that the community has safe drinking water and a reduction of “boil water orders” and “failure to monitor” violations. The program also prevents exposure to pathogens and unsafe levels of chemical contaminants.

Authorized positions and Full-time Equivalents (FTEs) used to provide the service – 1.00 FTEs
 Environmental Health Specialist – 0.75 FTEs Licensed Engineer – 0.25 FTEs

There is a total of 1.00 FTE assigned to the Safe Drinking water program. The total hours of worktime estimated for the program is 1,506: 890 hours for the sanitary surveys on the public water systems; and, 616 hours anticipated for plan review and Total Coliform Rule federal compliance. Given that we average 1,483 hours from an FTE it requires 1.02 FTEs to complete the work activities for the Safe Drinking Water program.

Table 29

Safe Drinking Water Program Review of FTEs for Sanitary Surveys & Plan Reviews	
Environmental Health Specialist Full-time equivalents	0.75
Licensed Engineer	0.25
Total Full-time Equivalents (FTEs)	1.00
Total hours given the FTEs (at 2080)	2,080
Net available hours to complete work activity (76.5% of an FTE is available - 23.5% for vacation, holidays, sick leave, training, meetings)	1,483
Total Hours available per FTE	1,483
Total Sanitary surveys per year	34
Average time per survey (includes report writing)	25.00
Total annual hours required for surveys	850
Truckee Meadows Water Authority (1 time a year at 40hrs)	40.00
Total hours for inspections	890
Total number of plan reviews per year (41 in 2014; however the numbers are coming in double for 2015)	82.00
Average time per review	4.00
Total hours for plan review	328
Work activity for Total Coliform Rule (TCR) compliance	96.00
Average time per compliance review	3.00
Total hours for TCR compliance work activity	288
Total hours to complete Safe Drinking Water activities	1,506
Total FTEs required given the annual hours available	1.02
Excess FTEs available after inspections/reviews are met	(0.02)

Revenues and Expenditures (details in Table 30)

Total FY16 revenue for the program is \$130,000; which includes \$125,000 grant funding (\$114,305 for program costs and \$10,695 for indirect costs) and \$5,000 in licenses and permits. The balance of the expenditures, \$57,739, is paid for with the County General Fund support.

The total expenditure budget for this budget is \$187,739. The total salaries and benefits budgeted for the program is \$147,260 so with one FTE in the program the cost per FTE is \$147,260 and is 78% of the cost in the program. There is a \$35,000 increase in the grant funding from FY16 compared to FY15 which has allowed staffing previously budgeted in the Environmental Health Program to be budgeted in Safe Drinking Water where the work activities are actually being performed. There is budgeted training and development funding of \$2,500, \$35,091 is allocated for indirect costs and the balance of the expenditures of \$2,888 are for miscellaneous services and supplies for the program.

Table 30

	Actual				Unaudited	Final
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
<i>Safe Drinking Water</i>						
Revenue:						
Licenses and Permits	2,801	4,122	5,336	10,051	14,364	5,000
Federal & State Grants	94,030	79,098	90,000	81,230	73,023	114,305
Federal & State Indirect Rev.	-	10,902	-	8,770	8,770	10,695
Other Charges for Services	-	-	-	-	377	-
Sub-total Revenue	96,831	94,122	95,336	100,051	96,534	130,000
Expenditures:						
Salaries & Wages	138,004	95,090	95,997	60,441	70,022	102,059
Intermittent Hourly Positions	24,279	6,250	-	-	-	-
Group Insurance	14,888	8,432	12,774	8,639	10,562	15,719
Retirement	30,557	19,655	23,195	13,656	16,033	28,079
Other Employee Benefits	3,364	3,218	2,330	1,862	965	1,403
Contract/Professional Svcs	60	12	-	-	-	-
Fleet Management billings	4,186	3,107	2,893	5,411	5,248	-
Property & Liability billings	1,140	1,868	982	818	-	-
Other Services and Supplies	736	362	1,688	2,487	2,777	5,388
Indirect cost allocation	-	-	-	-	25,731	35,091
Sub-total Expenditures	217,213	137,996	139,859	93,313	131,339	187,739
Revenue less Expenditures	\$ (120,383)	\$ (43,874)	\$ (44,523)	\$ 6,738	\$ (34,805)	\$ (57,739)

Solid Waste Management Program

Purpose of the program

Solid Waste Management Program was established to regulate the storage, collection, transfer, processing and disposal of solid waste in a manner that will protect public health and welfare, prevent water and air pollution, prevent the spread of disease and the creation of nuisances, conserve natural resources and enhance the quality of the environment.

Statutory Authority to Provide Services

The District Board of Health in any area in which a health district has been created pursuant to NRS 439.370 and in any area over which the board has authority pursuant to an interlocal agreement, if the board has adopted all regulations that are necessary to carry out the provisions of NRS 444.440 to 444.620 inclusive; therefore, pursuant to NRS 444.580, the Health District has adopted its own regulations and issues permits therefore making it the Solid Waste Management Authority for Washoe County.

Functions of the Solid Waste Management Program

- Monitoring waste collection and disposal.
- Enforcing regulations involving the 150 permits locally.
- Oversees all matters involving transfer station operations and importation of out-of-state municipal solid waste.
- Develop and implement public education campaigns for waste reduction, reuse and recycling and the purchase of environmentally friendly products.
- Responsible for the Washoe County Solid Waste Management Plan which is updated approximately every five years.
- Conduct one inspection per year on permitted facilities.
- Investigate Complaints.

Benefits of the Solid Waste Program

The benefits of the program are decreased citizen complaints and an increase in recycling and to reduce illegal dumping, and accumulations of trash that could lead to increase in disease vectors. The intent of the program is to prevent contamination of the ground that would leak into the water supply thus polluting the drinking supply.

Authorized positions and Full-time Equivalents (FTEs) used to provide the service – 4.65 FTEs

Environmental Health Specialist – 2.90 FTEs	Plans/Permit/Application Aide – 0.60 FTEs
EH Specialist Supervisor – 0.25 FTEs	Sr.Environmental Health Specialist – 0.90 FTEs

Approximately 434 hours are estimated to be required for the non-complaint services that are charged via the fee schedule. What can not be charged for are the approximate 1,354 hours (excluding hours for the Supervisor) that work on complaint activities, which are predominately complaints about trash on properties. Each complaint takes approximately 3.05 hours to complete (includes first inspection and

re-inspection), given the average number of complaints of 444 it requires 1,354 hours total for complaints. It is estimated that 642 hours are required for remediation review and reporting annually. The total FTEs required for the program activities are 1.64, with 4.40 non-management FTEs assigned to the program 2.76 FTEs are available for additional Waste Management workload or reallocation to other programs.

Table 31

Waste Management Program - Review of FTEs required	
Environmental Health Specialist Full-time equivalents	2.90
Plans/Permit/Application Aide	0.60
SR. Environmental Health Specialist Full-time equivalents	0.90
Total Full-time Equivalents (FTEs) (excludes supervisor)	4.40
Total hours given the FTEs (at 2080)	9,152
Net available hours to complete work activity (71.3% of an FTE is available - 28.7% for vacation, holidays, sick leave, training, meetings)	6,525
Total Hours available per FTE	1,483
Total Contacts/year - non-complaints (FY15 fee schedule)	356
Average hours per contact (source: FY15 fee schedule plus additional time for review of inspection)	1.22
Total annual hours required for non-complaints	434
Remediation review and reporting required annually	40
Average hours per contact (source: FY15 fee schedule plus additional time for review of inspection)	16.05
Total annual hours required for remediation	642
Total number of complaints to investigate (source: 3 year average)	444
Average hours per complaint (includes additional time for review of complaint findings)	3.05
Total annual hours required for complaints	1,354
Total annual hours required for Waste Management	2,431
Total FTEs required for the Solid Waste program	1.64
Excess FTEs after Waste Management work activity is met	2.76

Revenues and Expenditures (details in Table 32)

The revenue received for the Solid Waste Management program is mainly due to the funding received from the sale of tires pursuant to NRS 444A.090 and is restricted as to use for only the solid waste program. FY16 is budgeted to receive \$468,548 in restricted tire money and another \$25,000 in environmental permits due to sewage disposal system permits.

Total expenditures budgeted for FY16 are \$632,712 with \$512,947, 81%, related to the cost of the 4.65 FTEs with an average cost per FTE of \$110,311. Approximately \$344,000 of funding reported in FY15 will not be spent and will be carried over into FY16 allowing for the elimination of the negative \$19,168 (reported in Table 32) in the other services and supplies line and budget for the following expenditures: \$3,623 for employee training and development; \$17,237 for fleet management billings; \$118,261 for indirect cost allocations; and, the balance will be dedicated for third party evaluation of cost closure estimates and financial assurances of those permits; scanning of hazardous materials documents and historical files that are required to be kept; scanning of historical Waste Management files and documents; GIS Mapping of Waste Management Facilities and complaints; and, advertising Campaigns for waste management clean up and education for proper disposal of used oil, antifreeze and tires.

Table 32

	Actual				Unaudited	Final
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
<i>Solid Waste Management</i>						
Revenue:						
Licenses and Permits	38,856	38,499	44,085	47,503	39,292	25,000
Tire Fees	450,911	513,800	432,642	314,136	446,463	468,548
Other Charges for Services	14	33	344	357	29	-
Miscellaneous	-	-	45	18,064	1,076	-
Sub-total Revenue	489,782	552,331	477,116	380,060	486,860	493,548
Expenditures:						
Salaries & Wages	233,347	282,555	268,091	277,111	249,081	353,666
Intermittent Hourly Positions	18,155	-	-	-	12,605	-
Group Insurance	28,654	43,596	38,611	40,334	38,833	53,006
Retirement	49,033	67,215	61,258	70,034	61,316	98,451
Other Employee Benefits	5,837	4,774	6,432	6,969	6,466	7,824
Contract/Professional Svcs	1,014	8,084	981	13,908	46,990	-
Fleet Management billings	13,013	12,774	12,261	13,144	13,165	17,237
Property & Liability billings	2,280	1,868	3,437	3,367	3,367	3,434
Other Services and Supplies	64,924	37,814	77,277	69,751	22,780	(19,168)
Indirect cost allocation	-	-	-	36,349	110,765	118,261
Sub-total Expenditures	416,257	458,680	468,347	530,966	565,367	632,712
Revenue less Expenditures	\$ 73,524	\$ 93,651	\$ 8,769	\$ (150,907)	\$ (78,507)	\$ (139,164)

Underground Storage Tanks

Purpose of the program

The mission of the Underground Storage Tank (UST) program is to prevent the accidental or incidental release of petroleum products stored in underground storage tanks into the environment via active inspection and monitoring of registered tanks. The mission of the Leaking Underground Storage Tank (LUST) Program is to mitigate and remediate the environmental impact of petroleum products, released from failed UST systems that have contaminated the environment, particularly groundwater.

Statutory Authority to Provide Services

UST is not a mandated program but is provided through an interlocal agreement with the State; if the contract is cancelled the work activities revert back to the State. The Underground Storage Tank (UST) Program was developed as a Federal Effort to provide a consistent measure of groundwater protection across the nations.

Functions of the Underground Storage Tanks Program

- Provide ongoing assessment of potential containment sources to prevent releases of petroleum products into the groundwater.
- Review and evaluate groundwater remediation cases to ensure that responsible parties are actively working to clean up contaminated groundwater to below state action levels.
- A physical inspection is conducted of all necessary plumbing and monitoring equipment to ensure that any accidental or incidental release of a petroleum product stored in underground storage tanks is prevented.
- 228 Underground Storage Tank Sites have to be inspected.
- Conducts inspections on new UST installations at various phases of construction. This is the critical stage as it is the best place to stop leakage.
- For LUST, writes orders, directs soil sampling plans, approve remediation plans and processes and files for site closer when remediation is successful; which is achieved once contaminant levels reach a point that is deemed safe according to U.S. EPA and NDEP standards.

Benefits of the Underground Storage Tank Program

The benefit of the program is the prevention of accidental or incidental release of petroleum products stored in underground storage tanks into the environment via active inspection and monitoring of registered tanks.

Authorized positions and Full-time Equivalent (FTEs) used to provide the service – 1.64 FTEs

Environmental Health Specialist – 0.80 FTEs Sr. Environmental Health Specialists – 0.84 FTEs

The UST/LUST program has a total of 1.64 FTEs to provide the services. This program is handled differently throughout the State. The Southern Nevada Health District (SNHD) has a similar arrangement with the State in that they provide the monitoring and reporting for UST and LUST but the State only supports approximately 38% of the total costs, the balance is paid with general revenues from the SNHD. The State deals with the underground storage tank monitoring for the Carson/Douglas area.

In looking at the average annual hours required to complete the 1,424 UST inspections and 768 LUST inspections each year a total of 1.48 FTE is needed. The current allocation is 1.64 FTEs, this leaves a total of 0.16 FTEs that can be used for additional inspections or reallocated to other programs.

Table 33

Underground storage tank (UST) and Leaking Underground storage tank (LUST) Review of FTEs required	
Environmental Health Specialist Full-time equivalents	0.80
SR. Environmental Health Specialist Full-time equivalents	0.84
Total Full-time Equivalents (FTEs)	1.64
Total hours given the FTEs (at 2080)	3,411
Net available hours to complete work activity (76.5% of an FTE is available - 23.5% for vacation, holidays, sick leave, training, meetings)	2,432
Total Hours available per FTE	1,483
Total facilities inspected per year with one FTE	38
Average time per inspection (3 hours in the field, 1 for paperwork)	4.00
Total annual hours required for standard inspections	152
Total facilities inspected per year with two FTEs	86
Average time per inspection (only 1 FTE required for paperwork)	7.00
Total annual hours required for standard inspections	602
Total Construction Inspections (incl remodel/repairs)	20
Average time per inspection	24.00
Total annual hours required for construction inspections	480
Total Decommission inspections	10
Average time per inspection	19.00
Total annual hours required for decommission inspections	190
Total LUST work activity	16
Average time per active case	48.00
Total annual hours required for decommission inspections	768
Total Annual hours required for UST & LUST	2,192
Total FTEs required given the annual hours available	1.48
Excess FTEs available after UST/LUST work activity is met	0.16

Revenues and Expenditures (details in Table 34)

The revenue received for the UST program is 100% grant funding with approximately \$9,764, 5%, of the revenue related to a portion of indirect cost reimbursement.

Total expenditures budgeted for FY16 are \$256,105 with \$198,586, 77.5%, related to the cost of the 1.64 FTES with an average cost per FTE of \$121,089. The \$57,519 balance in the funding includes \$47,869 for indirect costs, \$6,200 for employee training and development and the balance is for miscellaneous services and supplies needed to run the program.

Table 34

	Actual				Unaudited	Final
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
<u>Underground Storage Tanks</u>						
Revenue:						
Federal & State Grants	205,461	187,000	187,000	226,007	196,533	208,236
Federal & State Indirect Rev.	-	-	-	15,993	9,764	9,764
Sub-total Revenue	205,461	187,000	187,000	242,000	206,297	218,000
Expenditures:						
Salaries & Wages	130,127	131,652	133,120	138,290	145,875	141,055
Group Insurance	19,021	18,018	17,815	18,192	21,059	18,830
Retirement	28,112	31,082	31,655	34,884	37,731	36,331
Other Employee Benefits	2,761	2,263	2,303	2,439	2,544	2,370
Fleet Management billings	-	-	-	-	1,365	-
Other Services and Supplies	25,440	3,985	2,106	32,202	3,994	9,650
Indirect cost allocation	-	-	-	-	51,792	47,869
Sub-total Expenditures	205,461	187,000	187,000	226,007	264,358	256,105
Revenue less Expenditures	\$ -	\$ -	\$ -	\$ 15,993	\$ (58,062)	\$ (38,105)

Vector-borne Disease Prevention Program

Purpose of the program

To protect the public’s health and well-being through the prevention of human disease, discomfort, annoyance, and economic loss caused by vector species and vector-borne diseases agents.

Statutory Authority to Provide Services

NRS 439.170-Prevention of sickness and disease; NRS 441A.410-Control of Rabies; NAC 441A.225-441A.725 Health Authority shall investigate and report communicable diseases (i.e. Rabies, Hantavirus, Lyme disease, Malaria, etc.)

Functions of the Vector-borne Disease Program

- Suppressing mosquito and midge populations to limit disease transmission and to provide nuisance avoidance
- Active disease surveillance and control for mosquito-borne encephalitis, plague, hantavirus, raccoon roundworm, relapsing fever, and anthrax
- Public Education
- Collection of wild mammals for rabies testing in cases of human exposure
- Laboratory testing of ticks for Lyme disease
- Information, recommendations and design consulting on vector control and prevention

Benefits of the Vector Borne Disease Program

Prevention and cost avoidance due to public health outbreaks associated with vector-borne diseases.

Authorized positions and Full-time Equivalents (FTEs) used to provide the service – 5.63 FTEs

Vector Borne Disease Specialist – 2.00 FTEs Office Assistant I – 0.50 FTEs
 Vector Control Coordinator – 1.00 FTEs Public Service Interns – 2.13 FTEs

Table 35

Environmental Health Services Division - Budgeted Full-Time Equivalents (FTEs) for Vector						
	FY 11 FTEs	FY 12 FTEs	FY 13 FTEs	FY 14 FTEs	FY15 FTEs	FY16 FTEs
OFFICE ASSISTANT I	0.00	0.00	0.00	0.00	0.50	0.50
PUBLIC SERVICE INTERN-VECTOR	2.98	3.10	2.35	1.85	1.76	2.13
VECTOR BORNE DISEASE SPECIALIST	3.00	3.00	3.00	2.00	2.00	2.00
VECTOR CONTROL COORDINATOR	1.00	1.00	1.00	1.00	1.00	1.00
TOTAL VECTOR POSITIONS	6.98	7.10	6.35	4.85	5.26	5.63
VECTOR PROGRAM (excludes OAI position)	6.98	7.10	6.35	4.85	4.76	5.13
Southern Nevada Health District (excl Admin support) Vector - 5 EH Specialists and 1 Supervisor = 6.00						

The total FTEs for the Vector program are 5.63. Approximately 4.13 FTEs (2.00 Vector Borne Disease Specialist FTEs and 2.13 Public Service Intern FTEs) are dedicated to the mosquito abatement services within the

program. Many areas in the State provide mosquito programs through special districts authorized under Nevada Revised Statute 318, General Improvement Districts (Douglas County Mosquito Abatement District, Mason Valley Mosquito Abatement District [Lyon County], Churchill County Mosquito, Vector and Weed Control District). Washoe County provides the mosquito abatement services by way of the Health District Special Revenue Fund, mainly supported, 96%, by the County General Fund.

The total annual staff hours required for the mosquito abatement is 5,770 (Table 36). With the hours required for mosquito abatement and the plan reviews a total of 6,638 hours are required to complete the work activity for the program. The total available hours are 9,621 leaving 2,983 hours available approximately 1.15 FTEs.

Table 36

Vector-borne Disease Program-Review of FTEs for work activities	
Office Assistant I	0.50
Vector Borne Disease Specialist	2.00
Vector Control Coordinator	1.00
Total Full-time Equivalent (FTEs)	3.50
Total hours given the FTEs (at 2080-excludes Interns)	7,280
Public Service Interns	2.13
Total Hours for Public Service Interns	4,430
Net available hours to complete work activity (71.3% of an FTE is available - 28.7% for vacation, holidays, sick leave, training, meetings)	9,621
Total Hours available per FTE (excludes Interns)	1,483
Total Work Activity (number of Larvicides, number of Adulticides, Surveys without applications and Mosquito fish treatments)	390
Average hours per work activity	14.79
Total annual hours required	5,770
Total number of plan reviews per year	335
Average time per review	2.59
Total hours for plan review	868
Total hours to complete Vector Activities	6,638
Total FTEs required given the annual hours available	4.48
Excess FTEs available after inspections/reviews are met	1.15

Revenues and Expenditures (details in Table 37)

Roughly \$42,000, 4%, of the total cost of running the program is covered by charges for services for land development review. The balance of the \$941,890 program costs are paid for with County General Fund support.

The total expenditure budget is \$983,890. The total salaries and benefits for the program are \$410,189, 42% of total costs. The FY16 budgeted cost per FTE is \$72,858, which is mainly due to the level of Public Service Interns used in the program. Excluding the Interns the cost per FTE is \$100,568. The total services and supplies budgeted for FY16 is \$573,701. Of the total services and supplies \$518,350 is for the mosquito abatement services and includes: \$231,500 for chemical supplies, \$45,000 for helicopter services to apply the chemicals, \$41,000 for the lease space, \$151,351 for indirect cost allocation, \$38,290 for fleet billings, \$2,395 for employee development and \$8,814 for other miscellaneous services and supplies. The balance of \$55,351 of program services and supplies is available for other services provided by the Vector program (including an addition \$32,550 for indirect costs). The total cost, including labor, for the Mosquito Abatement services within the Vector Program is approximately 82.3 %, \$810,000. The balance of the budget \$173,890 is allocated for other activities within the program.

Table 37

	Actual				Unaudited	Final
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
<i>Vector Borne Diseases</i>						
Revenue:						
Other Charges for Services	37,657	31,743	49,096	62,590	53,586	42,000
Sub-total Revenue	37,657	31,743	49,096	62,590	53,586	42,000
Expenditures:						
Salaries & Wages	290,759	250,535	210,479	225,935	241,078	246,844
Intermittent Hourly Positions	49,611	47,237	42,678	55,699	63,513	58,200
Group Insurance	44,778	30,307	25,392	26,100	30,311	31,270
Retirement	61,036	55,111	49,715	57,508	61,056	67,995
Other Employee Benefits	6,615	6,800	5,738	6,302	6,714	5,880
Contract/Professional Svcs	34,606	16,317	17,630	13,640	4,995	9,500
Chemical Supplies (Vector only)	321,497	265,304	231,490	231,398	231,437	231,500
Fleet Management billings	31,739	42,467	22,646	23,889	33,526	38,290
Property & Liability billings	1,520	2,512	2,151	2,107	2,107	2,149
Other Services and Supplies	117,238	118,099	106,999	115,954	96,106	108,361
Indirect cost allocation	-	-	-	-	187,817	183,901
Sub-total Expenditures	959,399	834,689	714,918	758,533	958,659	983,890
Revenue less Expenditures	\$ (921,742)	\$ (802,946)	\$ (665,822)	\$ (695,943)	\$ (905,073)	\$ (941,890)

EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS DIVISION

The Epidemiology and Public Health Preparedness Division (EPHP) conducts surveillance on reportable diseases and conditions; analyzes communicable & chronic disease data to identify risk factors; disease control strategies; investigates disease outbreaks; serves as the local registrar for births & deaths; and develops departmental capabilities for response to biological terrorism and other public health emergencies; and oversees the Emergency Medical Services Program.

Functions of the Epidemiology and Public Health Preparedness Division

- Monitor REMSA’s performance under the franchise agreement
- Investigate reported cases of communicable disease
- Promote coordination of medical disaster preparedness activities
- Local registrar for all births and deaths occurring in Washoe County

The programs in the EPHP division that are responsible for the implementation of the functions include:

Emergency Medical Services
Epidemiology Surveillance

Public Health Preparedness
Vital Statistics

Authorized positions and Full-time Equivalents (FTEs) in the EPHP Division – 18.55 FTEs

- | | |
|---|--|
| Administrative Secretary – 1.00 FTE | Office Support Specialist – 2.00 FTE |
| Emergency Medical Services Coordinator – 1.00 FTE | Program Coordinator – 1.00 FTE |
| EMS Program Manager – 1.00 FTE | Public Health (PH) Investigator – 1.01 FTE |
| EPI Center Director – 1.00 FTE | PH Emergency Response Coord. – 2.00 FTE |
| Epidemiologist – 2.01 FTEs | PH Preparedness Manager – 1.00 FTE |
| Health Educator II – 1.00 FTE | Senior Epidemiologist – 1.00 FTE |
| Office Assistant II – 1.00 FTE | Statistician – 1.53 FTE |
| Office Assistant III – 1.00 FTE | |

There are a total of 18.55 FTEs in the Epidemiology and Public Health Preparedness Division available to perform the functions required. The historical details of the FTEs are in Table 38 below. Phase one for the cost analysis includes only the Epidemiology Surveillance program. The other EPHP programs will be addressed in phases two and three.

Table 38

Epidemiology and Public Health Preparedness Budgeted Full-time equivalents (FTEs)						
Title	FY 11 FTEs	FY 12 FTEs	FY 13 FTEs	FY 14 FTEs	FY15 FTEs	FY16 FTEs
ADMINISTRATIVE SECRETARY	2.00	1.00	1.00	1.00	1.00	1.00
EMERGENCY MEDICAL SERVICES COORDINATOR	1.00	1.00	1.00	1.00	1.00	1.00
EMERGENCY MEDICAL SERVICES PROGRAM MGR	0.00	0.00	0.00	0.00	1.00	1.00
EPI CENTER DIRECTOR	1.00	1.00	1.00	1.00	1.00	1.00
EPIDEMIOLOGIST	2.00	2.40	2.20	2.05	2.40	2.01
HEALTH EDUCATOR II	1.00	1.00	1.00	1.00	1.00	1.00
OFFICE ASSISTANT II	0.00	0.00	0.00	0.00	1.00	1.00
OFFICE ASSISTANT III	1.00	1.00	1.00	1.00	1.00	1.00
OFFICE SUPPORT SPECIALIST	2.00	2.00	2.00	2.00	2.00	2.00
PROGRAM COORDINATOR	1.00	1.00	1.00	1.00	1.00	1.00
PUBLIC HEALTH EMERGENCY RESPONSE COORD	2.00	2.00	2.00	3.00	2.00	2.00
PUBLIC HEALTH INVESTIGATOR II	2.30	2.40	2.20	2.05	2.05	1.01
PUBLIC HEALTH PREPAREDNESS MANAGER	1.00	1.00	1.00	1.00	1.00	1.00
SR. EPIDEMIOLOGIST	1.00	1.00	1.00	1.00	1.00	1.00
STATISTICIAN	1.00	1.00	1.00	1.00	1.53	1.53
TOTAL EPHP FTEs	18.30	17.80	17.40	18.10	19.98	18.55
Year over year increase (decrease)		(0.50)	(0.40)	0.70	1.88	(1.43)

Taking into consideration all management/supervisors for the division, the ratio for EPHP is operating at 5.18 (Table 39) for staff to management ratio. The benchmark ratio for staff to management is 8 to 12, given this the Division falls below the range. Given the diversity of the programs in EPHP (Emergency Medical Services [EMS], Epidemiology Surveillance, Public Health Preparedness and Vital Statistics) the actual staffing (FTE) to management is 1.53 to 1.00 in EMS, 4.00 to 1.00 in Public Health Preparedness, and the balance of staff report directly to the Division Director for a ratio of 12.02 staff (FTE) to 1.00 Management position.

Table 39

EPHP Division - Budgeted Management Staff						
	FY 11 FTEs	FY 12 FTEs	FY 13 FTEs	FY 14 FTEs	FY15 FTEs	FY16 FTEs
WCHD EPHP Total Management	2.00	2.00	2.00	2.00	3.00	3.00
WCHD EPHP Staff to Management Ratio	8.15	7.90	7.70	8.05	5.66	5.18
Benchmark	Ratio of 8 to 12					

Revenues and Expenditures for EPHP Division (details in Table 40):

The FY16 adopted budget for EPHP is \$2,595,907 which includes the 18.55 FTEs and the services and supplies to support the program. Approximately 60.4%, \$1,566,874, of the FY16 budget is anticipated

to be recovered in revenue from grants and other revenue sources. The balance of the expenditures not covered with the revenue, \$1,029,033, is supported by the Washoe County General Fund transfer.

Figure 10

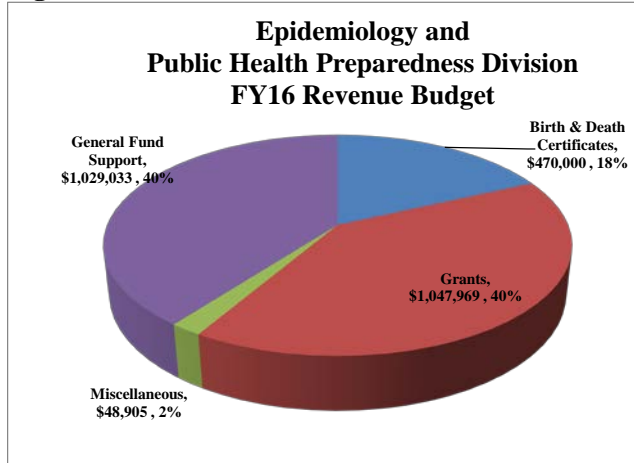


Figure 11

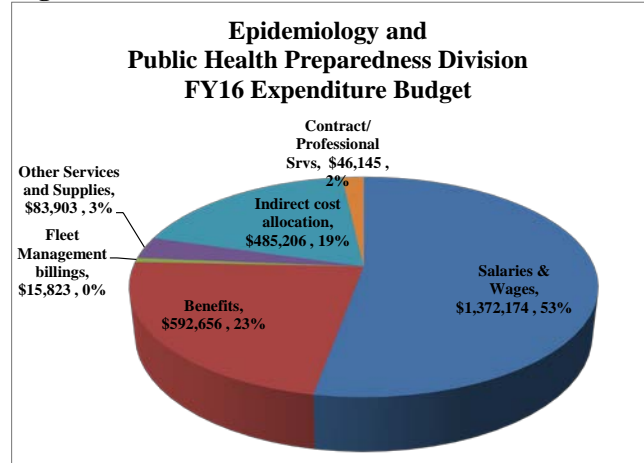


Table 40

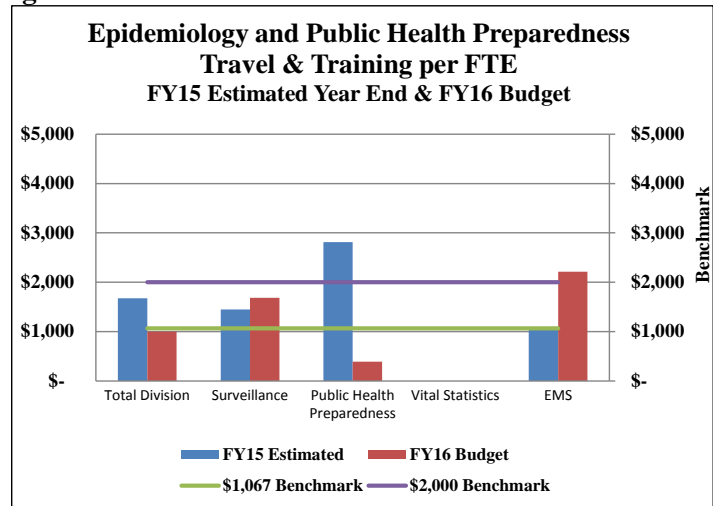
	Actual				ETC	Final
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
EPIDEMIOLOGY & PUBLIC HEALTH PREPAREDNESS						
Revenue:						
Federal & State Grants	1,174,531	1,197,639	1,278,833	1,200,705	887,809	955,581
Federal & State Indirect Rev.	28,815	32,589	77,981	147,650	66,397	92,388
Birth & Death Certificates	359,725	439,910	476,829	457,596	463,930	470,000
Other Charges for Services	546	-	-	35	-	-
Miscellaneous	25	200	-	-	18,055	48,905
Total Revenue	1,563,641	1,670,338	1,833,643	1,805,986	1,436,191	1,566,874
Expenditures:						
Salaries & Wages	1,177,660	1,153,197	1,151,401	1,201,916	1,254,415	1,371,674
Intermittent Hourly Positions	899	3,976	23,754	16,383	12,743	500
Group Insurance	149,784	150,341	141,504	144,685	153,863	182,220
Retirement	238,539	266,449	266,306	300,538	315,929	379,920
Other Employee Benefits	25,770	24,666	25,822	26,994	28,580	30,516
Contract/Professional Srvs	145,177	174,532	300,198	186,462	58,634	46,145
Biologicals	413	284	-	1,389	60	100
Fleet Management billings	4,127	3,516	4,966	11,909	15,087	15,823
Outpatient	1,214	1,199	2,434	1,579	1,225	2,135
Property & Liability billings	7,600	8,266	9,712	9,115	9,115	9,297
Other Services and Supplies	216,307	152,530	203,212	121,362	131,758	72,371
Indirect cost allocation	-	-	310,292	352,086	482,774	485,206
Capital	25,137	145,876	-	-	-	-
Total Expenditures	1,992,627	2,084,831	2,439,601	2,374,418	2,464,184	2,595,907
Revenues less Expenditures	\$ (428,986)	\$ (414,493)	\$ (605,957)	\$ (568,432)	\$(1,027,993)	\$(1,029,033)

Developing the Workforce

The FY16 budget for training and development of the Epidemiology and Public Health Preparedness Division is \$18,489; which equates to \$997 per FTE. During FY15 additional grant funding brought the cost per FTE to \$1,677 which is within the bench mark of \$1,067 to \$2,000 per employee additional grant funding may be available in FY16. One area in the Division that has no budget set assigned for training and development is in Vital Statistics, this will be evaluated further in the Phase 3 portion of the cost analysis. The Epidemiology Surveillance program, which has been evaluated in this analysis, has the estimated FY15 and FY16

budget within the benchmark for training and development funding per FTE.

Figure 12



Epidemiology Surveillance

Purpose of the Program

To develop and integrate public health data available to the Washoe County Health District to better support the core functions of public health assessment and policy development.

Statutory Authority to Provide Services

“Chapter 441A is the chapter of the Nevada Revised Statutes which pertains to communicable diseases. The health authority is required by this chapter to investigate suspected communicable diseases in the jurisdiction and to take such measures for the prevention, suppression and control of disease as are required by the regulations enacted by the state board of health.” (Source: February 13, 2003 Deputy District Attorney Melanie Foster report to the District Board of Health regarding mandated activities)

Functions of the Epidemiology Surveillance Program

- Investigate reported cases of communicable disease to confirm the diagnosis, identify any contacts, identify the source of the infection, and determine if the case is employed in a sensitive occupation or is a child attending a childcare facility.
- Determine the extent of any outbreak.
- Carry out measures for the prevention suppression and control of the disease being studied.

Benefits of the Epidemiology and Public Health Preparedness Program

The benefit of the epidemiology surveillance program is to contribute to the prevention and control of adverse health events by allowing for an immediate action plan phase in order to mitigate the negative impacts on Public Health.

Authorized positions and Full-time Equivalents (FTEs) used to provide the service – 6.02 FTEs

- Epidemiologist – 2.01 FTEs (.05 budget in CCHS division- Grant funding for Immunization Program)
- Senior Epidemiologist – 1.00 FTE
- Office Support Specialist – 1.00 FTE
- Public Health Investigator – 1.01 FTE
- Statistician – 1.00 FTE

Table 41

Epidemiology Surveillance Budgeted Full-time equivalents (FTEs)						
Title	FY 11 FTEs	FY 12 FTEs	FY 13 FTEs	FY 14 FTEs	FY15 FTEs	FY16 FTEs
EPIDEMIOLOGIST	2.00	2.40	2.20	2.05	2.40	2.01
OFFICE SUPPORT SPECIALIST	1.00	1.00	1.00	1.00	1.00	1.00
PUBLIC HEALTH INVESTIGATOR II	2.30	2.40	2.20	2.05	2.05	1.01
SR. EPIDEMIOLOGIST	1.00	1.00	1.00	1.00	1.00	1.00
STATISTICIAN	1.00	1.00	1.00	1.00	1.00	1.00
TOTAL EPIDEMIOLOGY SURVEILLANCE FTEs	7.30	7.80	7.40	7.10	7.45	6.02

The Epidemiology Surveillance program has a total of 6.02 FTEs of which 4.02 FTEs are in the Epidemiologist Occupation (Table 42 - includes Senior Epidemiologist, Epidemiologist [0.02 FTE is for an intermittent hourly position] and the Public Health Investigators – excludes the Director of Epidemiology) and a 0.90 FTEs per 100,000 population. The median FTE reported by NACCHO, for the Epidemiologist occupation, is 1 to 2 positions depending on the population and a range of .21 - .55 FTEs per 100,000 population. The level of 4.02 FTEs and 0.90 per 100,000 population, is high compared to the NACCHO benchmarks; however, the current staffing level for the Washoe County Health District has not been as low as the FY16 budget since FY06 when the level was 4.00; however, the FTE per 100,000 population was still greater at 1.00 in FY06 compared to 0.90 in FY16.

For comparisons to other entities the investigative staff from CCHS was combined with the Epidemiologist occupation given that SNHD Epidemiology program does the investigative work for STD, HIV and Tuberculosis. Carson City has a partial FTE assigned to Epidemiology but will deploy additional resources if work active increases. The Epidemiology and Investigative staff from SNHD is at 1.80 FTEs per 100,000 population, WCHD is at a lower rate of 1.68, and the Carson City FTE per 100,000 population is at 0.49.

Table 42

EPHP Division - Budgeted Full-Time Equivalent Epidemiologist Occupation						
	FY 11	FY 12	FY 13	FY 14	FY15	FY16
	FTEs	FTEs	FTEs	FTEs	FTEs	FTEs
WCHD EPHP Epidemiologist Occupation	5.30	5.80	5.40	5.10	5.45	4.02
Epidemiologist Occupation FTEs per 100,000 population	1.26	1.36	1.25	1.17	1.24	0.90
Epidemiologists are experts in disease surveillance. They recognize and report outbreaks and illness in the community, track trends in health status and disease, and seek to discover the source or root causes of health problems in populations. They often design, develop, and implement public health programs and interventions.						
Benchmarks and best practice:						
NACCHO 2013 National Profile of Local Health Departments-Median Number of LHD FTEs in an Epidemiologist Occupation	For Population of 250,000-499,999 = <u>1.00</u> and for a Population of 500,000-999,999 = <u>2.00</u>					
NACCHO 2008 National Profile of Local Health Departments-FTEs per 100,000 population	For Population of 250,000-499,000 = .21-.55 FTEs for population of 500,000-999,999 = .15-.52 FTEs (depending on the services provided)					
WCHD Nursing Investigative Work & Epidemiologist FTEs per 100,000 population	FTEs per 100,000 population is 1.68					
Southern Nevada Health District	FTEs per 100,000 population is 1.80					
Carson City/Douglas County (investigative activity)	FTEs per 100,000 population is 0.49					

Given the total FTEs of 6.02, the total hours of worktime program is 8,074, taking into consideration that approximately 74.6% of an FTE is used for direct program activity and the balance is for indirect work activity, the breakdown is as follows:

Epidemiology Surveillance Breakdown of Work Hours		
	Hours for a Full-time Equivalent	Percent of Total
Direct Program Activity	1,551	74.6%
Average Sick Leave Taken	84	4.0%
Average Vacation Leave Taken	118	5.7%
Average Compensatory Time Taken	28	1.3%
Average Personal Leave Taken	20	0.9%
Average Holidays Taken	88	4.2%
Average Time in Meetings	82	3.9%
Average Paid Breaks	109	5.2%
	2,080	100.0%

The total hours for the evaluation of outbreaks is estimated at 6,244 this assumes 28 outbreaks (the source for the median number of outbreaks and illnesses is from the presentation titled “An Overview of Reportable Emerging Infectious Diseases in Washoe County” prepared by Lei Chen, Ph.D. Sr. Epidemiology, April 24, 2015”) per year with 223.00 staff hours utilized for each outbreak; 1,830 hours required to evaluate illnesses assuming 610 illnesses at an average of 3.00 hours required for review per illness. With the total available hours for the work activity at 9,339 and the total annual required for surveillance activity estimated at 8,074 hours 5.20 FTEs required to complete the activities leaving a balance of 0.82 FTEs not included in the reported estimated hours to complete activities.

Table 43

EPHP - Epidemiology Surveillance Program FTE review	
Epidemiologist	2.01
Office Support Specialist	1.00
Public Health Investigator	1.01
Senior Epidemiologist	1.00
Statistician	1.00
Total Full-time Equivalents (FTEs)	6.02
Total hours given the FTEs (at 2080)	12,522
Net available hours to complete "Contacts" (74.6% of an FTE is available - 25.4% is used for vacation, holidays, sick leave, training, breaks & meetings)	9,339
Total Hours available per FTE	1,551
Median number of outbreaks evaluated	28
Average number of hours per outbreaks (1)	223.00
Total annual hours required for outbreaks	6,244
Median number of illnesses evaluated	610
Average time per illnesses	3.00
Total annual hours required for review of illnesses	1,830
Total annual hours required for Surveillance Activity	8,074
Total FTEs required given the annual hours available	5.20
Excess FTEs available after work activity is met	0.82
(1) average time per outbreak/illness has been estimated based on the recorded time in the time accounting system during a recent Gastroenteritis Outbreak. Data beyond that outbreak is not available.	

Revenues and Expenditures (details in Table 44)

Roughly \$145,000, 17.9%, of the total cost of running the Epidemiology Surveillance program is covered by grant funding: \$126,060 for direct operations and \$19,119 to cover indirect cost allocations. The balance of \$663,930 required to fund the program activities is paid for with County General Fund support.

The total expenditure budget is \$809,109. The total salaries and benefits for the program are \$615,321, 76.0% of total costs. The FY16 budgeted cost per FTE is \$102,213, which is just slightly above the Health District cost per FTE of \$100,751. The total services and supplies budgeted for FY16 is \$193,789 which includes: \$151,232 for indirect cost allocations; \$12,000 for the MD consultant required for the program; \$7,600 is required for the property and liability insurance billings from the County; \$10,146 is budgeted for the employee development and training; \$2,500 is for the lab services required for testing during investigations of outbreaks; and, the balance of \$10,311 of funding is for miscellaneous cost for office supplies needed to run the program.

Table 44

	Actual				Unaudited	Final
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
<i>Epidemiology Surveillance</i>						
Revenue:						
Federal & State Grants	143,239	288,775	128,554	128,331	115,157	126,060
Federal & State Indirect Rev.	8,931	6,393	11,226	17,617	18,130	19,119
Other Charges for Services	546	-	-	35	-	-
Miscellaneous	25	-	-	-	-	-
Sub-total Revenue	152,741	295,168	139,780	145,983	133,287	145,179
Expenditures:						
Salaries & Wages	450,936	466,770	464,034	475,920	487,705	426,989
Intermittent Hourly Positions	237	-	454	-	2,734	500
Group Insurance	62,851	64,069	63,718	60,708	64,988	59,265
Retirement	95,766	109,831	108,900	121,456	121,406	118,731
Other Employee Benefits	9,941	10,101	10,048	10,265	10,591	9,836
Contract/Professional Svcs	18,259	39,992	525	13,429	8,689	13,600
Biologicals	21	-	-	554	60	100
Outpatient	1,214	1,199	2,434	1,579	1,225	2,135
Fleet Management billings	998	1,817	1,065	1,182	1,446	2,672
Property & Liability billings	6,080	6,678	8,043	7,480	7,480	7,629
Other Services and Supplies	65,552	42,567	31,005	13,027	18,886	16,420
Indirect cost allocation	-	-	310,292	352,086	176,699	151,232
Capital	-	145,876	-	-	-	-
Sub-total Expenditures	711,854	888,901	1,000,518	1,057,686	901,909	809,109
Revenue less Expenditures	\$ (559,113)	\$ (593,733)	\$ (860,738)	\$ (911,703)	\$ (768,622)	\$ (663,930)

RECOMMENDATIONS

The outcome of the phase one cost analysis shows that within the programs reviewed there may be an excess capacity of 8.54 full-time equivalents (FTEs). The total FTEs for the Health District in FY16 are 150.01, this is 11.19 FTEs below the mean benchmark of 161.20 (benchmark values are from the National Connection for Local Public Health-Public Health Uniform National Data System, PHUND\$) and 40.49 FTEs below the median benchmark of 190.50 FTEs. In looking at the FTEs per 100,000 population WCHD is at 33.67 FTEs which is well below the median of 43.52 FTEs (benchmarks used are from the NACCHO *Local Public Health Workforce Benchmarks* reported in 2013). Given that the Health District appears to be under FTEs compared to other similar agencies it is apparent that the cost analysis should not focus on the elimination of FTEs or other operating expenditures but a shift in the number of FTEs assigned to programs, increased utilization of staffing capacity within programs, or changes in the classification of FTEs.

For the areas that are showing excess capacity, the Health District should consider opportunities to increase the level of service delivery to the community. If adjustments are made, the District should seek to make adjustments that can take place in the short term without jeopardizing future opportunities within an overall plan that should be developed once all programs have been reviewed. For example, the analysis shows there may be excess capacity in the TB program and the Sexual Health programs may require additional staffing hours. Since both programs utilize the same type of FTE classifications (i.e. Public Health Nurses, Registered Nurses and Office Assistants) adjustments could be made immediately to assist the Sexual Health program. Within the EHS division the Environmental Health/Land Development program requires additional staffing hours; however, several programs are showing excess capacity so resources could be shifted into the areas that require additional assistance and the balance of staffing hours not currently assigned to work activities could be used for additional service levels to the community. Also as an opportunity to increase the service levels to the community, the excess capacity calculated in the Epidemiology Surveillance program could focus not only on communicable disease but add a layer of review for chronic health disease which is not currently part of the program.

What was discovered during the analysis is that the data collection systems currently available in the Health District are not set up for this type of analysis. Many work activity statistics had to be pulled manually from the permitting system and CCHS client case management tracking system but not all of the activities are in the systems so there is no way of knowing if all elements of the work activities have been captured. With the implementation of the Regional Permitting system there should be opportunities for AQM and EHS to develop standard reports to better track work activities. CCHS is looking for a new client case management system so new reporting for work activities should be part of the implementation and report writing phase of the system upgrade. Once those systems are in place an analysis should be completed to determine what activities were not captured from the phase one work activities being reported.

Another outcome from the analysis is the need to continue the time coding for employees in order to generate an accurate accounting of how employee time is allocated in the AQM and EHS programs and

to develop a time accounting system in the Epidemiology Surveillance program. With a very limited amount of data for the current time accounting it is critical to continue the process and compare it back to the existing analysis to determine any areas that may require adjusting.

As written in the introduction, this cost analysis should be used as a tool to make programmatic adjustments that will allow for a higher level of customer service to be delivered to the community and a means to assist in finding areas for improved efficiencies within the program operations.

The following are the programs left to be reviewed in future phases:

Phase II

- Air Quality Management
- Chronic Disease Prevention
- Family Planning
- Immunizations
- Maternal, Child and Adolescent Health
- Public Health Preparedness
- Women, Infants and Children

Phase III

- Community & Clinical Health Services
- Emergency Medical Services
- Vital Statistics

STAFF REPORT

BOARD MEETING DATE: September 24, 2015

DHO_ <u> KD </u> _____
DA <u> NA </u> _____
Risk <u> NA </u> _____

TO: District Board of Health

FROM: Kevin Dick, District Health Officer
(775) 328-2416, kdick@washoecounty.us

SUBJECT: **Presentation, Discussion, and Possible Direction to Staff regarding a report on the implementation of Fundamental Review Recommendations. Take action to direct staff to continue with implementation of the plan as approved *or* direct staff to make changes as discussed.**

SUMMARY

On March 27, 2014 the DBOH approved an implementation plan for the recommendations provided in a Fundamental Review. The attached report and color-coded dashboard provide an update on implementations that have occurred since that time.

District Health Strategic Objective supported by this item: Strengthen District-wide infrastructure to improve public health, Secure and deploy resources for sustainable impact, Strengthen WCHD as an innovative, high- performing organization

PREVIOUS ACTION

The Washoe County Health District Fundamental Review was presented to the District Board of Health on February 27, 2014. On March 27, 2014 the DBOH approved an implementation plan for the recommendations provided in the Fundamental Review. A detailed progress report on the implementation of the Fundamental Review recommendations was provided to DBOH in October 2014. An implementation dashboard has been provided monthly.

FISCAL IMPACT

There is no additional fiscal impact to the FY16 budget should the Board accept the Fundamental Review Implementation Report.

RECOMMENDATION

Staff recommends the District Board of Health direct staff to continue with implementation of the plan as approved *or* direct staff to make changes as discussed.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to direct staff to continue with implementation of the plan as approved *or* direct staff to make changes as discussed."

Implementation of Fundamental Review Recommendations

1. Place the WIC program organizationally where it is most closely aligned with other similar programmatic functions.
 - a) **Completed.** WIC was moved to CCHS January 2014.
2. Develop a Washoe County District Board of Health orientation manual and program.
 - a) **Completed.** August 2014.
3. Strengthen customer focus within regulatory programs exploring the potential for User Groups to share consumer viewpoints while continuing to focus on the purpose of regulatory efforts.

Underway: A Land Development Users Group has met regularly since May 2014. This has resulted in a regulatory change at the state level to remove an unnecessary impediment to the subdivision development process and improve communications and discussion regarding Health District programs and issues the regulated community is facing. There is no organized food service group to meet with so representatives from the Chamber of Commerce and the Nevada Retail Association representatives participate in the Land Development User group meetings depending on agenda items.

4. Critically examine clinic appointment scheduling from a patient access perspective.

Completed. Immunization and vital records services are now offered five days per week.

- a) **Longer term:** Assess current after hours and weekend services provided and provide this information to DBOH. Consider opportunities and costs for extended hours/weekend provision of clinical services.

Complete. Immunization service hours have been extended to provide evening access by scheduling staffing from 10 am to 7 pm on the first, third, and fifth Wednesdays of the month (began December 2014). Providing weekend IZ service hours on campus is not currently economically feasible, although weekend clinics are offered offsite in conjunction with Immunize Nevada.

- b) **Implement** this recommendation by adding staffing with funding included in the FY 14/15 adopted budget.

Complete. An Office Assistant II has been hired and trained, allowing the vital statistics program to provide service to the public five days per week.

- c) **Longer Term:** Explore opportunity to utilize Interactive Voice Response (IVR) software, which will be acquired for the regional permit software platform to automate clinical services scheduling.

Underway, but stalled. Our current scheduling software system does not provide IVR, plan to develop this capability, or want to collaborate with others to provide IVR. We are exploring other options.

5. Update fee schedules and billing processes for all clinical and environmental services provided.

- a) **Implement** this recommendation initially by improving clinical billing through utilization of a third-party billing service by August 1, 2014. Establish contracts with insurance providers and Medicaid for reimbursement by July 1, 2014.

Underway, but overcoming issues. Third-party billing began on July 1, 2014 using Netsmart's Insight Revenue Cycle Management (RCM) Program. While performance has improved, they continue to not meet expectations and other options to improve billing reimbursement are being pursued. Immunize Nevada is providing assistance in immunization billings and cost recovery through grant funding they received.

- b) **Intermediate Term:** Identify costs for permits and services, which currently are not being charged, but are clearly a cost that should be included in fee schedules under the existing fee determination approach and adjust fees or propose new fees as appropriate to be included in the FY16 budget cycle.

Complete. New fees have been approved for EHS and AQM services for which fees previously had not been charged. Workshops were held and the fees were adopted at a DBOH public hearing in April, and were implemented as of July 1, 2015.

- c) **Longer Term:** Determine what costs of regulatory programs are not included in existing fees and what may be included in fee schedules. Determine these costs and discuss potential changes to the fee schedule with the regulated community. As directed by DBOH, propose updated fee schedules and hold workshops and public hearings. Planned for FY 16.

Underway. DBOH approved a fee methodology to properly incorporate costs of regulatory programs that are not included within existing fees. A notice has been distributed for workshops to be held on the proposed fees on September 29 and 30 and the proposed fees are scheduled to be posted on the website on September 21. BANN, AGC, the Chamber, and NV Retail Association representatives have been briefed on the methodology and proposed fees. The Business Impact Statement will be presented to DBOH during November and a hearing to adopt the fees will be scheduled for December.

- d) **Intermediate and Longer Term:** Identify community and clinical services that are offered, or might be offered through the Health District for which reimbursement is available and would benefit the community. Provide and bill for these services.

6. Explore and vet a tiered level of services for environmental health regulatory programs and inspections

- a) **“Parking Lot.”** Consider the desire and support for this type of tiered structure in the user groups, potential impacts to overall service levels, and consider this item in the larger context of the updated fee schedules addressed under Recommendation 5 (above).

7. Participate in the business process analysis currently underway across all building permitting in the county.

- a) **Underway.** The DBOH, Reno, Sparks, and Washoe County signed an Interlocal Agreement to formalize participation in the Regional Business License and Permit Software Project in June, 2014. On June 30, 2014, Washoe County signed a contract with Accela for subscriptions to the software and implementation of the project. A 16-month implementation schedule is in progress, but the timeline for completion has not been determined.
8. Strengthen organizational effectiveness by developing infrastructure to support the District Health Officer.
 - a) **Underway.** The Office of the District Health Officer (ODHO) was established July 1, 2014 under the adopted FY14/15 budget. The ODHO includes the Health Officer, Public Health Communications Program Manager, Director of Programs and Projects, and Administrative Secretary. The Office is responsible for Health District Communications, and has led the development of the Community Health Needs Assessment, the Health District QI initiative, and the Community Health Improvement Plan. The Office is leading efforts to initiate a strategic planning process. An accounting and budgeting process is being established to better support initiatives that may fall outside any of the Divisional Programs.
9. Implement time coding for employees in order to generate an accurate accounting of how employee time/costs are allocated.
 - a) **Underway.** Time coding in EHS and AQM has been underway for over a year and the time accounting data is being evaluated. Current software has limited functionality in this area. The Accela permitting project implementation is expected to improve time accounting automation and information.
10. Perform cost analysis of all programs
 - a) **Implement** this recommendation by developing a schedule for conducting cost analysis of programs, and a cost analysis methodology. Report progress to DBOH quarterly.

Underway: DBOH approved the phased schedule for cost analysis of Health District programs presented on June 26, 2014. The “pilot” phase cost analysis of AHS is completed and the Phase I cost/benefit analysis of EHS, TB, STD/HIV, and Epidemiologic Surveillance will be presented to the Board during the September meeting.
11. Perform assessment of needed administrative and fiscal staffing to increase efficiencies
 - a) **Assess** need for fiscal staffing and administrative staffing as workload for program cost analysis is conducted.
 - b) **Underway.** Will be performed in conjunction with program cost analysis.
12. Demonstrate a concerted effort among all parties to address the tensions regarding overhead/direct costs
 - a) **Propose to move to Parking Lot.** With the increase in the County fund transfer that occurred in FY 2014-15 and the inclusion of those funds in the FY2015-16 general fund transfer, the tension regarding overhead/direct costs has greatly

diminished. The Health District is maintaining a positive and productive working relationship with the County Manager and budget office. The budget office is evaluating the assessment of overhead/direct costs and the Health District is pursuing cost recovery of indirect within upcoming proposed fees. .

13. Align programs and services with public demand for services to reflect burden of disease and effective public health intervention

- a) **Completed.** Home visiting services were curtailed effective June 1, 2014. Resources were redeployed to support MCH and immunization clinical services to clients at the Health District and to integrate the delivery of these services with the WIC program. Resources were also redeployed to the Sexual Health program in response to high STD rates.
- b) **Assess** changes in service levels and program alignment in light of results of the Community Health Assessment, Community Health Improvement Plan, and Strategic Plan actions, or as needed to respond to service level reductions required by reductions in funding.

14. Conduct a Community Health Assessment (CHA) in concert with current partner organizations for Washoe County Health District and constituent communities.

- a) **Completed.** A Washoe County Community Health Needs Assessment was completed in January 2015. The Assessment was conducted in collaboration with Renown Health, with funding support from Washoe County Social Services and Schwab Bank. The development of the Assessment was managed under a subcommittee to the Truckee Meadows Healthy Communities Committee.

15. Develop metrics for organizational success and improved community health

Implement this recommendation.

- a) **Implement** this recommendation. During FY15, programs will continue to identify metrics that help to manage programs and resources and which tell our story to our partners and the community. Outcome based measures will also be developed which can be used in assessing progress to address public health issues and which provide opportunities to critically evaluate delivery of Health District services. This will be an ongoing continuous quality improvement process. These metrics will be reported to the Board.

Underway. Additional metrics have been incorporated in monthly reports to the Board. Additional work in this area remains and will be addressed in Community Health Improvement Plan and Strategic Plan development.

16. Continue current collaborative action plan to resolve REMSA oversight issues with engagement of key partners and stakeholders

- a) **Underway.** An Amended and Restated Franchise for Emergency Ambulance Services with REMSA was signed by REMSA and DBOH in May 2014. The agreement provides for additional data reporting by REMSA, and enhanced oversight by DBOH. REMSA has been operating under the new agreement since

July 1, 2014 and REMSA response data reporting under the agreement has been significantly enhanced.

An Interlocal Agreement for the District Board of Health to provide Regional Emergency Medical Services Oversight of REMSA, Reno Fire Department EMS, Sparks Fire Department EMS, Truckee Meadows Fire Protection District EMS, and associated EMS dispatch functions has been ratified.

EMS Program staffing has been completed and the EMS Advisory Board has been established. Quarterly systems response data is compiled analyzed and reported. A system for investigating complaints on responses has been established. A new response zone map based on population densities is being developed. A kick-off workgroup meeting for development of a five-year strategic plan was held by the EMS Advisory Board with ILA agencies on August 31. .

17. Maintain current levels of local and state financial support

- a) **Implement.** Past Action on this recommendation is captured under Recommendation 12 above. Will continue to implement this.
- b) **Implement.** Advocate to sustain or enhance funding through State Agencies that aligns with Health District Programs and priorities.

18. Conduct a governance assessment utilizing the National Association of Local Boards of Health (NALBOH) Version 3 of the National Public Health Performance Standards.

- a) **Completed** January 16, 2014. Scheduling a meeting to conduct the governance assessment again will be discussed during the September 2015 DBOH meeting.

19. Undertake an organizational strategic plan to set forth key health district goals and objectives so that priorities are clearly articulated for the Board, staff, stakeholders and community.

- a) **Implement** recommendation by conducting a strategic planning initiative following the completion of the Community Health Assessment and a Community Health Improvement Plan (CHIP).

Underway. The Community Health Improvement Plan is under development. OnStrategy has submitted a contract proposal for facilitate and support the development of a Strategic Plan for the Health District. A grant proposal seeking funding from NACCHO to support the strategic plan process was submitted on September 11. The strategic planning process is anticipated to run from December 2015 until June 2015.

20. Implement a performance management system

- a) **Longer Term:** Utilize the results of the program cost analysis, metrics developed under Recommendation 15, and the Strategic Plan developed under Recommendation 19 to develop and implement a performance management system.

Not Yet Underway.

21. Consider alternative governance structures in order to accommodate multiple related but potentially competing objectives
 - a) This is **not a recommendation** for staff action.
22. Take a greater leadership role to enhance the strong current State/Local collaboration
 - a) **Short Term:** The Health District needs to be prepared to respond to legislative and regulatory issues. However, it is recommended that the initial Health District efforts in response to the Fundamental Review recommendations are to focus on internal and local issues.

Completed. The Health District provided testimony on bills proposed during the 2015 legislative session. The Health District also worked with the development community, local jurisdictions, and NDEP successfully to have the State Environmental Commission change the regulations that were an unnecessary impediment to subdivision development.
 - b) **Longer Term:** Seek direction from DBOH on a greater leadership role once the bulk of the fundamental review recommendations are implemented and the Health District is operating sustainably, and is engaged and supported at the local level.

Seek Direction from DBOH. The State Health Officer has expressed an interest in working together to effect public health policy during the 2017 legislative session. Local State representatives have expressed an interest in being engaged in this effort. The implementation of the Fundamental Review recommendations is well underway, and the Health District is operating stably. Nevada has the lowest per capita public health expenditure of any state in the nation. I propose that the Board provide direction to staff to proceed to explore opportunities to play a greater leadership role in advancing public health policies in the State.
23. Develop an organizational culture to support quality by taking visible leadership steps.
 - a) **Underway.** In 2014 a Quality Team with representatives from each Division was established to guide and develop the Health Districts QI plans and procedures. QI training has now been provided to all Health District management and staff. Several staff members have participated in Renown Health Rapid Process Improvement Workshops to gain additional hands-on training in the QI process. A QI Plan for FY2015-16 has been developed and being implemented. Use of formal QI approaches for quality improvement has increased, and forms for proposal, approval, and documentation of QI projects have been developed. A number of QI projects have been completed and more will be conducted during the year.
24. Seek Public Health Accreditation Board accreditation
 - a) **Longer Term:** Seek DBOH direction on this recommendation once the Community Health Assessment, Community Health Improvement Plan, and the Strategic Plan have been completed.

Not Yet Underway.

Fundamental Review Recommendation Status

Legend:

September 24, 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

Status	Goal
	1 Place WIC organizationally where it is most closely aligned with similar functions
	a. WIC moved to CCHS effective January 21, 2014
	2 Develop a DBOH orientation manual and program
	a. Completed August 2014
	3 Strengthen customer focus, exploring the potential for user groups to share consumer viewpoints
	a. Land development user group established, meeting regularly. Incorporates food and retail assoc.
	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. Vital Statistics staffed five days a week
	d. Interactive Voice Response software options being explored
	5 Update fee schedules and billing processes for all clinical and environmental services
	a. Third-party billing service began 7/1/14, issues being resolved
	b. Adopted new fees. Effective 7/1/15. Next step, update for full cost recovery.
	c. Fee methodology developed and approved. Noticing of fees occurring, target adoption Dec. 2015
	d. Identify community and clinical services for which reimbursement is available/bill

Fundamental Review Recommendation Status

	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.	ODHO staffing includes Admin. Secretary, Communications Manager, and Director of Programs and Projects.
	9	Implement time coding for employees
	a.	Time coding in EHS and AQM has been underway for over a year and the time accounting data is being evaluated
	10	Perform cost analysis of all programs
	a.	AHS analysis completed. Phase I Analysis of EHS, TB, STD/HIV, EPI complete
	11	Perform assessment of needed administrative and fiscal staffing to increase efficiencies
	a.	Will be performed in conjunction with program cost analysis. See 10a
	12	Demonstrate a concerted effort among all parties to address tensions regarding overhead/direct costs
	a.	The District is maintaining a positive and productive working relationship with the County Manager & budget ofc
	13	Align programs and services with public demand
	a.	Shifted home visiting resources to provide additional clinical services on 6/1/14
	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 FY16, 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.	Past 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 1/16/14. 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 (completed) and a CHIP (underway).
	20	Implement a performance management system
	a.	Use results of program cost analysis, performance metrics and SP to develop & implement performance mgmt. syst

Fundamental Review Recommendation Status

	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.	District provided testimony on bills during the 2015 legislative session and assisted in changing regulations
	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 completed 9/15/15, FY 16 QI Plan finalized
	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

DD	NA
AHSO	NA
DHO	kd
DA	NA
Finance	NA
Risk	NA
Purchasing	NA

Staff Report
Board Meeting Date: September 24, 2015

TO: District Board of Health
FROM: Kevin Dick, District Health Officer
775.328.2415, kdick@washoecounty.us

SUBJECT: Update on the NACCHO strategic planning grant proposal and Board discussion and possible action and/or direction regarding scheduling (a) special DBOH meeting or meetings to conduct a Governance Self-Assessment and/or work on the Strategic Plan.

SUMMARY

Update on the NACCHO strategic planning grant proposal and Board discussion and possible action and/or direction regarding scheduling (a) special DBOH meeting or meetings to conduct a Governance Self-Assessment and/or work on the Strategic Plan.

District Health Strategic Objectives supported by this item: Demonstrate the value and contribution of public health, strengthen District-wide infrastructure to improve 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.

And

Fundamental Review recommendations supported by this item: Conduct a governance assessment utilizing NALBOH criteria, undertake an organizational strategic plan to set forth key Health District goals and objectives, take a greater leadership role to enhance the strong current State/Local collaboration, develop an organizational culture to support quality by taking visible leadership steps

PREVIOUS ACTION

On December 6, 2012, the Board met to discuss and establish the Washoe County Health District (WCHD) Strategic Plan for 2012-2016.

On January 16, 2014, the Board conducted a retreat which consisted of a facilitated Board Discussion to the National Public Health Performance Standards (NPHPS) Public Health Governing Entity Assessment, Prioritization of Essential Activities, and Identification of Opportunities for Improvement.

On February 27, 2014, the Public Health Foundation presented the Fundamental Review (FR) of the Washoe County Health District. It contained 24 recommendations, some of which provided specific guidance for leadership.

On March 27, 2014, DBOH approved an implementation plan for the recommendations provided in the Fundamental Review.

On August 27, 2015, I informed DBOH that we would be submitting a grant application to NACCHO seeking funding to support strategic planning efforts. I also mentioned a conversation I had with the DBOH Chair regarding conducting the National Public Health Performance Standards (NPHPS) Public Health Governing Entity Assessment again.

On August 27, 2015, Board Member Novack requested that the September DBOH agenda include a report back on the strategic planning grant.

BACKGROUND

In response to the guidelines proposed by the FR, WCHD has completed a Community Health Assessment, and staff is working to complete both a Community Health Improvement Plan and a District-wide cost-benefit analysis. The next step is to prepare an updated strategic plan.

Regardless of whether the NACCHO grant funding is received to help support the strategic planning effort, I intend to proceed to work with staff and DBOH to develop a strategic plan as directed by DBOH through approval of the implementation plan for the Fundamental Review recommendations on March 27, 2014.

As part of my monthly report given at the August 27, 2015 DBOH meeting, I mentioned that at our last one-on-one meeting, Chairwoman Jung had expressed an interest in the Board discussing scheduling another Governance Self-Assessment. DBOH may decide to proceed with this based on the discussion on this item.

Both the Governance Self-Assessment and the strategic plan will require that the Board schedule one or more meeting times in addition to the regularly scheduled Board meetings. These items might be scheduled for a full day meeting, or could be scheduled as several partial day meetings.

FISCAL IMPACT

Should the Board approve staff recommendations, there will not be a fiscal impact to the adopted FY16 budget. Costs associated with meetings have been included in the budget of the Office of the District Health Officer.

RECOMMENDATION

Staff recommends the District Board of Health review, discuss, and if so desired, take action and/or provide direction regarding scheduling (a) special DBOH meeting or meetings to conduct a Governance Self-Assessment and/or work on a Strategic Plan.

POSSIBLE MOTION

No motion proposed.

DD	NA
AHSO	NA
DHO	kd
DA	NA
Finance	NA
Risk	NA
Purchasing	NA

Staff Report
Board Meeting Date: September 24, 2015

TO: District Board of Health

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

SUBJECT: Review, discussion and possible action and/or direction to staff regarding the provisions for a written notice of termination 15 days prior to the date of expiration in the Interlocal Agreement (ILA) entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District.

SUMMARY

Section 7(c) of the Interlocal Agreement requires annual review of the Agreement by the Board and recommendations for possible amendments may be made to Reno, Sparks and Washoe County.

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

BACKGROUND

On November 27, 1972, the governing bodies of the Cities of Reno and Sparks and the County of Washoe formed the Washoe County Health District by adopting an Interlocal Agreement in conformance with the provisions of NRS 439.

The Interlocal Agreement was amended in August of 1986 to delegate to the Health District the powers granted to the Cities and County to displace or limit competition in the grant of any franchise for ambulance services.

The Interlocal Agreement was further amended in August of 1993 after a legislative revision to the composition of the Board of Health pursuant to NRS 439.390. The revision required the seventh member of the board, the member appointed by the other six, to be a physician.

There have been no further amendments to the Agreement.

PREVIOUS ACTION

The most recent required annual review by the Board was held on February 26, 2015.

Dr. Novak expressed concern that Section 7(b) states: “After the initial one-year-term has expired, this agreement shall automatically be renewed for a one-year period on each anniversary date after December 31, 1979, unless either Reno, Sparks or the County serves by certified mail on the other parties to the agreement a written notice of termination 15 days prior to the date of expiration...” He suggested the time period be lengthened to six months.

Vice Chair Ratti suggested they take no formal action, but to engage others in informal conversations to gauge their reactions. If the Board believes it should be addressed later, they can request it be agendaized.

During the meeting August 27, 2015 Dr. Novak requested the item be placed on an agenda for discussion.

FISCAL IMPACT

There are no fiscal impacts for the Board's review of the Interlocal Agreement.

RECOMMENDATION

Staff recommends the District Board of Health review, discuss, and if so desired, take action and/or provide direction to staff regarding the provision for a written notice of termination 15 days prior to the date of expiration in the Interlocal Agreement (ILA) entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District.

POSSIBLE MOTION

No motion proposed.

AMENDMENT OF INTERLOCAL AGREEMENT
CONCERNING THE WASHOE COUNTY HEALTH DISTRICT

WHEREAS, the Washoe County Health District has heretofore been established with a District Health Department including a District Health Officer and a District Board of Health, composed of representatives appointed by the governing bodies of the cities of Reno and Sparks and Washoe County, together with one member appointed by the members of the Board of Health, all in accordance with Chapter 439 of Nevada Revised Statutes and an Interlocal Agreement adopted as of November 27, 1972, by those governing bodies; and

WHEREAS, the District Board of Health of the Washoe County Health District has exercised, since its creation, all the powers, duties and authority of a District Board of Health pursuant to Chapter 439 of the Nevada Revised Statutes; and

WHEREAS, it is the desire of the District Board of Health that certain revisions be made to the Interlocal Agreement by which the Board and the Department were created;

NOW, THEREFORE, the Interlocal Agreement Concerning the Washoe County Health District is hereby amended to read as follows:

INTERLOCAL AGREEMENT CONCERNING THE
WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

SECTION 1. Definitions.

A. As used in this agreement, unless the context otherwise requires:

B2409P0435

1. "Board" means the Washoe County District Board of Health.

2. "Chairman" means the chairman of the Board.

3. "County" means Washoe County, a political subdivision of the State of Nevada.

4. "Department" means the Washoe County District Health Department.

5. "Health Officer" means the health officer of the Washoe County Health District.

6. "Reno" means the City of Reno, Nevada.

7. "Sparks" means the City of Sparks, Nevada.

B. Except as otherwise expressly provided in this agreement or required by the context:

1. The masculine gender includes the feminine and neuter genders.

2. The singular number includes the plural number, and the plural includes the singular.

3. The present tense includes the future tense.

The use of a masculine noun or pronoun in conferring a benefit or imposing a duty does not exclude a female person from that benefit or duty. The use of a feminine noun or pronoun in conferring a benefit or imposing a duty does not exclude a male person from that benefit or duty.

SECTION 2. District Board of Health; Creation; composition.

A. The Washoe County District Board of Health, consisting of seven members appointed by Reno, Sparks and the County is hereby created.

B. Two members of the Board shall be appointed by the Reno Council only one of whom shall be an elected member of the governing body.

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C. Two members of the Board shall be appointed by the Sparks Council only one of whom shall be an elected member of the governing body.

D. Two members of the Board shall be appointed by the Board of County Commissioners. One of those members shall be a physician licensed to practice medicine in this State and the other shall be an elected member of the governing body.

E. The remaining member of the Board shall be appointed by the other members of the Board at their organizational meeting. If the members of the Board appointed by Reno, Sparks and the County fail to choose the additional member within 30 days after January 1, 1979 or within 30 days after the term of the additional member becomes vacant or expires, that member shall be appointed by the State Health Officer.

F. Except as provided in subsection J, below, members of the Board shall serve four year terms commencing January 1, 1979. Each member may be reappointed in the same manner as their original appointment to serve not more than two additional terms. Upon the expiration of this term of office, a member shall continue to serve until his successor is appointed and qualifies.

G. Not later than January 31, 1979, the Board shall meet and conduct an organizational meeting. At that meeting, the Board shall select a chairman and vice-chairman from among its members and may appoint such officers from among its members as it deems necessary to assist it in carrying out its prescribed duties. The chairman and vice-chairman shall serve two years and until their successors are appointed by the Board and qualify.

H. Except as otherwise provided in this Agreement or by law, a majority of the Board constitutes a quorum for the conduct of business and a majority vote of the quorum is necessary to act on any matter.

B2409PU437

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I. If a vacancy occurs on the Board, the entity which appointed the member whose position is vacated shall appoint a person to fill the remainder of that member's unexpired term. At the end of that term, the appointee may be reappointed to serve not more than two additional terms.

J. When a person appointed to the Board as a member of the governing body of Reno, Sparks or the County no longer qualifies to serve as a member of that governing body, his term of office on the Board expires and a vacancy automatically occurs. That vacancy shall be filled in the same manner specified in subsection I, above.

K. If the boundaries of the Health District are enlarged to include any additional political subdivision of the State of Nevada, or if any additional political subdivision is created within the District's boundaries, the political subdivision, upon request, may become a party to this agreement. In that event, the number of members on the Board shall be increased by appointment of two persons by the political subdivision, only one of whom shall be an elected member of the governing body of that political subdivision, and this agreement shall apply in all particulars to the new party thereto.

L. The Board may adopt procedural rules for the organization of its meetings and may adopt any other operational or procedural rules and guidelines to carry out their assigned functions and duties in an efficient and orderly manner. Such operational or procedural rules and guidelines must be consistent with the other terms of this agreement.

SECTION 3. Board of Health; Jurisdiction; powers; duties.

A. The Board, through the Department, has jurisdiction over all public health matters in the Health District. As used

in this subsection, "Health District" means the Washoe County Health District with boundaries conterminous with the boundaries of the County and as those boundaries may be amended from time to time.

B. The Board may exercise all powers conferred on such boards by the Nevada Revised Statutes, regulations and other laws.

C. The Board shall perform, or cause to be performed through the Department, all duties prescribed by Nevada Revised Statutes, regulations and other laws.

D. The Board of Health may exercise the power granted to the cities of Reno and Sparks regarding ambulance services specifically set forth in NRS 268.081 and NRS 268.083 and may exercise the power granted to Washoe County regarding ambulance services specifically set forth in NRS 244.187 and NRS 244.188. In that regard, the District Board of Health may displace or limit competition in the grant of any franchise for ambulance service.

E. The Board of County Commissioners shall assist the Board by providing the administrative procedures by which the Board, through the Department, shall exercise the powers and perform the duties specified in Subsections B, C and D of this section. However, the Councils of Reno and Sparks and the Board of County Commissioners recognize and agree that ultimate responsibility for establishing policies and procedures relating to public health programs rests solely with the Board.

SECTION 4. Preparation of annual budget; accounting for funds of District Health Department; supervision of District Health Department.

A. A proposed annual budget for the Department including estimates of revenues to be derived from service

B2409P0439

charges, permits, donations, contracts, grants and any other sources other than local tax resources for the budget period as well as planned operating expenditures shall be prepared by the Health Officer or his designee prior to the start of the fiscal year for which that budget is prepared and in accordance with the budget preparation time frame established by the County. Copies of the proposed budget shall be transmitted to the City Managers of Reno and Sparks and to the County Manager for their review or a review by their designated representatives.

B. Prior to the adoption of a final budget by the Board of County Commissioners, the Board shall review the proposed annual budget for the Department. Comments received from the City Managers of Reno and Sparks and the County Manager shall be presented to the Board for consideration as part of that budget review. The Board will approve a tentative budget for the Department and transmit that budget, in a format designated by the County, to the County for action by the Board of County Commissioners and inclusion within the County budget documents, being separately designated a special revenue fund known as the Health Fund in accordance with the Local Government Budget Act.

C. The Board of County Commissioners shall allocate the local tax resources and approve a final budget for the Department using the same policies and procedures that are used to allocate and approve budgets for County Departments. However, the allocation shall not be determined on the basis of the public health policies, procedures or programs established by the Board pursuant to Subsection E of Section 3 of this Agreement. The Board of County Commissioners shall notify the Board of the total amount of the allocation for each fiscal year. The Board shall be responsible for carrying out the public health goals, objectives and priorities established for the Department within the limits of that final budget as approved by the Board of County Commissioners.

B2409P0440

B2409P0441

D. Once the budget for the Department has been included within the final approved budget for the County and filed with the State in accordance with applicable law, it cannot be reduced, increased or otherwise altered by the County without the approval of the Councils of Reno and Sparks except under the circumstances hereinafter described. 1) Should it become necessary to increase the budget as a result of salary and/or benefit increases negotiated with recognized employee associations of the County in effect now and in the future, the budget for the Department will be increased by that necessary amount through appropriation of local tax resources by the County in the same manner as County Department budgets are increased as a result of those negotiations and in accordance with the provisions of the Local Government Budget Act. 2) Any nonlocal funds made available to the Department from such sources as the State or Federal government, foundations or through donations may be added to the final approved budget upon approval by the Board and through action of the Board of County Commissioners in accordance with the provisions of the Local Government Budget Act and consistent with County policy or ordinance on budget amendments. Any proposed decrease by the County in the unappropriated fund balance of the Health Fund will be brought to the notice of the Board who may make comment to the County regarding the proposed action.

E. The Health Officer or his designee shall keep a proper accounting for all expenses incurred and revenues received in the operation of the Department.

F. No obligation may be incurred or payment made in the operation of the Department except by the approval of the Health Officer or his designee. Approved claims shall be submitted to the Office of the County Comptroller who shall execute payment of such approved claims.

G. The County Treasurer's Office is hereby designated as the office to and from which funds of the Department shall be deposited or disbursed.

H. The County Purchasing Department is hereby designated as the office through which the Board shall exercise its authority under the Local Government Purchasing Act.

I. The Board shall establish a policy for supervision of all public health programs of the Department.

J. The Board may authorize new public health programs upon the recommendation of the Health Officer or his designee provided sufficient funds are available to carry out such programs at the time they are authorized.

K. In the event that grant, donation, contract or foundation funds for a specific program are terminated, that program will also be terminated, including its personnel, unless it is determined by the Board that continuation of the program is necessary and sufficient local tax resources are appropriated by the Board of County Commissioners for the program.

L. If insufficient funds are available to maintain a program and it becomes necessary to restrict or eliminate the program, the Board shall notify the City Managers of Reno and Sparks and the County Manager of the proposed restriction or elimination.

M. If an external fiscal audit of a grant or contract funded program requires a fiscal adjustment in the benefit of the contractor or grantor, such fiscal adjustment will be made within the existing appropriations of the Department.

SECTION 5. Health Officer; position created; appointment; qualifications; powers; duties and authority.

B2409P0442

A. There is hereby created the position of Health Officer of the Washoe County Health District.

B. The Health Officer shall be appointed, and may only be removed, by a majority vote of the total membership of the Board. The Health Officer shall hold his position and serve at the pleasure of the Board. He shall reside within the boundaries of the Washoe County Health District.

C. The Board may only appoint as Health Officer a person who possesses the qualifications set forth by law for that position.

D. The salary of the Health Officer shall be established and approved in the manner specified in Chapter 439 of the Nevada Revised Statutes.

E. The Health Officer is empowered to appoint such deputies and delegate such authority as he deems necessary to carry out the authorized health programs of the Washoe County Health District and those deputies shall receive such compensation for the classification designated as provided in the approved salary schedule of the County and as adopted by the Board of County Commissioners; provided sufficient funds are available in the approved annual budget of the Department. In addition, the Health Officer shall comply with the provisions of Section 6 below in making any such appointment to the staff of the Department.

F. The Health Officer shall be responsible to the Board for the proper administration of the Department in areas not directly subject to the supervision and control of the Board as set forth above.

B2409PU443

G. The Health Officer and his deputies shall maintain complete records concerning public health programs provided by the Department.

H. The Health Officer, upon request, shall provide to the City Managers of Reno and Sparks, the County Manager and to any member of the Board a copy of any report or record of any activity of the Department.

I. The Health Officer shall cooperate with the State Board of Health, State Health Division and Federal agencies in all matters affecting public health. He shall make such reports and provide such information as the State Board, State Health Division and Federal agencies require.

J. The Health Officer shall designate a person to act in his stead during his temporary absence from the District or during his temporary disability. The Health Officer shall make such designation by letter to the Chairman of the Board, to the staff of the Department, to the City Managers of Reno and Sparks and the County Manager. The person so designated shall occupy the position of "Acting Health Officer" during the Health Officer's absence or disability. If necessary, the Health Officer shall also designate a physician licensed to practice medicine in this state to act as a consultant on all medical matters with which the Department is involved. If the Health Officer fails to make the designation or designations required by this subsection, the Board may do so by resolution.

K. If the position of Health Officer becomes vacant, an Acting Health Officer shall be appointed by the Board to fill the position until the Board appoints a new Health Officer.

L. No member of the Board may be appointed as Health Officer or Acting Health Officer.

B2409P0444

SECTION 6. District Health Department of Washoe County Health District.

There is hereby established a District Health Department of the Washoe County Health District, subject to the following provisions:

A. The Department shall be organized in the same manner as divisions, departments, agencies, offices, etc. of the County are organized for the purpose of providing a structure for the day-to-day execution of the public affairs of the Department.

B. The Department has jurisdiction over all public health matters arising within the Washoe County Health District and shall carry out all public health programs approved by the Board.

C. All personnel matters in the Department shall be regulated by those ordinances applicable to County employees, except as otherwise provided herein.

D. The Health Officer or his designee shall employ qualified persons under the County's Merit Personnel Ordinance. Those persons shall receive the compensation specified for the classification designated in the approved salary schedule adopted by the Board of County Commissioners provided sufficient funds are available in the approved budget of the Department. The Health Officer or his designee may only select persons to fill authorized vacancies within the Department.

E. The Health Officer or his designee may take disciplinary action against any employee, including suspension or termination of any employee of the Department in accordance with any applicable provisions of County ordinances in effect now and in the future and any negotiated contracts with recognized employee associations in effect now and in the future.

B2409PU445

F. The Department shall cooperate with the State Health Division and State Board of Health in carrying out all public health programs within the Washoe County Health District as permitted or required by the Nevada Revised Statutes and other laws.

SECTION 7. Term of agreement.

A. Except as provided in subsection D, this agreement shall be in effect for a period of one year from January 1, 1979.

B. After the initial one-year term has expired, this agreement shall automatically be renewed for a one-year period on each anniversary date after December 31, 1979, unless either Reno, Sparks, or the County serves by certified mail on the other parties to this agreement a written notice of termination 15 days prior to the date of expiration (which shall coincide with each anniversary date of this agreement), in which event this agreement shall terminate on the day of expiration. As used herein, "the expiration date" or "day of expiration" means the last day of this agreement or the last day of any extended one-year period under the terms of this agreement. If no written notice of termination has been received by any party to this agreement from any other party to this agreement at the end of its initial term or at the end of any one-year renewal period after the initial term of this agreement has expired, it shall automatically be renewed for another one-year period and will continue in full force and effect during such renewal.

C. This agreement shall be reviewed annually by the Board, and recommendations for possible amendments may be made to Reno, Sparks and the County.

B2409P0446

D. This agreement may be amended by mutual consent of the parties hereto not later than 90 days before its annual renewal date.

E. Reno, Sparks or the County may terminate this agreement for cause, including the breach of any provision thereof, upon written notice to the other parties to this agreement. In that event, the agreement shall terminate 60 days after the parties have received the written notice of termination for cause.

SECTION 8. Property acquired by District Health Department.

A. All property acquired by the Department during the term of this agreement shall be subject to the jurisdiction and control of the Board through the Health Officer and the Department.

B. Upon termination of this agreement, all property acquired by or held in the name of the Department shall become the property of the County, except that any property purchased with Federal funds must be disposed of in accordance with Federal Grants Administration policies.

B2409P0447

IN WITNESS WHEREOF, the parties hereto have executed this amended agreement on the day and in the year appearing by the signatures below.

WASHOE COUNTY, by and through its Board of County Commissioners

By [Signature]
Chairman
Date August 26, 1986



ATTEST

[Signature]
County Clerk

B2409FU448

CITY OF RENO, by and through its City Council

By [Signature]
Mayor
Date 8/25/86



ATTEST

[Signature]
City Clerk

CITY OF SPARKS, by and through its City Council

By [Signature]
Mayor
Date 8/25/86



1101865

ATTEST

[Signature]
City Clerk

RECORDS
CLERK
WASHOE COUNTY DA
86 SEP 19 P 1: 12

8/10/93

AMENDMENT TO THE
INTERLOCAL AGREEMENT CONCERNING THE
WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

WHEREAS, the Washoe County Health District has been established with a District Health Department including a District Health Officer and a District Board of Health, composed of representatives appointed by the governing bodies of the cities of Reno and Sparks and Washoe County, together with one member appointed by the members of the Board of Health, all in accordance with Chapter 439 of the Nevada Revised Statutes, and pursuant to an Interlocal Agreement adopted as of November 27, 1972, by those governing bodies and amended from time to time; and

WHEREAS, the District Board of Health of the Washoe County Health District has exercised, since its creation, all the powers, duties and authority of a District Board of Health pursuant to Chapter 439 of the Nevada Revised Statutes; and

WHEREAS, it is the desire of the District Board of Health and of the governing bodies of the cities of Reno and Sparks and Washoe County that certain revisions be made to the Interlocal Agreement by which the Board and the Department were created in order to comply with legislative amendments to Chapter 439 of the Nevada Revised Statutes;

NOW THEREFORE, Sections 2.D. and E. of the Interlocal Agreement Concerning the Washoe County Health District are hereby amended to read as follows:

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CITY OF SPARKS
CITY CLERK

AUG 13 1993

2. D. Two members of the Board shall be appointed by the Board of County Commissioners only one of whom shall be an elected member of the governing body.

2. E. The remaining member of the Board shall be appointed by the other members of the Board at their organizational meeting. This member must be a physician licensed to practice medicine in this state. If the members of the Board appointed by Reno, Sparks and the County fail to choose the additional member within 30 days after January 1, 1979 or within 30 days after the term of the additional member becomes vacant or expires, that member shall be appointed by the State Health Officer.

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AUG 13 1993

IN WITNESS WHEREOF, the parties hereto have executed this Amendment on the day and in the year appearing by the signatures below.

WASHOE COUNTY, by and through its Board of County Commissioners

By *James Cornwall*
Chairman

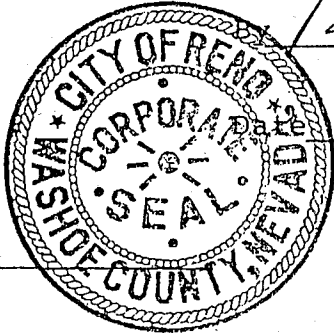
Date *July 20, 1993*

ATTEST:
Judi Baul
County Clerk

CITY OF RENO, by and through its City Council

Pete Spangola
Mayor

Date *8/24/93*



ATTEST:
James Code
City Clerk

CITY OF SPARKS, by and through its City Council

By *[Signature]*
Mayor

Date *August 9, 1993*

ATTEST:
[Signature]
City Clerk

APPROVED AS TO FORM:

Steven P. Elliott
STEVEN P. ELLIOTT, City Attorney

CITY OF SPARKS
OFFICE OF THE CITY CLERK

AUG 13 1993

DD	NA
AHSO	AH
DHO	kd
DA	NA
Finance	NA
Risk	NA
Purchasing	NA

Staff Report
Board Meeting Date: September 24, 2015

TO: District Board of Health

FROM: Laurie Griffey, Admin Assist I/HR Rep
775-328-2403, lgriffey@washoecounty.us

SUBJECT: **Recommend to approve a 3% Cost of Living Adjustment (COLA) in base wage for the District Health Officer position, retroactive to July 1, 2015.**

SUMMARY

The Washoe County District Board of Health must approve all wage and salary adjustments, including Cost of Living Adjustments for the District Health Officer position. Recommend to approve a 3% Cost of Living Adjustment (COLA) in base wage for the District Health Officer position, retroactive to July 1, 2015; to keep the position in alignment with other County Unclassified Management positions who were granted a 3% COLA by the Board of County Commissioners on August 11, 2015.

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

Washoe County Strategic Objective supported by this item: Valued, engaged employee workforce.

PREVIOUS ACTION

On January 23, 2014, the District Board of Health approved an Employment Agreement with Mr. Kevin Dick, for the position of District Health Officer. The employment agreement contains a provision that the annual salary may be adjusted by a vote of the Board for cost of living adjustments consistent with any cost-of-living adjustment provided to other unclassified management employees of Washoe County; and/or the Board may adjust the annual salary of the District Health Officer position by increasing the base salary until the maximum of the salary range is reached.

On February 27, 2014, the District Board of Health approved a 1% Cost of Living Adjustment in base wage effective July 1, 2013, a 1% PERS contribution in lieu of a wage increase effective July 15, 2013, and a 1% Cost of Living Adjustment effective January 1, 2014, for the District Health Officer position; to bring him into alignment with other unclassified management employees of Washoe County.

On August 11, 2015, the Board of County Commissioners approved a 3% Cost of Living Increase to base wages for Unclassified Management, Non-Represented Confidential employees, District Court employees, Justice Courts employees (excluding Justices of the Peace), and Juvenile Services employees effective July 1, 2015.

BACKGROUND

The District Board of Health has the ability to determine salary/compensation for the District Health Officer position. The employment agreement between the District Board of Health and Mr. Kevin Dick, approved and signed at the January, 23, 2014 regularly scheduled meeting, states under Section 4 Item B – “Employee’s annual salary may be adjusted as follows, by a vote of the Board, pursuant to the provisions of Section 9: a) A cost of living adjustment consistent with any cost-of-living adjustment provided to other unclassified management employees of Washoe County; and/or, b) The Board may adjust the annual salary of the Employee by increasing the base salary until the maximum of the salary range is reached.”

The Board of County Commissioners (BCC) approved a 3% Cost of Living Adjustment in base wage effective July 1, 2015, for all Unclassified Management. To ensure the District Health Officer is granted the same benefits and compensation provided to other Washoe County Unclassified Management; the District Board of Health is requested to approve the same Cost of Living increase for the District Health Officer as were approved for the Unclassified Management by the Board of County Commissioners.

Upon approval by the District Board of Health, a letter will be drafted to the Washoe County Human Resource Department advising them to make the necessary adjustments to Mr. Dick’s wages to align them with the COLA adjustments granted Unclassified Management by the Board of County Commissioners on August 11, 2015.

FISCAL IMPACT

Should the Board approve the 3% Cost of Living (COLA) for the District Health Officer position there will be a fiscal impact of approximately \$3,775. The FY16 budget fiscal impact would be 1.88% or \$3,775, which will be managed within the Health Fund. The other 1.125% is covered by the FY16 budget. The PERS adjustment decreased wages for all employees by 1.125% effective July 27, 2015.

RECOMMENDATION

Recommend to approve a 3% Cost of Living Adjustment (COLA) in base wage for the District Health Officer position, retroactive to July 1, 2015.

Subject: 2015 COLA for DHO

Date: September 1, 2015

Page 3 of 3

POSSIBLE MOTION

Should the Board agree with staff's recommendation a possible motion would be: Move to approve a 3% Cost of Living Adjustment (COLA) in base wage for the District Health Officer position, retroactive to July 1, 2015.

DD	CA
AHSO	NA
DHO	KB
DA	NA
Finance	NA
Risk	NA
Purchasing	NA

**AIR QUALITY MANAGEMENT
DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: September 24, 2015**

DATE: September 11, 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. EPA Updates New Source Performance Standards for Woodstoves

The U.S. Environmental Protection Agency (EPA) has updated the New Source Performance Standards (NSPS) for woodstoves for the first time since the regulations were last amended in 1988. During the development of the woodstove regulations in the 1980's, EPA expected a 70% reduction in emissions of fine particulate matter (PM2.5) along with other pollutants including carbon monoxide, volatile organic compounds (VOCs), black carbon, and air toxics such as benzene. In the time since the 1988 standards were set, EPA has recognized the actual emission reductions did not meet their expectations.

EPA has since developed more stringent emission standards and promulgated new NSPS regulations, which became effective on May 15, 2015 to reduce the impacts of smoke from wood burning devices. The 1988 NSPS



regulations were only applicable to woodstoves and certain fireplace inserts. The 2015 NSPS regulations also include other wood heaters, including outdoor and indoor wood-fired boilers. Emissions standards have also been set for adjustable-rate woodstoves, pellet stoves, wood-fired

forced air heaters, and previously unregulated single burn rate stoves. EPA estimates the industry cost of compliance with the new standards will be approximately \$46 million dollars; however, the standards are expected to yield health benefits of \$74 to \$165 dollars for every dollar spent in avoided asthma related emergency room visits, non-fatal heart attacks, and premature deaths due to cardiac and respiratory disease.

The new NSPS standards will be implemented in two phases to allow existing technologies to be improved in order to achieve the stricter emission limits. Phase 1 allows existing inventory to be sold through December 31, 2015 and any devices sold after that date must be in compliance with the 4.5 grams per hour emission limit. Phase 2 implements a lower emission rate of 2.0 grams per hour, with an alternative of 2.5 grams per hour if the device is tested and certified using cord wood. Pellet stoves which have been exempt from the NSPS emission limits will now be subject to the same emission limits as woodstoves. It is important to note, the 2015 NSPS regulations apply to new devices only, and existing wood or pellet stoves are not required to meet the new standards.

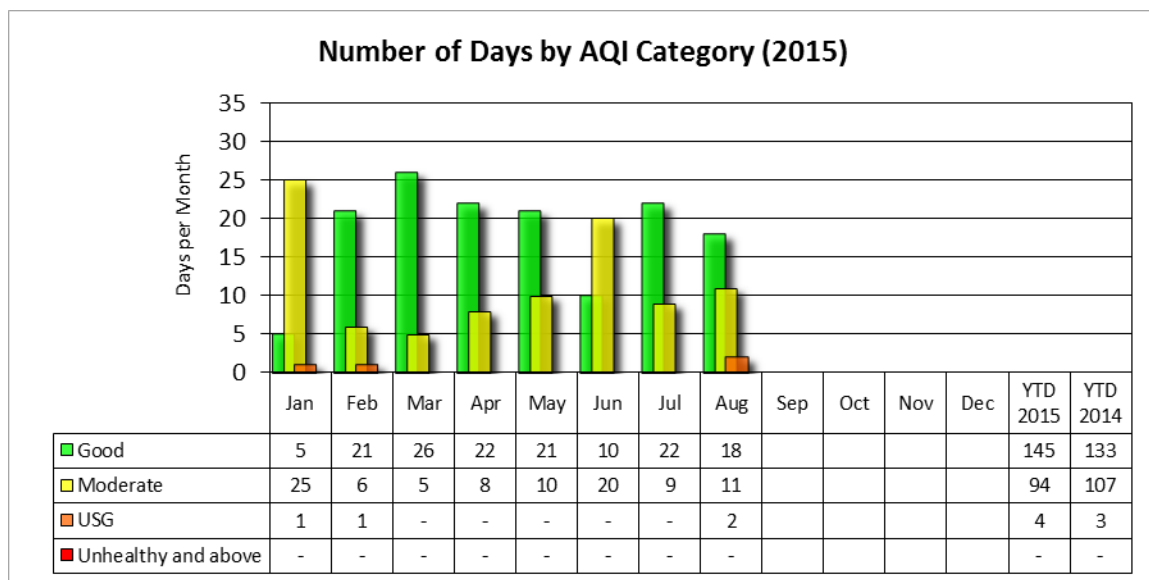
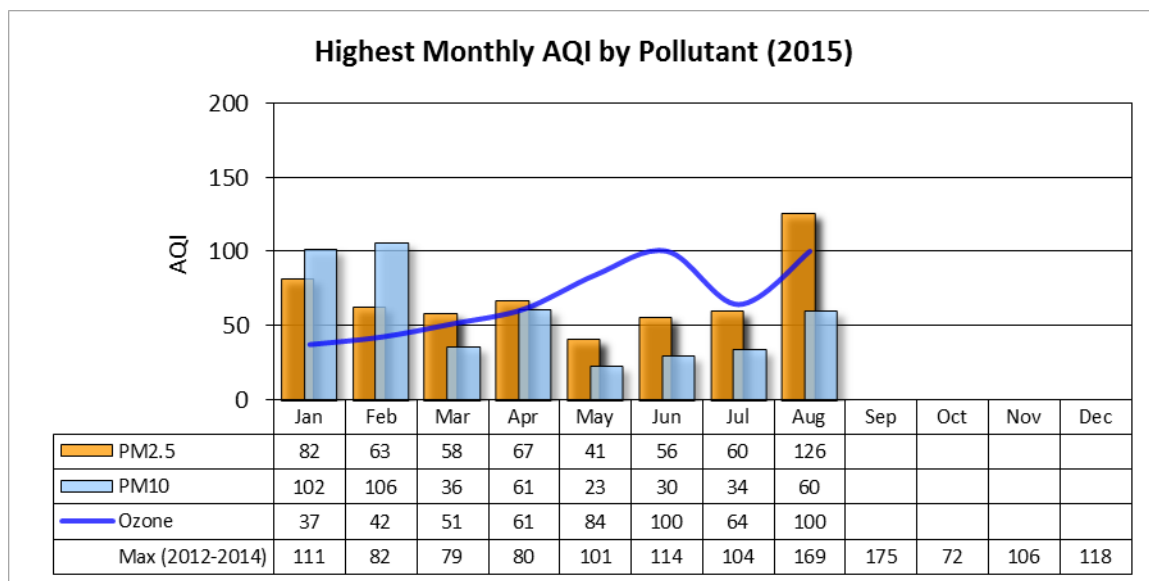
The Air Quality Management Division woodstove program is implemented through the District Board of Health Regulations Governing Air Quality Management, specifically Section 040.051 Wood Stove/Fireplace Insert Emissions. AQM staff has completed a review of the existing program and is preparing to propose updates to reflect the new 2015 NSPS standards. A public workshop has been scheduled for October 1st at 1:30 pm in the Washoe County Health District Conference Room. Staff will provide background information on the new Federal regulations and the proposed changes to the existing program.

Air Quality staff would also like to remind everyone that the University of Nevada, Reno Business Environmental Program continues to administer the Washoe County Wood Stove Exchange Program which offers monetary incentives for replacing old, dirty woodstoves with new, cleaner and more efficient devices. Please visit OurCleanAir.com to find out how to Keep It Clean and Save Money.

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 August. 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 OurCleanAir.com for the most recent AQI Summary.

3. Program Reports

a. Monitoring & Planning

There was one exceedance of the PM2.5 National Ambient Air Quality Standard (NAAQS) in August. This was due to smoke from wildfires in California and the Pacific Northwest. There were no other exceedances of any other NAAQS during August.

A portable PM2.5 monitor was setup at Pleasant Valley Elementary School (PVES) to measure smoke impacts during the wildfire season. Near-time data is uploaded to resources such as AirNow.gov and Airfire.org. Air pollution scientists use data from PM2.5 monitors like this to help forecast what areas will be affected by smoke. The data is also available to the PVES principal to help make the best decisions about outdoor activities and students' health. This portable monitor was purchased from a onetime additional funding award from EPA. Successful demonstration of the portable monitor may lead to future PM2.5 monitoring collaborations with the Washoe County School District.



In October 2015, EPA is expected to strengthen the health-based ozone NAAQS from 75 ppb to a level in the range of 65-70 ppb. Below is a table depicting how the strengthened standard will impact Washoe County based on our current data.

		Exceedance Days	
Ozone NAAQS	Level (ppb)	June	YTD
Current	75	0	0
Proposed (upper end)	70	3	9
Proposed (lower end)	65	5	19

Daniel K. Inouye
Chief, Monitoring and Planning

b. Permitting & Enforcement

Type of Permit	2015		2014	
	August	YTD	August	Annual Total
Renewal of Existing Air Permits	87	921	94	1328
New Authorities to Construct	5	90	8	133
Dust Control Permits	13 (195 acres)	109 (1359 acres)	11 (117 acres)	114 (1172 acres)
Wood Stove Certificates	51	281	31	322
WS Dealers Affidavit of Sale	1 (1 replacements)	55 (43 replacements)	5 (4 replacements)	105 (80 replacements)
WS Notice of Exemptions	673 (0 stoves removed)	5166 (19 stoves removed)	465 (4 stoves removed)	7143 (63 stoves removed)
Asbestos Assessments	94	752	55	862
Asbestos Demo and Removal (NESHAP)	18	19	16	199

Staff reviewed thirty-one (31) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Permitting staff has issued the SFPP LP major source operating permit modification.
- The recruitment process was completed to fill the vacant permitting engineer position with an in-house staff member emerging as the successful candidate. Ms. Genine Wright has been an Air Quality Specialist in the Monitoring Program for over 2-years. She has demonstrated exceptional technical skills and, with her Master's Degree in Environmental Science and Health, has the scientific knowledge required to perform the analysis of potential new industrial sources of air pollution. This appointment has created a vacancy in the Monitoring Program which will require a new recruitment.

Staff conducted forty-six (46) stationary source inspections in August 2015. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2015*		2014	
	August	YTD	August	Annual Total
Asbestos	0	17	4	27
Burning	1	5	1	9
Construction Dust	4	21	3	53
Dust Control Permit	1	3	3	20
General Dust	8	32	4	52
Diesel Idling	1	1	0	3
Odor	2	20	1	16
Spray Painting	0	6	0	8
Permit to Operate	0	9	3	31
Woodstove	0	10	0	12
TOTAL	17	124	19	231
NOV's	August	YTD	August	Annual Total
Warnings	0	17	8	41
Citations	0	8	0	11
TOTAL	0	25	8	52

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

Mike Wolf
 Chief, Permitting and Enforcement

DD	SK
AHSO	AH
DHO	kd
DA	NA
Finance	NA
Risk	NA
Purchasing	NA

COMMUNITY & CLINICAL HEALTH SERVICES DIRECTOR STAFF REPORT
BOARD MEETING DATE: September 24, 2015

DATE: September 11, 2015
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
775-328-6159; skutz@washoecounty.us
SUBJECT: Program Report – Fetal Infant Mortality Review (FIMR) Program, Divisional Update, Program Reports

1. Program Report –

Fetal Infant Mortality Review Program

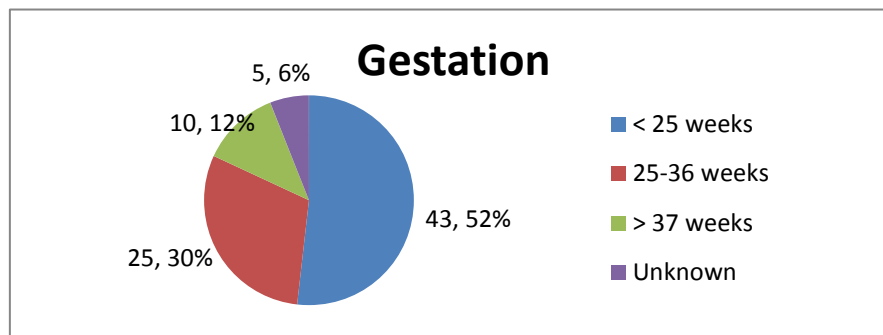


September is Infant Mortality Awareness month, and our Fetal Infant Mortality Review (FIMR) Program looks at a variety of factors that affect the health of the mother, fetus, and infant to learn more about how to reduce fetal and infant mortality. The Washoe County FIMR Program is the first in Nevada and was implemented in 2014 by the Maternal Child and Adolescent Health (MCAH) Program.

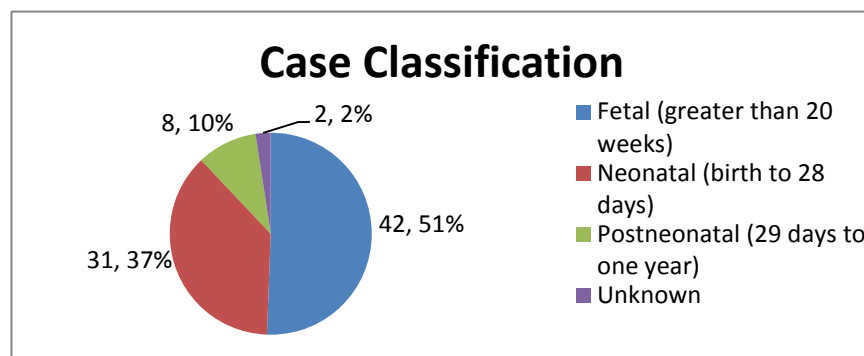
The Washoe County Health District began implementation of the FIMR program on July 1, 2014. The FIMR team began data abstraction in August 2014 at the local hospitals. Data was abstracted on 83 cases between August 2014 and June 2015. Of those 83 cases, 63 (76%) were Washoe County residents and 20 (24%) were not, but were women who obtained medical care in Washoe County.

Staff examined contributing factors to fetal, neonatal, and postneonatal deaths

Results:



- 43 (52%) were delivered at less than 25 weeks gestation
- 25 (30%) were delivered between 25-36 weeks gestation
- 10 (12%) were delivered at greater than 37 weeks gestation
- 5 (6%) were of unknown gestation at delivery



- 42 (51%) of the deaths were classified as a fetal
- 31 (37%) were classified as a neonatal
- 8 (10%) were classified as a post-neonatal
- 2 (2%) were unknown

Case Review Team

The Case Review Team met eight times between October 2014 and June 2015. The team reviewed 26 cases of the 83 cases. All of the cases reviewed were Washoe County residents.

Community Action Team

Recommendations/Interventions:

- Clarify the classification of fetal/infant death. Apgar scores were recorded on cases that were classified as fetal deaths. The Case Review Team reviewed the definition of fetal versus infant classification at delivery. It was determined that more education is needed for providers. A representative from the Division of Public and Behavior Health, Maternal Child Health program addressed this need for education with staff at the state level.
- Improve the maternal interview process. The Case Review Team assisted with the identification of barriers and suggestions were made to simplify the notification materials. In addition, staff met with the Yolo County FIMR Program to obtain guidance regarding the maternal interview process. Sympathy cards were developed and mailed out to mothers. This resulted in an increase in the number of maternal interviews conducted.
- Improve communication regarding Medicaid coverage and process with community providers. A Medicaid representative provided information to the Case Review Team regarding application processing time, coverage for prenatal services, transportation to medical appointments.
- Improve FIMR database. The FIMR team worked with the Division of Public and Behavioral Health to develop the REDCap database which will provide more complete and accessible data.
- Improve community access to accurate information regarding healthcare and pregnancy-related resources. The Washoe County Community Health Needs Assessment (2014) found that "even when there are resources available to those in need, many do not know where they are, who to ask, or how to best access them." The Community Action Team is assisting The Northern Nevada Maternal Child Health Coalition with updating agency information on the online data base to increase awareness and accuracy of available services.

Education/Training

- FIMR staff presented at the March of Dimes Women's Health Symposium in Las Vegas on FIMR Implementation in Washoe County in November 2014.
- The National FIMR director attended the Washoe County CRT meeting in November 2014 and provided guidance and feedback to the members.
- The FIMR coordinators attended a CRT meeting in Yolo County on February 12, 2015 to increase knowledge and obtain suggestions about moving through the FIMR process.
- FIMR staff attended the Association of Maternal and Child Health Programs (AMCHP) conference in January 2015.
- The FIMR Supervisor was one of six participants from Nevada that attended the Infant Mortality Collaborative Improvement and Innovation Network (CoIIN) Summit in July

2014. The summit provided training in quality improvement as well as collaborative learning methods which will help the Nevada stakeholders develop infant mortality reduction strategies.

- The FIMR supervisor is a board member of the State of Nevada Maternal Child Health Advisory Board.

FIMR is a method to better understand the health care system and social problems that contribute to preventable fetal infant deaths, and by identifying and implementing local interventions to rectify the identified problems. FIMR empowers local community member to take the necessary steps to decrease the rate of fetal and infant mortality within the community. It is a community-based, action-oriented process with the intent to improve health and social services for families.

2. Divisional Update –

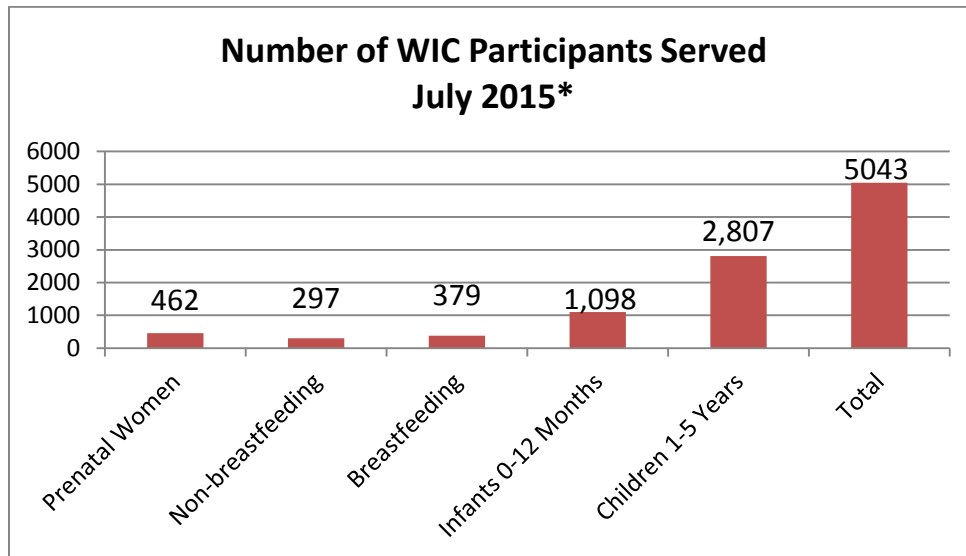
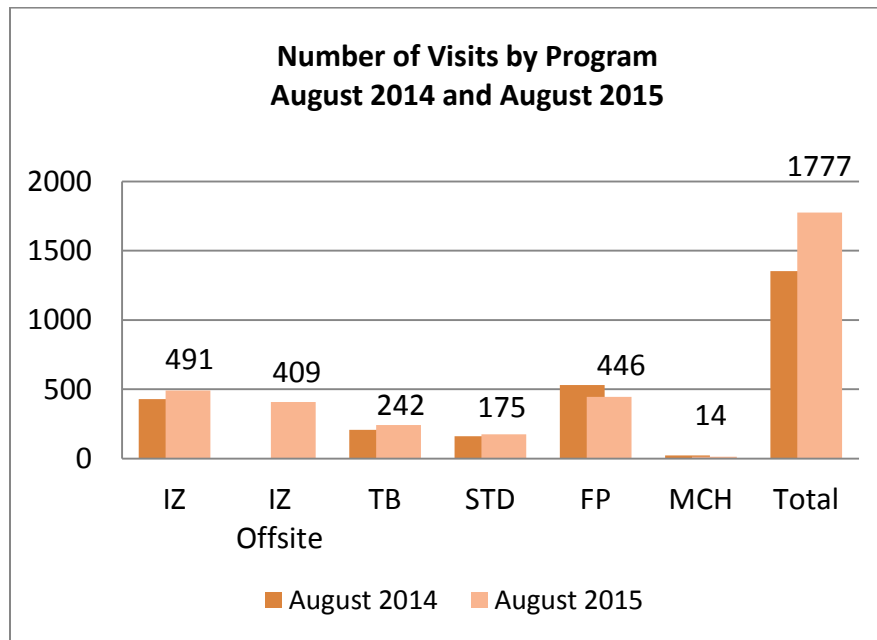
ICD-10



- a. ICD-10 Compliance – ICD-10 is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO). It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases. CCHS staff have been preparing for the change from ICD-9 to ICD-10, by the October 1, 2015 compliance date. For comparison, ICD-9 has roughly 3,000 codes, while ICD-10 has approximately 87,000; this means an existing ICD-9 code could have multiple choices in ICD-10.

Thanks to the hard work from program managers, staff, and our contract billing specialist, all existing codes have been crosswalked to ICD-10 in late August, well ahead of the compliance date.

b. 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.

3. Program Reports – Outcomes and Activities

- a. **Sexual Health** – The program is hiring an intermittent hourly RN to better meet clinic demand. This hire will allow DIS staff to focus more on Partner Service investigations (i.e., contact identification and testing). Staff will be participating in a joint training with Family Planning staff on September 28, 2015. This training will allow Family Planning staff to learn from the STD team regarding Rapid HIV testing and counseling methods. STD staff will learn from the Family Planning team regarding dispensing emergency contraceptives and options counseling.
- b. **Immunizations** – August was a busy month for the Immunization Program! Our on-site clinic administered 1,367 doses of vaccine to 491 clients, the Kids to Seniors Program administered 367 doses of vaccine to 120 clients, and the two Give Kids a Boost Immunization Clinics at Sun Valley Neighborhood Center and Boys and Girls Club administered a total of 781 doses of vaccine to 289 children. In summary, a total of 2,515 doses of vaccine were administered to 900 clients during the month of August.

Staff are working with EPHP to re-structure the Firefighter/EMT vaccine administration training. The training will be provided on-line to be followed with an on-site practicum and evaluation component. Staff are also planning a community flu and adult vaccine clinic at a Mexican Consulate event in partnership with Immunize Nevada. Additionally, School Located Vaccination Clinic (SLVC) planning is underway, in partnership with Immunize Nevada. FluMist shipping delays have prompted a delay in scheduling, however we are hopeful the clinics will commence by mid-October.

- c. **Tuberculosis Prevention and Control Program** – Year to date there have been nine active TB disease cases and 50 suspect cases. Of the suspect cases, 19 are individuals who have recently arrived in Washoe County from a TB endemic country, 20 are hospital reported/monitored, one was a status change, and 20 were community referrals. Each TB suspect cases take approximately six hours of staff time to conduct an evaluation, provide testing, and education. Victoria Nicolson-Hornblower will be attending training at the Curry International Tuberculosis Center in Oakland, California the week of September 28, 2015. This training will focus on Latent TB Infection and will offer TB Intensive training.
- d. **Family Planning/Teen Health Mall** – Staff provided information regarding Teen Health Mall Services to over 400 students at a Traner Middle School Health Fair on September 10, 2015. Staff will participate in a joint training with the Sexual Health Program on September 28, 2015. See the Sexual Health report for more details.

- e. **Chronic Disease Prevention Program (CDPP)** – Staff continue to lend expertise in various community coalitions, boards and committees, including those in the areas of chronic disease, maternal and child health, tobacco, childhood injury prevention and school wellness.

Mary Karls joined the team as an intermittent hourly Health Educator on September 8, 2015. She will be working primarily on tobacco related grant deliverables. Staff are preparing for a Public Health Associate (PHA), which will be the first for the CDPP program. The PHA will work in the areas of tobacco, physical activity and nutrition for one year.

Staff have worked with a media firm to complete final edits to a smoke free multi-unit housing video that will be used to educate and promote smoke free policies in multi-unit housing properties.

- f. **Maternal, Child and Adolescent Health (MCAH)** – See FIMR Program Report, above.

- g. **Special Supplemental Nutrition Program for Women, Infants and Children (WIC)** - All WIC staff completed a Nevada State WIC required training on “*Nevada Information Security Awareness*”. This training covered basic concepts of information security and provided an overview of information security vulnerabilities and threats commonly encountered in today’s workplace and at home. The training recommended best practices in responding to the information security challenges which regularly occur in all environments.

The Nevada WIC Website has been updated with Google Maps so that participants and staff can now easily find the nearest WIC Clinic. The Nevada State WIC Office will also be updating the website to include WIC stores in the near future.

**ENVIRONMENTAL HEALTH SERVICES
DIRECTOR STAFF REPORT
BOARD MEETING DATE: September 24, 2015**

DD	DMCN
AHSO	NA
DHO	NA
DA	NA
Finance	NA
Risk	NA
HR	NA
Purchasing	NA

DATE: September 11, 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, and EHS Inspections / Permits / Plan Review.

DIVISION UPDATE

- Staff participated in a training put on by the Nevada State Public Health Laboratory (NSPHL) on the Laboratory Component and Sampling Techniques in Foodborne Disease Outbreak Investigations.
- The EHS Division welcomed a student intern from the UNR School of Community Health Sciences who will be assisting with the development of policies related to document retention schedules and procedures for the division as well as updating and organizing permitted facility files and filing systems.

PROGRAM UPDATES

Food

- Staff began work on the following activities related to the food regulation implementation strategic plan:
 - The new food regulations include a provision to clarify exemption criteria for certain food establishments. In an effort to determine which currently permitted food establishments qualify for the exemption, a notification letter and application for an exemption was developed and sent to those establishments that may qualify for the exemption.
 - Staff continues to receive, review and approve Hazard Analysis Critical Control Point (HACCP) plans for food establishments conducting special processes.
- Staff continues to participate in and assist the Communicable Disease (CD) Program in the investigation of a multistate outbreak of Salmonella Poona infections associated with imported cucumbers from Mexico. EHS staff collected cucumber samples from a local establishment identified through the epidemiologic and trace-back investigations for testing at the NSPHL. The cucumbers tested positive for Salmonella Poona and were a PFGE match to the outbreak strain. Due to the efficiency of the partnership between the Washoe County EHS and CD Programs along with the assistance of the NSPHL, Washoe County was the first jurisdiction in the nation to obtain a positive food sample matching the outbreak strain. See attached press.



- **Special Events –**

- Hot August nights started the first week of August and continued through the weekend of August 7. There were 84 permits issued and 195 inspections conducted for the event at five main venues and several ancillary locations. The Barracuda Golf Championship was held during this same time period.
- Additional large events in August included the Lucas Oil Championships which is now a regular annual event in the off road racing circuit and draws more than 5,000 spectators. The event has more than doubled in the past 3 years and it is expected to continue growing.
- Staff started inspections in Gerlach for the Barsyl Bazaar and other nearby food operators who cater to Burning Man traffic.
- August kept staff busy coordinating upcoming September events including the Rib Cook-off, Balloon Races, Air Races and Street Vibrations.

IBD

- Staff is preparing for two temporary tattoo operators at the September Street Vibrations event and was kept busy with fixed facility inspections during August.

Land Development

- 130 plans (wells and septic) have been submitted for review since July 1, 2015.
- 209 Septic and Well inspections have been completed since July 1, 2015. This includes plan review lot checks and any actual installation inspections.
- The Verdi School Public Water System completed all of their system upgrades. The water system is now 100% operational and all bacteriological sampling has been completed. The School District has reached out to staff to discuss establishing an emergency operational plan for the facilities that are their own public water system going forward.
- Riverbelle Mobile Home Park Public Water System experienced some operational issues that impacted their customers. As a result of some maintenance work completed on the system, additional bacteriological sampling was initiated which indicated the source of the water (a spring) was contaminated with E. coli. This affected the entire Riverbelle Mobile Home Park, the Riverbelle Market, and the US Post Office in Verdi. At this time this is a localized issue. There is a temporary water system that has been established to serve the Riverbelle community from a neighboring water system. The property owners are going to pursue the installation of a new well to serve the parcel.

Vector-Borne Disease

- The Vector-Borne Diseases Program finished their last helicopter application of the season on September 3, 2015, treating 700 acres in the Truckee Meadows Community using both Altosid and Vectolex products. There are three confirmed individuals in the Truckee Meadows who have contracted West Nile virus (WNV) meeting CDC case definition (one in Double Diamond and two in the Rosewood Lakes area). Another individual in Sparks was confirmed as contracting WNV but was asymptomatic and therefore did not meet the CDC case definition. Prior to the human cases, our data from the trapping and surveillance methods indicated positive adult mosquitoes in the area. There was also an equine case in Washoe Valley positive for WNV. Staff has been responding to the positive collections of adult mosquitoes and human cases by

adulticiding these areas. Early morning adulticiding has occurred for the past 6 weeks to knock down these positive mosquitoes and reduce further human cases of WNV and exposure to adult mosquitoes.

- With West Nile virus highly active at the Butler Ranch Rosewood Lakes areas, staff requested the Butler Ranch not irrigate their pasture until September 20 and they are supporting our request. We also requested the Rosewood Lakes golf course to reduce their irrigation of the course and open the two gate valves to release water from the wetlands. This will minimize standing water as well as harborage from adult mosquitoes that occur in the wetlands associated with coolness and moisture. Vector staff will continue to work with the golf course if continued irrigation reduction is needed based on data collection from our surveillance activities.
- Staff met with Regional Animal Services concerning the rabies certificates that are being forwarded from the veterinarians to the Washoe County Health District as required under state law (NAC 441A.4120). To date, 40 percent of the veterinarians are complying. More work by our Program and Regional Animal Services is needed to increase compliance. The issuing of rabies vaccinations being administered regularly is to ensure the safety of our pets, residents and visitors from being exposed to rabies.
- Staff met with Truckee Meadows Water Authority staff and representatives from the City of Reno, Sparks, Washoe County and the Builders Association of Northern Nevada to establish a standard to reduce over spray and water runoff from turf in residential, commercial and industrial developments. Turf requirements vary between local governments including our Programs design criteria. Having an established standard will promote conservation and reduce water runoff from ponding in the infrastructure.
- Twenty civil plans have been reviewed by the Vector Program.

EHS 2015 Inspections/Permits/Plan Review

	JAN 2015	FEB 2015	MAR 2015	APR 2015	MAY 2015	JUN 2015	JUL 2015	AUG 2015	Mo. Avg
Child Care	5	11	5	16	9	9	14	13	10
Complaints	49	53	77	73	72	121	123	132	88
Food	404	543	536	394	412	441	451	337	440
General*	63	103	108	109	315	159	162	376	174
Plan Review (Commercial Food/Pool/Spa)	19	10	13	8	42	19	24	16	19
Plan Review (Residential Septic/Well)	46	57	45	48	46	62	42	44	49
Residential Septic/Well Inspections	33	76	86	85	86	72	94	72	76
Temporary Food/Special Events	26	46	60	72	168	346	221	327	165
Well Permits	8	12	11	13	14	11	9	12	11
Waste Management	8	21	32	16	15	16	8	6	15
TOTAL	661	932	973	834	1,179	1,256	1,148	1,335	1,047

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

Manager: Solutions in works for Verdi water contamination

[No Contact order due to E.Coli Water Contamination in Verdi](#)

Published: 9/01 6:38 pm

VERDI, Nev. (KRNV & MyNews4.com – RGJ - KOLO) - Turn a nozzle in your house, and out comes water. Just think about how much it plays a role in your everyday life. Now imagine life without it.

"No showers. Don't brush your teeth. No laundry. Don't turn on the water cooler," Liz Berry lists how her day-to-day life has changed.

She's one of a couple of hundred people without clean water in Verdi due to E. coli contamination. The water system that's contaminated serves the River Belle Trailer Park, River Belle Market, and the Verdi Post office. All three properties use the same water system that's sourced by a spring.

Berry says she noticed the water looked like it had rust in it a couple of weeks ago. Late last week, the Washoe County District Health Department gave residents a 'boil' order, now it's been upgraded to a 'no contact.'

There's no word on how the spring became contaminated deep below the surface. The health district says it will continue testing to determine if the E.coli found in the water came from a human or animal source.

"We will not allow them to use the spring at all ever again. It's contaminated it doesn't matter the magnitude of it. It's contaminated by E. Colie," says Bob Sack, the Division Director for Environmental Health at the Washoe County Health District Department.

The focus right now is getting clean water to the residents.

The property manager is supplying residents with cases of bottled water and temporary showers.

However, Berry says she's concerned for elderly neighbors and pointed out that the showers were not wheelchair accessible. She also says communication with her property manager has been lacking.

"He wrote a hand written note that said, 'Code red- don't water the plants and take short showers,' which completely conflicted with the information that the health department gave us," she says. She says she feels like the residents' safety is not a priority.

Ray Labouyer is the property manager. He lives in the trailer park too, and says he's doing the best he can.

"If they have any questions I answer them. Then, I move on because I'm trying to be 20 places at once right now," he says.

Labouyer says he's dealing with problems as they come along, including the shower ramps. By the time our news crew left the property, ramps were already being installed. A short-term solution is also in the works.

"There are four white tanks. We're going to pull water from across the street. We're borrowing it. Thank god we've got good neighbors," Labouyer says.

River Oak and the Truckee Meadows Water Authority are sharing the water for the short term fix. It will be flowing by Wednesday, along with a boil order.

As for a long term solution, Labouyer says the owners have decided to dig a new well, pending approved permits from the county.

It could take weeks for the long-term solution to be approved. The health district says the owners have been cooperative.

Second human case of West Nile Virus reported in Washoe County



Published: 9/01 3:46 pm
RENO, Nev. (MyNews4.com & KRNV – KOLO – KTVN – North Lake Tahoe Bonanza) -- According to the Washoe County Health District, a second person in Washoe County has tested positive for West Nile Virus.

Officials released the information in a statement Tuesday afternoon.

The individual, who lives in the Rosewood Lakes area of Reno, was hospitalized for several days with the neuroinvasive form of WNV, officials said.

According to Washoe County Health District Communications Manager Phil Ulibarri, the individual exhibited the typical symptoms of WNV infection, namely a high fever (103 degrees Fahrenheit), headache, stiff neck, muscle and joint pain, and a history of mosquito bites. Lab tests confirmed the virus after the patient was released from the hospital.

The announcement coincides with news of a horse in Washoe Valley being infected by WNV, highlighting the need for people to protect themselves from being bitten by mosquitos, Ulibarri stressed.

The Washoe County Health District Vector Borne Disease Prevention Program will be conducting fogging in areas where know mosquito activity is present, and helicopter larviciding is scheduled for Thursday, September 3. But, health officials emphasize the importance of people taking precautions to keep mosquitos from biting.

How to avoid mosquito bites:

- Wear proper clothing and repellent if going outdoors when mosquitos are active, especially in the early morning and evening.
- Use repellants containing DEET, picaradin, oil of lemon eucalyptus or IR3535 which are the best when used according to label instructions. Repellents keep the mosquitos from biting you. DEET can be used safely on infants and children 2 months of age and older.
- Make sure that your doors and windows have tight-fitting screens to keep mosquitos out. Repair or replace screens with tears or holes.
- Clear standing water and any items from around homes that can be potential mosquito breeding-grounds, including small puddles, pools, planters, children's sandboxes, wagons or toys, underneath and around faucets, as well as plant saucers and pet bowls.
- Vaccinate your horses for WNV.

The Washoe County Health District's Communicable Disease Program investigates all reported cases of diseases like WNV.

Healthcare providers are encouraged to consider a WNV infection as your differential diagnosis among patients who are ill and have recently experienced mosquito bites. Residents may report mosquito activity to the Health District at 785-4599 or 328-2434.

More information on WNV and the Washoe County Health District's Vector-Borne Disease Prevention Program can be found [here](#).

Washoe Valley, Nevada, Horse Tests Positive for WNV

By [Edited Press Release](#) The Horse - KOLO

- Sep 4, 2015



West Nile is transmitted to horses via bites from infected mosquitoes.

A 13 year-old mare in Washoe Valley, Nevada, has tested positive for West Nile virus (WNV), health officials say.

The report confirms WNV presence in southern Washoe County, which includes Sparks, Reno, and Washoe Valley.

The Nevada State Laboratory reported to the Washoe County Health District that the animal had no travel prior to onset of the disease, but that the horse has developed neurologic complications and was taken to the University of California, Davis, for treatment.

West Nile is transmitted to horses via bites from infected mosquitoes. Clinical signs for WNV include flulike signs, where the horse seems mildly anorexic and depressed; fine and coarse muscle and skin fasciculations (twitching); hyperesthesia (hypersensitivity to touch and sound); changes in mentation (mentality), when horses look like they are daydreaming or "just not with it"; occasional somnolence (drowsiness); propulsive walking (driving or pushing forward, often without control); and "spinal" signs, including asymmetrical weakness. Some horses show asymmetrical or symmetrical ataxia. Equine mortality rate can be as high as 30-40%.

Health Alert: West Nile Virus

The clinical signs of WNV can be consistent with other important neurologic diseases such as equine encephalitis, rabies, and equine herpesvirus; therefore it is important to work with your veterinarian to get an accurate diagnosis through laboratory testing.

Horse owners should also consult their private practicing veterinarian to determine an appropriate disease prevention plan for their horses. Vaccines have proven to be a very effective prevention tool. Horses that have been vaccinated in past years will need an annual booster shot. However, if an owner did not vaccinate their animal in previous years, the horse will need the two-shot vaccination series within a three to six week period.

In addition to vaccinations, horse owners also need to reduce the mosquito populations and their possible breeding areas. Recommendations include removing stagnant water sources, keeping animals inside during the bugs' feeding times, which are typically early in the morning and evening, and using mosquito repellents.

Washoe County Health District Warns of Cucumber-Related Salmonella Outbreak

KTVN – Channel 2 - Posted: Sep 04, 2015 5:50 PM PDT



From Washoe County:

The Centers for Disease Control and Prevention, many states including Nevada, and the U.S. Food and Drug Administration are investigating a multistate outbreak of Salmonella Poona infections. Washoe County residents were also affected by this outbreak, announced by public health officials in the Washoe County Health District.

According to CDC, as of September 4th, 2015, nationwide, 285 people infected with the outbreak strains of Salmonella Poona have been reported from 27 states since July 3, 2015. Of 285 cases, 53 ill people have been hospitalized, and one death has been reported from California; 54% of ill people are children younger than 18 years.

In Washoe County, three laboratory-confirmed cases have been reported and investigated since August 7. All three were adults and one of them was hospitalized for three days.

Epidemiologic, laboratory, and trace-back investigations have identified imported cucumbers from Mexico distributed by Andrew & Williamson Fresh Produce as a likely source of the infections in this outbreak. According to CDC, 58 (73%) of 80 people interviewed reported eating cucumbers in the week before their illness began. In Washoe County, all three cases reported eating cucumbers in the week before their illness began. The San Diego County Health and Human Services Agency isolated Salmonella from cucumbers collected during a visit to the Andrew & Williamson Fresh Produce facility.

On September 4, 2015, Andrew & Williamson Fresh Produce voluntarily recalled all cucumbers sold under the "Limited Edition" brand label during the period from August 1, 2015 through September 3, 2015 because they may be contaminated with Salmonella. The type of cucumber is often referred to as a "slicer" or "American" cucumber and is dark green in color. Typical length is 7 to 10 inches. Limited Edition cucumbers were distributed in more than 20 states including Nevada. Please check the link for pictures of the affected brands of cucumbers. Domestically produced cucumbers are not believed to be involved in this outbreak.

WCHD health officials strongly advise that consumers not eat, restaurants not serve, and retailers not sell recalled cucumbers. If you aren't sure if your cucumbers were recalled, ask the place of purchase or your supplier. When in doubt, don't eat, sell, or serve them. Throw them out. If you think you are ill after consuming recalled cucumbers, please seek medical care from your healthcare provider. For healthcare providers, if you suspect your patients presenting with gastrointestinal symptoms may be associated with recalled cucumber consumption, it is recommended to order a stool culture.

Salmonella is a bacterium that makes people sick. Most people infected with salmonella develop diarrhea, fever, and abdominal cramps between 12 and 72 hour after infection. The illness usually lasts 4 to 7 days, and most individuals recover without treatment. Salmonella Poona is one strain of Salmonella. More information about Salmonella can be found at CDC website: <http://www.cdc.gov/salmonella/general/index.html>.

This investigation is ongoing. WCHD public health officials continue assisting Nevada state and CDC for this investigation.

KOLO – Channel 8

Plague Found in South Lake Tahoe Picnic Area

By: [Kendra Kostelecky](#) - [Email](#)

Updated: Sat 12:29 AM, Sep 05, 2015



- **Related Links**
- [CDC Plague Information](#)
- [South Tahoe-Area Squirrel Tests Positive for Plague](#)

RENO, NV - El Dorado County, California [health](#) officials announced Friday that a ground squirrel in South Lake Tahoe has tested positive for plague. The dead animal was found at the Kiva picnic area on August 17. So far, health officials are not aware of any human contact with the infected squirrel.

"It's something that we don't see in the large pandemics in the modern era of antibiotics," explains Dr Randall Todd of the Washoe County Health District. "But we do still worry about it a little bit in the western, southwestern states because it lives endemically in some of the rodent populations." Doctor Todd refers to a map from the CDC, which shows where human cases of plague have reported between 1970 and 2012. Several were right here in northern Nevada.

The [disease](#) is carried by fleas, and spread by rodents, and other small animals like rabbits and prairie dogs. Dr. Todd says if one of these animals allows you to get close, that's unusual behavior. They may be sick. He says don't touch it, and don't let your dogs get close either.

"If you have pets like dogs or cats, that are allowed to roam free where they might be exposed to fleas, then you would probably want to take some steps to do flea prevention on your pets, and you probably would not want them to sleep on or in your bed," he says. According to information from the CDC, human infection is rare. Fewer than 20 cases have been reported per year over the past 15 years, but it can be fatal.

If you are exposed, you may have a fever, headache, and painful swollen lymph nodes. Seek [medical](#) attention right away.

To reduce your chances of catching the disease, El Dorado County health officials say don't feed squirrels or other wild rodents. Never touch sick, injured or dead rodents. Eliminate nesting places for rodents around homes, sheds and garages.

DD	RT
AHSO	NA
DHO	NA
DA	NA
Finance	NA
Risk	NA
Purchasing	NA

**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS
DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: September 24, 2015**

DATE: September 14, 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) –

Salmonellosis outbreaks – CD staff investigated two clusters of Salmonellosis. The first cluster was caused by *Salmonella* Poona with three confirmed and one probable case. This cluster was part of a multi-state outbreak associated with cucumbers imported from Mexico. CD staff assisted Environmental Health Services, Nevada Division of Public and Behavioral Health, and CDC. The second cluster was caused by *Salmonella* Typhimurium with one confirmed and three probable cases. This local cluster was associated with a hunting trip.

West Nile Virus Disease – CD staff investigated four individuals with WNV infections. The first was an asymptomatic blood donor. Two cases had a neuroinvasive form of WNV disease and one case had symptoms compatible with the non-neuroinvasive form of the disease.

2014 Washoe County Community-wide Antibioqram – The annual antibiogram was released on September 11. This year the online format has a new look. EPHP staff revised the previously developed html and inserted the current data. A template was created that should facilitate easier maintenance of these data in the future. This product has typically been very well received by the local medical community.

BioSense – Washoe County now has 100% coverage for hospital emergency rooms in BioSense. BioSense was developed by the CDC to monitor chief complaints in hospital emergency departments. It replaces a proprietary system that had been used previously. BioSense will be used on a regular basis for the 2015-16 influenza season and will contribute to the weekly influenza surveillance report during the upcoming flu season.

Public Health Preparedness (PHP) –

Medical Reserve Corp (MRC) - WCHD's MRC volunteers participated in Northern Nevada's largest Senior Health Fair on September 8, 2015 and successfully administered over 200 blood pressure screenings. The Senior Health Fair was held at the Reno Town Mall (formerly the Old Town Mall) and over 2,500 seniors attended. The Senior Health Fair was sponsored by the Senior Spectrum Newspaper/Magazine.

Emergency Medical Services (EMS) –

EMS Program staff began meeting with regional partners for the development of the Family Assistance Center (FAC) Annex to the Multi-Casualty Incident Plan (MCIP). The regional partners include the Reno Tahoe Airport Authority, Medical Examiner's Office, Renown Regional Medical Center, Saint Mary's Regional Medical Center, and the American Red Cross. The FAC Annex will enhance the MCIP by providing a transition plan for healthcare and EMS regarding events that have a mass casualty and mass fatality response. The Annex will be completed by June 30, 2016.

EMS staff reached out to the local jurisdictions to discuss EMS coverage at mass gatherings and how the alterations to NRS during the last legislative session impact the Washoe County Mass Gathering Guidelines (WCMGG). The 2015 changes to the requirements make the State law stricter than the WCMGG and therefore, the WCMGG are no longer applicable. EMS staff will meet with staff from the jurisdictions to provide an overview of the revisions. Additionally, EMS staff will insert the WCMGG into the MCIP as part of mitigation planning during the next revision cycle.

The EMS Workgroup and EMS Advisory Board met and participated in a strategic planning workshop on Monday, August 31. During the meeting a SWOT (strength, weakness, opportunities, and threat) Analysis was conducted. Representatives from regional fire, dispatch, police, and EMS agencies participated. The objective of the SWOT analysis was to regionally develop consensus on the top items per category. Those identified items will then become part of the strategic plan either as a goal, objective or project.

On Monday, August 31 EMS staff and personnel from REMSA and Saint Mary's Regional Medical Center conducted a Mutual Aid Evacuation Annex (MAEA) training with revised content based on the recently approved plan. A total of 10 hospital and EMS personnel completed the training and tabletop exercise using the new tag and patient tracking system. Over the next two months there will be four additional MAEA trainings for hospital and EMS personnel.

The EMS Program Manager was asked to participate in the development of a Regional Behavioral Health Annex. This will become an Annex to the Regional Emergency Operations Plan and will provide a framework for response when the emergency has a behavioral health component. The Annex will also be used as a bridge between local and state responses. Regional partners working on the Annex include Washoe County Social Services, Washoe County Sheriff's Office, City of Reno Emergency Management, American Red Cross, City of Reno Chaplains, Nevada Division of Public and Behavioral Health, Washoe County PHP Staff, and Washoe County Emergency Management. The Annex is expected to be completed by December 15, 2015.

EMS staff met with REMSA and Northern Nevada Medical Center representatives to discuss the expansion of the EMS quarterly data report. The proposed expansion would include patient outcome data. This expansion of data would continue to allow the region to look at data relevant to our jurisdiction and make data driven decisions to include community outreach and EMS training.

EMS staff met with regional partners to discuss the first draft of the response map provided by the contractor, Inspironix. Feedback from the partners indicated that the first draft is a good place for the region to begin looking at and making adjustments where necessary. The map was developed utilizing population density from the Census data and calls for service data for March 2014-March 2015.

EMS staff continue to participate on the working group to revise the Nevada Statewide Medical Surge Plan. A meeting was held September 8, 2015 to begin editing the body of the plan. After completing all revisions the group will develop three regional annexes. There has already been discussion that the Northwest region will use the Mutual Aid Evacuation Annex as the guiding document for our regional annex.

The EMS program received one citizen complaint this month. The complaint was regarding receiving medical records for care for service from REMSA. The EMS Program Manager spoke with the citizen and connected her with Kevin Romero from REMSA.

**REMSA Percentage of Compliant Responses
 FY 2015 -2016**

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2015	91.6%	98.7%	100%	100%	99%	92.1%
August 2015	92.3%	95.3%	93.9%	100%	94.8%	92.4%
YTD	91.9%	96.9%	96.4%	100%	96.8%	92.3%

REMSA 90th Percentile Responses

Month	Zone A 8:59	Zone B 15:59	Zone C 20:59	Zone D 30:59
July 2015	8:34	13:18	17:00	N/A*
August 2015	8:32	12:46	19:51	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.

REMSA Performance with NFPA Standards – August 2015

Jul-15										
	Total Calls for Month		Clock start within 60 seconds		Clock Start within 90 seconds		Clock start within 120 seconds		Clock Start over 121 seconds	
	5045	100.0%	4476	88.7%	4870	96.5%	4983	98.7%	62	1.2%
Priority 1	1968	39.0%	1724	87.6%	1893	96.2%	1937	98.4%	31	1.6%
Priority 2	2114	41.9%	1898	89.8%	2045	96.7%	2091	98.9%	23	1.1%
Priority 3	963	19.1%	854	88.7%	932	96.8%	955	99.2%	8	0.8%

This chart shows the time lapse between the call being answered in the REMSA Dispatch center and the “clock start” variable, used for compliance. The clock starts when the citizen answers three pieces of information: address phone number and citizen identified chief compliant.

	Total Calls for Month		Assignment within 90 seconds		Assignment within 120 seconds		Assignment over 121 seconds	
	5045	100.0%	4668	92.5%	4851	96.2%	193	3.8%
Priority 1	1968	39.0%	1838	93.4%	1915	97.3%	53	2.7%
Priority 2	2114	41.9%	1949	92.2%	2019	95.5%	95	4.5%
Priority 3	963	19.1%	881	91.5%	918	95.3%	45	4.7%

This chart shows the time lapse between the call being answered in the REMSA Dispatch center and an ambulance being assigned to the call. The standards used for analysis are derived from NFPA 1221 Standards.

Assignment Made within 90 seconds - 90% standard

Assignment Made within 120 seconds - 99% standard

Assignment over 121 seconds

DISTRICT HEALTH OFFICER STAFF REPORT
BOARD MEETING DATE: September 24, 2015

DD	NA
AHSO	NA
DHO	kd
DA	NA
Finance	NA
Risk	NA
Purchasing	NA

DATE: September 10, 2015
TO: District Board of Health
FROM: Kevin Dick, District Health Officer
(775) 328-2416, kdick@washoecounty.us
SUBJECT: District Health Officer Report – Community Health Improvement Plan, Truckee Meadows Healthy Communities, Quality Improvement, Strategic Plan, Other Events and Activities and Health District Media Contacts

Community Health Improvement Plan

During the months of August and September 2015, Health District staff surveyed community members and community partners to validate the four priority health issues selected by the CHIP Steering Committee (Access to Healthcare and Social Services; Education; Food Security; and Mental Health). Data gathered from surveys and key informant interviews reported the following:

- 90% of community members agreed with the four selected health priorities; 4% did not agree; 5% were unsure; and 1% did not answer
- 90% of community partners agreed with the four selected health priorities; 5% did not agree; and 5% were unsure

The CHIP Steering Committee met via conference call on September 10.

Community partners are continuing to sign up to participate in workgroup meetings for each of the four health priorities. The main goal of the workgroups is to develop and finalize community action plans for each of the four health priorities. The first workgroup meetings are expected to take place in late September.

Truckee Meadows Healthy Communities (TMHC)

- The Committee met on September 18. A TMHC breakfast event is being planned for November 4 to update participants on what has occurred since the January conference.
- The next Family Health Festival is scheduled for October 21, 3 – 6 pm at the Little Flower Church.
- A conference call to discuss TMHC Governance was held September 15
- The monthly TMHC Planning Committee meeting was held September 18

Quality Improvement

The final mandatory “QI FUNDamentals for Public Health” training for staff took place on September 15th. This will complete Goal 2 of the Health District FY 15/16 QI Plan: *Ensure Health District staff are trained in QI Fundamentals*, will be met. Combined evaluation results from the first four staff trainings report:

- 98% of staff reported that “presentation and assistance by the trainers/Q-Team members” was good or excellent.
- 73% of staff reported “the content of this training was relevant to my job.”

I authorized initiation of a Quality Improvement project addressing the District website, that is intended to improve the delivery and accessibility of Health District information and services to the community.

The Q-Team and Health District leadership will continue to build a culture of QI within the Health District in which a greater number of staff understand the relevance of QI and the importance of providing the most efficient and highest quality of services to our customers.

Strategic Plan

OnStrategy provided a draft contract proposal to facilitate and assist with the development of a Health District Strategic Plan. A grant proposal was prepared and submitted to NACCHO based on the scope of work in the OnStrategy contract proposal seeking funding support in the amount of \$15,000. The timeline of the OnStrategy proposal is to conduct work from December through May to develop a strategic plan by June 10, 2015..

Other Events and Activities

I met with the Division Directors and Supervisors on September 2 and with the Division Directors on September 16. I meet regularly with the Division Directors and ODHO staff on an individual basis.

I attended the REMSA Board meeting on August 28.

The EMS Advisory Board met on August 31 to conduct a strategic planning workshop.

The Management Oversight Committee for the Regional Business License and Permitting Project met on September 1.

Met with County Manager Slaughter on September 4 for a monthly coordination meeting.

Attended Washoe County Department Heads meeting on September 9.

Attended the Nevada State Board of Health meeting September 11.

Attended SCHSA Board meeting September 11.

Attended the UNR School of Community Health Sciences Advisory Board meeting September 11.

Met with Amber Howell and Ken Retterath of the Social Services Department on September 15 to discuss opportunities for cooperative efforts in providing services to the community.

The Division Directors and I are scheduled to attend an introductory meeting with Ms. Cody Phinney, the new Administrator of the Nevada Division of Public and Behavioral Health, on September 23.

Health District Media Contacts: August 19 - September 14, 2015

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
9/14/2015	KOLO CH8 - ABC Reno	Ed Pierce	Air Quality Wildfires - Albee
9/14/2015	KTVN CH2 - CBS Reno	Andi Guevara	Air Quality Wildfires - Albee
9/11/2015	KOLO CH8 - ABC Reno KUNR FM Radio - NPR Reno	Terri Russell Esther Ciammachilli	Wasps at Balloon Races - Ulibarri Youth smoking data - Seals
9/8/2015	KOLO CH8 - ABC Reno	Terri Russell	Pertussis - Shore
9/4/2015	KOLO CH8 - ABC Reno	Kendra Kostelecky	Plague - Todd
9/1/2015	KOH 780 AM - ABC Reno	Daniella Zaninno	West Nile Virus - Ulibarri
9/1/2015	KTVN CH2 - CBS Reno	Erin Breen	River Belle Water E-coli - Sack
9/1/2015	KRNV CH4 - NBC Reno	Van Tieu	River Belle Water E-coli - Sack
8/31/2015	UNIVISION	Liliana Salgado	River Belle Water E-coli - Ulibarri
8/31/2015	KOLO CH8 - ABC Reno	Paul Harris	River Belle Water E-coli - Ulibarri
8/28/2015	KRNV CH4 - NBC Reno	Melissa Medina	River Belle Water E-coli - Ulibarri
8/27/2015	Reno News and Review	Brad Bynum	Spas, Pools and Float Tanks - Ulibarri
8/27/2015	KRNV CH4 - NBC Reno	Melissa Carlson Amanda Ketchledge	Burning Man Bugs - Ulibarri Air Quality Wildfires - Schnieder
8/21/2015	KTVN CH2 - CBS Reno	Chris Buckley	Air Quality Wildfires - Inouye
8/19/2015	KTVN CH2 - CBS Reno	Ryan Kern	Air Quality Wildfires - Schnieder
8/19/2015	KRNV CH4 - NBC Reno	Kristin Brown	West Nile Virus - Ulibarri

Press Releases/Media Advisories/Editorials/Talking Points

9/4/2015	Press Release	Seals/Alberti/Chen	Salmonella Poona in cucumbers warning
9/1/2015	Press Release	PIO Ulibarri	2nd human WNV case identified
9/1/2015	Press Release	PIO Ulibarri	Equine tests positive for WNV
8/28/2015	Press Release	PIO Ulibarri	Person infected with WNV
8/19/2015	Press Release	PIO Ulibarri	More mosquitos test positive for WNV