

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, August 27, 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.

4. Approval of Agenda

August 27, 2015

5. Approval of Draft Minutes

July 23, 2015

6. Recognitions

A. Years of Service

1. Wesley Rubio, 5 years, hired 8/6/10 – EHS
2. Edwin Smith, 10 years, hired 8/8/05 – AHS
3. Jim English, 15 years, hired 8/14/00 - EHS
4. Charlene Albee, 20 years, hired 7/31/1995 – AQM
5. Denise Cona, 30 years, hired 8/19/85 – EHS

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

C. Promotion

1. Heather Holmstadt, Public Health Investigator to Epidemiologist

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

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

Staff Representative: Charlene Albee

9. *REMSA Board Member Report

Presented by: Tim Nelson

10. Regional Emergency Medical Services Authority

Presented by Jim Gubbels

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

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

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

Staff Representative: Anna Heenan

12. *NALBOH Conference Report

Presented by: Dr. Novak

13.*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
Immunizations, Divisional Update, Program Reports
- 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
- D. Epidemiology and Public Health Preparedness, Dr. Randall Todd, Director

- 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

14.*Board Comment

Limited to announcements or issues for future agendas.

15. Emergency Items

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.

17. 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. During the “Public Comment” items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment will only be heard during items that are not marked with an asterisk (*). Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. In order to speak during any public comment, each speaker must fill out a “Request to Speak” form and/or submit comments for the record to the Recording Secretary. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.

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: (i) Washoe County Administration Building (1001 E. 9th Street); (ii) Washoe County Main Library, 301 S. Center St., Reno, NV 89501; (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, July 23, 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

Chair Jung called the meeting to order at 1:00 p.m.

The following members and staff were present:

Members present: Kitty Jung, Chair
Julia Ratti, Vice Chair (arrived at 1:13 p.m.)
Dr. George Hess
David Silverman
Mike Brown
Dr. John Novak

Members absent: Neoma Jardon

Staff present: Kevin Dick, District Health Officer, ODHO
Leslie Admirand, Deputy District Attorney
Anna Heenan, Administrative Health Services Officer, AHS
Mike Wolf, Air Quality Supervisor, AQM
Daniel Inouye, Air Quality Supervisor, AQM
Steve Kutz, Division Director, CCHS
Randall Todd, Division Director, EPHP
Bob Sack, Division Director, EHS
Christina Conti, EMS Program Manager, EPHP
Brittany Dayton, EMS Coordinator, EPHP
Erin Dixon, Fiscal Compliance Officer, AHS
Dawn Spinola, Administrative Secretary/Recording Secretary, ODHO

Ms. Spinola verified a quorum was present.

2. *Pledge of Allegiance

Jim Gubbels, REMSA President, 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, Chair Jung closed the public comment period.

4. Approval of Agenda

July 23, 2015

Dr. Novak moved to approve the agenda for the July 23, 2015, District Board of Health regular meeting. Dr. Hess seconded the motion which was approved six in favor and none against.

5. Approval of Draft Minutes

June 25, 2015

Chief Brown moved to approve the minutes of the June 25, 2015 District Board of Health regular meeting as written. Dr. Novak seconded the motion which was approved six in favor and none against.

6. Recognitions

A. Years of Service

1. Melissa Bullock, 10 years hired 7/15/2005 – EPHP

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

2. Jennifer Howell, 15 years, hired 7/3/2000 – CCHS

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

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

Ms. Albee was not in attendance.

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. Ratification of Interlocal Agreement between Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., to provide physician consultative services for the Sexually Transmitted Disease clinic in the total amount of \$10,710 per year, for the period July 1, 2015 through June 30, 2016 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Contract.

Staff Representative: Patsy Buxton

2. Ratification of Interlocal Agreement between Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., to provide medical director services for the Family Planning clinic in the total amount of \$9,000 per year, for the period July 1, 2015 through June 30, 2016 unless extended by the mutual agreement of the Parties; and if approved, authorize the Chairman to execute the Contract; Authorization of travel and travel reimbursements for non-County employee(s) to be determined by the School, in the amount not to exceed \$1,500.

Staff Representative: Patsy Buxton

B. Donation Acceptance

1. Accept cash donation in the amount of \$700 from Michael Maier and Dyana Ireland.

Mr. Dick acknowledged the generous donation provided as a gift to the Health District in appreciation for assistance received through the Women, Infants and Children (WIC) program. He noted he intended to send a letter of gratitude on behalf of the Board and that staff would put out a press release.

Dr. Novak asked if Counsel had reviewed the contracts. Deputy District Attorney (DDA) Admirand indicated she had and they were acceptable.

Chair Jung explained any item requiring legal review went through an approval process prior to being placed on the agenda. She noted the staff reports that were heard by the Board of County Commissioners had the signatures of the reviewers on it so the Commissioners could see the item had been reviewed and approved. DDA Admirand explained current Health District approval procedure involved a routing slip that was not currently part of the packet. Chair Jung opined it should be.

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

8. Air Pollution Control Hearing Board Cases Appealed to the District Board of Health:

- A. Recommendation to Deny the Appeal and Uphold Citation No. 5460, Case No. 1174 – Mr. Khalid Ali – Desert Sunset Motel and Bar

Chair Jung swore in all members of the audience and staff that intended to provide testimony.

Mr. Wolf presented the staff report. He explained Air Quality Management (AQM) staff had been alerted to construction being performed at the hotel that AQM had no record of or permits on file for. Mr. Ali initially indicated there had been no asbestos survey conducted on the materials that had been removed. Further investigation demonstrated that the survey had been conducted and shown much of the material being removed did contain asbestos.

Mr. Ali stated he did not know who had conducted the work, so citations were issued for the work that had been performed and violations of the AQM regulations.

Mr. Ali appealed the citation and the case was heard by the Air Pollution Control Hearing Board (APCHB). The Board upheld the violation and recommended reduction of the fine from \$7,600 to \$5,600. Mr. Wolf explained AQM staff had initially offered the \$5,600 fine to Mr. Ali as a negotiated settlement.

Dr. Hess asked who was responsible when that type of activity was being performed. Mr. Wolf explained the property owner was ultimately responsible, but the contractor can also be

held liable.

Mr. Ali presented a letter to the Board which Chair Jung read into the record. The full text of the letter is as follows:

I used to own three motels in Reno, NV. They were the 1) Desert Sunset Motel, 2) Everybody's Inn Motel, and 3) Ho Hum Motel. But because of the numerous attacks by government agencies, and since September 11, I am just about to lose all of these motels. It is almost impossible to stay in business. Numerous attacks have happened in my motel on different occasions and in the name of violations. My story has been covered by the Reno-Gazette Journal, News Channel 8, News Channel 4 and other news media outlets.

I am enclosing the paperwork which has been provided to me by different government agencies. All these agencies are from 1) City of Reno, 2) Washoe County, 3) State Government, and 4) Federal Agencies. In June of 2008, in the name of a sweep and while this country was going through a recession, it seemed like the whole town was attacking the motels. Which in my opinion is totally in disregard for civil rights. Those different agencies who attacked my motel in the name of violation has been called by the City of Reno. The code enforcement agent named Robert Rice was invited to OSHA so I could be fined very heavily by them in the amount of \$6,000 plus expensive requirements to get extensive testing done for asbestos-related matters, so the property could go bankrupt. And it all happened because I expressed my views on Channel 8. I can provide you the tape from Ed Pierce.

It seems to me that these government agencies target more likely Indian original motel owners. For example, the Ace Motel, Crest Inn, Castaway and Lake Mills Lodge. They closed down the Ponderosa Motel, Regency Motel and my motel, Everybody's Inn, in the name of so-called violations.

At the end of this letter I would like to back up my claims with all of the necessary paperwork. I would like to bring to your attention that me and other Indian original motel were very heavily fined with the slogan: "Fine, fine, everything is fine, nothing but fine." The magnitude of fine is so great as former Attorney General Eric Holder put that in Jefferson Missouri, blacks were disproportionately fined, as compared to white property owners. The end result is that Eric Holder quit his job and in Reno, I end up losing my business because of discrimination against me. My life is nothing but a re-run of the Mississippi Burning movie. I would appreciate it if you would look into my case. Thank you.

Mr. Ali stated the issue was that the government agencies were treating him in a heavy-handed fashion when it came to violations of the law. They had auctioned off Everybody's Inn and Ho Hum and were about to do the same with Desert Sunset.

Chair Jung asked what his defense was with respect to the violations. Mr. Ali stated he had insurance and had had a contractor come out to remove the asbestos and write a letter of clearance that he would be providing to the Board. He stated he was waiting for the contractor to finish the work. He also noted he would be selling the property.

Mr. Ali stated his property had been inspected seven times since November. He opined the law stated inspections should only occur twice annually. Chair Jung clarified the Health District was required by law to investigate health violations. DDA Admirand was not aware of which law Mr. Ali was referencing and he was unable to cite a specific statute.

Chair Jung pointed out to Mr. Ali that his appeal was to reverse the decision made by the APCBH. The District Board of Health (DBOH) was responsible for determining if there was a violation and if or how it had been mitigated. It was not up to them to determine if there was a pattern of abuse or discrimination. She strongly suggested that if that was the issue he should file a complaint with the proper authorities.

Dr. Hess stated he was unclear about when the work was started and when the inspection was done. Mr. Ali stated the work had not yet started, he knew nothing about it and the bar had been closed so he had not been there for eight months. He further stated that no one had done any work on his behalf. He suggested the damage had been caused by drug dealers that he had evicted.

Chair Jung asked Counsel who was responsible for the condition, care, maintenance, and removal of asbestos of a property. DDA Admirand responded the ultimate responsibility lies with the owner of the establishment.

Dr. Novak asked Mr. Wolf if the picture of the ceiling, partially torn out, and a ladder, was taken during staff's first inspection. Mr. Wolf explained the hole was a result of the water damage that got all of the different enforcement agencies involved. He noted it had already been repaired once. Dr. Novak repeated his question about the ladder. Specialist Suzanne Duggar verified the ladder had been there during the initial investigation. Dr. Novak noted that indicated some work had been done previously.

Mr. Ali explained other work had been done and he had obtained permits for it. Chair Jung reiterated it was his responsibility to secure and maintain the property. Mr. Ali opined that since this was a case of vandalism against his property he did not cause it. He felt his only recourse had been to contact the police and he had done that. Dr. Hess asked to see the police report and Mr. Ali stated he did not have it with him, but verified it had been filed. He pointed out the report had been a necessary component of his insurance claim. Dr. Hess asked when the report had been filed and Mr. Ali replied the incident had happened on May 30 and he had filed the report within a week.

Shirley Pascuci stated that while the events were occurring she was instructed not to go into that room. She verified the ceiling had been repaired previously and not by a licensed contractor. Chair Jung asked if the work that was done was related to drug activity or to repair it and Ms. Pascuci stated it was to repair it. Mr. Ali responded that Ms. Pascuci had gone to the hospital after entering the room she was instructed not to in response to an advertisement about possibly contracting health challenges and filing for damages.

Dr. Novak moved to uphold the Air Pollution Control Hearing Board decision and increase the fine of Desert Sunset Motel and Bar to \$7,600. Chief Brown seconded the motion.

Vice Chair Ratti abstained as she had not been present for the entire hearing.

Dr. Hess stated he voted against raising the fine. Dr. Novak reiterated Mr. Ali had been offered the reduced fine at arbitration and had declined it.

Chair Jung restated the motion, which had been seconded, was to uphold the findings and change the fine to \$7,000. She then requested a vote.

The motion was approved three in favor, Mr. Silverman and Dr. Hess opposed.

Mr. Silverman noted the original motion had been to impose a fine of \$7,600, not \$7,000. He added he was not in favor of going back to the original dollar amount of the fine.

DDA Admirand stated it would be necessary to re-open the item, clarify and vote again.

Dr. Novak moved to rescind his motion and restated that he moved the Board

uphold the findings of the Hearing Board and reinstate the original amount of the fine to \$7,600. Chief Brown, as the seconder, agreed to remove the first motion and second the second motion.

Vice Chair Ratti stated the motion on the floor was to approve the fine, resetting the fine to the original amount of \$7,600, including upholding the citation 5460, Case No. 1174 in the amount of \$7,600.

The motion was approved three in favor, Mr. Silverman and Dr. Hess opposed and Vice Chair Ratti abstaining.

9. Acceptance of the Truckee Meadows Fire Protection District Spring 2015 Open Burn Pilot Project Report and Direction on Future Pilot Projects

Staff Representative: Charlene Albee

Mr. Inouye presented the staff report on behalf of Ms. Albee. He explained DBOH regulations governing air quality prohibited open burning during the wintertime particulate matter season, which was typically November through February. The rule allows local fire control agencies to administer an open burn permit program.

Mr. Inouye noted that in January 2015, the Board approved a pilot project to modify the period when open burns are prohibited, and it began on February 14. Four conditions needed to be demonstrated for the project to be considered a success. Two were met, one could not be determined and one was not met.

Chair Jung asked if requests that were received from the serious non-attainment area and incomplete requests were denied or allowed. Mr. Inouye stated they were not denied and AQM has assumed they were approved and conducted. He reiterated the rules allow the local fire agencies to implement an open burn program. During the application process those requests should have been screened out by Truckee Meadows Fire Protection District (TMFPD). Maps had been developed which help identify which parcels are inside or outside of the hydrographic area.

Chair Jung asked if Mr. Inouye knew how TMFPD provided oversight over the open burn program. Mr. Inouye explained one of their main functions was to declare when fire season begins. They are also required to receive applications for open burns, which should be administered and screened. Chair Jung asked if the information contained in the spreadsheet attached to the staff report was maintained and provided to AQM by TMFPD on an ongoing basis. Mr. Inouye stated the information contained was generated specifically for the pilot project. AQM had received the applications and developed the table. Chair Jung asked if the spreadsheet was a comprehensive list of all open burning that had occurred during the pilot project. Mr. Inouye explained it was a list of all applications submitted to TMFPD and it was agreed that it was likely there were many more open burns had not gone through the application process.

Dr. Hess asked if the project had been a success or failure. Mr. Inouye reiterated four conditions needed to be demonstrated for the project to be considered a success. Two were met, one could not be determined and one was not met. The two that were met were related to very favorable weather. The one that could not be tested had to do with determining if burning was stopping during a yellow or red burn code. During the test period all the codes were green. Dr. Hess opined that meant that the condition related to burn code status could be discarded and Chair Jung agreed. The final condition was specific to conditions within the regulation and several were not met.

Dr. Hess opined it had been a success and noted TMFPD was requesting to reinstitute the program next year. He asked if AQM was proposing to support or oppose it. Mr. Inouye noted a portion of the request before the Board was to provide direction on future projects. Other opportunities to extend the season would be spring and fall. AQM was not in favor of the November season as the climate was unique and inversions may start to occur. Spring would be a more favorable option.

Mr. Inouye stated AQM would not be in favor of another pilot project based on the fact Condition 4 had not been met, to include no open burning within the hydrographic area and a number of the applications did not contain information about the materials burned. Regulations specify what can and cannot be burned. As there had been no cross-check of what was burned, it cannot be verified that the condition was met. Chair Jung clarified staff cannot confirm or deny and Mr. Inouye stated that was correct.

Vice Chair Ratti opined there were some good results and not so great processes. She asked if better processes could be implemented if there were to be another pilot program, and if so, would that be the responsibility of AQM or TMFPD. Mr. Inouye explained the test had met the goals. He opined that if the processes were improved, they could expect to see similar results. The responsibility fell to both agencies.

Vice Chair Ratti stated there was another public good being achieved through open burning, which was reduction of fuel accumulation, reducing the intensity of fires. Additionally it would create defensible space. That good needed to be weighed against the public good of air quality.

Dr. Hess asked Mr. Inouye to clarify what he thought should be done next year. Mr. Inouye stated AQM did not support utilizing either of the shoulder seasons, primarily because Condition 4 was not met and although the statistics gathered regarding the number of non-approved or non-regulated numbers was relatively small, they were critical.

Mr. Dick opined it was important to look at both public health and public safety and it would benefit the community to have an extended open burn season in the spring. He agreed fall could be problematic. TMFPD had indicated they were willing to work to improve administration of the program. Chair Jung pointed out it had been a pilot project, designed to uncover problems that needed to be addressed and to provide a learning opportunity. She noted the items that had been brought up were expectations that needed to be met for the next project, which would not be another pilot. Dr. Hess noted the recommendations referred to another pilot project.

Mr. Dick recommended another pilot project so that AQM staff had the opportunity to work with TMFPD to address the areas stated and hopefully have a successful program.

Vice Chair Ratti stated she did not need another evaluation and report but did need a plan on how things would be done better in the future.

Vice Chair Ratti moved to accept the Spring 2015 Open Burn Pilot Project Report and direct staff to work with the fire agencies necessary to come back with a plan to implement a project with better process results. Chief Brown seconded the motion which was approved six in favor and none opposed.

Vice Chair Ratti asked if it were all of the jurisdictions were engaged or just TMFPD, and Mr. Inouye stated the pilot project was specific to TMFPD.

10. Regional Emergency Medical Services Authority

Presented by Jim Gubbels

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

Chair Jung asked Mr. Gubbels if he had anything to add to the information presented in the staff report and he replied he did not.

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

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

Mr. Gubbels noted the update was included in the Board packet, it included a thank you letter and a published article on the Nurse Healthline.

11. Presentation, discussion and possible approval of the Mutual Aid Evacuation Annex (MAEA) update

Staff Representative: Brittany Dayton

Ms. Dayton presented the staff report. She noted the MAEA is the annex to the Mass Casualty Incident Plan (MCIP) and it specifically addresses a disaster at a medical facility that would require an evacuation. She provided a Power Point presentation (attached Exhibit A) that gave an overview of the work that had gone into the update and the revisions that were made. The patient evacuation/tracking process was the primary focus of the revisions and region supported transitioning to using the DMS Evac1-2-3 system, which she outlined.

Ms. Dayton sincerely thanked the community partners that participated in the project and asked the attendees to stand and be recognized. Chair Jung thanked Ms. Dayton and the partners in the audience.

Ms. Dayton requested that if the Board chose to approve the update that they make it effective November 1 so that there is enough time to order supplies and train hospital staff.

Vice Chair Ratti moved to approve the proposed revisions to the MAEA of the MCIP effective November 1, 2015. Chief Brown seconded the motion which was approved six in favor and none against.

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

Staff Representative: Anna Heenan

Ms. Heenan presented the staff report. She noted that staff was still in the process of completing end-of-year closing, and reviewed updates to the information that had been provided in the staff report, which included a budget surplus. She noted FY16 expenditures were expected to exceed revenues so it was important to continue to look for ways to reduce costs or increase cost recovery on services.

Dr. Hess noted what appeared to be anticipated reductions in revenue and asked if those had been accounted for when planning for the FY16 budget. Ms. Heenan explained some expenditures were still in flux, impacting the budget. Staff anticipated both the increased revenue and the expenditure savings in the preparation of the FY16 budget. She indicated no problems were anticipated but reiterated it was important to look for savings and cost recovery. One method would be to increase fees.

Chair Jung asked if a marker had been included in the budget to cover anticipated labor cost increases. Ms. Heenan explained the Public Employee Retirement System (PERS) and health insurance cost increases were included, but not wages.

Chief Brown moved to accept the report as presented. Mr. Silverman seconded the motion which was approved six in favor and none against.

13. Discussion, and possible direction to staff regarding updating Environmental Health Services and Air Quality Management fees to include the most current salaries, benefits, indirect costs rates, and other operating expenses, present the updated fees to the community and bring back to the Board the fees for consideration and possible adoption.

Staff Representative: Erin Dixon

Ms. Dixon presented the staff report. She noted all fees had not yet been calculated as staff had opted to obtain Board direction prior to conducting the work. She noted numerous expenses, such as vehicle costs, were not accounted for as part of the current fee structure. She pointed out that preliminary estimates had been provided within the staff report.

Ms. Dixon explained staff had reviewed different methodologies and arrived at the proposed methodology to include the expenses. The current methodology included the certified amount of time it is required for staff to perform activities associated with a task, a portion of the technology supplies and a percentage of the indirect cost rates.

Ms. Dixon went on to note that for the updated fee methodology, staff was able to utilize detailed time accounting. The proposed methodology will utilize the certified average amount of staff time it takes to perform activities, but update it to utilize FY16 salaries and benefits. Direct expenses, such as auto, operating supplies, office supplies, technology, required staff training and credit card fees would now be included. Additionally, a proportional amount of support staff time, administrative tasks, accrued benefits such as holidays, leave time, and the full indirect cost rate will now be included. Ms. Dixon noted cost recovery for activities and supplies that are not tied to a specific permit would be excluded.

Ms. Dixon noted an example of a preliminary estimate was the fees for a restaurant permit, which would increase from \$152 to \$453. She noted the fees had not been increased in some time and had not included the other items. She pointed out the proposed four percent regional technology fee for Accela would be added to that amount. She stated staff was recommending an automatic annual index based on the Consumer Price Index (CPI).

Ms. Dixon explained the notification, hearing and approval timeline was aggressive, as the goal was to have the new fees go into effect when Accela is launched on December 21. The overall revenue increase was anticipated to be approximately \$2 million. The increases were not expected to meet full cost recovery as some expenses cannot be charged.

Mr. Silverman expressed he was fully in favor of the increases. To garner more partner support, he suggested phasing the fees in over two periods. Dr. Hess agreed. He noted that in his past, indirect costs had been covered by grants and asked what County indirect costs paid for. Ms. Dixon explained there were three items. One was for the overall Health District, one was for Health District administration, and one for was divisional administrative overhead. She offered to provide the percentages and Chair Jung requested she do so.

Chief Brown supported the idea of the annual increase matching Western CPI and asked if the review by the Board would be held each three years or each five or if that had been decided. Ms. Dixon noted it had not yet been decided and requested a recommendation.

Vice Chair Ratti stated she had a high confidence level that the process and numbers were good and that the information was accurate. She noted the last time fees were raised, the stakeholders had asked to know why, and she had promised that they would receive that information. She strongly supported the idea of the Board only reviewing the fees every three or five years instead of annually. She stated she agreed with the recommendation to phase in the increase.

Chair Jung agreed with all of Vice Chair Ratti's statements. She stated she did not feel the Health District was in the business of subsidizing businesses. She noted the cities can charge anything they wish, but the County could not. The County and Health District were required to quantify all staff time for fees. She discussed how fees were handled during the recession and how the local businesses had benefitted.

Vice Chair Ratti clarified that the City of Sparks had conducted a fee analysis during the depths of the recession and they only had control over four percent of the fees, the rest were set by State Legislature.

Vice Chair Ratti moved to direct staff to update the Environmental Health Services and Air Quality Management fees according to direction provided during discussion.

Vice Chair Ratti opined staff would come to a better conclusion if the Board did not provide excessively strict direction. Mr. Dick suggested the Board allow staff to proceed with the proposed methodology. He opined it would be important to be able to present the calculated fee during the workshops. He suggested the Board allowed staff the flexibility to bring an item back to the Board that would provide room for their deliberation on how it might be implemented.

Vice Chair Ratti moved to direct staff to update the Environmental Health Services and Air Quality Management fees to include the most current salaries, benefits, indirect cost rates and other operating expenses, present the updated fees to the community, and bring back to the Board the fees for consideration and possible adoption. Additionally, the report should include a summary explaining why the District engages in the activities that result in the fees and after public input, when the plan is brought back to the Board, it comes back with options for phasing. Mr. Silverman seconded the motion which passed six in favor and none against.

14. Approval of authorization to travel and travel reimbursements for non-County employee Dr. John Novak in the approximate amount of \$1,505, to attend the 2015 NALBOH conference in Louisville, KY August 5-7, 2015.

Staff Representative: Kevin Dick

Mr. Dick opined the staff report was self-explanatory and reiterated that Dr. Novak had agreed to attend the conference and represent the Health District.

Mr. Silverman moved to approve authorization to travel and travel reimbursements for non-County employee Dr. John Novak in the approximate amount of \$1,505, to attend the 2015 NALBOH conference in Louisville, KY August 5-7, 2015. Dr. Hess seconded the motion.

Dr. Novak noted the conference included numerous sessions covering accreditation and he intended to attend as many as possible, as he felt it was pertinent to the District's future. Chair Jung requested he attempt to find out what the benefits of accreditation are. Dr. Novak stated that was at the forefront of what he intended to learn.

The motion was approved six in favor and none against.

***15. Staff Reports and Program Updates**

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

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

Dr. Hess expressed concern about predictions that ozone levels would be increasing. He asked if there was anything the Health District could do to educate the population or update regulations so there would not be repercussions when the Environmental Protection Agency (EPA) announces more stringent standards.

Mr. Wolf noted that the intentions of the EPA were not yet known. If Washoe County air quality readings ended up being higher than a new standard, efforts that are now voluntary will need to become mandatory.

Mr. Inouye pointed out a major source of ozone is transportation, so AQ is working with the local agencies to help implement voluntary behavior changes. One factor is the land form, so AQ staff is working with the Planning departments to create land use plans that help reduce dependence on automobiles.

Dr. Hess asked if there was anything the Board could do to help. Mr. Inouye suggested the information presented at the Board be brought to the Councils and Commission or the other groups and partners that the members are associated with.

Vice Chair Ratti noted that a number of years ago the community had had the opportunity to invest in public transportation and roads and had decided to proceed with investments in roads but not for public transportation. She suggested all the Board members should discuss the need for public transportation and attempt to locate the funding.

Dr. Novak explained his previous city of residence had worked with the state to synchronize traffic lights to minimize idling. He opined that was quite a problem in Reno and Sparks.

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

Divisional Update, Program Reports

Mr. Kutz displayed the Facebook pages for the Immunization and Sexual Health programs. He then presented a YouTube video testimonial created by Jessica Ponce, Public Health Associate, describing some of the valuable lessons she had learned during her time with CCHS.

Dr. Novak congratulated Mr. Kutz on becoming president of the [Human Services Network](#).

C. Environmental Health Services, Bob Sack, Director

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

Mr. Sack stated he had nothing to add but was available to answer any questions.

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

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

Dr. Todd stated he would be addressing a question asked by the Board recently, which was how many times and for how long might REMSA be out of ambulances. He noted there was no direct way to answer, so they had found an indirect solution.

Dr. Todd explained they do not track when REMSA runs out of ambulances, as that would bring up the question of for how long, which is not currently tracked. He emphasized the statistics had to do with tracking performance, not compliance. Staff tracked the time

between call and ambulance assignment and time between call and clock start and compared the results against a national standard. Tables enclosed in the Board packet showed the results of the study. Dr. Todd emphasized the number of times that REMSA did not meet the standard did not imply that an ambulance was not available, there may be other contributing factors.

Ms. Conti distributed an addendum, which began to look at the Public Safety Answering Point (PSAP) data. Dr. Todd explained the addendum that was distributed and the correlation to the REMSA data discussed. Specifically, the PSAP information can be utilized to attempt to determine what might have delayed REMSA from getting started on the call so that staff could address the concern that Fire was sometimes waiting an excessive amount of time for REMSA to arrive.

Vice Chair Ratti asked if the number of calls going directly to REMSA instead of through the 911 system might have anything to do with the Community Health Line. Dr. Todd stated he did not have an answer for that but could look into it. Mr. Gubbles indicated he also did not have any statistics with him but believed it was less than two percent of the time that the calls were referred to the emergency medical personnel.

Vice Chair Ratti noted it was incredible to have the data that was available, even though the entire system was not yet in place. She reiterated this was not about compliance, it was about system performance. She opined what had changed was the shared investment in EMS staff and in building better relationships so the discussions could occur. She noted she was optimistic that if that level of analysis and dialog before all the tools were in place that the kind of information that will be available when they are in place will be quite impressive. She expressed her thanks to everyone involved in continuing to move it forward.

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

Community Health Improvement Plan (CHIP), Truckee Meadows Healthy Communities (TMHC), Quality Improvement (QI), Fundamental Review, Other Events and Activities and Health District Media Contacts

Mr. Dick reviewed the update for the CHIP, noting good initial support for the selected priorities. He stated the Community Health Festival held on July 22 had been well-attended and numerous organizations were there providing a variety of services. The event was planned to be the first of many. Washoe County TV was there so some information about the Festival will be posted to the web.

Mr. Dick noted the QI initiative was underway and all staff will have attended training by the end of September.

The Phase One program cost analysis was in progress and it was anticipated that it would be presented to the Board in September. Mr. Dick expressed his appreciation to the Board for supporting the Fundamental Review as the recommendations had served the District well.

Mr. Dick noted he had taped an interview with Face the State on July 8. A link to that is on the District's Facebook page.

Dr. Novak asked who set up the activities at the Festival. Mr. Dick replied it was organized under a subcommittee of the TMHC coalition, on which the District participates. The District had participated in the planning process along with Renown and others. The goal is to continue to function as part of a coalition so it remains a community effort.

Vice Chair Ratti stated her support for the priorities selected and asked what was being done to leverage existing planning efforts. Mr. Dick explained that was where the workgroups fit in as they would be comprised of people who are already working in those areas so that a plan can be constructed that takes advantages of initiatives that are already occurring. Part of the selection process took existing opportunities into account. Representatives from many organizations will be brought in to form the workgroups.

Mr. Dick went on to explain that the CHIP is going to be a plan that the Health District has helped frame for the community, and the intention is that it be carried forward by commitments developed during the process through the various agencies working together.

Chair Jung expressed her appreciation for Mr. Dick's efforts on the CHIP, Healthy Communities and 89502 projects and opined it seemed to be something he enjoyed. She stated she felt he was doing a great job and had heard the same from others.

***16. Board Comment**

Chair Jung reminded Ms. Spinola to be sure that future staff reports contained sign offs so the public is informed that the Board members know that the items have been reviewed and approved by Counsel and others as necessary.

17. Emergency Items

None.

***18. 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, Chair Jung closed the public comment period.

19. Adjournment

At 3:00 p.m., Dr. Novak moved to adjourn. Dr. Hess seconded the motion which was approved six 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_CA	_____
AHSO_NA	_____
DHO_KD	_____
DA_NA	_____
Finance_NA	_____
Risk_NA	_____
HR_NA	_____
Purchasing_NA	_____

Staff Report
Board Meeting Date: August 27, 2015

TO: District Board of Health

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

SUBJECT: Recommendation for the Board to uphold a citation not appealed to the Air Pollution Control Hearing Board issued to Q & D Construction Company Case No. 1175, Unappealed Citation No. 5463 with an \$1,040.00 negotiated fine.

SUMMARY

Air Quality Management Division (AQMD) Staff recommends Citation No. 5463 be upheld and a fine of \$1,040.00 be levied against Q & D Construction Company for failure to obtain a dust control permit prior to commencing work (grading) at the corner of Mill Street and Museum Way in Reno, Nevada. Failure to obtain a dust control permit constitutes a violation of the District Board of Health Regulations Governing Air Quality Management, specifically Section 040.030 C (3). This is a negotiated settlement.

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

BACKGROUND

On May 28, 2015, Air Quality Specialist Suzanne Dugger received a complaint from fellow Air Quality Specialist Daniel Timmons regarding dust coming from the open lot located on the northwest corner of Mill Street and Museum Way in Reno, Nevada. According to Specialist Timmons the AQMD monitoring station located just south of the open lot had measured unusually high numbers of PM 2.5 and PM 10 for the previous couple of days.

Specialist Dugger arrived on the site and met with Mr. Steve Coltra, Supervisor for Q & D Construction Company. Specialist Dugger informed Mr. Coltra that a dust complaint had been received due to the activity being performed on the site. Mr. Coltra stated that Q & D Construction had excavated the site and grubbed off the vegetation in preparation to use the site as a staging area for the work being performed on the Virginia Street Bridge.

Specialist Dugger inquired if there was a dust control permit specific to the site as well as water truck logs for the site. Specialist Dugger also noticed that there was no dust control sign anywhere on the site. Mr. Coltra stated that he was not aware of any dust permit or water truck logs specific to the site and also stated that the dust control sign had not yet been installed.

Based on the violations found at the site Specialist Dugger issued a Citation No. 5463 under 040.030 Section C (3) and also issued a "Stop Work" order until a dust control permit was applied for and obtained. AQMD did receive an application for a dust control permit from Q & D Construction later that same day.

On July 8, 2015, Senior Air Quality Specialist Dennis Cerfoglio conducted a negotiated settlement meeting attended by Specialist Dugger, Branch Chief Mike Wolf, Mr. Rob Bagley and Mr. Brian Graham both representatives for Q & D Construction. Specialist Cerfoglio reiterated the importance of having an active/current dust control permit in their possession before starting any grading job as well as keeping proper water truck logs and posting the required dust control sign. Both gentlemen concurred; and Mr. Bagley stated that it was an unfortunate oversight on their behalf and that he would be much more careful in the future to insure no further mishaps of that nature would occur. After careful consideration of all of the facts in the case, Specialist Cerfoglio recommended Citation No. 5463 be upheld with a fine of \$1,040. A Memorandum of Understanding was signed by all parties.

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends the Board uphold the unappealed Notice of Violation Citation No 5463 issued to Q & D Construction Company with a \$1,040.00 negotiated fine. Alternatives to upholding the citation as presented include:

1. The District Board of Health may determine that no violation of the regulations has occurred and dismiss Citation No. 5463.
2. The Board may determine to uphold Citation No. 5463 and levy any fine in the range of \$0 to \$10,000.00 per day.

In the event the Board determines to change the penalty, the matter should be continued to allow Mr. Bradley to be properly noticed.

POSSIBLE MOTION

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

"Move to approve the Consent Agenda as presented."



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



NOTICE OF VIOLATION

NOV 5463

DATE ISSUED: 5-28-2015

ISSUED TO: Q&D PHONE #: 786-2677

MAILING ADDRESS: 1050 S. 21ST CITY/ST: SPARKS ZIP: 89431

NAME/OPERATOR: BRIAN GRAHAM PHONE #: 302-6481
STEVE COLTRA

COMPLAINT NO. CMP15-0075

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 5-28-2015 (DATE) AT 4:00 P.M. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

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

VIOLATION DESCRIPTION: 040.030 SEC. C (3) REQUIREMENTS FOR DUST CONTROL PERMIT. FAILURE TO OBTAIN DUST CONTROL PERMIT PRIOR TO COMMENSING WORK (GRADING)

LOCATION OF VIOLATION: CORNER OF MILL ST. & MUSEUM ST. RENO

POINT OF OBSERVATION: ON SITE ± 60,000 FT²

Weather: SUNNY Wind Direction From: N E S W

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

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

Signature _____

CITATION: You are hereby notified that effective on 5-28-2015 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within IMMEDIATE hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: [Signature] Date: 5-28-2015

Issued by: [Signature] Title: AQSI

PETITION FOR APPEAL FORM PROVIDED

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

Date: July 8, 2015

Company Name: Q+D Construction Company

Address: 1050 South 21st Street

Notice of Violation # 5463 Case # 1175

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: 040.030 Failure to obtain dust control permit prior to commencing work (grading) corner of Mill Street & Museum Street

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 1040⁰⁰. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on August 27th 2015.

The undersigned agrees to waive an appeal to the Air Pollution Control Hearing Board so this matter may be submitted directly to the District Board of Health for consideration.

Robert Bagley
Signature of Company Representative

Robert Bagley
Print Name

General Superintendent
Title

[Signature]
Witness

Dennis A. Cerfoglio
Signature of District Representative

DENNIS A. CERFOGLIO
Print Name

Sr. Air Quality Specialist
Title

[Signature]
Witness



Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

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

II. Major Violations - Section 020.040

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

III. Major Violations - Section 030.107 Asbestos

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

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

Company Name Q & D Construction
Contact Name Brian Graham

Case 1175 NOV 5463 Complaint CMP15-0075

Violation of Section 040.030 Section C.3 Failure to Obtain a Dust Control Permit

I. Base Penalty as specified in the Penalty Table = \$ 750

II. Severity of Violation

A. Public Health Impact

1. Degree of Violation

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

Minor – 0.5 Moderate – 0.75 Major – 1.0 Adjustment Factor 1

Comment: Failure to obtain dust control permit

2. Toxicity of Release

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

Comment: _____

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

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

Comment: _____

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

B. Adjusted Base Penalty

Base Penalty \$ 750 x Adjustment Factor 1 = \$ 750

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 750 x Number of Days or Units 1 = \$ 750

Comment: _____

D. Economic Benefit

Avoided Costs \$ 637 + Delayed Costs \$ 0 = \$ 637

Comment: \$120 per acre x 5 acres plus \$37 one time filing fee

Penalty Subtotal

Adjusted Base Penalty \$ 750 + Economic Benefit \$ 637 = \$ 1387

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

III. Penalty Adjustment Consideration

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

B. Mitigating Factors (0 – 25%) - 0%

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

Comment _____

C. Compliance History

No Previous Violations (0 – 10%) - 0%

Comment _____

Similar Violation in Past 12 months (25 - 50%) + 0%

Comment: _____

Similar Violation within past 3 year (10 - 25%) + 0%

Comment: _____

Previous Unrelated Violation (5 – 25%) + 0%

Comment: _____

Total Penalty Adjustment Factors – sum of A, B, & C -25%

IV. Recommended/Negotiated Fine

Penalty Adjustment:

\$ <u>1387</u>	x	<u>-25%</u>	=	<u>-346.75</u>
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)		Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$

Comment: _____

Adjusted Penalty:

\$ <u>1387</u>	+/-	\$ <u>-346.75</u>	=	\$ <u>1040</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Fine

Suzanne Duggan
Air Quality Specialist

7-8-2015
Date

Pennie A. Cefoglio
Senior AQ Specialist/Supervisor

7-8-2015
Date

DD_CA	_____
AHSO_NA	_____
DHO_KD	_____
DA_NA	_____
Finance_NA	_____
Risk_NA	_____
HR_NA	_____
Purchasing_NA	_____

Staff Report
Board Meeting Date: August 27, 2015

TO: District Board of Health

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

SUBJECT: Recommendation for the Board to uphold a citation not appealed to the Air Pollution Control Hearing Board issued to Jackson Food Store No. 32 Case No. 1177, Unappealed Citation No. 5479 with an \$7,500.00 negotiated fine.

SUMMARY

Air Quality Management Division (AQMD) Staff recommends Citation No. 5479 be upheld and a fine of **\$7,500.00** be levied against Jackson Food Store No. 32 for failure to perform annual gas station testing, A/L and Static Pressure Decay with passing results. Failure to perform the annual testing constitutes a **major violation** of the Regulations Governing Air Quality Management, specifically Section 030.2175, Operations Contrary to Permit. This is a negotiated settlement.

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

BACKGROUND

On June 17, 2015, Air Quality Specialist II Kristina Craig conducted a routine inspection of the gasoline dispensing equipment located at the Jackson Food Store No. 32 at 2595 Clearacre Lane in Reno, Nevada. During the inspection, Specialist Craig observed rusted drop and vapor buckets and paperwork noting the dispensing facility had failed to submit the required annual A/L and Static Pressure Decay test results. Condition No.4 of Permit to Operate A0201GS stipulates:

“An annual A/L (Air to Liquid) Test and Static Pressure Decay Test will be required to demonstrate compliance with the CARB Executive Orders for vacuum assist phase II vapor recovery systems. The AQMD must be notified at least 72 hours prior to the test. The testing must be completed 90 days from the expiration date of this permit and the results submitted within 30 days of the test.”

Upon further investigation by Specialist Craig determined the facility had failed the required testing in January of 2015 and again in April of 2015; that the station owner had not put forth a concerted effort to alleviate the problem nor was an upset/breakdown notification submitted to the AQMD. Specialist Craig immediately tagged out all the dispensers and stopped the facility from selling gasoline until the required testing was completed and compliance demonstrated. Specialist Craig

issued Notice of Violation Citation No. 5479 for failure to test per the requirements of Section 030.2175 of the Regulations and informed Mr. Richard Wright Environmental Manager for Jackson Foods of these actions. The facility was issued written notification to complete the testing with an AQMD Specialist present to observe and record the test results. Mr. Wright was informed the testing must indicate passing results before the facility would be allowed to again dispense gasoline.

On June 22, 2015, Franz and Hill Testing Company replaced the rusted vapor buckets and fill pipe which had a large hole in it. All the vapor buckets were upgraded to Enhanced Vapor Recovery (EVR) and the proper testing was performed with passing results. All gasoline dispensers passed A/L testing after replacing three hoses, three breakaways and one nozzle. Specialist Craig pulled the Stop Work Order allowing the station manager to resume the dispensing of gasoline.

On July 8, 2015, Senior AQ Specialist Dennis Cerfoglio conducted a negotiated settlement meeting attended by Specialist Craig, Specialist II Joshua Restori and Branch Chief Mike Wolf with Mr. Richard Wright and Mr. Jack Davis representing Jackson Foods Stores. After consideration of all of the facts presented in the case, including the two previous testing failures and a citation issued to Jackson Foods in November 2014, Senior Specialist Cerfoglio proposed Citation No. 5479 be upheld with a fine of \$7,500. Both Mr. Wright and Mr. Davis agreed to the condition of the negotiated settlement. A Memorandum of Understanding was signed by all parties.

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends the Board uphold the unappealed Notice of Violation Citation No 5479 issued to Jackson Food Store No. 32 with a **\$7,500.00** negotiated fine for a **major violation**. Alternatives to upholding the citation as presented include:

1. The District Board of Health may determine that no violation of the regulations has occurred and dismiss Citation No. 5479.
2. The Board may determine to uphold Citation No. 5479 and levy any fine in the range of \$0 to \$10,000.00 per day.

In the event the Board determines to change the penalty, the matter should be continued to allow Mr. Bradley to be properly noticed.

POSSIBLE MOTION

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

“Move to approve the Consent Agenda as presented”



Citation # 1177

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



NOTICE OF VIOLATION

NOV 5479

DATE ISSUED: 6/19/15

ISSUED TO: Richard Wright PHONE #: (208) 955-6282

MAILING ADDRESS: 3450 E. Commercial Ct CITY/ST: Meridian, Idaho ZIP: 83642

NAME/OPERATOR: Jackson Foods #32 PHONE #: (775) 324-6070

COMPLAINT NO. CMP 15-0081e

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 6/19/15 (DATE) AT 10:30 (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- MINOR VIOLATION OF SECTION:
 - 040.030 DUST CONTROL
 - 040.055 ODOR/NUISANCE
 - 040.200 DIESEL IDLING
 - OTHER
- MAJOR VIOLATION OF SECTION:
 - 030.000 OPERATING W/O PERMIT
 - 030.2175 VIOLATION OF PERMIT CONDITION
 - 030.105 ASBESTOS/NESHAP
 - OTHER

VIOLATION DESCRIPTION: Failure to perform annual "Assist" gas station testing. A/L & static pressure delay - Permit # A0201GS # must provide passing results.

LOCATION OF VIOLATION: 2595 Clearacre Lane Reno, NV 89512

POINT OF OBSERVATION: 2595 Clearacre Lane

Weather: Blue - no clouds. Wind Direction From: N E S W

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

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

Signature _____

CITATION: You are hereby notified that effective on 6/19/15 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within unknown hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: _____ Date: _____

Issued by: _____ Title: AQSTP

PETITION FOR APPEAL FORM PROVIDED

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

Date: July 8, 2015

Company Name: Jackson Food Store #32
Address: 2595 Clearacre Lane
Notice of Violation # 5479 Case # 1177

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: 030.2175 for failure to perform annual ambient gas station testing. A/L and static pressure decay must provide passing results

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 7,500. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on August 27, 2015

The undersigned agrees to waive an appeal to the Air Pollution Control Hearing Board so this matter may be submitted directly to the District Board of Health for consideration.

R T W
Signature of Company Representative

Richard T. Wright
Print Name

ENVIRONMENTAL MANAGER
Title

Witness

Dennis A. Cerfoglio
Signature of District Representative

DENNIS A. CERFOGLIO
Print Name

Sr. Air Quality Specialist
Title

Witness

AIR QUALITY MANAGEMENT
1001 East Ninth Street | P.O. Box 11130 | Reno, Nevada 89520
AQM Office: 775-784-7200 | Fax: 775-784-7225 | washoecounty.us/health
Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



Vermont Air Quality Management
 Permitting & Enforcement Branch
 Recommended Fine Calculation Worksheet

Company Name Jacksons
 Contact Name Richard Wright

Case #1177 NOV 5479 Complaint CMP15-0086

Violation of Section 030.2175 Major Violations of Permit Condition

I. Base Penalty as specified in the Penalty Table = \$ 5000

II. Severity of Violation

A. Public Health Impact

1. Degree of Violation

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

Minor – 0.5 Moderate – 0.75 Major – 1.0 Adjustment Factor 1

Comment: Failure to Test

2. Toxicity of Release

Criteria Pollutant – 1x
 Hazardous Air Pollutant – 2x Adjustment Factor 2.0

Comment: Gas

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

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

Comment: _____

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

B. Adjusted Base Penalty

Base Penalty \$ 5000 x Adjustment Factor 2 = \$ 10000

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 10000 x Number of Days or Units 1 = \$ 10000

Comment: _____

D. Economic Benefit

Avoided Costs \$ 0 + Delayed Costs \$ 0 = \$ 0

Comment: _____

Penalty Subtotal

Adjusted Base Penalty \$ 10000 + Economic Benefit \$ 0 = \$ 10000

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

III. Penalty Adjustment Consideration

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

B. Mitigating Factors (0 – 25%) - 25%

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

Comment: _____

C. Compliance History

No Previous Violations (0 – 10%) - _____

Comment: _____

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

Comment: Exact violation in November 2014

Similar Violation within past 3 year (10 - 25%) + 0%

Comment: _____

Previous Unrelated Violation (5 – 25%) + 0%

Comment: _____

Total Penalty Adjustment Factors – sum of A, B, & C -25%

IV. Recommended/Negotiated Fine

Penalty Adjustment:

\$ <u>10000</u>	x	<u>-25%</u>	=	<u>-2500</u>
Penalty Subtotal		Total Adjustment Factors		Total Adjustment Value
(From Section II)		(From Section III)		

Additional Credit for Environmental Investment/Training - \$ _____

Comment: _____

Adjusted Penalty:

\$ <u>10000</u>	+/-	\$ <u>-2500</u>	=	\$ <u>7500</u>
Penalty Subtotal		Total Adjustment Value		Recommended/Negotiated
(From Section II)		(From Section III + Credit)		Fine


 Air Quality Specialist

7/8/15
 Date


 Senior AQ Specialist/Supervisor

7/8/15
 Date

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

Staff Report
Board Meeting Date: August 27, 2015

DATE: July 30, 2015
TO: District Board of Health
FROM: Erin Dixon, Fiscal Compliance Officer, 775-328-2419, edixon@washoecounty.us

SUBJECT: 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.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements.

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

PREVIOUS ACTION

No previous action taken.

BACKGROUND

The Air Quality Management Division operates an ambient air monitoring network throughout Washoe County to measure air pollution concentrations and disseminate information to the public. There are currently seven monitoring sites strategically located across Southern Washoe County that continuously collect air pollution data and automatically update local and national websites including AirNow.gov allowing for real time air quality measurements to the public.

This agreement formalizes the placement of Air Monitoring Equipment on Washoe County property. Currently there are two locations with active Air Monitoring Equipment:

- Lemmon Valley Park (Parcel number 080-461-31)
- Incline Service Center (Parcel number 132-020-23)

An Air Quality Monitoring site located at 305 Galletti Way (South end of NDOT equipment yard) was discontinued November 2015. To more appropriately distribute the site locations across the Truckee Meadows, a new site is being established on Washoe County property and that location is included in this Agreement:

- Lazy 5 Regional Park (Parcel number 083-024-06)

Subject: Interlocal Agreement Regarding Air Monitoring Equipment

Date: August 17, 2015

Page 2 of 2

The cost and expense of all labor, materials, maintenance and repair of the equipment on these sites is entirely the responsibility of the Health District and is an ongoing expense already accounted for by the Air Quality Management program.

The Agreement becomes active upon ratification and may be terminated by either party with 60 days written notice. Washoe County's Risk Manager and Deputy District Attorney have reviewed and approved this Agreement.

FISCAL IMPACT

No fiscal impact.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the 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.

POSSIBLE MOTION

Move to ratify the 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.

INTERLOCAL AGREEMENT

1. **PARTIES** This Interlocal Agreement (“Agreement”) is entered into between Washoe County (“Washoe”) by and through its duly constituted Board of County Commissioners and the Washoe County Health District (“Health District”), collectively the “Parties.”

2. **RECITALS**

2.1 The Parties are public agencies under NRS 277.100.

2.2 NRS 277.180(1) provides that any one or more public agencies may contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of the contracting agencies is authorized by law to perform.

2.3 The Air Quality Management Division of the Health District operates an ambient air monitoring network throughout Washoe County to measure air pollution concentrations and disseminate information to the public which serves the public interest.

2.4 The Health District wishes to place ambient air monitoring instruments used to measure air pollution concentrations (Air Monitoring Equipment) on specific locations authorized on land owned by Washoe (the “Property”), which are desirable as sites for Air Monitoring Equipment. The cost and expense of all labor, materials, maintenance and repair of the equipment will be entirely the responsibility of the Health District.

3. **LICENSE AND COOPERATION**

3.1 Washoe grants a non-exclusive license to the Health District to locate, install, operate and maintain Air Monitoring Equipment on the following lands owned by Washoe:

3.1.A Currently Assessor’s Parcel Number 080-461-31, commonly known as Lemmon Valley Park (Lemmon Valley Park). The Air Monitoring Equipment shall be installed in substantial conformance to the design and location as shown in Exhibit A, attached hereto and incorporated herein.

3.1.B Currently Assessor’s Parcel Number 083-024-06, commonly known as Lazy 5 Regional Park (Lazy 5 Regional Park). The Air Monitoring Equipment shall be installed in substantial conformance to the design as shown in Exhibit B, attached hereto and incorporated herein.

3.1.C Currently Assessor’s Parcel Number 132-020-23, commonly known as Incline Service Center (Incline Service Center). The Air Monitoring Equipment shall be installed in substantial conformance to the design as shown in Exhibit C, attached hereto and incorporated herein.

3.2 Locations may be added or removed from Section 3.1 upon authorization in writing by the Director of Community Services Department, or his designee.

3.3 Washoe agrees to cooperate with the Health District in the obtaining of any governmental permits required.

3.4 Washoe agrees to cooperate with the Health District in obtaining electric power to the Property.

3.5 Within 90 days after the termination of this Agreement, or after the removal of Air Monitoring locations outlined in 3.1, Health District agrees to restore the Property to a condition reasonably approximating the condition of the Property before the Air Monitoring Equipment was installed.

4. EQUIPMENT AND DATA

4.1 Data collected by the Air Monitoring Equipment shall be available to the public upon request at reasonable business hours at the Air Quality Management Division of the Health District.

4.2 Washoe shall have no duty to operate or maintain the Air Monitoring Equipment which shall remain the property of the Health District and shall be removed within 90 days of the termination of this Agreement at the cost and expense of the Health District. However, this Agreement shall automatically terminate, without more, upon the removal of all of the Air Monitoring Equipment by the Health District.

5. INDEMNIFICATION & TERMINATION

5.1 The Health District agrees, to the extent allowed by state law, to hold harmless, indemnify and defend Washoe from any and all losses, liabilities, or expenses of any nature to the person or property of another, to which Washoe may be subjected as a result of any claim, demand, action, or cause of action arising out of the negligent acts, errors or omissions on the part of the employees, agents, or servants of the Health District in connection with the performance of the duties or obligations of this Agreement.

Washoe agrees, to the extent allowed by state law, to hold harmless, indemnify and defend Health District from any and all losses, liabilities, or expenses of any nature to the person or property of another, to which Health District may be subjected as a result of any claim, demand, action, or cause of action arising out of the negligent acts, errors or omissions on the part of the employees, agents, or servants of Washoe in connection with the performance of the duties or obligations of this Agreement.

5.2 This Agreement shall remain in effect from the Effective Date until terminated as provided herein. This Agreement may be terminated by either party upon 60 days prior written notice for any or no reason.

6. MISCELLANEOUS PROVISIONS

6.1 This Agreement is binding upon and inures to the benefit of the Parties and their respective heirs, estates, personal representatives, successors and assigns.

6.2 This Agreement is made in, and shall be governed, enforced and construed under the laws of the State of Nevada.

6.3 This Agreement constitutes the entire understanding and agreement of the Parties with respect to the subject matter hereof, and supersedes and replaces all prior understandings and agreements, whether verbal or in writing, with respect to the subject matter hereof.

6.4 This Agreement may not be modified, terminated, or amended in any respect, except pursuant to an instrument in writing duly executed by the parties.

6.5 In the event either party brings any legal action or other proceeding with respect to the breach, interpretation, or enforcement of this Agreement, or with respect to any dispute relating to any transaction covered by this Agreement, the losing party or parties in such action or proceeding shall reimburse the prevailing party or parties therein for all reasonable costs of litigation, including reasonable attorneys' fees.

6.6 No delay or omission by either party in exercising any right or power hereunder shall impair any such right or power or be construed to be a waiver thereof, unless this Agreement specifies a time limit for the exercise of such right or power or unless such waiver is set forth in a written instrument duly executed by the person granting such waiver. A waiver of any person of any of the covenants, conditions, or agreements hereof to be performed by any other party shall not be construed as a waiver of any succeeding breach of the same or any other covenants, agreement, restrictions or conditions hereof.

6.7 All notices, demands or other communications required or permitted to be given in connection with this Agreement, shall be in writing, and shall be deemed delivered when personally delivered to a party (by personal delivery to an officer or authorized representative of a corporate party) or, if mailed, three (3) business days after deposit in the United States mail, postage prepaid, certified or registered mail, addressed to the parties as follows:

If to Washoe: Director of Community Services
 Washoe County
 P.O. Box 11130
 Reno, Nevada 89520

If to Health District: Administrative Health Services Officer
 Washoe County Health District
 P.O. Box 11130
 Reno, Nevada 89520

Any person may change its address for notice by written notice given in accordance with the foregoing provisions.

6.8 The Agreement may be executed in one or more counterpart copies, and each of which so executed, irrespective of the date of execution and delivery, shall be deemed to be an original, and all such counterparts together shall constitute one and the same instrument. This Agreement may be recorded.

6.9 This Agreement is effective the date it is signed by the last party provided all the Parties have first signed and approved it (“Effective Date”).

IN WITNESS WHEREOF, the Parties have executed this Agreement.

WASHOE COUNTY

HEALTH DISTRICT

Dated this ____ day of _____, 2015

Dated this ____ day of _____, 2015

By: _____
Marsha Berkgigler, Chair
Board of County Commissioners

By: _____
Kitty Jung, Chair
District Board of Health

ATTEST:

ATTEST:

Approved as to form:

Approved as to form:

Attorney for Washoe

Attorney for Health District

Exhibit A

Lemmon Valley Park

Exhibit A
Washoe County Assessor's Parcel Number 080-461-31
"Lemmon Valley Park"



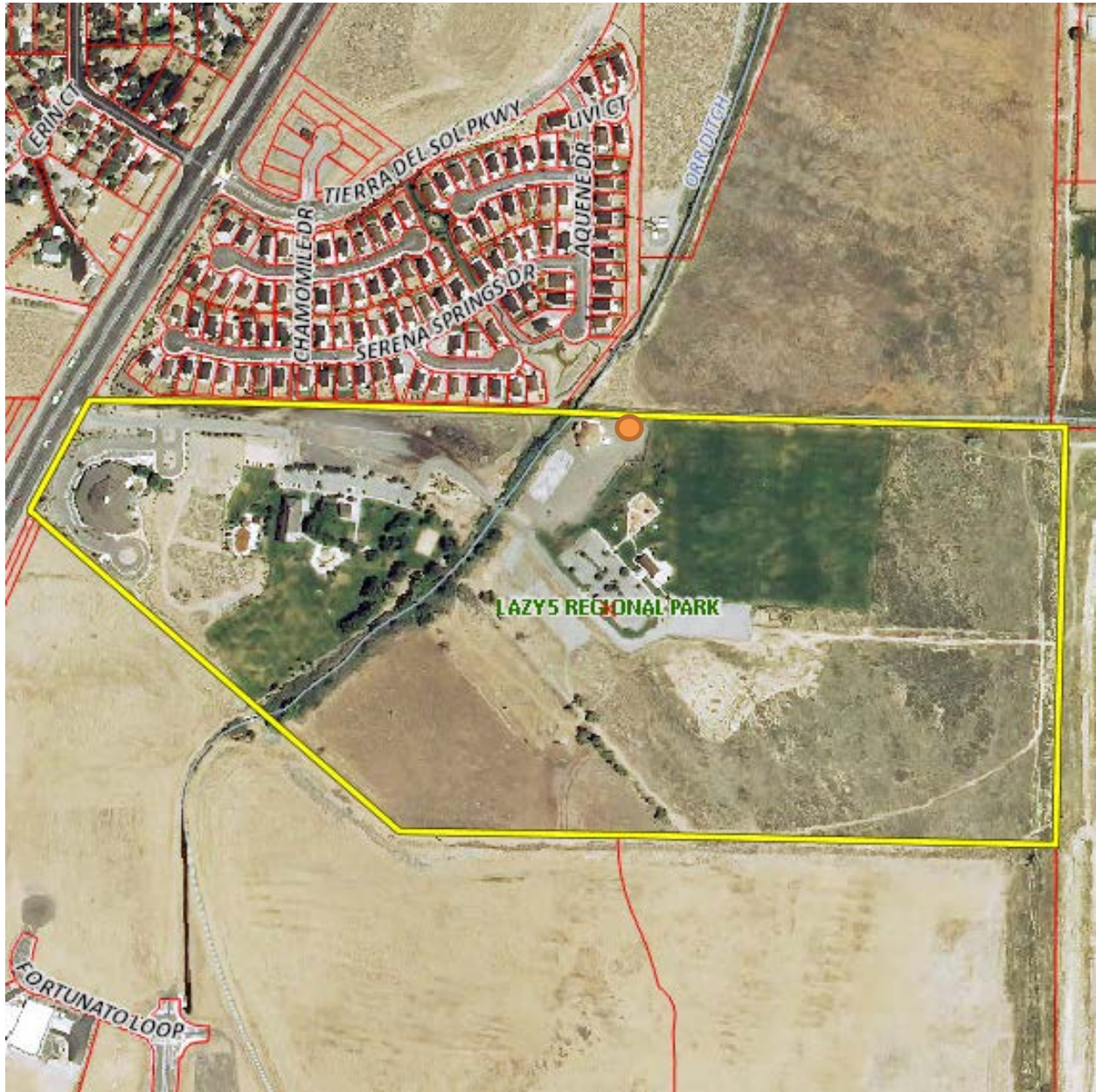
● = Air Monitoring Equipment

July 13, 2015

Exhibit B

Lazy 5 Regional Park

Exhibit B
Washoe County Assessor's Parcel Number 083-024-06
"Lazy 5 Regional Park"



● = Air Monitoring Equipment

July 13, 2015

Exhibit C

Incline Service Center

Exhibit C
Washoe County Assessor's Parcel Number 132-020-23
"Incline Service Center"



● = Air Monitoring Equipment

July 13, 2015

**CONTRACT TRANSMITTAL FORM
PLEASE APPROVE AND RETURN**

**RECEIVED
JUL 15 2015**

WASHOE COUNTY
RISK MANAGEMENT DIVISION

DISTRIBUTION DATE: 7/14/15

DATE DUE BACK: 7/24/15

FROM: Washoe County Health District

RETURN TO: Edwin Smith
Health Admin 328-2408

CONTRACTOR: Washoe County

CONTRACT AMOUNT: \$0.00
(<\$50,000 TO DHO; >\$50,000 to DBOH)

CC/IO 172300

SERVICES: Interlocal agreement with Washoe County for placement of Air Monitoring Equipment on County property.

Fiscal Compliance Officer (Signature) [Signature] (Date) 7/14/15

Comments: Re D.I. (35) estimation of property would be minimal. Section 5.1 exempts county for liability - but they hold HD liability insurance

Admin Health Services Officer (Signature) [Signature] (Date) 7/14/15

Comments: _____

Risk Management (Signature) [Signature] (Date) 7/20/15

Comments: _____

Legal Review (Signature) [Signature] (Date) 7/22/15

Comments: Add second paragraph in 5.1 for County to indemnify HD - Use same language & just switch names of parties

*Done
[Signature]
7/22/15*

CONTRACT SIGNED

District Health Officer _____ District Board of Health _____
Signature Date (If Applicable) Signature Date

DD	AH
AHSO	AH
DHO	AD
DA	NA
Finance	NA
Risk	NA
HR	NA
Purchasing	NA

Staff Report
Board Meeting Date: August 27, 2015

TO: District Board of Health
FROM: Patsy Buxton, Fiscal Compliance Officer
775-328-2418, pbuxton@washoecounty.us

SUBJECT: Approval of Notice of Subgrant Award from the 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.

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 Nevada Division of Public and Behavioral Health for the period July 1, 2015 through June 30, 2016 in the amount of \$258,633 in support of the Public Health Preparedness ASPR Grant Program. A copy of the Notice of Subgrant Award is attached.

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

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

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

PREVIOUS ACTION

There has been no previous action taken by the District Board of Health this fiscal year. The Board approved Subgrant from the Division of Public and Behavioral Health in the amount of \$255,322 for the budget period July 1, 2014 through June 30, 2015 in support of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program on August 28, 2015.

BACKGROUND

The Nevada Division of Public and Behavioral Health has awarded the Public Health Preparedness Program \$258,633 for the budget period July 1, 2015 through June 30, 2016. Funds will primarily be used to support personnel, travel, other professional services, and operating expenditures. Items include but are not limited to hydration and nutrition (water/juice/coffee and snacks/light lunch) budgeted at \$25 to be provided for participants in training exercises, meetings and other grant activities to ensure continuity of active participation; Incentives (non-cash value gift cards such as Walmart, Starbucks, etc.) budgeted at \$50 to be provided to preparedness training facilitators, etc. who volunteer their time training staff; incentives for meeting and training participants; and MRC program supplies to maintain operations of the MRC unit include signage, binders, certificates, hats, lapel pins, badges, go-bags, first-aid kits, etc.

FISCAL IMPACT

There is no additional fiscal impact should the Board accept the Notice of Subgrant Award. As the FY16 budget in Internal Order 10708 was adopted with \$258,633 in revenue (includes \$28,328 of indirect) and \$230,305 in expenditure authority no budget amendment is necessary.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve the 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.

POSSIBLE MOTION

Move to approve the 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.

**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 2) is for Budget Period 4, July 1, 2015 through June 30, 2016 and is broken down by capability, function and activity. The Detailed Work Plan contains the estimated funding, activity description, output documentation and estimated date of completion for each activity broken down by Capability.
- Achievements of Capability Objectives for this budget period are to be completed by June 30, 2016. Outcome of the funded Capabilities will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded capability requires substantial achievement and demonstration of completion as specified in the Detailed Work Plan of the funded functions and resource elements. If objectives are not met, Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state.
- 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 Final Progress Report (For the period of 7/1/15 – 6/30/16)
- Submit written Quarterly Match Sharing Report each year on or before:
 - November 15, 2015 1st Quarter (For the period of 7/1/15 - 9/30/15)
 - February 15, 2016 2nd Quarter (For the period of 10/1/15 – 12/31/15)
 - May 15, 2016 3rd Quarter (For the period of 1/1/16 – 3/31/16)
 - July 31, 2016 4th Quarter (For the period of 4/1/16 – 6/30/16)

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 5U90TP000534-04 from the Office of the Assistant Secretary for Preparedness and Response (ASPR). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor ASPR."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 5U90TP000534-04 from ASPR.

Subgrantee agrees to adhere to the following budget:

Category	Total cost	Detailed cost	Details of expected expenses
1. Personnel	\$ 213,605		
			Annual Salary % of Time
		\$ 7,995	R. Todd – Director of PHP (\$159,907 x 5% = \$7,995) \$159,907 5%
		\$ 22,627	J. Whitesides – PHP Manager (\$90,506 x 25% = \$22,627) \$90,506 25%
		\$ 15,174	J. Harris – Admin. Secretary (\$60,697 x 25% = \$15,174) \$60,697 25%
		\$ 59,269	A. Esp – Emergency Response Coordinator (\$62,388 x 95% = \$59,269) \$62,388 95%
		\$ 10,635	C. Argall – Health Educator II (\$53,175 x 20% = \$10,635) \$53,175 20%
		\$ 29,522	D. Gamble (\$59,043 x 50% = \$29,522) \$59,043 50%
		\$ 3,859	Vacant – Emergency Response Coordinator (\$77,176 x 5% = \$3,859) \$77,176 5%
		\$ 500	Overtime
		\$ 64,024	Fringe @ 42.95% (\$149,081 x 42.946% = \$64,024)
2. Travel	\$ 2,900		
		\$ 400	Mileage to attend local meetings, trainings, events. 695 miles x .575 = \$400
		\$ 2,500	Out of State Travel ASPR Conference (based on East Coast location) 1 staff x 4 days x 1 trip Registration = \$500 Airfare = \$550 Hotel = \$140 x 3 nights = \$420 Transportation = \$64 Airport Parking = \$10 x 4 days = \$40 Meals and Incidentals = \$46 x 4 days = \$184 Total = \$1,758 Two day Regional MRC Training 1 staff x 3 days x 1 trip Airfare = \$250 = \$250 Hotel = \$136.50 x 2 nights = \$273 Meals and Incidentals = \$200 Transportation = \$19 Total = \$742

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3. Supplies	\$ 1,744		
		\$ 1,000	General Office Supplies (\$83.33 x 12 months)
		\$ 744	Operating Supplies such as replacement parts
4. Equipment	\$ 0		
		\$	Itemize expenses allowed within this category
5. Contractual Consultant	\$ 945		
		\$ 379	Part-time clerical assistant
		\$ 566	Translation/Interpretation Services
6. Other	\$ 11,111		
		\$ 2,050	Telephones (\$170.83 x 12 months)
		\$ 150	Postage
		\$ 1,110	Copy Machine (\$92.5 x 12 months)
		\$ 500	Educational Supplies
		\$ 250	MRC Program Supplies
		\$ 243	Rental Space/Meeting Room
		\$ 25	Hydration/Nutrition for work events
		\$ 50	Incentives for events
		\$ 1,933	Printing
		\$ 4,500	WebEOC Annual Maintenance Fee
		\$ 150	Equipment Repair
		\$ 150	Minor Furniture and Equipment
7. Indirect	\$ 28,328		
		\$ 28,328	Indirect @ 12.3% (\$230,305 x 12.3% = \$28,328)
Total Cost	\$ 258,633		

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility (no more than a cumulative amount of \$25,863.30), within approved Scope of Work, unless otherwise authorized. Upon reaching the 10% funding adjustment threshold, additional adjustments between categories cannot be made without prior written approval from the Division. Changes to the Scope of Work cannot be made without prior approval from the Division and the federal funding agency. Redirect requests may not be submitted within 60 days of the close of the subgrant period.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per Diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred, summarizing the total amount and type of expenditures made during the reporting period.
- 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 June no later than July 31, 2016.
- The maximum available through the subgrant is \$258,633.00.

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- 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).
- 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.
- Subgrantee agrees to Match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Match for budget period will be \$25,863.30. This Match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Documentation of match, including methods and sources must be available upon request of Division. Subgrantee will sign attached Match Certification (Attachment 1).

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 from the Subgrantee.
- *"The program Contract Monitor or Program Manager shall, when federal funding requires a specific match, maintenance of effort (MOE), "in-kind", or earmarking (set-aside) of funds for a specific purpose, have the means necessary to identify that the match, MOE, "in-kind", or earmarking (set-aside) has been accomplished at the end of the grant year. If a specific vendor or sub-grantee has been identified in the grant application to achieve part or all of the match, MOE, "in-kind", or earmarking (set-aside), then this shall also be identified in the scope of work as a requirement and a deliverable, including a report of accomplishment at the end of each quarter to document that the match, MOE, "in-kind", or earmarking (set-aside) was achieved. These reports shall be held on file in the program for audit purposes, and shall be furnished as documentation for match, MOE, "in-kind", or earmarking (set-aside) reporting on the Financial Status Report (FSR) 90 days after the end of the grant period."*
- 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 bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Nevada State Division of Public and Behavioral Health that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the Nevada State 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

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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- 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
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SECTION D

**Department of Health and Human Services
Division of Public & Behavioral Health
Public Health Preparedness Program**

HD#: 14990
Budget Account: 3218-23
GL: 8516
Job #: 9388915
Draw #: _____

REQUEST FOR REIMBURSEMENT

Program Name: Public Health Preparedness Program Preparedness, Assurances, 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 June 30, 2016	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> DUNS#: <u>073786998</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	\$213,605.00	\$0.00	\$0.00	\$0.00	\$213,605.00	0.0%
2 Travel	\$2,900.00	\$0.00	\$0.00	\$0.00	\$2,900.00	0.0%
3 Supplies	\$1,744.00	\$0.00	\$0.00	\$0.00	\$1,744.00	0.0%
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$945.00	\$0.00	\$0.00	\$0.00	\$945.00	0.0%
6 Other	\$11,111.00	\$0.00	\$0.00	\$0.00	\$11,111.00	0.0%
7 Indirect	\$28,328.00	\$0.00	\$0.00	\$0.00	\$28,328.00	0.0%
Total	\$258,633.00	\$0.00	\$0.00	\$0.00	\$258,633.00	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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**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 @ \$0.575/mi	Lodging & Per Diem	AirFare & Misc	Purpose/ Description	Amount
TOTAL							
Supplies (Items under \$5,000 & consumed within 1 yr)		Description					Amount
		TOTAL					
Equipment (Items over \$5,000 or not consumed within 1 yr)		Description (attach invoice copies for all items)					Amount
		TOTAL					
Other		Description					Amount
		TOTAL					
Indirect		Description					Amount
		TOTAL					
TOTAL EXPENDITURES							

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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**Division Public & Behavioral Health : Public Health Preparedness
Assistant Secretary for Preparedness and Response: Hospital Preparedness Program
Budget Request and Justification Form
Washoe County Health District**

Contact Name: Jeff Whitesides

Phone Number: 775-326-6051

E-Mail Address: jwhitesides@washoecounty.gov

Applicant/Agency Name: WCHD

Total Agency Request: \$258,633.00

Insert your total monthly expenditure amount beside each function. If using an electronic copy, spreadsheet will calculate Current % Expended. Return this document along with your monthly reimbursement request. This will provide a tracking to expedite the mid- and end-of-year progress reporting.

**Please contact us if you have any questions.

Budget Summary

	(a)	(b)	(c)
	Budget	Current \$ Expended	Current % Expended
Monthly Expenditure:			
1. Healthcare System Preparedness	\$ 46,554.00		
F1: Develop, refine, or sustain Healthcare Coalitions	\$ 6,651.00	\$ -	0%
F2: Coordinate healthcare planning to prepare the healthcare system for a disaster	\$ 6,651.00	\$ -	0%
F3: Identify and prioritize essential healthcare assets and services	\$ 6,651.00	\$ -	0%
F4: Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps	\$ 6,651.00	\$ -	0%
F5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond	\$ 6,650.00	\$ -	0%
F6: Improve healthcare response capabilities through coordinated exercise and evaluation	\$ 6,650.00	\$ -	0%
F7: Coordinate with planning for at-risk individuals and those with special medical needs	\$ 6,650.00	\$ -	0%
2. Healthcare System Recovery:	\$ 25,863.00		
F1: Develop recovery processes for the healthcare delivery system	\$ 12,932.00	\$ -	0%
F2: Assist healthcare organizations to implement Continuity of Operations (COOP)	\$ 12,931.00	\$ -	0%
3. Emergency Operations Coordination:	\$ 20,691.00		
F1: Healthcare organization multi-agency representation and coordination with emergency operations	\$ 5,173.00	\$ -	0%
F2: Assess and notify stakeholders of healthcare delivery status	\$ 5,173.00	\$ -	0%
F3: Support healthcare response efforts through coordination of resources	\$ 5,173.00	\$ -	0%
F4: Demobilize and evaluate healthcare operations	\$ 5,172.00	\$ -	0%

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	(a)	(b)	(c)
Monthly Expenditure:	Budget	Current \$ Expended	Current % Expended
Budget Summary -- Page 2			
5. Fatality Management:	\$ 18,104.00		
F1: Coordinate surges of deaths and human remains at healthca organizations with community fatality management operations	\$ -	\$ -	0%
F2: Coordinate surges of concerned citizens with community agencies responsible for family assistance	\$ 18,104.00	\$ -	0%
F3: Mental/behavioral support at the healthcare organization le	\$ -	\$ -	0%
6. Information Sharing:	\$ 12,932.00		
F1: Provide healthcare situational awareness that contributes to the incident common operating picture.	\$ 12,932.00	\$ -	0%
F2: Develop, refine, and sustain redudant, interaperable communication systems	\$ -	\$ -	0%
10. Medical Surge:	\$ 49,140.00		
F1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge	\$ 9,828.00	\$ -	0%
F2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services	\$ 9,828.00	\$ -	0%
F3: Assist healthcare organizations with surge capacity and capability	\$ 9,828.00	\$ -	0%
F4: Develop Crisis Standards of Care guidance	\$ 9,828.00	\$ -	0%
F5: Provide assistance to healthcare organizations regarding evacuation and shelter in place operations	\$ 9,828.00	\$ -	0%
14. Responder Safety and Health	\$ 18,104.00		
F1: Assist healthcare organizations with additional pharmaceutical protection for healthcare workers	\$ 18,104.00	\$ -	0%
F2: Provide assistance to healthcare organizations with access to additional Personal Protective Equipment.	\$ -	\$ -	0%
15. Volunteer Management:	\$ 67,245.00		
F1: Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations	\$ 16,812.00	\$ -	0%
F2: Volunteer notification for healthcare response needs	\$ 16,811.00	\$ -	0%
F3: Organization and assignment of volunteers	\$ 16,811.00	\$ -	0%
F4: Volunteer notification for healthcare response needs	\$ 16,811.00	\$ -	0%
	\$ 258,633.00	\$ -	

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: 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
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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,

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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**

Phone: (775) 684-5975

Fax: (775) 684-4211

Business Name

Business Address

Business City, State and Zip Code

Business Phone Number

Business Fax Number

Authorized Signature

for Marta E. Jensen

Print Name

Acting Administrator,
Division of Public and Behavioral Health

Title

Date

Authorized Signature

Print Name

Title

Date

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ATTACHMENT 1

Match Certification

Date: _____

External Funding Source: Office of the Assistant Secretary for Preparedness and Response (ASPR) – Hospital Preparedness Program

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

Funding Recipient: Washoe County Health District

Project Title: HPP and PHEP Cooperative Agreement

Project Grant #: 5U90TP000534-04

Duration: From: July 1, 2015 To: June 30, 2016

Total cost sharing/matching cost contribution: \$25,863.30 / Percentage: 10%

Source of cost sharing/matching cost contribution:

Name: _____

Account # (if applicable): _____

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

Washoe County Health District
Name and Title
(Funding Recipient) Signature Date

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ATTACHMENT 2

**Washoe County Health District
ASPR Hospital Preparedness Program (BP4) Sub-grant
Detailed Work Plan
July 1, 2015 through June 30, 2016 (BP4)**

Instructions: Please describe your planned activities below by Function and the estimated fund needed to complete the activities. With each planned activity you must include the planned Output Documentation which will be used as proof of completion and the estimated date of completion. All planned activities must be completed by no later than 6/30/2016.

HPP CAPABILITY # 1: HEALTHCARE SYSTEM PREPAREDNESS	<u>\$46,554</u>
<input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	
Goal(s): 1. Washoe County Health District (WCHD) will increase healthcare system preparedness through the coordination with emergency management, public health, mental/behavioral health providers, community and faith-based partners, state and local and territorial governments.	
Output(s): 1) Completed local Jurisdictional Risk Assessment (JRA) 2) 4 Hazard Vulnerability Assessments (HVAs) 3) Inter-Hospital Coordinating Council (IHCC) Strategic Plan 4) Increase in IHCC membership by 2 5) Increase in Regional Healthcare Emergency Preparedness Committee (RHFEP) membership by 2 6) # of trained individuals/organizations – Hospital Command Center (HCC) and Regional Emergency Operations Center (REOC) 7) After-Action Report/ Improvement Plan (AAR/IP) of evacuation exercise 8) AAR/IP of Master Mutual Aid Agreement (MAA) exercise 9) Identification of private caches and # of Memoranda of Understandings (MOUs) 10) AAR/IP from regional exercise on healthcare response 11) # of people/organizations trained – Homeland Security Exercise and Evaluation Program (HSEEP) exercise kit 12) Draft booklet (or similar tool) for first responders when responding to the Access and Functional Needs (AFN) population. 13) Development of protocols for the transfer of AFN patients. 14) Draft Mass Shelter Plan for AFN populations. 15) Increase in IHCC Healthcare Coalition Developmental Assessment (HCCDA) Factors overall score	
Objective(s): 1.1 By June 30, 2016, WCHD will collect HVAs (4) from appropriate healthcare partners to participate in JRA meetings.	

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Check ALL Functions that apply

- Function #1: Develop, refine, or sustain Healthcare Coalitions
- Function #2: Coordinate healthcare planning to prepare the healthcare system for a disaster
- Function #3: Identify and prioritize essential healthcare assets and services
- Function #4: Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps
- Function #5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond
- Function #6: Improve healthcare response capabilities through coordinated exercise and evaluation
- Function #7: Coordinate with planning for at-risk individuals and those with special medical needs.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.1.1 WCHD in collaboration with IHCC will collect appropriate HVAs from healthcare partners.	HAVs	Q2
1.1.2 WCHD will engage in the Jurisdictional Risk Assessment per the State timeline.	Sign-in Sheets	Q4
1.1.3 WCHD will participate in the JRA training provided by the State and vendor.	Sign-in Sheets	Q4
1.1.4 WCHD will engage appropriate stakeholders to ensure the essential stakeholders are the County JRA meeting.	Sign-in Sheets and Completed JRA template	Q4

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Objective(s):

1.2 Throughout BP4, WCHD will continue to work with the IHCC and RHFEPCC to ensure there is a strong emergency response system to provide effective management for surges of patients.

Check ALL Functions that apply

- Function #1: Develop, refine, or sustain Healthcare Coalitions**
- Function #2: Coordinate healthcare planning to prepare the healthcare system for a disaster**
- Function #3: Identify and prioritize essential healthcare assets and services**
- Function #4: Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps**
- Function #5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond**
- Function #6: Improve healthcare response capabilities through coordinated exercise and evaluation**
- Function #7: Coordinate with planning for at-risk individuals and those with special medical needs.**

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.2.1 WCHD will attend and provide administrative support at the monthly IHCC.	Monthly meeting agenda and minutes (12 total meetings)	Q4
1.2.2 WCHD will provide annual training on HCC and REOC Interface.	Sign-in sheets	Q3
1.2.3 WCHD will attend and provide administrative support at the quarterly RHFEPCC.	Monthly meeting agenda and minutes (4 total meetings)	Q4
1.2.4 WCHD will provide resources on emergency preparedness as it relates to long-term care for the RHFEPCC to increase preparedness among long-term care facilities and will continue to meet with facilities individually to better understand their needs.	Materials provided, number of facilities visited	Q4

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Objective(s): 1.3 By March 2016, WCHD will provide guidance to IHCC in the development of the healthcare coalition’s Strategic Plan.		
Check ALL Functions that apply <input checked="" type="checkbox"/> Function #1: Develop, refine, or sustain Healthcare Coalitions <input type="checkbox"/> Function #2: Coordinate healthcare planning to prepare the healthcare system for a disaster <input type="checkbox"/> Function #3: Identify and prioritize essential healthcare assets and services <input type="checkbox"/> Function #4: Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps <input type="checkbox"/> Function #5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond <input type="checkbox"/> Function #6: Improve healthcare response capabilities through coordinated exercise and evaluation <input type="checkbox"/> Function #7: Coordinate with planning for at-risk individuals and those with special medical needs.		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.3.1 WCHD will work with IHCC Chair to develop a Strategic Plan for the Coalition.	meeting minutes, strategic plan	Q2
1.3.2 WCHD and IHCC will review following HCCDA Factors and build the plan to increase the capability into the Strategic plan and implement the plan through BP4. #4 - The HCC has a formalized process for resources and information management with its membership. #11 - The HCC has an incident management structure to coordinate actions to achieve incident objectives during response. #13 - The HCC demonstrates an ability to identify the needs of at-risk individuals (e.g., electrically dependent home-bound patients, chronically ill) during response. #16 - The HCC utilizes an operational framework and set of indicators to transition from crisis standards of care, to contingency, and ultimately back to conventional standards of care. #17 - The HCC incorporates post-incident health services recovery into planning and response.	HCCDA Factors Score Sheet, meeting minutes	Q4

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Objective(s): 1.4 By December 2015, WCHD will have collaborated with Skilled Nursing/ Assisted Nursing Facilities to execute one shelter-in place and evacuation exercise.		
Check ALL Functions that apply		
<input type="checkbox"/> Function #1: Develop, refine, or sustain Healthcare Coalitions <input checked="" type="checkbox"/> Function #2: Coordinate healthcare planning to prepare the healthcare system for a disaster <input type="checkbox"/> Function #3: Identify and prioritize essential healthcare assets and services <input type="checkbox"/> Function #4: Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps <input type="checkbox"/> Function #5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond <input type="checkbox"/> Function #6: Improve healthcare response capabilities through coordinated exercise and evaluation <input type="checkbox"/> Function #7: Coordinate with planning for at-risk individuals and those with special medical needs.		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.4.1 Washoe County Health District will facilitate an evacuation exercise with Skilled Nursing/ Assisted Living Facilities.	AAR/IP and Sign-sheets	Q2

Objective(s): 1.5 By June 2016, WCHD in collaboration with Nevada Hospital Association (NHA) will exercise the Master MAA in Northern Nevada.		
Check ALL Functions that apply		
<input type="checkbox"/> Function #1: Develop, refine, or sustain Healthcare Coalitions <input type="checkbox"/> Function #2: Coordinate healthcare planning to prepare the healthcare system for a disaster <input checked="" type="checkbox"/> Function #3: Identify and prioritize essential healthcare assets and services <input type="checkbox"/> Function #4: Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps <input type="checkbox"/> Function #5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond <input type="checkbox"/> Function #6: Improve healthcare response capabilities through coordinated exercise and evaluation <input type="checkbox"/> Function #7: Coordinate with planning for at-risk individuals and those with special medical needs.		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.5.1 Washoe County will participate with IHCC Hospitals in an exercise led by NHA to increase knowledge and awareness of the Master MAA. Items to be discussed in the process of developing the exercise: <ul style="list-style-type: none"> • Process to coordinate with healthcare organizations to assist with the movement of patients to alternate locations to receive critical medical treatment or evaluation • Process to assist healthcare organizations with the decompression of critical beds • Process of assist health organizations with the provisions of special services/teams to support patient care and treatment 	AAR/IP and Sign-sheets	Q4

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Objective(s):

1.6 By December 2015, WCHD will collaborate with regional hospitals systems and private organizations to develop a list of private caches of essential assets in the region.

Check ALL Functions that apply

- Function #1: Develop, refine, or sustain Healthcare Coalitions
- Function #2: Coordinate healthcare planning to prepare the healthcare system for a disaster
- Function #3: Identify and prioritize essential healthcare assets and services
- Function #4: Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps
- Function #5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond
- Function #6: Improve healthcare response capabilities through coordinated exercise and evaluation
- Function #7: Coordinate with planning for at-risk individuals and those with special medical needs.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.6.1 WCHD will collaborate with community partners to identify private caches after the identification of essential assets have been determined in the Washoe County and Carson City County areas.	List of private caches	Q2
1.6.2 WCHD will provide annual training to healthcare organizations on the Statewide Healthcare Requesting Procedures.	Sign-in sheets	Q1
1.6.3 WCHD will work with IHCC Hospitals to identify the over allocation of resources through duplication of MOUs between IHCC Hospitals.	Sign-in sheets, list of MOUs	Q4

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Objective(s):

1.7 Throughout BP4, WCHD, in collaboration between the Public Health Preparedness (PHP) and EMS Program, will provide one new training a year as requested through the Washoe County EMS Advisory Board.

Check ALL Functions that apply

- Function #1: Develop, refine, or sustain Healthcare Coalitions
- Function #2: Coordinate healthcare planning to prepare the healthcare system for a disaster
- Function #3: Identify and prioritize essential healthcare assets and services
- Function #4: Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps
- Function #5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond
- Function #6: Improve healthcare response capabilities through coordinated exercise and evaluation
- Function #7: Coordinate with planning for at-risk individuals and those with special medical needs.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.7.1 If request, WCHD will provide a least one new training year, as identified by the healthcare partners.	Sign-in sheets, training materials	Q4
1.7.2 WCHD will promote NIMS and appropriate FEMA trainings among IHCC Healthcare Partners.	IHCC meeting minutes	Q4

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Objective(s): 1.8 WCHD will participate in one community-wide exercise testing healthcare response capabilities by June 2016.		
Check ALL Functions that apply <input type="checkbox"/> Function #1: Develop, refine, or sustain Healthcare Coalitions <input type="checkbox"/> Function #2: Coordinate healthcare planning to prepare the healthcare system for a disaster <input type="checkbox"/> Function #3: Identify and prioritize essential healthcare assets and services <input type="checkbox"/> Function #4: Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps <input type="checkbox"/> Function #5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond <input checked="" type="checkbox"/> Function #6: Improve healthcare response capabilities through coordinated exercise and evaluation <input type="checkbox"/> Function #7: Coordinate with planning for at-risk individuals and those with special medical needs.		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.8.1 WCHD will participate in the annual regional Training and Exercise Planning Workshop (TEPW).	TEPW for WCHD	Q1
1.8.2 WCHD will provide training on the HSEEP exercise kit.	Training materials	Q4
1.8.3 WCHD will participate as a planning team member during one regional exercise where healthcare response capabilities are tested.	Exercise materials	Q4
1.8.4 WCHD will encourage IHCC healthcare partners to address gaps in capabilities from the regional exercise.	AARs/IPs	Q4

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Objective(s):
 1.9 WCHD will work with Carson City Health and Human Services (CCHHS) to continue to build Northern Nevada Access and Functional Needs (NNAFN) Workgroup and expand the workgroup membership throughout BP4.
 1.10 WCHD will update protocols for the transfer of AFN patients between mass care and healthcare setting during a disaster by June 2016.

Check ALL Functions that apply

- Function #1: Develop, refine, or sustain Healthcare Coalitions
- Function #2: Coordinate healthcare planning to prepare the healthcare system for a disaster
- Function #3: Identify and prioritize essential healthcare assets and services
- Function #4: Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps
- Function #5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond
- Function #6: Improve healthcare response capabilities through coordinated exercise and evaluation
- Function #7: Coordinate with planning for at-risk individuals and those with special medical needs.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.9.1 WCHD in partnership with CCHHS will provide administrative support to the NNAFN Workgroup.	6 agendas, meeting notes	Q4
1.9.2 WCHD in collaboration with CCHHS and the NNAFN Workgroup will finish the resource for responders and provide training to first responders.	First responder resource for AFN populations	Q4
1.10.1 WCHD will collaborate with High Sierra Industries and American Red Cross to develop a draft mass shelter plan for those with AFN.	Draft plan, Meetings notes	Q3
1.10.2 WCHD (PHP and EMS) will collaborate to update the protocols for the transfer of AFN patients between mass care and healthcare settings during a disaster.	Updated protocols	Q4

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HPP CAPABILITY # 2 : HEALTHCARE SYSTEM RECOVERY

\$25,863

Build Sustain Scale Back No Planned Activity

Goal(s):

2. WCHD will increase healthcare system recovery to develop efficient processes and advocate for the rebuilding of public health, medical and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels.

Output(s):

- 1) AAR/IPP for alternative care site
- 2) # of individuals/organizations trained on Healthcare Requesting Procedures
- 3) Two long-term care facility Continuity of Operation Plans (COOPs)
- 4) AAR/IP of long-term care facility COOP

Objective(s):

2.1 By December 2015, WCHD in collaboration with long-term care facilities will exercise the Alternative Care Site Plan.

Check ALL that apply

- Function #1: Develop recovery processes for the healthcare delivery system
- Function #2: Assist healthcare organizations to implement Continuity of Operations (COOP)

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
2.1.1 WCHD will facilitate an exercise of alternative care site plan exercise between two long-term care facilities to increase awareness of alternative care site plans of long-term care facilities.	AAR/IPP, sign-in sheets, exercise materials	Q2
2.1.2 WCHD will provide annual training to healthcare organizations on the Statewide Healthcare Requesting Procedures to long-term facilities to increase awareness and knowledge of the Statewide Healthcare Requesting Procedures.	Sign-in sheets	Q2

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Objective(s):

2.2 By December 2015, WCHD will collaborate with two long-term care facilities to develop or update their COOPs.

2.3 By June 2016, WCHD in collaboration with two long-term care facilities will exercise their COOPs.

Check ALL that apply

Function #1: Develop recovery processes for the healthcare delivery system

Function #2: Assist healthcare organizations to implement Continuity of Operations (COOP)

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
2.2.1 WCHD in collaboration with CCHHS and NHA will identify the healthcare organizations within the healthcare coalitions that have identified essential services.	List of healthcare organizations	Q2
2.2.2 WCHD in collaboration with CCHHS and NHA will identify develop a collective list of healthcare essential services for the region.	List of healthcare essential services	Q4
2.2.3 WCHD will collaborate with two long-term care facilities to develop or update their COOPs.	Two long-term care facilities' COOPs	Q4
2.3.1 WCHD in collaboration with two long-term care facilities will exercise their COOPs.	sign-in sheets, AAR/IP	Q4

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HPP CAPABILITY # 3 : EMERGENCY OPERATIONS COORDINATION		<u>\$20,691</u>
<input type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Goal(s): 3. WCHD will increase Emergency Operations Coordination regarding healthcare through its ability for healthcare organizations to engage with incident management at the Emergency Operations Center or with on-scene incident management during an incident to coordinate information and resource allocation for affected healthcare organizations.		
Output(s): 1) 1 additional backup for the Medical Unit Leader 2) # of individuals/organization trained on HCC and Regional Operations Center (REOC) interface 3) # of individuals/organizations trained on Healthcare Requesting Procedures 4) Tracking mechanism of resources 5) AAR/IP for Master MAA 6) # of individuals/organizations HSEEP trained on exercise kit		
Objective(s): 3.1 By September 2016, WCHD will train one additional staff member to be the Medical Unit Leader.		
Check ALL that apply <input checked="" type="checkbox"/> Function #1: Healthcare organization multi-agency representation and coordination with emergency operations. <input type="checkbox"/> Function #2: Assess and notify stakeholders of healthcare delivery status. <input type="checkbox"/> Function #3: Support healthcare response efforts through coordination of resources. <input type="checkbox"/> Function #4: Demobilize and evaluate healthcare operations.		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
3.1.1 WCHD (PHP and EMS) will train the Medical Unit Leader backup.	training materials, training date(s)	Q1

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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Objective(s): Written by Subgrantee		
3.2 By April 2016, WCHD will conduct annual training to continue to train on the HCC and the REOC interface.		
Check ALL that apply		
<input type="checkbox"/> Function #1: Healthcare organization multi-agency representation and coordination with emergency operations. <input checked="" type="checkbox"/> Function #2: Assess and notify stakeholders of healthcare delivery status. <input type="checkbox"/> Function #3: Support healthcare response efforts through coordination of resources. <input type="checkbox"/> Function #4: Demobilize and evaluate healthcare operations.		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
3.2.1 WCHD will provide annual training on HCC and REOC Interface.	Sign-in sheets	Q3
3.2.2 WCHD will provide annual training on WebEOC for IHCC Hospitals.	Sign-in sheets	Q3

Objective(s):		
3.3 By April 2015, WCHD will provide annual training to healthcare organizations on the Statewide Healthcare Requesting Procedures.		
Check ALL that apply		
<input type="checkbox"/> Function #1: Healthcare organization multi-agency representation and coordination with emergency operations. <input type="checkbox"/> Function #2: Assess and notify stakeholders of healthcare delivery status. <input checked="" type="checkbox"/> Function #3: Support healthcare response efforts through coordination of resources. <input type="checkbox"/> Function #4: Demobilize and evaluate healthcare operations.		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
3.3.1 WCHD will provide annual training to healthcare organizations on the Statewide Health Requesting Procedures.	Sign-in sheets	Q1
3.3.2 WCHD will provide training on AB 90 if approved during legislative session.	Sign-in sheets	Q1
3.3.3 WCHD in collaboration with CCHHS and NHA will develop a mechanism to process, track, record and effectively inventory available resources for healthcare organizations during an emergency, not declared by the county utilizing an already existing system.	Tracking mechanism	Q3

Objective(s):
3.4 By June 2016, WCHD in collaboration NHA will exercise the Master MAA focusing on demobilization.

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Check ALL that apply

- Function #1:** Healthcare organization multi-agency representation and coordination with emergency operations.
- Function #2:** Assess and notify stakeholders of healthcare delivery status.
- Function #3:** Support healthcare response efforts through coordination of resources.
- Function #4:** Demobilize and evaluate healthcare operations.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
3.4.1 WCHD in collaboration with NHA will exercise the Master MAA focusing on demobilization.	AAR/IP	Q4
3.4.2 WCHD will work with healthcare partners of IHCC and RHFEP to identify exercises and offer guidance on the development of AARs.	AARs	Q3
3.4.3 WCHD will coordinate HSEEP training for healthcare partners.	Training materials, sign-in sheets	Q4

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HPP CAPABILITY # 5 : FATALITY MANAGEMENT		<u>\$18,104</u>
<input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input checked="" type="checkbox"/> No Planned Activity		
Goal(s): 1. WCHD will improve the ability to coordinate with organizations to ensure the proper recovery, handling, identification, transportation, tracking, storage and disposal of human remains and personal effects and facilitate access to mental/behavioral health services for family members, responders, and survivors of an incident.		
Output(s): 1) # of individuals/organizations trained on HCC and REOC interface 2) # of individuals/organizations trained on WebEOC patient tracking board.		
Objective(s): 5.1 By March 2016, WCHD will provide training on the interface between HCC and REOC.		
Check ALL that apply <input type="checkbox"/> Function #1: Coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations. <input checked="" type="checkbox"/> Function #2: Coordinate surges of concerned citizens with community agencies responsible for family assistance. <input type="checkbox"/> Function #3: Mental/behavioral support at the healthcare organization level.		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
5.1.1 WCHD will conduct annual training on the HCC and REOC interface for emergency response.	Training sign-in sheets	Q3
5.1.2 WCHD will conduct WebEOC training for regional hospitals, which will include patient tracking board.	Training sign-in sheets	Q3

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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HPP CAPABILITY # 6: INFORMATION SHARING	<u>\$12,932</u>
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Build Sustain Scale Back No Planned Activity

Goal(s):

6. WCHD will improve information sharing through the ability to conduct multijurisdictional, multijurisdictional exchange of public health and medical related information and situational awareness between the healthcare system and local, state, Federal, tribal and territorial levels of government and the private sector.

Output(s):

- 1) # of individuals/organizations trained on HCC and REOC interface
- 2) # of individuals/organizations trained on WebEOC patient training board.

Objective(s): Written by Subgrantee

6.1 By March 2016, WCHD will provide training on the interface between HCC and REOC.

Check ALL that apply

- Function #1: Provide healthcare situational awareness that contributes to the incident common operating picture.**
- Function #2: Develop, refine, and sustain redundant, interoperable communication systems.**

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
6.1.1 WCHD will conduct annual training on the HCC and REOC interface for emergency response.	Training sign-in sheets	Q3
6.1.2 WCHD will conduct WebEOC training for regional hospitals, which will include patient tracking board.	Training sign-in sheets	Q3

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HPP CAPABILITY # 10 : MEDICAL SURGE		<u>\$49,140</u>
<input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Goal(s): 10. WCHD will improve medical surge capability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community.		
Output(s): 1) Draft guidance on Crisis Standards of Care (CSC) 2) Updated Statewide Medical Surge Plan 3) Updated Mass Causality Incident Plan 4) # of individuals/organizations trained on HCC and REOC interface and WebEOC 5) # of individuals/organizations trained on Statewide Healthcare Requesting Procedures 6) Updated Alternate Care Site Plan		
Objective(s): 10.1 Throughout BP4, WCHD will collaborate with NHA and the Nevada Division of Public and Behavioral Health (NDPBH) to revise the Statewide Medical Surge Plan.		
Check ALL that apply <input type="checkbox"/> Function #1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge. <input type="checkbox"/> Function #2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations. <input checked="" type="checkbox"/> Function #3: Assist healthcare organizations with surge capacity and capability. <input type="checkbox"/> Function #4: Develop Crisis Standards of Care Guidance. <input type="checkbox"/> Function #5: Provide assistance to healthcare organizations regarding evacuation and shelter in place operations.		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
10.1.1 WCHD will review the current Statewide Medical Surge Plan and formulate suggestions for the plan.	List of suggestions	Q1
10.1.2 WCHD will participate in Statewide Medical Surge Plan revision meetings as appropriate and as time allows.	Meeting agenda and minutes	Q4

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Objective(s): 10.2 Throughout BP3, WCHD will provide training on the interface between HCC and REOC interface.		
Check ALL that apply		
<input checked="" type="checkbox"/> Function #1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge. <input type="checkbox"/> Function #2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations. <input type="checkbox"/> Function #3: Assist healthcare organizations with surge capacity and capability. <input type="checkbox"/> Function #4: Develop Crisis Standards of Care Guidance. <input type="checkbox"/> Function #5: Provide assistance to healthcare organizations regarding evacuation and shelter in place operations.		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
10.2.1 WCHD will conduct annual training on the HCC and REOC interface for emergency response.	Training sign-in sheets	Q3
10.2.2 WCHD will conduct annual training on the Statewide Healthcare Requesting Procedures.	Training sign-in sheets	Q1
10.2.3 WCHD will conduct annual WebEOC training for the regional hospitals, to include patient tracking board and the evacuation board.	Training sign-in sheets	Q3

Objective(s): 10.3 By June 2016, WCHD in collaboration with Washoe County EMS Program will update the Mass Causality Incident Plan.		
Check ALL that apply		
<input type="checkbox"/> Function #1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge. <input checked="" type="checkbox"/> Function #2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations. <input type="checkbox"/> Function #3: Assist healthcare organizations with surge capacity and capability. <input type="checkbox"/> Function #4: Develop Crisis Standards of Care Guidance. <input type="checkbox"/> Function #5: Provide assistance to healthcare organizations regarding evacuation and shelter in place operations.		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
10.3.1 WCHD will identify the components of the Mass Causality Plan that need to be revised and identify appropriate partners to participate in the revision of the plan.	Identified areas to be revised	Q2
10.3.2 WCHD will update the Mass Causality Incident Plan.	Revised Mass Causality Incident Plan	Q4

Objective(s):

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10.4 Throughout BP4, WCHD will collaborate with the NDPBH during the development of CSC Guidance.		
<p>Check ALL that apply</p> <input type="checkbox"/> Function #1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge. <input type="checkbox"/> Function #2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations. <input type="checkbox"/> Function #3: Assist healthcare organizations with surge capacity and capability. <input checked="" type="checkbox"/> Function #4: Develop Crisis Standards of Care Guidance. <input type="checkbox"/> Function #5: Provide assistance to healthcare organizations regarding evacuation and shelter in place operations.		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
10.4.1 WCHD will participate on the planning team for the CSC Guidance.	Meeting agenda and notes	Q4
10.4.1 WCHD will identify the appropriate partners at the county level to be involved in the CSC process. Once appropriate partners are identified, partnerships will be strengthened where needed to ensure buy-in in the planning process.	List of appropriate partners	Q4

<p>Objective(s): 10.5 By June 2016, WCHD will have updated the Alternate Care Site Plan.</p>		
<p>Check ALL that apply</p> <input type="checkbox"/> Function #1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge. <input type="checkbox"/> Function #2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations. <input type="checkbox"/> Function #3: Assist healthcare organizations with surge capacity and capability. <input type="checkbox"/> Function #4: Develop Crisis Standards of Care Guidance. <input checked="" type="checkbox"/> Function #5: Provide assistance to healthcare organizations regarding evacuation and shelter in place operations.		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
10.5.1 WCHD will collaborate with long-term care facilities through the RHFEPC to determine the revisions needed to the Alternate Care Site Plan.	Meeting notes	Q2
10.5.2 WCHD will collaborate with long-term care facilities to update the Alternate Care Site Plan, focusing specifically on skilled nursing and assisted living facilities.	Updated Plan	Q4

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HPP CAPABILITY # 14 : RESPONDER SAFETY AND HEALTH		<u>\$18,104</u>
<input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Goal: 14. To protect the safety and health of healthcare workers from a variety of hazards during emergencies and disasters.		
Output(s): 1. Finalized Private POD Plans for all (5) Private POD healthcare partners. 2. List of pharmaceutical caches available to healthcare organizations in Washoe County. 3. List of PPE available to healthcare organizations in Washoe County. 4. Hazard Mitigation Plan (through participation on County Emergency Management Committee)		
Objective(s): Written by Subgrantee 14.1 PHP staff will finalize all five Healthcare Partner Private POD Plans for current Private POD partners.		
Check ALL that apply <input checked="" type="checkbox"/> Function #1: Assist healthcare organizations with additional pharmaceutical protection for healthcare workers. <input type="checkbox"/> Function #2: Provide assistance to healthcare organizations with access to additional Personal Protective Equipment (PPE) for healthcare workers during response.		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
14.1.1 Meet with Healthcare Private POD Partners to identify gaps in their Private POD Plans (this activity began in BP3 and will continue in BP4).	Meeting notes	Q1
14.1.2 Complete Private POD Plan writing so all five, current healthcare partners have a finalized Private POD Plan.	Completed Plan	Q1

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Objective(s): Written by Subgrantee

14.2 Identify pharmaceutical caches available to healthcare workers in the event of an exposure incident.

Check ALL that apply

- Function #1: Assist healthcare organizations with additional pharmaceutical protection for healthcare workers.
 Function #2: Provide assistance to healthcare organizations with access to additional Personal Protective Equipment (PPE) for healthcare workers during response.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
14.2.1 Research pharmaceutical caches available to healthcare workers in the event of an exposure incident.	List of pharmaceutical caches	Q4
14.2.2 Develop an Operational Plan for each pharmaceutical cache to include, at a minimum: location of cache; emergency contact information for personnel with access to cache; processes for timely access to cache; procedures for agreements for distribution; coordination with emergency management, private transport agencies; security agencies and/or public safety; and maintenance and rotation schedules	Operational Plan	Q4

Objective(s): Written by Subgrantee

14.3 Identify PPE available to healthcare workers in the event of an exposure incident.

Check ALL that apply

- Function #1: Assist healthcare organizations with additional pharmaceutical protection for healthcare workers.
 Function #2: Provide assistance to healthcare organizations with access to additional Personal Protective Equipment (PPE) for healthcare workers during response.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
14.3.1 Research PPE available to healthcare workers in the event of an exposure incident.	List of pharmaceutical caches	Q3
14.3.2 Develop an inventory of PPE available to healthcare workers in the event of an exposure incident to include, at a minimum: item, number of available items, location of items, expiration date, contact information to obtain items	Inventory of PPE	Q3

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Objective(s): Written by Subgrantee

14.4 Assist in the development of the County Multi-Hazard Mitigation Plan as it relates to infectious disease.

Check ALL that apply

- Function #1:** Assist healthcare organizations with additional pharmaceutical protection for healthcare workers.
- Function #2:** Provide assistance to healthcare organizations with access to additional Personal Protective Equipment (PPE) for healthcare workers during response.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
14.4.1 Attend Hazard Mitigation Committee meetings.	Sign in sheets/meeting notes	Q2
14.4.2 Provide relevant infectious disease hazard profile information as it relates to both manmade and natural threats.	Written reports and presentations	Q2
14.4.3 Utilize the information in the Hazard Mitigation Plan for purposes of determining medication and PPE needs for healthcare workers.	List of pharmaceutical caches and inventory of PPE matched up to threats identified in the Hazard Mitigation Plan	Q4

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HPP CAPABILITY # 15 : VOLUNTEER MANAGEMENT

\$67,245

Build Sustain Scale Back No Planned Activity

Goal(s):

- 15.1. The SERV-NV Program, Nevada’s Emergency System for Advance Registration of Volunteer Healthcare Professional (ESAR-VHP) Registry program, which Washoe County will be utilized for the registration of individuals interesting in becoming an MRC volunteer.
- 15.2. Ensure that hospitals and healthcare facilities have procedures in place to contact the MRC program to utilize volunteers when needed in an emergency or other events.
- 15.3. Have MRC Volunteers work in a hospital or healthcare facility prior to an incident to allow them to assess their abilities. This will also let both parties to become familiar with each other in advance of an emergency or incident.
- 15.4. Ensure the safe demobilization of MRC volunteers.

Output(s):

- 1.1 Additional number of volunteers that register through the SERV-NV program and select Washoe County MRC program.
- 2.1 The number of hospitals and healthcare facilities that enter into an agreement e.g. an MOU with the MRC program prior to needing the services of volunteers.
- 3.1 The number of hospitals and healthcare facilities that will let MRC members volunteer in their facility.
- 4.1 MRC Volunteers’ demobilization information in the Volunteer Management Plan and the MRC SOP.

Objective(s):

- 1.1 By June 30, 2016, Washoe County will quantify how many MRC applications were completed through ESAR-VHP.
- 2.1 By June 30, 2016, Washoe County MRC program will provide information to the IHCC members to encourage those local hospitals and healthcare facilities to utilize MRC services. The objective is to garner their interest in entering into an MOU with the MRC.
- 3.1 By June 30, 2016, Washoe County MRC program will identify volunteering opportunities at local Northern Nevada hospitals and/or healthcare facilities.
- 4.1 Ensure that MRC Volunteers are knowledgeable about the demobilization process after participating in an incident or emergency.

Check ALL that apply

- Function #1: Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations.
- Function #2: Volunteer notification for healthcare response needs.
- Function #3: Organization and assignment of volunteers.
- Function #4: Coordinate the demobilization of volunteers.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.1 Washoe County will use various media outlets and community events to recruit new volunteers.	The number of registrations that occur for WC MRC	Q4
2.1 MRC coordinator will attend IHCC meetings and visit facilities to try to obtain MOUs with hospitals and healthcare facilities.	The number of hospitals and healthcare facilities that enter into MOU with the MRC program.	Q4

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3.1 MRC coordinator will identify volunteering opportunities in local Northern Nevada hospitals or healthcare facilities through IHCC and by visiting facilities.	The number of hospitals and healthcare facilities that will let MRC members volunteer in their facility.	Q4
4.1 MRC volunteers will be provided demobilization procedures as outlined in the MRC Standard Operating Procedures (SOP) and VMP during orientation and upon arriving to an incident or emergency.	The demobilization procedure as outlined in the MRC Standard Operating Procedures (SOP) and VMP.	Q4
Objective(s): 2.2 Review and revise if needed MRC volunteers' correct "call down" procedures by conducting a "call down" exercise. 3.2 Prior to an incident or event, have MRC volunteers participate in trainings that may be useful in healthcare/hospitals facilities or for emergencies.		
Check ALL that apply <input type="checkbox"/> Function #1: Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations. <input checked="" type="checkbox"/> Function #2: Volunteer notification for healthcare response needs. <input checked="" type="checkbox"/> Function #3: Organization and assignment of volunteers. <input type="checkbox"/> Function #4: Coordinate the demobilization of volunteers.		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
2.2 Ensure that that the current MRC call down procedure adequately supports mobilization (by needed health profession).	Emails and /or phone logs of MRC volunteers that participated in the call-down exercise.	Q4
3.2 Training opportunities for MRC volunteers will be made available in CPR, First Aid, Psychological Fist Aid and other topics to be identified.	Certificates of completion by MRC Volunteers and/or attendance sheets.	Q4

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

Staff Report
Board Meeting Date: August 27, 2015

TO: District Board of Health

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

SUBJECT: Appointment of Gerald Lee Squire, Jr. to the Air Pollution Control Hearing Board (APCHB) for a 3-year term beginning August 27, 2015, and ending August 26, 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 appoint Mr. Gerald Lee Squire, Jr. for a 3-year term. This appointment will fill the seat vacated by Mr. Jon Green on May 24, 2015.

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

PREVIOUS ACTION

At the Board meeting on May 28, 2015, staff reported a vacancy on the APCHB as a result of Mr. Green’s term ending and his request to not be reappointed. Mr. Green has served on the APCHB since his initial appointment on July 24, 2003. The Board accepted the report and acknowledged staff would proceed with the recruitment to fill this position.

On June 19, 2015, staff posted the announcement advertising the vacancy on the APCHB on OurCleanAir.com. Since Mr. Green was originally selected as a representative from the woodstove industry, emails were subsequently distributed to current members of the woodstove industry to announce the vacancy in an attempt to retain the industry representation on the APCHB.

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.

As a result of the outreach efforts and discussions with staff, on July 19, 2015, Mr. Squire submitted a letter of interest and resume (attached) for consideration for appointment to the APCHB. Mr. Squire is the owner/operator of ABL Chimney Sweep and a Certified Washoe County Wood Stove Inspector. Mr. Squire has demonstrated knowledge of the regulations, an appreciation of the mission of AQMD, and has the small business owner perspective. The combination of these qualities should provide the APCHB with a valuable member.

FISCAL IMPACT

As this is a voluntary position, there will be no fiscal impact to the Washoe County Health District associated with this appointment.

RECOMMENDATION

Air Quality Management Division staff recommends the Washoe County District Board of Health appoint Mr. Gerald Lee Squire, Jr. to the APCHB for a three-year term beginning August 27, 2015, and ending August 26, 2018.

POSSIBLE MOTION

Should the Board agree with the recommendation, a possible motion would be “Move to appoint Mr. Gerald Lee Squire, Jr. to the Air Pollution Control Hearing Board for a three-year term beginning August 27, 2015, and ending August 26, 2018.”

Gerald Lee Squire Jr

4525 Spring Dr.

Reno, NV 89502

H: 7758300766

M: 7753230376

leesquire45@gmail.com

July 19, 2015

Air Quality Management Div. Washoe County Health District

Air Pollution Control Hearing Board

1001 E. Ninth St. Bldg. B

Reno, NV 89512

775 784 7230

tburton@washoecounty.us

Air Pollution Control Hearing Board

Dear Air Quality Control,

I read with interest your posting for a Air Quality Control Hearing Board member. The attached resume details my extensive experience and training. If you choose to interview and hire me, you will not be disappointed.

As my resume indicates, I possess close to 25 years of progressive experience in the Air Quality Control field. My professional history includes positions such as Lead Field Tech. at ABL Chimney Sweep as well as now being the Owner/Operator of ABL Chimney Sweep.

Most recently, my responsibilities as Owner at ABL Chimney Sweep match the qualifications you are seeking. As the hands on owner of ABL and long time Washoe County Air Quality Control Inspector I have the necessary practical experience for this position.

I have attached my resume for your review and I look forward to speaking with you further regarding your available position.

Sincerely,

Gerald Lee Squire Jr

Gerald Lee Squire Jr

4525 Spring Dr.
Reno, NV 89502
H: 775 830 0766
M: 775 323 0376
leesquire45@gmail.com

Summary

Owner operator of ABL Chimney Sweep. A native born resident of the Reno, Sparks, Washoe County area for 51 years.

Highlights

- Certified Washoe County Wood Stove Air Pollution Inspector #291
- Accomplished in Brick and mortar repairs for fireplace and chimney
- Trained in customer service
- Skilled Trouble shooter

Accomplishments

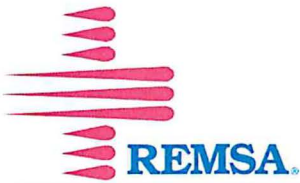
Took a failing family business and in 5 years turned it into a respected, thriving, profitable business which I purchased two years ago.

Experience

April 1991	ABL Chimney Sweep	Reno, NV
to	Owner/Operator	
July 2015	Clean and inspect fireplaces, wood stoves, pellet stoves, gas fireplaces. Repair brick and mortar for fireplaces and chimneys. Install spark arrestor caps. Perform reality inspections for certification and wood stove removals.	
	Clean and inspect dryer vents.	

Education

1982	Reed High School	Sparks, NV, Washoe
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Regional Emergency Medical Services Authority

REMSA

OPERATIONS REPORTS

FOR

JULY 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.			
Sept.			
Oct.			
Nov.			
Dec.			
Jan. 2016			
Feb.			
Mar.			
Apr.			
May			
June 2016			

Year to Date: July 2015 through July 2015

Priority 1 Zone A	Priority 1 Zones B,C,D
92%	99%

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			
	P-2			
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 July 2015

Priority	Reno	Sparks	Washoe County
P-1	5:29	6:02	8:39
P-2	5:50	6:55	8:31



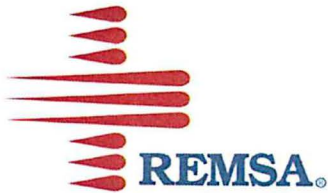
REMSA OCU Incident Detail Report

Period: 07/01/2015 thru 07/31/2015

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	07/06/2015 01:29:10	07/06/2015 01:34:10	407	00:08:59	00:05:00	-00:10:32
Reno	Zone A	07/06/2015 09:52:44	07/06/2015 09:54:22	305	00:08:59	00:01:38	00:02:35
Reno	Zone A	07/12/2015 14:43:11	07/12/2015 14:47:38	439	00:08:59	00:04:27	-00:09:07
Reno	Zone A	07/16/2015 20:20:04	07/16/2015 20:24:44	336	00:08:59	00:04:40	-00:45:43
Reno	Zone A	07/17/2015 11:51:07	07/17/2015 12:08:20	315	00:08:59	00:17:13	-00:00:49
Washoe County	Zone A	07/20/2015 23:09:07	07/20/2015 23:15:50	409	00:08:59	00:06:43	00:02:27
Lemon Valley - Golden	Zone A	07/23/2015 15:39:20	07/23/2015 15:46:04	103	00:08:59	00:06:44	00:03:17
Reno	Zone A	07/23/2015 15:43:49	07/23/2015 15:51:10	325	00:08:59	00:07:21	00:02:51
Reno	Zone A	07/25/2015 11:11:54	07/25/2015 11:19:00	313	00:08:59	00:07:06	00:01:56
Reno	Zone A	07/25/2015 21:38:08	07/25/2015 21:44:30	433	00:08:59	00:06:22	00:05:04
Reno	Zone A	07/29/2015 10:28:51	07/29/2015 10:33:25	307	00:08:59	00:04:34	00:08:40

Call Priority Reclassification				
Incident	City	Zone	Incident Date	Exemption
189039-15	Washoe County	Zone B	07/08/2015	Upgrade
189185-15	Reno	Zone A	07/08/2015	Upgrade
196151-15	Reno	Zone A	07/15/2015	Upgrade
205139-15	Spanish Springs	Zone C	07/24/2015	Upgrade
205165 -15	Reno	Zone A	07/24/2015	Upgrade



GROUND AMBULANCE OPERATIONS REPORT

July 2015

1. OVERALL STATISTICS:

Total Number Of System Responses	5604
Total Number Of Responses In Which No Transport Resulted	1771
Total Number Of System Transports	3833

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	2%
Medical	44%
OB	0%
Psychiatric/Behavioral	8%
Transfers	16%
Trauma – MVA	8%
Trauma – Non MVA	18%
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: 3072

Total number of above calls receiving QA reviews: 780

Percentage of charts reviewed from the above ALS transports: 25%

EDUCATION AND TRAINING REPORT



REMSA Education
 Monthly Course and Student Report
 Month: July 2015

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	5	34	2	21	3	13
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	1	1	1	0	0
ACLS R	15	73	5	49	10	24
ACLS S	9	14	4	4	5	10
AEMT	1	31	1	31		
AEMT T	0	0	0	0		
BLS	65	323	10	85	55	238
BLS I	1	2	0	0	1	2
BLS R	46	194	14	81	46	194
BLS S	37	90	9	9	28	81
CE	0	0	0	0	0	0
EMAPCT	0	0	0	0	0	0
EMPACT I	0	0	0	0	0	0
EMR	1	8	1	8		
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	0	0	0	0	0	0
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	1	16	1	16	0	0
HS CPR	27	163	3	20	24	143
HS CPR FA	47	373	6	63	41	310
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	7	35	0	0	7	35
HS FA S	0	0	0	0	0	0
HS PFA	2	19	1	10	1	9
ITLS	1	7	1	7	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	0	0	0	0	0	0
ITLS S	0	0	0	0	0	0
PALS	3	18	2	17	1	1
PALS I	0	0	0	0	0	0
PALS R	5	15	2	10	3	5
PALS S	1	6	0	0	1	6
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				222
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				1143
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				42
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				258
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:

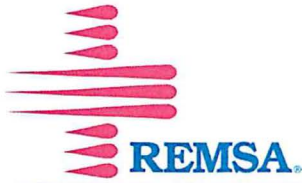
Community Outreach: July 2015

Point of Impact

Date	Description	Attending
7/18/2015	Child Safety Seat Checkpoint, Reno Sparks Indian Colony Tribal Health Center; 12 cars and 15 seats inspected.	13 volunteers; 3 staff

Safe Kids Washoe County

Date	Description	Attending
7/14/2015	Safe Kids Monthly Coalition Meeting, Sparks	1 staff, 8 volunteers
7/14/2015	Cribs for Kids discusses Hospital Safe Sleep Policy with Renown Children's Hospital.	1 staff, 8 volunteers
7/15/2015	Cribs for Kids attends Fetal Infant Mortality Review Meeting.	1 staff
7/20/2015	Cribs for Kids attends Maternal Child Health Coalition Meeting in Northern Nevada.	1 staff



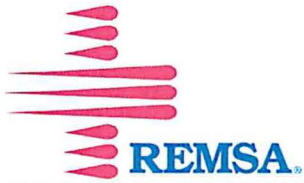
Regional Emergency Medical Services Authority

**INQUIRIES
FOR
JULY 2015**

INQUIRIES

July 2015

There were no inquiries in the month of July.

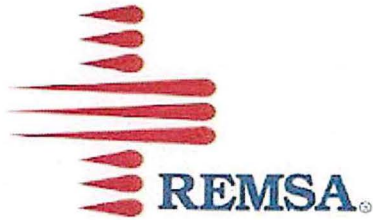


Regional Emergency Medical Services Authority

CUSTOMER SERVICE
FOR
JULY 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

July 1, 2015 to July 31, 2015

Your Score

94.51

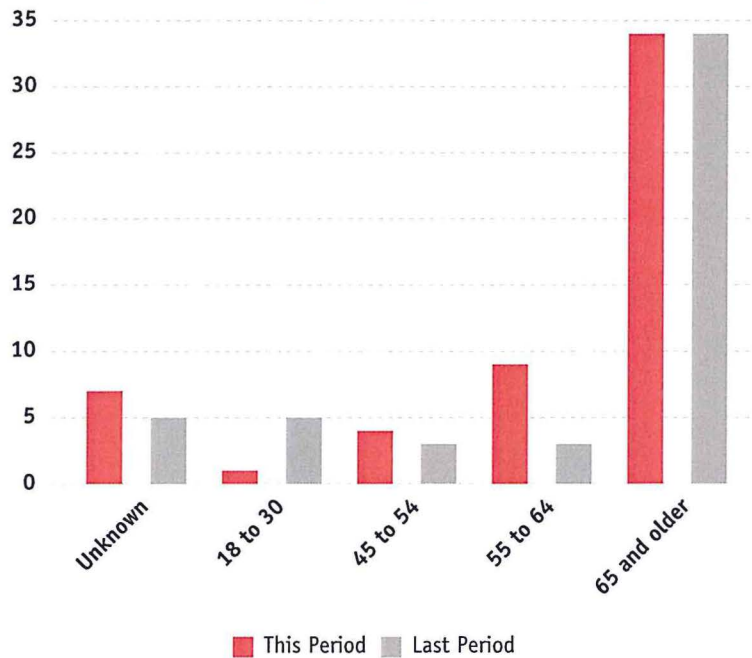




Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate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

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Unknown	5	2	2	1	7	0	1	6
18 to 30	5	2	2	1	1	0	1	0
45 to 54	3	3	0	0	4	2	2	0
55 to 64	3	0	3	0	9	5	4	0
65 and older	34	13	19	2	34	13	21	0
Total	50	20	26	4	55	20	29	6

Age Ranges



Gender





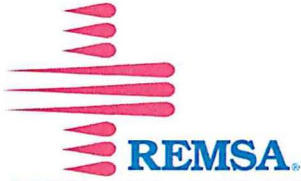
Monthly Breakdown

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
Helpfulness of the person you called for ambulance service	93.52	96.55	94.83	93.24	93.88	92.26	94.79
Concern shown by the person you called for ambulance service	92.00	97.41	94.83	94.40	93.88	91.25	95.31
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
Extent to which the ambulance arrived in a timely manner	94.70	92.50	95.00	94.46	90.18	91.84	96.57
Cleanliness of the ambulance	97.66	96.34	94.17	95.18	92.73	96.11	95.50
Comfort of the ride	89.84	92.68	91.67	91.96	88.21	100.00	
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
Degree to which the medics took your problem seriously	97.58	93.62	94.83	91.16	96.50	94.77	95.59
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
Skill of the medics	96.88	96.05	93.52	93.85	94.39	95.35	95.59
Extent to which the medics kept you informed about your	95.69	91.47	93.27	91.25	92.93	90.63	94.50
Extent to which medics included you in the treatment decisions	96.74	90.03	91.67	90.57	94.23	95.45	93.18
Degree to which the medics relieved your pain or discomfort	93.52	91.94	92.71	88.70	91.11	91.67	93.23
Medics' concern for your privacy	94.64	95.00	90.38	91.12	94.64	93.75	94.15
Extent to which medics cared for you as a person	95.97	94.11	93.75	90.98	95.21	95.83	96.00
Professionalism of the staff in our ambulance service billing	92.71	90.48	88.24	90.91	89.13	85.87	90.15
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
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
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
Appropriateness of Emergency Medical Transportation treatment	95.00	91.67	92.86	92.98	94.32	94.51	96.28
Extent to which the services received were worth the fees	88.39	86.03	85.00	90.78	89.40	86.83	88.64
Overall rating of the care provided by our Emergency Medical	95.31	93.62	93.97	91.38	95.65	92.86	95.59
Likelihood of recommending this ambulance service to others	96.88	92.59	94.83	93.42	94.57	94.23	95.59
Your Master Score	94.62	93.35	92.99	92.19	93.31	92.75	94.51
Your Total Responses	35	41	33	71	58	50	55

Ground Ambulance Customer Comments July, 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	5/1/2015	"Treat ""frequent flyers"" (like me) like the patients have NEVER been treated by you where it concerns treatment. if you have questions about this, please call me [REDACTED]"		"Only REMSA in Reno Sparks area"
2	5/1/2015			"Very good all way around"
3	5/1/2015	"They made her as comfortable as possible. this is a very well run company"		"My 98 yr old mother fractured her fibula. Everyone was wonderful."
4	5/1/2015	"All was great---thank you"	"No problems"	
5	5/1/2015	"Do not know. Blood service? year later?"		
6	5/1/2015	"Everything went well. Everyone was very nice!"		"The 2 medics were wonderful & very considerate"
7	5/1/2015	"I can't think of any reason, why we wouldn't continue with your company"		
8	5/2/2015	"Everything was great!!"		
9	5/2/2015	"Not have me going up and down stairs as I am disabled & 80 yrs old"		"I was the caller and I witnessed happening"
10	5/2/2015	"Service is great but cost is high"	"None"	
11	5/2/2015	"Nothing"		
12	5/2/2015			"Insertion of catheter was very excellent!"
13	5/3/2015	"A bit of care for my drivers license"		
14	5/3/2015	"The same way"	"No problem. Thank you so much"	"positive experience"
15	5/3/2015	"Nothing. they knew what to do & did it. They are excellent"	"No problems"	"They were all experts & excellent"
16	5/3/2015	"I can't think of anything. They were very good with my dad. He can be very hard to work with"		
17	5/3/2015	"but her male co-worker made up for it. Professional and user friendly"		"Maybe due to situation, seriousness, job @ hand but lady EMT wasn't friendly"
18	5/4/2015		[REDACTED]	"The fee was way too high"
19	5/4/2015			
20	5/4/2015	"No improvement needed as far as we are concerned."		
21	5/4/2015	"Your cannot add to perfection"		
22	5/4/2015	"I don't really think you could improve!"		"I do not recommend anything to anybody unless they ask"

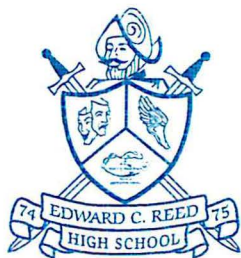


Regional Emergency Medical Services Authority

REMSA
PUBLIC RELATIONS REPORT
FOR
JULY 2015

PUBLIC RELATIONS
July 2015

ACTIVITY	RESULTS
Attended weekly PR meeting to assist in on-going public relations efforts.	NA
Managed Channel 2 interview and ride along regarding heat safety.	Story ran the evening of 7/3.
Continued to work on brochures for Community Health Programs.	Brochures will be finalized for us in August.
Worked with Community Health Programs on Integrated Delivery Network to Watch for use in publication.	Publication will come out in September.



EDWARD C. REED HIGH SCHOOL

Washoe County School District

1350 Baring Blvd.
Sparks, Nevada 89434
(775) 353-5700
FAX (775) 353-5708

Mary Vesco, Principal
Mary Coffman, Asst. Principal
Kathie Smith, Asst. Principal
Mark Zimmerman, Asst. Principal
Sean Hall, Dean

July 2, 2015

REMSA

Dear Friend of Reed High School,

On behalf of Reed High School and the 2015 Safe 'n' Sober Grad Night committee, I would like to thank you for your generous donation toward our Grad Night for the Reed High School graduates of 2015. With your generosity, we were able to provide a fun-filled evening of entertainment for 175 graduates. Five students who would not otherwise have been able to attend were offered free admission. WE raffled over \$5,000.00 worth of prizes and a great time was had by all.

Reed High School Safe'n'Sober Grad Night committee and the grads of 2015 appreciate your continued support. Know that you play a vital role in providing this worthwhile event for our deserving graduates. We are proud to say that no teen traffic fatalities have occurred on Grad Night since the Washoe County Safe 'n' Sober Foundation was founded in 1996.

At Grad Night, a Thank You wall featured the names of all of the donors who contributed to the event. WE hope that we can count on your support next year and in the years to come. Thank you again for your generosity.

Sincerely,

Mary Munsterman, Chair for Reed

Reed High School tax ID #886000919



Washoe County School District
Every Child By Name And Face To Graduation™

Education Update

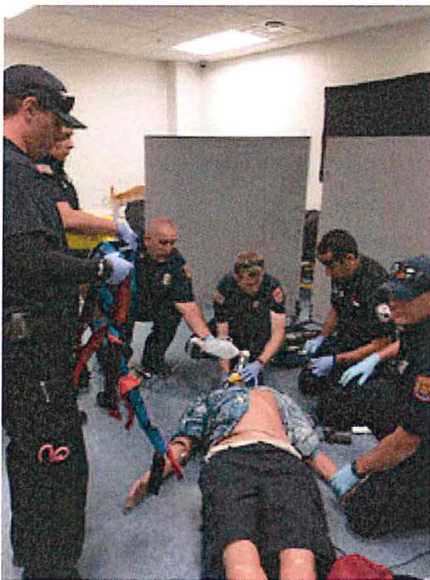
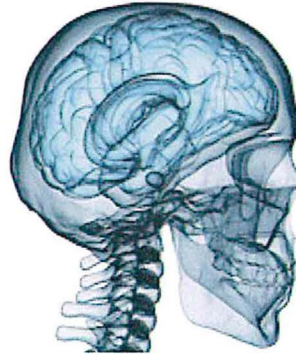
8.12.15

What's New

CE Class: Join us in September for an update on pain management and get hands-on utilizing scenarios to update everyone on pain management techniques for the field provider. Four dates will be offered and participants will receive 3.0 hours of continuing education.

Paramedic: National Registry skills practice (8/17) and testing (8/18) is next week. We are still looking for a few more paramedics to help proctor both days. If you are available please contact Cindy Green.

EMS Instructor Class: Do you want to teach and get more involved in the education of new field providers? Sign up for our Fall EMS Instructor course. We offer this course once a year, and it is required for anyone that wants to teach EMS courses. Information is also useful for field preceptors and intern preceptors.



Joint Simulation Calls - Follow Up

We have completed our first joint simulation calls with the fire departments and have received great feedback from our crews as well as the fire crews that participated. Overall we were able to work with 56 providers in the lab over two days.

Planning for next quarter is beginning, and we want to hear from you. What kind of calls do you want to be able to practice, what skills would be useful to review, what ideas do you have?

Let us know what you think of the process and what we can do in the future to keep improving this program. We want your feedback.

BLS Instructors Needed

Class requests are growing every month and we are looking for more Basic Life Support Instructors! Current BLS instructors are encouraged to contact Alma Marin in the Education department if interested and apply online for the open Public Education Instructor position.

If you are not currently certified as an instructor and would like to become one, please contact [Alma](#) for more information on future dates and requirements.

ACLS and PALS instructors are needed as well. If you are currently certified as an instructor and want more information about teaching with us, contact Alma today.



Quarterly Intubation



The Clinical department is taking a new approach to quarterly skills...they are bringing them to you. Some of you may have already seen Rob Harper out at hospitals taking a few minutes to provide hands on skills practice as time allows.

This is a new approach and so far it seems to be working. If you see Rob and have a few minutes, stop by and take a moment to practice some skills.

Important Dates and Events

8/20/15 at 17:30 - Paramedic Graduation! Join us in celebrating the August 2014 cohort of paramedic students at the Jot Travis building on the UNR Campus.

9/14/15 at 10:00 - [CE: Pain Management](#)

9/18/15 at 18:00 - [CE: Pain Management](#)

9/23/15 at 14:00 - [CE: Pain Management](#)

9/28/15 at 15:00 - [CE: Pain Management](#)



DD	NA
AHSO	AH
DHO	KL
DA	NA
Finance	NA
Risk	NA
HR	NA
Purchasing	NA

STAFF REPORT
BOARD MEETING DATE: August 27, 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 July, Fiscal Year 2016

SUMMARY

The first month of fiscal year 2016 (FY16) opened the year with a cash balance of \$2.1 million, of which, \$407,426 was required to cover the cash flow for July, 2015, leaving cash balance at the end of the month of \$1.7 million. Revenues totaled \$1.2 million, up 6.3% of budget and increased 175.0% compared to fiscal year 2015 (FY15) due to the first general fund transfer of \$839,738 being in July of FY16 compared to August of FY15. With 8.3% of the fiscal year completed the expenditures totaled \$1.7 million, 8.7%, of the budget and 4.2% more than FY15.

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

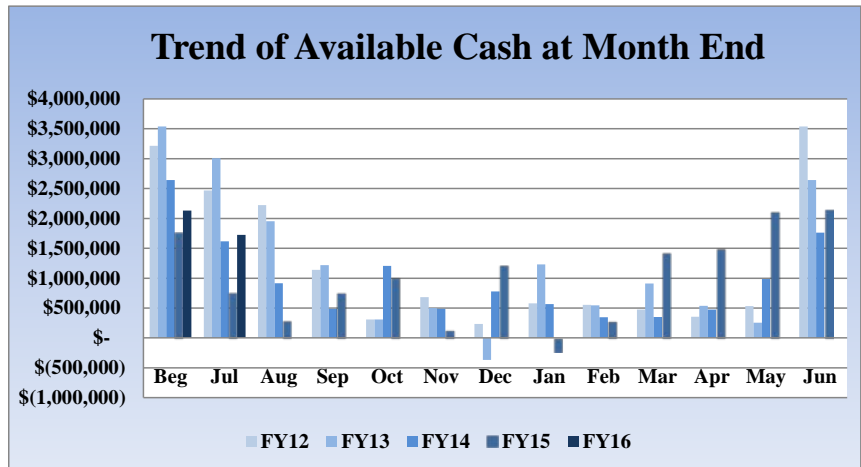
PREVIOUS ACTION

Fiscal Year 2016 Budget was adopted May 18, 2015.

BACKGROUND

Review of Cash

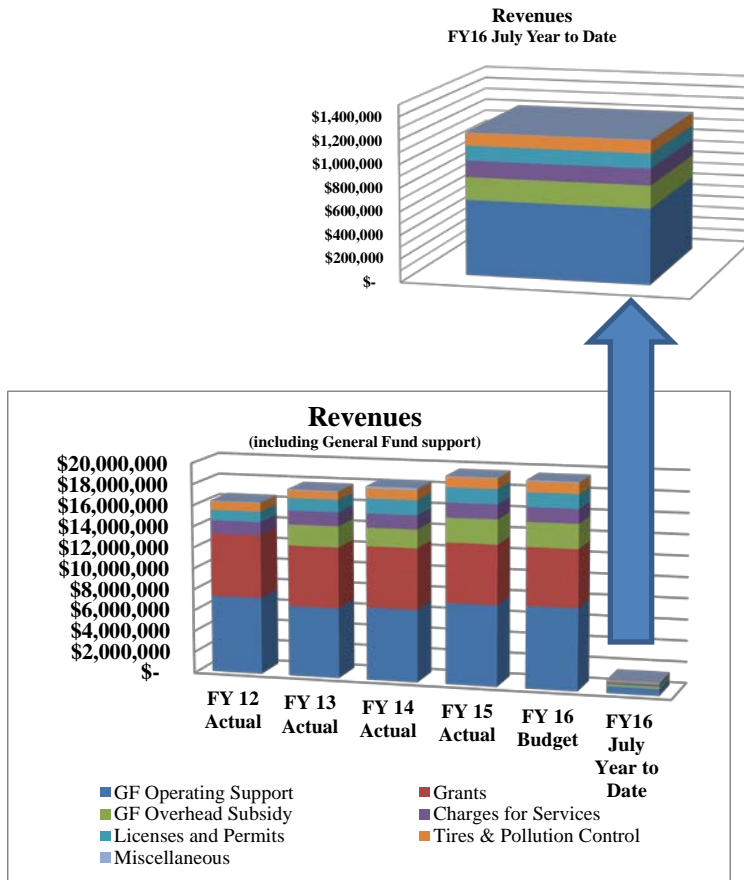
The available cash at the end of the first month of the fiscal year 2016 was \$1,725,281 which was 103.3% of the average budgeted monthly cash outflow of \$1,669,928 for the fiscal year. The beginning cash availability was \$2,132,707, 127.7% of the average cash outflow, allowing for financial stability during July for the paying of operating costs.



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.

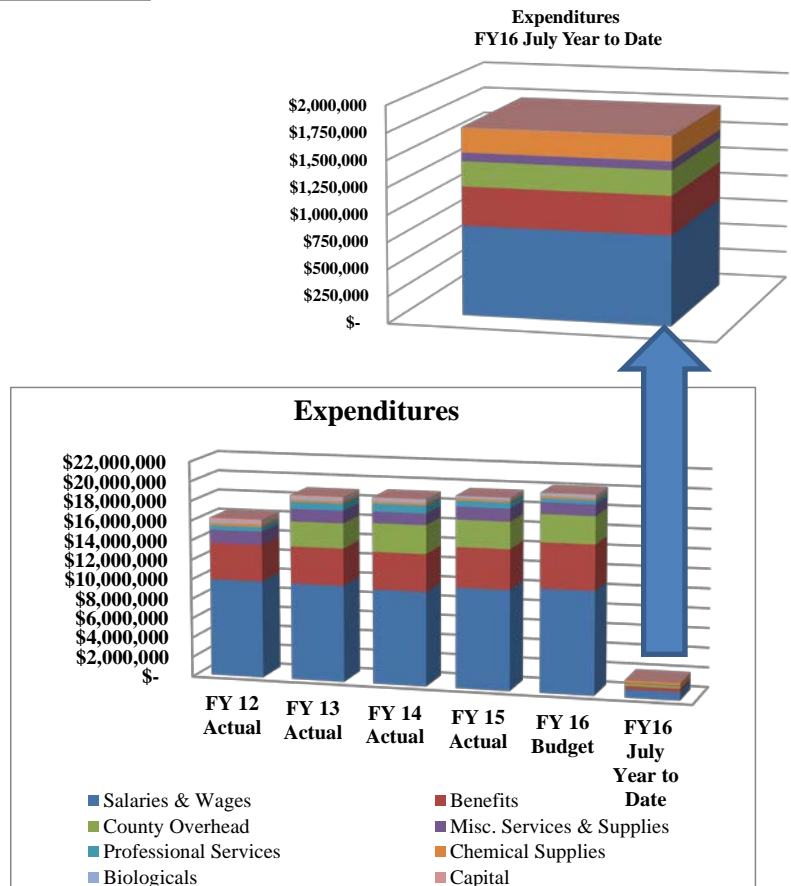


Review of Revenues (including transfers from General fund) and Expenditures by category



Total year to date **revenues** of \$1,221,072 were up \$777,071, 175.0%, from the same time last fiscal year and were 6.3% of budget. The revenue categories that were up over last fiscal year are as follows: licenses and permits by \$10,040, 8.6%; charges for services by \$40,603, 40.3%; tire fee funding for the solid waste management program up \$2,401, 2.2%; fines and forfeitures received \$500; and, the County General Fund transferred \$839,738 for July, 2016. Miscellaneous revenues were down just \$563, 15.1%; and, federal and state grant revenue is down \$115,647 compared to the prior year due to a one-time State funding in FY15 of excess reserves for pollution control funds.

The total year to date **expenditures** of \$1,743,442 increased by \$69,813, 4.2%, compared to the same time frame for last fiscal year 2015. Salaries and benefits expenditures for FY16 were \$1,197,966 up \$29,241, 2.5%, over the prior year. Services and supplies expenditures of \$545,474 were up \$40,570, 8.0%, from FY15. County overhead is the single largest services and supplies cost to the Health Fund at \$232,990 for July, 42.7% of total services and supplies. Chemical supplies are the second largest services and supplies cost for the month at \$228,132; however, this expenditure is a one-time annual cost to build the inventory required for the mosquito abatement in the Vector program.



Review of Revenue and Expenditures by Division

EHS has received the largest percent of revenue compared to budget of 10.5% and \$22,047 additional funding compared to FY15. EPHP is up \$10,574, 28.8% over last year. AQM is down \$105,331 due to a one time pollution control funding source in FY15 not received in FY16. The County General Fund transferred \$839,738, one twelfth of the support for FY16.

With 8.3% of the fiscal year completed the total expenditures were in line with the budgeted expenditures at 8.7% of the total budget, \$1,743,442. AQM spent just 7.5% of the budget due to a decline in spending for restricted funding in services and supplies. CCHS is down \$25,490, 4.7%, due to vacancy savings and other services and supplies savings. EHS has savings from vacant positions but it is offset by the chemical purchases in the Vector program that was required at the beginning of the fiscal year. ODHO, AHS and EPHP are on target for a level spending pattern compared to budget.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2011/2012 through July 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)	July Year to Date	Adjusted Budget	July 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	211,575	2,255,504	106,244	4.7%	-49.8%
CCHS	3,706,478	3,322,667	3,388,099	3,520,945	11,113	3,536,914	21,150	0.6%	90.3%
EHS	1,755,042	1,828,482	1,890,192	2,008,299	184,632	1,972,876	206,679	10.5%	11.9%
EPHP	1,670,338	1,833,643	1,805,986	1,555,508	36,681	1,566,874	47,255	3.0%	28.8%
GF Operating	7,250,850	6,623,891	6,853,891	7,666,420	-	7,743,084	645,257	8.3%	-
GF Overhead Subsidy	-	2,000,000	1,750,000	2,333,772	-	2,333,772	194,481	8.3%	-
Total Revenues	\$16,349,208	\$17,710,834	\$18,267,134	\$19,512,566	\$ 444,001	\$19,409,024	\$ 1,221,072	6.3%	175.0%
Expenditures									
ODHO	-	-	-	481,886	39,392	515,468	41,195	8.0%	4.6%
AHS	1,202,330	1,366,542	1,336,740	1,096,568	83,200	1,021,350	82,245	8.1%	-1.1%
AQM	1,955,798	2,629,380	2,524,702	2,587,196	190,535	2,699,139	202,397	7.5%	6.2%
CCHS	6,086,866	6,765,200	6,949,068	6,967,501	545,448	7,298,863	519,958	7.1%	-4.7%
EHS	4,848,375	5,614,688	5,737,872	5,954,567	630,541	6,111,550	692,953	11.3%	9.9%
EPHP	2,084,830	2,439,602	2,374,417	2,312,142	184,513	2,450,844	204,694	8.4%	10.9%
Total Expenditures	\$16,178,200	\$18,815,411	\$18,922,800	\$19,399,860	\$ 1,673,629	\$20,097,214	\$ 1,743,442	8.7%	4.2%
Revenues (sources of funds) less Expenditures:									
ODHO	-	-	-	(481,886)	(39,392)	(515,468)	(41,195)		
AHS	(1,202,322)	(1,333,088)	(1,248,810)	(1,096,417)	(83,200)	(1,021,350)	(82,239)		
AQM	10,694	(560,683)	(33,666)	(159,725)	21,040	(443,635)	(96,153)		
CCHS	(2,380,389)	(3,442,533)	(3,560,969)	(3,446,555)	(534,335)	(3,761,949)	(498,808)		
EHS	(3,093,333)	(3,786,206)	(3,847,680)	(3,946,268)	(445,909)	(4,138,674)	(486,274)		
EPHP	(414,492)	(605,958)	(568,431)	(756,634)	(147,832)	(883,970)	(157,439)		
GF Operating	7,250,850	6,623,891	6,853,891	7,666,420	-	7,743,084	645,257		
GF Overhead Subsidy	-	2,000,000	1,750,000	2,333,772	-	2,333,772	194,481		
Surplus (deficit)	\$ 171,008	\$ (1,104,577)	\$ (655,666)	\$ 112,707	\$ (1,229,628)	\$ (688,190)	\$ (522,370)		
Fund Balance (FB)	\$ 3,916,042	\$ 2,811,465	\$ 2,155,799	\$ 2,268,506		\$ 1,580,316			
FB as a % of Expenditures	24.2%	14.9%	11.4%	11.7%		7.9%			

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 July, Fiscal Year 2016.

POSSIBLE MOTION

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

Attachment:
Health District Fund financial system summary report

Run by: AHEENAN
 Run date: 08/11/2015 14:38:07
 Report: 400/ZS16

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

Period: 1 thru 1 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	Act%
422503 Environmental Permits	46,317-	6,648-	39,669-	14	46,317-	2,175-	44,142-	5
422504 Pool Permits	97,000-	2,422-	94,578-	2	97,000-	1,377-	95,623-	1
422505 RV Permits	11,000-	706-	10,294-	6	11,000-	529-	10,471-	5
422507 Food Service Permits	509,823	37,229-	472,594-	7	420,000-	31,356-	388,644-	7
422508 Wat Well Const Perm	30,000-	2,757-	27,243-	9	30,000-	2,418-	27,582-	8
422509 Water Company Permits	5,000-	2,064-	2,936-	41	5,000-	2,970-	2,030-	59
422510 Air Pollution Permits	477,443-	51,671-	425,773-	11	474,103-	56,163-	417,940-	12
422511 ISDS Permits	75,000-	5,302-	69,698-	7	75,000-	5,596-	69,404-	7
422513 Special Event Permits	90,000-	15,606-	74,394-	17	105,000-	12,173-	92,827-	12
422514 Initial Applic Fee	31,000-	2,450-	28,550-	8	31,000-	2,058-	28,942-	7
* Licenses and Permits	1,372,583-	126,855-	1,245,729-	9	1,294,420-	116,815-	1,177,605-	9
431100 Federal Grants	4,989,056-		4,989,056-		5,271,536-		5,271,536-	
431105 Federal Grants - Indirect	291,791-		291,791-		235,667-		235,667-	
432100 State Grants	195,704-		195,704-		311,068-	115,647-	195,421-	37
432105 State Grants-Indirect	15,457-		15,457-		16,026-		16,026-	
432310 Tire Fee NRS 444A.090	468,548-	109,554-	358,994-	23	468,548-	107,153-	361,395-	23
432311 Pol Cntl 445B.830	550,000-		550,000-		318,667-		318,667-	
* Intergovernmental	6,510,557-	109,554-	6,401,003-	2	6,621,513-	222,800-	6,398,713-	3
460162 Services to Other Agencies	28,421-		28,421-					
460500 Other Immunizations	89,000-	3,904-	85,096-	4	89,000-	3,499-	85,501-	4
460501 Medicaid Clinical Services	8,200-	5,967-	2,233-	73	8,200-	66-	8,134-	1
460503 Childhood Immunizations	20,000-	1,677-	18,323-	8	20,000-	944-	19,056-	5
460504 Maternal Child Health		15-	15-					
460508 Tuberculosis	4,100-	230-	3,870-	6	4,100-	751-	3,349-	18
460509 Water Quality								
460510 IT Overlay	35,344-	2,908-	32,436-	8	35,344-	2,796-	32,548-	8
460511 Birth and Death Certificates	470,000-	47,255-	422,745-	10	480,000-	36,681-	443,319-	8
460512 Duplication Service Fees		6-	6-					
460513 Other Healt Service Charges	10,167-		10,167-					
460514 Food Service Certification	18,000-		18,000-		18,000-	2,047-	15,953-	11
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	1,450-	943-	507-	65	1,750-		1,750-	
460517 Influenza Immunization	7,000-		7,000-		7,000-		7,000-	
460518 STD Fees	21,000-	1,191-	19,809-	6	21,000-	1,018-	19,982-	5
460519 Outpatient Services		404-	404-					
460520 Eng Serv Health	50,000-	3,024-	46,976-	6	50,000-	3,277-	46,723-	7
460521 Plan Review - Pools & Spas	1,500-	3,465-	1,965-	231	3,600-	1,086-	2,514-	30
460523 Plan Review - Food Services	20,000-	2,200-	17,800-	11	20,000-	115-	19,885-	1
460524 Family Planning	32,000-	3,661-	28,339-	11	32,000-	2,456-	29,544-	8
460525 Plan Review - Vector	42,000-	5,831-	36,169-	14	42,000-	2,841-	39,159-	7
460526 Plan Review-Air Quality	60,804-	5,613-	55,191-	9	57,889-	4,619-	53,270-	8
460527 NOR-AQM	116,984-	14,518-	102,466-	12	116,984-	12,990-	103,994-	11
460528 NESHP-AQM	99,333-	7,460-	91,873-	8	99,333-	3,858-	95,475-	4

Run by: AHEENAN
 Run date: 08/11/2015 14:38:07
 Report: 400/ZS16

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

Page: 2/ 4
 Horizontal Page: 1/ 1
 Variation: 1/ 114

Period: 1 thru 1 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	
460529 Assessments-AQM	51,336-	4,960-	46,376-	10	51,336-	3,968-	47,368-	8
460530 Inspector Registr-AQ	2,162-	98-	2,064-	5	2,162-	483-	1,679-	22
460531 Dust Plan-Air Quality	142,403-	21,924-	120,479-	15	142,403-	13,847-	128,556-	10
460532 Plan Rvw Hotel/Motel	2,530-	350-	2,180-	14		240-	240	
460533 Quick Start								
460534 Child Care Inspection	8,514-	1,148-	7,366-	13	8,514-	902-	7,612-	11
460535 Pub Accomod Inspectn	19,000-	2,515-	16,485-	13	19,000-	2,182-	16,818-	11
460570 Education Revenue								
* Charges for Services	1,361,248-	141,268-	1,219,980-	10	1,329,615-	100,665-	1,228,950-	8
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-	2,458-	35,092-	7	37,550-	2,380-	35,170-	6
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-	3,158-	84,622-	4	98,663-	3,721-	94,942-	4
** Revenue	9,332,168-	381,335-	8,950,834-	4	9,344,211-	444,001-	8,900,209-	5
701110 Base Salaries	9,557,207	763,926	8,793,280	8	9,204,374	735,736	8,468,637	8
701120 Part Time	398,206	30,032	368,174	8	408,927	37,427	371,499	9
701130 Pooled Positions	306,291	34,296	271,995	11	510,064	30,475	479,589	6
701140 Holiday Work	4,319	146	4,173	3	4,319	1,802	2,516	42
701150 xcContractual Wages								
701200 Incentive Longevity	166,190	110	166,080	0	155,100	92	155,008	0
701300 Overtime	48,686	4,522	44,164	9	62,798	4,010	58,788	6
701403 Shift Differential	300	16	284	5				
701406 Standby Pay								
701408 Call Back	1,000	101	899	10	1,000		1,000	
701412 Salary Adjustment	51,380-		51,380-		131,434		131,434	
701413 Vac Payoff/Sick Pay-Term	49,515	1,276	48,239	3		23,182	23,182-	
701417 Comp Time	7,603	275	7,328	4				
701500 Merit Awards								
* Salaries and Wages	10,487,936	834,700	9,653,236	8	10,478,015	832,725	9,645,290	8
705110 Group Insurance	1,581,571	147,573	1,433,998	9	1,452,108	118,868	1,333,240	8
705210 Retirement	2,824,787	204,292	2,620,495	7	2,508,521	198,749	2,309,771	8
705215 Retirement Calculation								
705230 Medicare April 1986	140,106	11,401	128,705	8	134,798	11,470	123,328	9
705320 Workmens Comp	69,143		69,143		68,214	5,649	62,565	8
705330 Unemploy Comp	15,483		15,483		15,179	1,265	13,914	8
705360 Benefit Adjustment					21,855		21,855	

Run by: AHEENAN
 Run date: 08/11/2015 14:38:07
 Report: 400/ZS16

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

Period: 1 thru 1 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	
* Employee Benefits	4,631,089	363,265	4,267,824	8	4,200,674	336,001	3,864,673	8
710100 Professional Services	311,643	464	311,179	0	687,734	1,550	686,184	0
710105 Medical Services	9,621		9,621		9,323		9,323	
710108 MD Consultants	59,612	500	59,112	1	83,908		83,908	
710110 Contracted/Temp Services	7,279		7,279		31,581	551	31,030	2
710119 Subrecipient Payments								
710200 Service Contract	56,856	5,957	50,900	10	120,720	13,827	106,892	11
710205 Repairs and Maintenance	9,189	585	8,604	6	5,538		5,538	
710210 Software Maintenance	16,607	9,900	6,707	60	18,083	9,900	8,183	55
710300 Operating Supplies	120,619	2,818	117,801	2	118,636	400	118,237	0
710302 Small Tools & Allow	1,685		1,685		22,685		22,685	
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	167,280	64,620	72
710325 Signs and Markers								
710334 Copy Machine Expense	28,251	3,731	24,520	13	25,625	1,330	24,296	5
710350 Office Supplies	29,297	1,725	27,572	6	59,144	448	58,696	1
710355 Books and Subscriptions	6,364	49	6,315	1	8,059	375	7,684	5
710360 Postage	18,430	1,199	17,231	7	23,150	1,657	21,493	7
710361 Express and Courier	850		850		510		510	
710391 Fuel & Lube	100		100		100		100	
710400 Payments to Other Agencies								
710412 Do Not Use								
710500 Other Expense	106,704-	85	106,789-	0-	28,429		28,429	
710502 Printing	20,465	1,596	18,869	8	22,171	984	21,188	4
710503 Licenses & Permits	6,470	285	6,185	4	6,331	420	5,911	7
710505 Rental Equipment	1,800		1,800		1,800		1,800	
710506 Dept Insurance Deductible		150	150-					
710507 Network and Data Lines	9,755	247	9,508	3	11,295	942	10,353	8
710508 Telephone Land Lines	35,420	2,669	32,751	8	42,650	3,083	39,567	7
710509 Seminars and Meetings	34,867	1,814	33,053	5	50,633	820	49,813	2
710512 Auto Expense	10,824	754	10,070	7	14,665	534	14,131	4
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	1,096	14,021	7
710529 Dues	7,825	1,150	6,675	15	11,867	1,941	9,926	16
710535 Credit Card Fees	12,107		12,107		12,665	1,683	10,982	13
710546 Advertising	175,318		175,318		346,208	371	345,837	0
710551 Cash Discounts Lost						2	2-	
710563 Recruitment						301	301-	
710577 Uniforms & Special Clothing	3,200		3,200		12,350		12,350	
710585 Undesignated Budget					90,642		90,642	
710598 Telecom Charge-out contra								
710600 LT Lease-Office Space	79,703	12,562	67,141	16	109,115	13,282	95,833	12

Run by: AHEENAN
 Run date: 08/11/2015 14:38:07
 Report: 400/ZS16

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

Period: 1 thru 1 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	241,868	3,600	238,268	1	203,743	11,269	192,474	6
710714 Referral Services								
710721 Outpatient	88,962		88,962		96,370		96,370	
710872 Food Purchases	2,255	16	2,239	1	4,889	7	4,882	0
711010 Utilities								
711020 Water/Sewer								
711300 ESD Asset Management	66,552	5,452	61,100	8	66,526	5,429	61,097	8
711113 Equip Srv Replace	38,039	2,113	35,925	6	27,586	2,254	25,333	8
711114 Equip Srv O & M	62,441	8,329	54,112	13	41,538	3,945	37,593	9
711115 Equip Srv Motor Pool					5,000		5,000	
711117 ESD Fuel Charge	47,382	3,820	43,562	8	48,591	5,099	43,492	10
711119 Prop & Liab Billings	75,992		75,992		74,502	6,209	68,294	8
711210 Travel	127,121	6,871	120,250	5	222,874	9,477	213,397	4
711300 Cash Over Short								
711399 ProCard in Process		20	20-					
711400 Overhead - General Fund	2,795,882	232,990	2,562,892	8	2,741,061	228,422	2,512,639	8
711504 Equipment nonCapital	59,571	295	59,276	0	100,055	5,020	95,035	5
* Services and Supplies	4,839,226	545,475	4,293,751	11	5,868,891	504,904	5,363,988	9
781004 Equipment Capital	80,880		80,880		381,454		381,454	
781007 Vehicles Capital					25,000		25,000	
* Capital Outlay	80,880		80,880		406,454		406,454	
** Expenses	20,039,132	1,743,441	18,295,691	9	20,954,034	1,673,629	19,280,405	8
621001 Transfer From General	10,076,856-	839,738-	9,237,118-	8	10,000,192-		10,000,192-	
* Transfers In	10,076,856-	839,738-	9,237,118-	8	10,000,192-		10,000,192-	
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-	839,738-	9,179,037-	.8	10,000,192-		10,000,192-	
*** Total	688,189	522,368	165,821	76	1,609,632	1,229,628	380,003	76

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

**AIR QUALITY MANAGEMENT DIVISION DIRECTOR
STAFF REPORT
BOARD MEETING DATE: August 27, 2015**

DATE: August 14, 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. Save the Date – RenOpen Streets Event



RenOpen Streets is coming to Reno on Saturday, October 17, 2015! RenOpen Streets is a new health-centric special event that is part of the Cyclovia movement that is spreading throughout the United States and the world. The event is aimed at promoting healthy and vibrant communities by transforming streets in designated areas and giving that space to residents to celebrate, walk, bike, dance, and play.

In partnership with the Reno Bike Project and the Washoe County Health District, sponsorship from Renown Health, the City of Reno, the Regional Transportation Commission of Washoe County, Abbie Agency, Reno Gazette Journal, This is Reno, and New Belgium will work to promote awareness on the importance of physical activity, active transportation, open spaces, and supporting local business.

For more information on the Cyclovia movement, sponsorships, activities, and volunteer opportunities, visit www.RenOpenStreet.org or contact renopenstreets@gmail.com.

b. AB 146 Sub-Committee

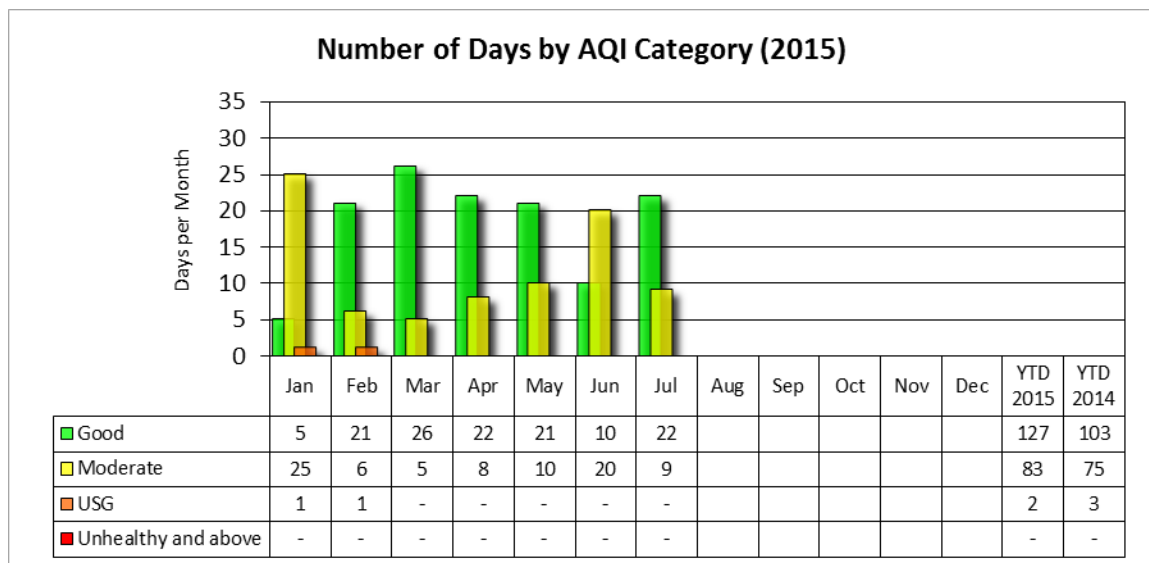
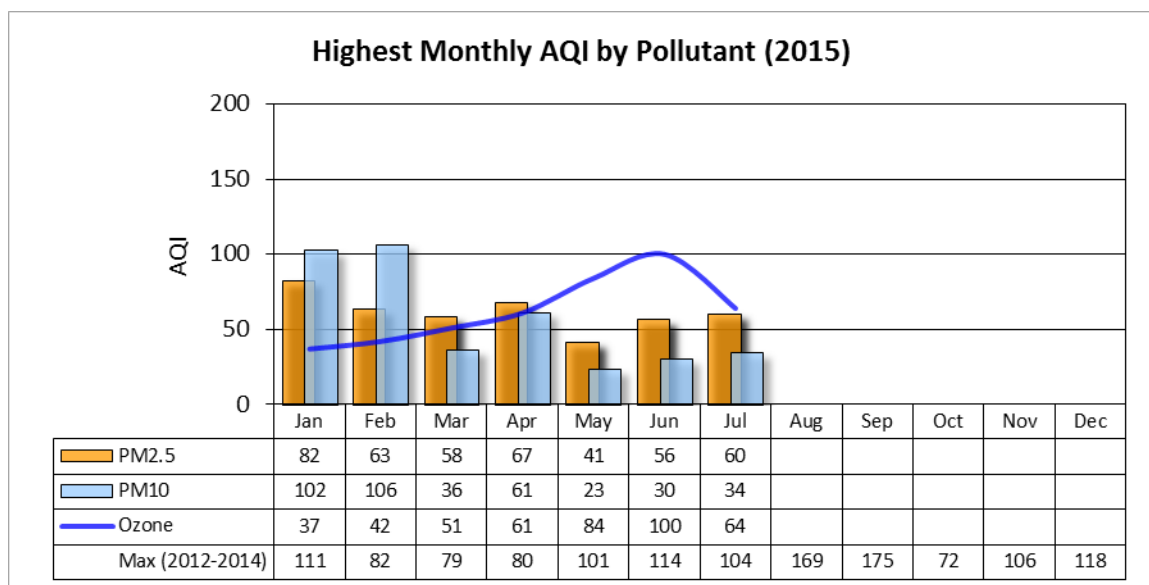
On June 8, 2015, Governor Sandoval approved and signed the amended language provided in AB146 requiring the Advisory Committee on the Control of Emissions From Motor Vehicles (I/M Committee) to conduct a study concerning the inspection and testing of motor vehicles and systems for the control of emissions from motor vehicles in the State. The final results of the study and recommendations for the modernization of the smog check program are to be submitted to the Legislative Counsel Bureau by June 30, 2016. The results of the study will then be forwarded to the Chairs of the Senate and Assembly Standing Committees on Transportation. At the regularly scheduled I/M Committee meeting held on July 14th, a sub-committee was formed to complete the review of the smog check program and develop recommendations for the modernization of the programs currently operating in Washoe and Clark Counties. The sub-committee is comprised of a representative from each Washoe County Air Quality Management Division (AQMD), Clark County Department of Air Quality (CCDAQ), the Nevada Division of Environmental Protection (NDEP) Air Quality Planning, and the Nevada Department of Motor Vehicles (DMV).

The Sub-Committee met for the first time on July 28th to establish a project timeline, outline the scope of the project, and assign tasks. Initial tasks include AQMD compiling a comparison of the smog check programs currently in operation nationwide; DMV committing to provide data on the existing program effectiveness; CCDAQ researching the Nevada Revised Statutes and Nevada Administrative Code for program legal requirements; and NDEP establishing the structure of the final report. The Sub-Committee is subject to the open meeting laws and will be considering industry input during the analysis. The project timeline does include informational presentations to each of the participating jurisdictional governing boards in the spring of 2016 prior to submittal of the final report.

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 July. 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 were no exceedances of any National Ambient Air Quality Standards (NAAQS) during the month of July.

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.

Ozone NAAQS	Level (ppb)	Exceedance Days	
		June	YTD
Current	75	0	0
Proposed (upper end)	70	0	6
Proposed (lower end)	65	0	14

Emissions from cars and trucks are the major contributor to ozone formation in Washoe County. Reducing Vehicle Miles Traveled (VMT) is critical to reducing emissions from cars and trucks. Short-term strategies include increasing carpooling, improving transit, and encouraging active transportation (walking/biking). The long-term solution is to improve our community's design to reduce our dependence on the automobile. To support these strategies, the Air Quality Planning Staff will be participating as the City of Reno begins its Master Plan Update process. The Master Plan is the guiding document for how the City of Reno should develop over the next 20 years. Staff will be providing input during the update process to ensure that the Master Plan supports the Health District goals for a Healthy Community.

On February 3, 2015, EPA promulgated a new residential wood heater New Source Performance Standard (NSPS). The NSPS will affect all new woodstoves, pellet stoves, and hydronic heaters sold throughout the United States. By 2020, these heaters will be 50 percent cleaner than today's models. Staff is currently drafting revisions to DBOH Regulations Governing Air Quality Management Sections 040.051 (Wood Stove/Fireplace Insert Emissions) and 040.052 (Hydronic Heaters) to incorporate the new NSPS.

Daniel K. Inouye
Chief, Monitoring and Planning

b. Permitting & Enforcement

Type of Permit	2015		2014	
	July	YTD	July	Annual Total
Renewal of Existing Air Permits	113	834	116	1328
New Authorities to Construct	11	85	17	133
Dust Control Permits	12 (180 acres)	96 (1164 acres)	11 (112 acres)	114 (1172 acres)
Wood Stove Certificates	43	230	27	322
WS Dealers Affidavit of Sale	9 (9 replacements)	54 (42 replacements)	9 (6 replacements)	105 (80 replacements)
WS Notice of Exemptions	848 (4 stoves removed)	4493 (19 stoves removed)	732 (11 stoves removed)	7143 (63 stoves removed)
Asbestos Assessments	87	658	76	862
Asbestos Demo and Removal (NESHAP)	24	187	19	199

Staff reviewed twenty-four (24) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Inspection staff has completed the first three MME cultivation facility inspections. While no violations were noted several recommendations were made to better demonstrate compliance. AQMD staff will continue to monitor the Medical Marijuana Establishment (MME) community to ensure that AQMD permitting is appropriate for these new facilities while maintaining compliance with District and Federal Regulations.
- Permitting staff has completed the SFPP LP major source operating permit modification. The modification is now available for public comment. After the public comment period is complete the modified permit will be issued.

Staff conducted sixty-five (65) stationary source and fifty-five (55) gas station inspections in June 2015. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2015*		2014	
	July	YTD	July	Annual Total
Asbestos	2	17	1	27
Burning	2	4	0	9
Construction Dust	0	17	5	53
Dust Control Permit	1	2	1	20
General Dust	4	24	2	52
Diesel Idling	0	0	0	3
Odor	4	18	4	16
Spray Painting	1	6	0	8
Permit to Operate	1	9	4	31
Woodstove	0	10	0	12
TOTAL	15	107	17	231
NOV's	July	YTD	July	Annual Total
Warnings	2	17	4	41
Citations	2	8	2	11
TOTAL	4	25	6	52

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

Mike Wolf
 Chief, Permitting and Enforcement

DD	SK
AHSO	NA
DHO	AD
DA	NA
Finance	NA
Risk	NA
HR	NA
Purchasing	NA

**COMMUNITY & CLINICAL HEALTH SERVICES DIRECTOR
STAFF REPORT
BOARD MEETING DATE: August 27, 2015**

DATE: August 11, 2015
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
 775-328-6159; skutz@washoecounty.us
SUBJECT: Program Report – Immunizations. Divisional Update, Program Reports

1. Program Report – Immunizations - National Immunization Awareness Month (NIAM)



August is National Immunization Awareness Month (#NIAM15). The purpose of this observance is to highlight the importance of immunizations, one of the top 10 public health accomplishments of the 20th Century, according to the Centers for Disease Control and Prevention (CDC).

While immunizations have significantly reduced the incidence of many serious infectious diseases, vaccination rates for some diseases are not meeting national public health goals. The importance of immunizations across the lifespan needs to be communicated to increase awareness and vaccine rates, ultimately reducing the impact of vaccine preventable diseases.

Washoe County is making strides toward meeting the Healthy People 2020 objective to increase the percentage of children aged 19 to 35 months who receive the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella and pneumococcal conjugate (PCV) vaccines by age 19-35 months to 80%.

Year	2014	2013	2012	2011	2010
Rate (%)	76.97	75.56	73.58	71.17	66.83

Table 1: Washoe County 19-35 month old Immunization Rate (4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 Hep B, 1 varicella, 4 PCV) Data source: WebIZ, State of Nevada, 5/2015.

Other vaccination rates fall well below the Healthy People 2020 objectives such as Human Papillomavirus (HPV) vaccine coverage of 80%. Nevada WebIZ data shows only 12 percent of adolescents aged 13-17 years of age have completed the three dose series.

School Located Immunization Clinics (SLVCs) have been an important tool to help address low flu vaccination rates for school aged children and seventh grade entry Tdap requirements. In 2014, 20 SLVCs were held in partnership with Immunize Nevada, immunizing 2,219 clients with a total of 2,635 vaccines administered.

Over the past year the Immunization Program has increased on-site clinic services from three to five days per week, appointment scheduling from three to five days per week, and now offers extended evening hours two to three times per month. Limited walk in appointments are also available.

In addition to on-site clinic services, the Immunization Program provides vaccines at a variety of community vaccination clinics through partnerships such as Immunize Nevada, Washoe County School District, Boys and Girls Club and the Nevada State Immunization Program. Flu vaccinations were also provided at a homeless shelter and two residential drug rehabilitation centers. Some of the clinics provided additional vaccines such as Tdap, and pneumococcal.

Our partnership with Catholic Charities of Northern Nevada's Kids to Seniors Program provides an avenue to bring immunizations to underserved population groups with transportation and other access barriers. Program staff participate in off-site clinics 2-3 times per week at various locations, providing vaccinations for Vaccines for Children (VFC) eligible children and Section 317 funding source eligible adults.

In addition to routine vaccine administration, staff carry out multiple grant related activities such as conducting compliance visits to enhance stewardship and accountability for all publicly purchased vaccines (Vaccine for Children and Section 317 funding), provider education for program improvement and improved immunization rates, and perinatal hepatitis B monitoring.

Additional Accomplishments in Fiscal Year 2015 include:

- Participation in a full scale combination drive-thru/walk-thru Point of Dispensing (POD) exercise on October 9, 2014

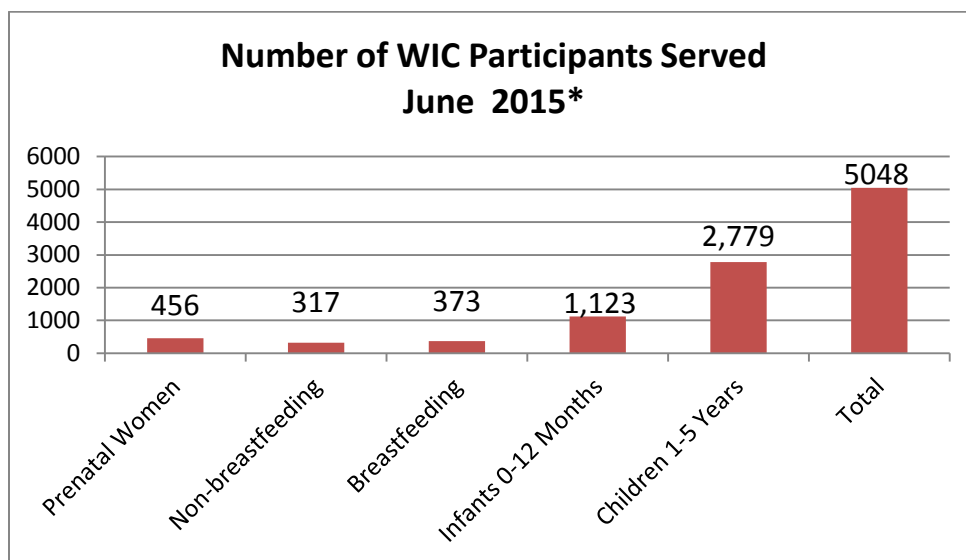
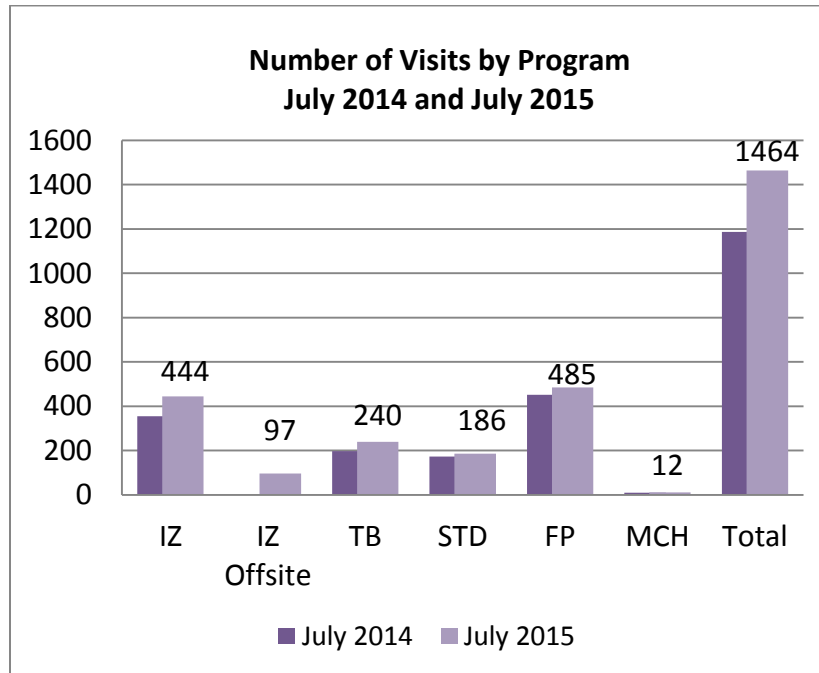
- EMT/Paramedic vaccine administration training, in partnership with EPHP
- Medical assistant vaccine administration training
- Childcare provider education
- Immunization lectures for nursing students at University of Nevada, Reno and Carrington College
- Creation of a Facebook page dedicated to the WCHD Immunization Program
- Participation in the new Truckee Meadows Immunization Workgroup

The Health District's Immunization Program is committed to increasing immunization rates and reducing the burden of vaccine preventable diseases through clinic services, community outreach and community partnerships.

2. Divisional Update –

- a. Electronic Health Record (EHR) Update – WCHD staff conducted site visits to two Health Departments in North Carolina utilizing the Patagonia Health EHR. We came away from the visits very impressed with the ease of use and comprehensive nature of the database, and picked up a number of tips on how to most easily use the system in a practical, efficient approach. Two components of the database have been updated, and staff will review via a webinar the week of August 10th. If the review goes well, we'll proceed with purchase of the system, with a projected go live date of early 2016.
- b. Food Bank of Northern Nevada (FBNN) – CCHS Collaboration – Recently the Health District was contacted by FBNN regarding partnering with them for SNAP (Supplemental Nutrition Assistance Program) applications for our WIC clients. I met with FBNN representatives, and we're looking forward to piloting having a FBNN/SNAP enrollment worker in our Health District lobby, with primarily targeting our WIC and immunization clientele, and offering services to other CCHS clients as well. This is a unique opportunity to with FBNN, as they are part of a federal demonstration project and they are able to do the application and client interview at the same time, thus saving the client time, with enrollment in 7-30 days, depending on need. Additionally, they can offer clients Medicaid applications, another benefit for our clients.

c. Data/Metrics –



*It takes a full month after the last day of the reporting month for final caseload counts as WIC clinics operate to the end of the month and participants have 30 days after that to purchase their WIC foods.

Changes in data can be attributed to a number of factors – fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables, all which may affect the availability of services.

3. Program Reports – Outcomes and Activities

- a. **Sexual Health** – Staff are completing mid-year reports for multiple grant funding sources. In addition, training on a new data collection and process is taking place for Ryan White funded activities. Staff participated in two Pride events celebrating LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Questioning) community, providing education, harm reduction supplies, and testing.

The following paragraph is from the HIV prevention program's semiannual progress report, which outlines staff success in identifying HIV positive clients:

HIV positivity rates have increased by over 133% from 2014 to the end of the reporting period. The rate at the end of 2014 was 0.3% with six positives identified. For the first half of 2015, WCHD's positivity rate rose to 0.7%, identifying seven positives. This increase is a result of expanding resources at two of the highest positivity sites. This represents a great success that WCHD has worked hard to achieve.

- b. **Immunizations** – It's Back to School time again! Give Kids a Boost Immunization, Insurance and Injury Prevention Event was held on Saturday, August 1, 2015 at the Sun Valley Neighborhood Center. A total of 111 children received 298 vaccines at that event. Another Give Kids a Boost event was held on Saturday, August 8, 2015 at the Boys and Girls Club Pennington Facility. Preliminary data shows 179 children received vaccine at that clinic.
- c. **Tuberculosis Prevention and Control Program** – Holly McGee, PHN TB Program Case Manager, will be attending the Tuberculosis Contact Investigation Interviewing Skills Intensive training the week of August 10, 2015. This training is presented by Curry International Tuberculosis Center in Oakland, California. Staff are currently investigating two suspect cases and conducting the six week follow-up of the contacts at a local commercial facility.
- d. **Family Planning/Teen Health Mall** – A comprehensive program review of Family Planning/Teen Health Mall was completed July 30-31, 2015; program reviews occur every three years. The program received positive feedback from the review team, and

there were only three findings and a larger number of recommendations. For reference, there were 15 findings noted at the 2012 review, so significant improvement was noted. Once the written report is received from the review team the program staff will have 30 days in which to complete a Corrective Action Plan.

- e. **Chronic Disease Prevention Program (CDPP)** – Nicole Alberti is working with the RenOpen Streets project to support a healthy community event encouraging physical activity. She has been instrumental in helping this event to be smoke free. This will hopefully be the first of several opportunities for the CDPP to provide technical assistance for outdoor events in order to create a smoke free environment.

Staff continue their outreach to health care and service providers in the community, providing information about cessation opportunities available to their clients. Reports from the 1-800-Quit-Now (Nevada Tobacco Quitline) telephonic cessation resource show not only an increase in the number of callers, but also an increase in the number reporting that their doctor or healthcare provider referred them to the Quitline. In June there were 41 callers to the Quitline (more than any other month over the past 12-month period) and 9 callers reported being referred by a health care provider. Twenty-one callers reported a TV, radio or internet referral.

Kelli Goatley-Seals, CDPP Program Coordinator, assumed the position of president for the local Safe Kids Coalition, which focuses on injury prevention for children.

- f. **Maternal, Child and Adolescent Health (MCAH)** – Jan Houk attended the Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality learning session in July. The Nevada CoIIN team plans to focus on preconception and interconception health. They are currently developing a quality improvement project to identify the barriers to early utilization of long acting reversible contraception (LARC). American Congress of Obstetricians and Gynecologist (ACOG) recommend implantation of LARCs immediately following delivery while the patient is still in the hospital to reduce the rate of unintended pregnancies.
- g. **Special Supplemental Nutrition Program for Women, Infants and Children (WIC)** - WIC staff participated in the annual *Liquid Gold 5K Walk/Run* on Saturday, August 1st at the University of Nevada Reno to celebrate *World Breastfeeding Week*, August 1- 7th. This event is sponsored by the Northern Nevada Breastfeeding Coalition to promote breastfeeding awareness in our community. The theme this year for World Breastfeeding Week is, “Breastfeeding and Work, Let’s make it Work”. The three necessary factors

Subject: CCHS Division Director's Report

Date: August 27, 2015

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that determine successful breastfeeding when women return to work are *Time, Space, and Support*.

The annual WIC *Local Agency Nutrition Services Plan* (LANSP) document was completed this year by interim WIC Program Managers, Soni Monga and Janet Piette. This document, per WIC Federal Regulations, is completed by the local agency to “establish nutrition priorities, including breastfeeding promotion and support, and focuses activities to improve participant health and nutrition outcomes and serves as a basis for allocating nutrition services resources”.

DD	BS	_____
AHSO	NA	_____
DHO	KB	_____
DA	NA	_____
Finance	NA	_____
Risk	NA	_____
HR	NA	_____
Purchasing	NA	_____

**Environmental Health Services
Director Staff Report
Board Meeting Date: August 27, 2015**

DATE: August 14, 2015
TO: District Board of Health
FROM: Robert O. Sack, Division Director, Environmental Health Services (EHS)
775-328-2644; bsack@washoecounty.us
SUBJECT: EHS Division Update, Program Updates - Food, IBD, Land Development, Vector-Borne Disease, Waste Management, and EHS Inspections / Permits / Plan Review.

DIVISION UPDATE

- Environmental Health reviewed 19 Community Development projects.

PROGRAM UPDATES

Food

- Staff began work on the following activities related to the food regulation implementation strategic plan:
 - Guidance material was developed to assist field staff in the evaluation and enforcement of Certified Food Protection Manager (CFPM) status including guidance on acceptable training programs for first time CFPM applicants.
 - Staff designed a Hazard Analysis Critical Control Point (HACCP) page on the Health District website to provide resources to assist food establishment operators in the development of HACCP plans.
- The Food Protection Program welcomed an Intermittent Health Educator who will be assisting staff with the development of policies and procedures needed to meet the requirements of the FDA Voluntary National Retail Food Regulatory Program Standards. The position is funded through a grant from the FDA Standards Program.
- **Special Events –**
 - July started off with 4th of July holiday events, one of the busiest weekends of the year. The Biggest Little Chicken Wing Festival was held July 3 thru 5, and attracted more than 65,000 patrons with 24 chicken wing cookers. There were 50 total permits issued for the event with 86 inspections completed. In total, there were 80 permits issued and 122 inspections completed by Special Events staff from July 2 thru 5.
 - With most shifts occurring on nights and weekends, the remainder of July kept staff hopping with Artown Events and the 10 local ongoing Farmers Markets.
 - As the month drew to an end, staff held meetings and mobilized resources to prepare for the 29th Annual Hot August Nights event held August 3 thru 9.

Land Development

- Staff continues to see continued growth and plans in the residential septic and well program. New plans continue to be more and more complex as setback and ground water levels continue to be pushed with some of the additions and home sizes proposed. Due to the complexity of the plans, it is taking longer to review and approve, and many of which take multiple meetings with the property owner and their consultants or contractors.
- Water projects continue to be submitted at the same pace as in 2014. Review of these projects is taking twenty to thirty days each. The main reason for the extended review time is due to the overall increase of plans and community development projects being received and reviewed by this agency.

Vector-Borne Disease

- Staff worked in partnership with Washoe County Parks to provide vegetation management at the ponds at Crystal Peak Park in Verdi. Mosquito larvae were detected in the ponds where algae and cattails were present. Staff requested an increase in the hours of aeration to which the Parks staff agreed. This will provide more oxygen on the water surface to reduce algae growth. Staff also discussed and met with the parks work crew on site to remove cattails along the pond margin in order to eliminate mosquito habitat. The photos show the collaborative effort with Washoe County Parks in cattail removal.



- With the positive West Nile virus (WNV) adult mosquitoes collected north of South Meadows Parkway, staff last week and this week are adulticiding the Butler Ranch, Donner Springs, South Meadows and Double Diamond areas. The treatments will reduce the exposure risk of (WNV) to the Truckee Meadows Community and are in response to the many service request calls from the public regarding biting mosquitoes in these areas.
- The Vector-Borne Diseases Program treated approximately 1,000 acres the week of August 3rd, applying Altosid product in Lemmon Valley, Kiley Ranch, Red Hawk, Rosewood Lakes Golf Course, Butler Ranch, South Meadows, Damonte Ranch and Washoe Valley.
- Staff has been busy with the survey and treatment of 1,500 catch basins. A number of calls received by the Program are from catch basins colonized with mosquitoes. Survey and treatment of this source type will be continued.

- Data collected by staff from our surveillance methods of trapping, sorting, and identifying adult mosquitoes has resulted in the testing of 12,000 mosquitoes from 10 different species.
- The Animal Diseases laboratory of the Nevada Department of Agriculture will be providing gravid traps to the Program. This is an urbanized trap that collects mosquito species transmitting diseases. One of the several mosquito types this trap will catch is the Common House mosquito found in catch basins because they readily feed on humans.
- Sixteen civil plans were reviewed with 6 signed off for the certificate of Occupancy (C of O).

Waste Management

- Staff has streamlined the process to order and pay for dumpsters for illegal cleanups and other citizen requests. The new process will eliminate about one hour of processing for each dumpster request.
- Staff has seen a spike in emergency response requests throughout the region. Over the past month, staff has responded to five hazardous materials/waste response requests from either law enforcement or fire officials. As the economy continues to turn around, this agency believes the requests for hazardous materials/waste response will continue to increase.
- Staff worked with the contractor TruePoint Solutions to complete the permitting builds for the waste management and Underground Storage Tank Programs. The builds have been tested and are waiting on final testing for implementation into the overall regional Accela Project.

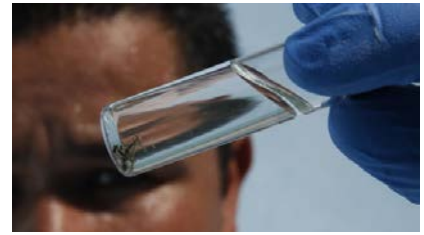
EHS 2015 Inspections/Permits/Plan Review

	JAN 2015	FEB 2015	MAR 2015	APR 2015	MAY 2015	JUN 2015	JUL 2015	Mo. Avg
Child Care	5	11	5	16	9	9	14	10
Complaints	49	53	77	73	72	121	123	81
Food	404	543	536	394	412	441	451	454
General	63	103	108	109	315	159	162	146
Plan Review (Commercial Food/Pool/Spa)	19	10	13	8	42	19	24	19
Plan Review (Residential Septic/Well)	46	57	45	48	46	62	42	49
Residential Septic/Well Inspections	33	76	86	85	86	72	94	76
Temporary Food/Special Events	26	46	60	72	168	346	221	142
Well Permits	8	12	11	13	14	11	9	11
Waste Management	8	21	32	16	15	16	8	17
TOTAL	661	932	973	834	1,179	1,256	1,148	1,005

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

California officials report year's first death from West Nile virus

County Vector Control inspector Eddie Garcia looks at several tiny mosquito larvae collected from a Buena Park backyard swimming pool last year. Garcia is part of a county-wide program to clean up pools where mosquitos are breeding to control the spread of West Nile Virus. (Don Bartletti / Los Angeles Times) • July 20, 2015, 4:37 PM



BY SOUMYA KARLAMANGLA *contact the reporter*

California health officials on Monday confirmed the state's first death this year from West Nile virus. The death of a senior citizen in Nevada County comes in a year with an unusually high number of cases of West Nile among mosquitoes and birds, officials said. Infected mosquitoes transmit the virus to humans and animals, mostly birds.

The California drought could be responsible for another frightening trend: increased West Nile virus activity. (Veronica Rocha)

Though most people have a low risk of developing a serious illness if they contract West Nile, those 50 and older, as well as those with diabetes or hypertension, are at a higher risk of complications. "This death is a tragic reminder of how severe West Nile virus disease can be," California Department of Public Health Director Dr. Karen Smith said in a statement. "West Nile virus activity is more widespread in 2015 than in years past. Californians need to be vigilant in protecting themselves." So far this year, 33 California counties, including Los Angeles, Orange and Ventura, have reported West Nile activity. That's four more counties than this time last year, and higher than the five-year average of 22, officials said.

Experts think [California's drought may have led to the increased West Nile activity](#). With fewer sources of water for birds and mosquitoes, they're coming into closer contact with humans in their search for water, increasing the chance of transmission.

Health officials recommend using insect repellent to stave off mosquitoes and wearing protective clothing during dawn and dusk, when the insects are most active. They also recommend emptying things such as flower pots or buckets because mosquitoes lay eggs in standing water.

Mosquitoes test positive for West Nile in South Meadows

[Marcella Corona](#), RGJ 3:25 p.m. PDT August 3, 2015

A file photo showing collected mosquitoes from Carson City awaiting to be sorted by species and sex at the Washoe County Health District's Vector Control Lab. A sample of mosquitoes tested positive for West Nile virus in the South Meadows area in Reno.(Photo: RGJ file)



The first positive test this year for West Nile virus was confirmed in the South Meadows area, Washoe County Health District officials said Monday.

A sample of mosquitoes collected from pooled water in the area of Double Diamond Parkway and Trademark Drive were tested positive for the virus and prompted stricter mosquito surveillance.

Health officials are set to start Tuesday conducting controlled early-morning fogging in the area.

“This is typically the time we begin seeing West Nile virus in the area,” Phil Ulibarri, Washoe County Health District communications manager, said in a statement. “The weather has been particularly hot and humid offering prime breeding factors for mosquitos.”

Last year, the first positive test for West Nile virus was also confirmed in early August.

Any night-time mosquito activity can be reported to the Health District at 775-785-4599 or 775-328-2434. More information on West Nile virus and the Washoe County Health District’s Vector-Borne Prevention Program can be found at www.washoecounty.us



A file photo showing a mosquito feeding on a human. Some mosquitoes can spread illnesses, including West Nile virus. (Photo: U.S. Centers for Disease Control)

5 tips to avoid mosquito bites:

1. Wear proper clothing and repellent if you’re heading outdoors. Mosquitoes are most active in the early mornings and evenings.
2. Use repellent containing DEET, picaradin, oil of lemon eucalyptus or IR3535. Repellents keep mosquitoes from biting you. DEET can also be safely used on infants and children 2 months of age or older.
3. Make sure your doors and windows have tight-fitting screens to keep the pesky bugs out. Repair or replace screens that have tears or holes.
4. Clear standing water that could potentially become a breeding ground for mosquitoes. That includes small puddles, pools, planters, sandboxes, wagons and toys. Water can also pool underneath and round faucets, plant saucers and pet bowls. The Health District’s Vector-Borne Prevention Program also offers mosquito-eating fish for water features.
5. Vaccinate your horses for West Nile virus.

Reno rains bring mosquitoes, West Nile questions

The Washoe County Health Department worries heavy rain and flash flooding could raise the mosquito population and West Nile virus. So they fight back to prevent infectious spread with chickens. Watch the testing process in less than two minutes. [Marcella Corona](#), RGJ 3:35 p.m. PDT August 3, 2015



Jim Shaffer, right, and Hayden McSwiggin, both employees for the Washoe County Health Department, check a sample of water from a storm drain for mosquito larvae on Thursday in Reno.(Photo: Marcella Corona/RGJ)Buy Photo



Washoe County health officials are bracing themselves for a rise in the West Nile virus, but so far no trace of the mosquito-transmitted bug has been found here.

The disease recently skyrocketed in California, with 31 counties reporting West Nile virus activity earlier this month. That's 10 more than the same time last year and above the five-year average of 18, the California Department of Public Health reported in a news release.

In California, a total of 240 mosquitoes tested positive in early July – six more than last year.

[RENO GAZETTE JOURNAL](#)

[Mosquitoes test positive for West Nile in South Meadows](#)

[RENO GAZETTE JOURNAL](#)

[Six facts about the West Nile Virus](#)

Meanwhile, nearly 50 non-human cases were reported in Clark County, said Dr. Anette Rink, laboratory supervisor for the State of Nevada Department of Agriculture's Division of Animal Industries.

"Between 2008 and 2012, we had really low numbers in the 10s or 20s (in Nevada)," Rink said. "And last year we saw (a total of) 97. So I think what we're seeing is a bit of an uptake again."

'Just because we don't report anything, it doesn't mean it isn't out there, because we don't catch every mosquito out there,' -Dr. Anette Rink

The Washoe County Health Department tests pools of standing water, mosquitoes and even chickens for three diseases: West Nile virus, Western equine encephalitis and St. Louis encephalitis.

More than 1,400 samples – each including at least 50 mosquitoes – were tested for the summer season. None were positive.

"We've had detections every year in the state since it was introduced in 2004, but the level of detection was very insignificant," Rink said, adding flash flooding could give way to increased breeding this year.

"Just because we don't report anything, it doesn't mean it isn't out there, because we don't catch every mosquito out there," she said.

Flash flooding raises concerns

Jim Shaffer, Vector Borne Diseases program coordinator, has been examining pools of water and collecting mosquitoes.

Carbon dioxide traps, which attract nearby mosquitoes, are placed throughout Reno-Sparks. The traps use light to beckon the bugs closer, then a fan sucks them into a net. The flying pests are then collected and classified. Of the 35 mosquito species living in Nevada, 30 can transmit West Nile, Western equine and St. Louis encephalitis, Shaffer said.

Shaffer said heavy rains and flooding in the past month created a concern.

"It's actually put water in areas where we've never seen water before," he said. "Some of those areas can go ahead and be a problem for us."

That includes dry areas that are now holding water, such as parts of Spanish Springs, Stead and Damonte Ranch, Shaffer said.

"If it's an area that holds water longer than seven days, then it can be a spot to go ahead and breed mosquitoes," he said.

Last year, one human case of West Nile virus was reported in Washoe County. But officials said they believe the person contracted the disease outside the area after traveling. Mosquito samples collected in Gerlach also tested positive in 2014.

"Even though we haven't had any positive collections for West Nile Virus and other mosquito transmitted diseases (this year), if people are going to go outside, then ideally they should wear long-sleeve shirts and pants," Shaffer said. "You don't have to use DEET. There are other over the counter products that you can go ahead and use."

Homeowners who collect rainwater in wheelbarrows should overturn all containers, he said.

"If you have holes on the screens on your windows, then go ahead and fix those screens," Shaffer said. "Or, if you don't have screens at all and you have your windows open, then put screens on there."

The Washoe County Health Department also provides mosquito-eating fish for home water features, he said.

"A lot of people think that since we're a high desert, that there isn't a lot of water here, but farmers go ahead and irrigate their fields and pastures and they use water," Shaffer said. "People go ahead and water their lawns, and when water runs off the sidewalk, they go into these catch basins... and they hold water and can be a mosquito problem."

"We can go out and sample it to see if there are mosquito larvae in there," he said.

Trapping mosquitoes and testing chickens

Mosquito traps, dead bug carcasses and fish aren't the only tools. The Sentinel Chickens also stand in the way.



The hosts for the virus are birds. Chickens are susceptible, but are dead-end hosts – meaning the virus can't be passed along. That makes them the perfect secret weapon in finding traces of the virus.

Natasha Smith, an intern for the health department's Vector Borne Disease Programs, spends every other week chasing chickens.

Natasha Smith, an intern with the Washoe County Health District, prepares to draw blood from a chicken's comb to test for West Nile Virus and other mosquito transmitted diseases on Monday at a Reno farm. (Photo: Marcella Corona/RGJ)

"There are five different coops across Reno-Sparks and down to Washoe Valley," Smith said. "We have 54 chickens that we test. It's usually about two coops one week and two coops another week, so we alternate."

On Monday, Smith gathered a flock of hens and pricked their crowns with a lancet. The blood sample is then tested for the virus. No positive results were reported yet, she said.

"It really depends on if the mosquitoes get in, and if they start feeding on the chickens and if the disease gets passed to the chicken and back to the mosquitoes. We really have to keep testing them to find out."

Rink, who supervises the laboratory, also tests the chickens' blood. The process takes about five or six hours.

Northern Nevada hosts that can pass the virus include red robins, finches, corvines, raptors and the sage grouse.

"Chickens and pigeons do not play a role in transmitting the disease," Rink said.

"But if there is natural infection out in the wild where there are sage grouse, those birds don't usually survive," she said. "That is a big issue."

Horses and humans are also susceptible, but aren't contagious, Rink said. A series of four vaccines are only available for horses', she said.



Natasha Smith, an intern with the Washoe County Health District, prepares to draw blood from a chicken's comb to test for West Nile Virus and other mosquito transmitted diseases Monday at a Reno farm. (Photo: Marcella Corona/RGJ)

The West Nile virus was first introduced into the United States in 1999. But traces of western equine encephalitis or St. Louis encephalitis were found in the U.S. before the West Nile virus.

"West Nile Virus is the one we're finding more frequently than the other two, but every year we find one or two of western equine and St. Louis encephalitis positive pools," Rink said.

"The thing to keep in mind as far as human health is concerned, the treatment in humans is the same regardless of what the virus is," she said. "However, the success rate in treating for western equine and St. Louis encephalitis is usually worse than it is in West Nile."

About one in five people infected with West Nile develops a fever and other symptoms such as headaches, body aches, joint pains, vomiting, diarrhea or a rash, according to the Center for Disease control. Most recover, but feel fatigued and weakened.

About 1 percent of infected people develop the most serious form of the disease, the CDC said.

People with certain medical conditions, such as cancer, diabetes, hypertension and kidney disease are also at greater risk for serious illness.

Recovery from severe disease may take several weeks or months. Some of the neurological effects may be permanent.

About 10 percent of people who develop neurological infection due to West Nile virus will die.

Jim Shaffer, a program coordinator for the Washoe County Health District, hands a chicken to Natasha Smith, an intern, to draw blood from the chicken's comb for testing of mosquito transmitted diseases Monday at a Reno farm. (Photo: Marcella Corona/RGJ)



At a glance:

West Nile virus is an arbovirus most commonly spread by mosquitoes. While the first North American confirmed case was in 1999, it has been documented in Europe and the Middle East, Africa, India, parts of Asia, and Australia. Since 1999, the virus has spread across the continental United States and Canada.

Mosquitoes are infected with the West Nile Virus when they feed on infected birds. They then pass it on to humans and other animals.

Anyone who lives in affected areas can be infected. The virus has been confirmed in all lower 48 states with people who spend a significant amount of time outdoors being at greater risk.

After being bitten by an infected mosquito, the incubation period is 2 to 6 days but can range 2 to 14 days. This may vary for people with compromised immune systems.

Source: RGJ archives

West Nile Virus symptoms

- No symptoms: According to the CDC, 70-80 percent of people who are infected with the West Nile Virus do not develop symptoms.
- Fever: One in 5 people will develop a fever. This could come with a rash, headaches, body aches, joint pain, and vomiting. While most recover from the symptoms, fatigue and weakness can last for months.
- Neurological illness: The chances on developing a neurological illness such as encephalitis or meningitis are less than 1 percent. Symptoms include neck stiffness, head ache, high fever, disorientation, coma, and tremors. Those over 60 or people with medical conditions such as cancer, diabetes, hypertension, and kidney disease are at greater risk for developing a neurological illness from West Nile Virus.

Source: RGJ archives

How to avoid West Nile Virus

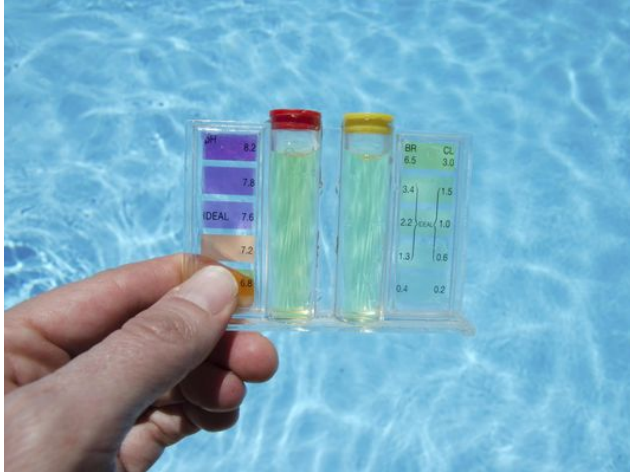
- Repellent: Prevent the virus by using repellent that contains DEET for longer lasting protection. Other ingredients that help include: picaridin, IR3535, and some oil of lemon eucalyptus and para-menthane-diol products.
- Cover up: When the sun starts to set and you're heading outdoors, cover up with long sleeves and pants.
- Home repairs: Prevent mosquitoes from coming in by repairing any screens on doors and windows.
- Avoid standing water: Protect yourself by emptying flowerpots, buckets, pet dishes, pool covers, and bird baths around your house.

Anyone who knows of pooling water or needs fish for home water features are asked to contact the Washoe County Health Department at 775-785-4599.

Source: Washoe County Health Department and RGJ archives

Ask the RGJ: How to waste less swimming pool water

[Mark Robison](#), RGJ 2:44 p.m. PDT August 13, 2015



If cyanuric acid levels get too high in commercial swimming pools, the health department can close them. (Photo: Getty Images/iStockphoto)

A reader wrote in concerned about water seeming to be wasted because of the swimming pool at his apartment complex.

A related question of likely interest in drought-parched Reno-Sparks is whether anything can be done to decrease the need to drain swimming pools.

Short answer: Pools don't need to be drained if the chemicals are handled properly. Using popular chlorine tablets can increase the need to drain swimming pools, but alternatives exist that can require less water be used. The apartment complex in question has partially drained its pool to correct a chemical imbalance.

Full question

Robert Baker commented on Facebook about an RGJ drought story: "Why don't you do some worthy news like how my apartment complex at Sandpebble Spanish Oaks empties their pool every week and fills it again? Keep calling the water authority and continue to do nothing about it."

Full response

A representative of Kromer Investments, the [property management company for Sandpebble Spanish Oaks](#), suggested I talk to the Truckee Meadows Water Authority and [Lee Joseph, a Reno pool company on South Wells Avenue](#) that services some Kromer properties.

Lee Joseph general manager Judy Hesterley said her company tested water from the Sandpebble Spanish Oaks apartment complex's pool and urged a full or partial drain be done to fix a chemical imbalance.

Andy Gebhardt, TMWA's manager of customer service, said via email: "In checking through our records on [Conservation Hotline complaints](#), two calls came in regarding the pool at Sandpebble Spanish Oaks. We followed up on both complaints by contacting the apartment complex manager. They explained that they were having issues balancing the chemical levels in the pool, which required partial draining."

A question of wider concern is how often apartment complexes, motels and other commercial pools need to be drained — and if anything can be done to decrease how often such water waste happens.

Hesterley said swimming pool water potentially never needs to be drained, either fully or partially, if the chemicals to treat the water are handled properly.

But here in Northern Nevada, she said, pools generally aren't kept open year round so people drain them part way and put chemicals in to keep the water from turning green over the winter.

“This year because we had a warm winter, many pools had a tremendous amount of green water,” she said. “The pools were unsavable. It would cost more in chemicals (to treat the bad water) than people would be willing to spend.”

These pools had to be completely drained and filled from scratch.

Liquid chlorine, bromine and salt can also be used. If these are handled right, “there's no reason you should have to change the water unless something major happened like the pumps went down and the water turned green,” Kennedy said.

Chlorine tablets are cheaper so people tend to use these. Lee Joseph urges its customers switch to bromine because the chlorine tablets create a byproduct called cyanuric acid that, when it builds up, can cause slime on the sides of pools, diminish the effectiveness of the chlorine and affect the water's clarity.

If a health inspector happens to inspect a pool when the cyanuric acid level has risen high enough, the pool can be closed.

Phil Ulibarri of the Washoe County Health Department said via email: “Cyanuric acid is a component of the chlorine tablets and is used as an ultraviolet stabilizer in outdoor pools and spas to help shield the free available chlorine in the water (the sanitizing component) from premature destruction by ultraviolet light from the sun. There is a maximum allowed limit of 100 (parts per million) by regulation. Levels in excess of this may cause severe skin irritation. Once cyanuric is above approximately 50ppm, it will begin to stick to the plaster and will re-release back into the water when drained and refilled. Therefore, to sufficiently reduce levels above 50ppm, the plaster must be brushed or scrubbed just prior to draining.”

A “certified pool operator” is responsible for determining when a pool should be drained, Ulibarri said. If the operator is not aware that the cyanuric acid sticks to the walls and comes back if not scrubbed off *before* partial draining, this may cause pool operators to drain more often than is needed.

Memories of “[Caddyshack](#)” (video clip at bottom) may come to mind for those reading this next quote from Ulibarri: “Other reasons for draining may be ... a fecal accident in which the pool would typically be closed for a period of time along with chemical shocking and/or complete draining.”

Perhaps “fecal accidents” could be a subject of their own story.

The bottom line is TMWA looked into the reader's complaint and found that the Sandpebble Spanish Oaks pool was being partially drained in order to correct a potentially dangerous chemical imbalance. It is unclear how often this happened.

The frequency of such drainings can often be decreased by switching away from chlorine tablets.

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

**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS
DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: August 27, 2015**

DATE: August 18, 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) –

Outage of Electronic Disease Surveillance - The National Electronic Disease Surveillance System (NEDSS) – Base System (NBS) is a surveillance system used by the WCHD and other local jurisdictions to report 60+ diseases that are mandated through NRS/NAC 441A to be reported to the CDC through the State. The NBS was developed by a CDC contractor and has been used in over 20 states, including Nevada, since 2005. On June 22, 2015 WCHD was notified that the system would be off line for one day for a major upgrade. Since then the system has not functioned properly and has been completely down since July 24th. This is causing a backlog of cases to be entered and reported to CDC. It also means that WCHD has been unable to access electronic laboratory reports from the Nevada State Public Health Laboratory, LabCorp, and ARUP. Currently WCHD must deploy a work around that involves staff from the State Division of Public and Behavioral Health (NDPBH) pulling down lab reports and forwarding them. Laboratory reporting is the primary way in which many communicable disease cases are brought to public health attention. In addition, this situation has forced WCHD to be out of compliance with state law.

As of the date of this report WCHD staff members are still unable to access NBS. The NDPBH has prioritized this issue for corrective action. As a result, on August 17 a meeting was held with the State and Washoe County Technical Services during which Technical Services was able to log in. Technical Services will now need to develop a change to operational permission sets for all county users before CD staff will be able to access the system. Technical Services is estimating that this will be accomplished by August 19.

Public Health Preparedness (PHP) –

Points of Dispensing - The Public Health Preparedness (PHP) program is currently working with NV Energy and Circus Circus Casino on validating and updating their memoranda of understanding (MOUs) with the Health District to dispense prophylactic medications during a public health emergency. These MOU’s are critical to establishing the working relationship and expectations for the deployment of the Strategic National Stockpile (SNS) 12 hour push package and/or vendor managed inventory.

The PHP program has also established the fall dates for the Fire Vaccination Renewal Training. This training is provided to Fire Services personnel who are certified paramedics or qualified intermediate or advanced Emergency Medical Technicians (EMT's) in order to allow them to administer vaccines in the event of a public health emergency. This certification is good for two years and increases the vaccination/medical dispensing surge capacity of our community.

National Preparedness Month - September is National Preparedness Month. Prior focus groups conducted in Washoe County by the PHP program indicated that residents want there to be "one voice" for receiving both personal preparedness information and vital information during an emergency. The Public Health Preparedness program will again work with Washoe County Emergency Management to promote personal preparedness to the citizens of Washoe County through emails and press releases.

Trainings and Exercises - Program staff participated in and provided training and exercise information for the Statewide Training and Exercise Planning Workshop (TEPW) in Carson City. In August, Washoe County Emergency Management will hold a County-specific TEPW. Developing these calendars with different agencies ensure that all stakeholders are aware and coordinating training and exercises for maximum efficiency and coordination.

Disability Preparedness - Staff attended the Nevada's Disabilities Conference 7/20-7/21. The conference was focused on assistive technology, resources in the classroom and understanding the means to which information can be shared with an individual using assistive technology, advocacy, and integrating social media. This information and networking will further increase preparedness planning among access and functional needs populations within the county.

Hospital Preparedness - Staff disseminated the Essential Services and Assets Survey to hospitals in Washoe County to ensure the development and refinement of resource management processes. The goal of this activity is to help protect healthcare assets and essential services within the county.

Medical Reserve Corp (MRC) - The WCHD's MRC program volunteers' collaborated with Carson City's MRC program volunteers and helped staff the First Aid Booth at the Nevada State Fair that was held at Fuji Park in Carson City, July 30-August 2, 2015. The WCHD's MRC program volunteers also assisted the WCHD's CCHS division in its two communities back to school immunization clinics that were conducted August 1, at the Sun Valley Neighborhood Center and August 8, at the Boys and Girls Club.

Emergency Medical Services (EMS) –

EMS Staff toured East Fork Fire Protection District on July 20. The purpose was to continue to learn about regional partners and partnerships within Washoe County. The East Fork Fire District Dispatch center is going through their ACE Accreditation and was the first PSAP to be accredited for EMS Dispatching. The visit provided EMS Staff with a broader understanding of regional partners and ideas for regional collaboration.

EMS staff met with regional partners on July 21 to discuss the possible implementation of omega protocols in our region. Omegas are 911 calls that are low acuity/non-emergency as determined through the EMD questioning process. During this meeting it was requested that EMS staff

develop a regional release form for instances when fire arrives on-scene of an omega call and REMSA is not sending an ambulance response. EMS staff met with legal representatives from the DA's office for an initial discussion and review of a draft regional form on August 6. It is anticipated that the District Board of Health will receive a report on the implementation of the omega protocols in September with an anticipated implementation date of October 1, 2015.

EMS staff attended the PHP Senior Advisory Committee on July 28 to discuss future revisions of the Nevada Statewide Medical Surge Plan and the possibility of incorporating the Mutual Aid Evacuation Annex (MAEA) into the Statewide Medical Surge Plan. EMS staff was asked to participate on the working group to edit/revise the plan. This group will hold their first conference call on Tuesday, August 25.

The EMS Manager participated on a conference call with emergency planners from Ellsworth Air Force Base in South Dakota on July 29. They are planning for an upcoming airshow and wanted to learn about the Reno Air Races experience, specifically fatality management and family assistance centers. Brian Taylor from REMSA participated as well and was able to speak to the mitigation planning efforts of the region and the initial response.

The first Fire EMS trainings were held on August 3 and August 5. There were 56 participants from REMSA, RFD and TMFPD. The crews responded to a simulation of a drowning victim and had the opportunity to review and practice CPAP and PEEP skills. Feedback from the training was very positive; the crews enjoyed the opportunity to train with their own personnel as well as REMSA staff.

The EMS Manager participated in a sit-along with Sparks Dispatch on August 5. The ride along was the final dispatch partner agency the Manager has ridden along with. The purpose of the ride along is to see the daily operations of the EMS organization and the integration with the regional partners.

**REMSA Percentage of Compliant Responses
 FY 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%
YTD	91.6%	98.7%	100%	100%	99%	92.1%

REMSA 90th Percentile Responses

Month	Zone A	Zone B	Zone C	Zone D
July 2015	8:59	15:59	20:59	30:59
July 2015	8:34	13:18	17:00	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 – July 2015

	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 complaint.

	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

TMFPD PSAP Data – June 2015

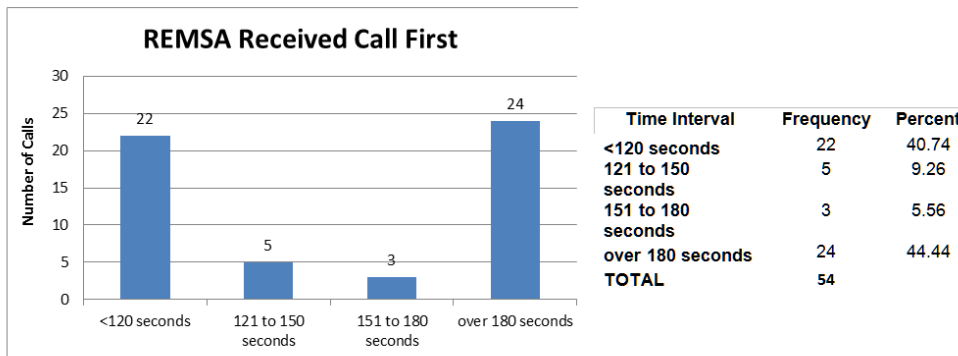
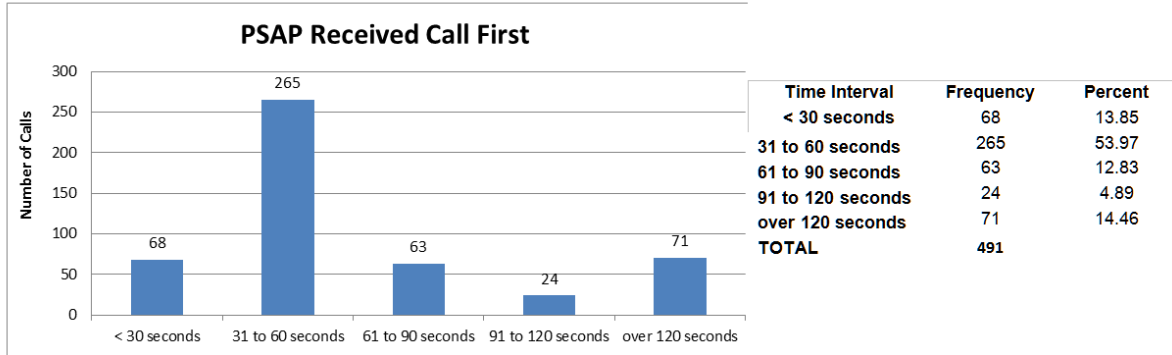
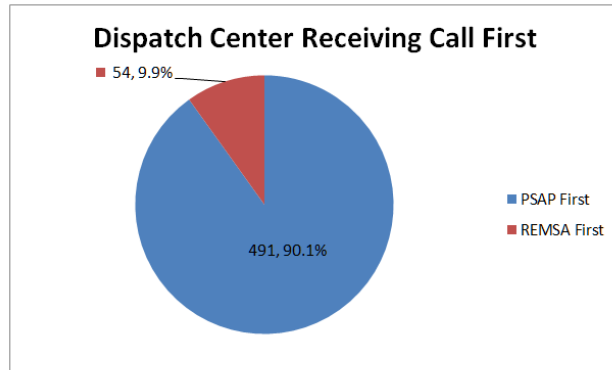
When the call was received in the PSAP first, the sequencing of the call was:

Call Went to PSAP First					
Priority	Number of Calls	IC to Fire Dispatch	IC to REMSA Clock Start	IC to Fire Arrival	IC to REMSA Arrival
1	194	0:01:06	0:01:20	0:07:49	0:09:56
2	159	0:00:56	0:01:22	0:07:45	0:11:40
3	79	0:00:59	0:01:16	0:08:07	0:13:15
9	9	0:01:11	0:03:08	0:07:50	0:13:53
All	441	0:01:01	0:01:20	0:07:50	0:11:17

When the call was received at REMSA first, the sequencing of the call was:

Call went to REMSA First					
Priority	Number of Calls	IC to REMSA Clock Start	IC to Fire Dispatch	IC to Fire Arrival	IC to REMSA Arrival
1	18	0:01:00	0:04:16	0:08:29	0:10:03
2	13	0:00:33	0:02:08	0:11:09	0:08:38
3	9	0:00:28	0:02:53	0:08:29	0:13:52
9	3	0:02:00	0:04:03	0:06:27	0:17:00
All	43	0:00:38	0:04:03	0:08:31	0:10:51

To analyze the first phase of the system, the matched incidents needed to have both the PSAP time stamp as well as the REMSA Dispatch Center time stamps. Therefore, the charts below will have different call totals because the calls that cancelled enroute still had both data elements for notification.



DISTRICT HEALTH OFFICER STAFF REPORT
BOARD MEETING DATE: August 27, 2015

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

DATE: August 13, 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, Fundamental Review, County Strategic Plan Goals, Regional Emergency Management Accreditation Program (EMAP) Review, Other Events and Activities and Health District Media Contacts

Community Health Improvement Plan

Validation of the four priorities (Access to Healthcare and Social Services; Education; Food Security; and Mental Health) selected by the CHIP Steering Committee is underway. Surveys were completed by community members attending the 89502 Family Health Festival, and additional validation surveys are in the process of being completed by UNR students, CHA clients, WIC clients, and Senior Services clients, just to name a few. Validation of these four priorities by community partners will take place in the near future via e-mail.

Infographics created for the selection of priorities have been posted to the Washoe County Health District website, and are currently being posted on the Truckee Meadows Healthy Communities Facebook and Twitter pages.

Truckee Meadows Healthy Communities (TMHC)

- The Committee met on August 21. A TMHC breakfast event is being planned for October to update participants on what has occurred since the January conference.
- The County produced a short video of the July 22 Family Health Festival.

Quality Improvement

Four Quality Improvement trainings have been attended by staff, and the final training will occur on September 15th. The half-day training is a combination of videos, QI activities, team building, and completion of a QI submission form to encourage staff to begin a QI project as soon as they have taken part in the training. The training provides staff with additional skills and tools to continuously improve Health District operations and is part of the initiative to establish a culture of QI in the Health District. QI projects generated during the training have been forwarded to Supervisors for consideration. The Q-Team will next work on a report-out process so the DBOH and Health District staff can be kept apprised of QI project successes and how we can better meet the needs of our community.

Fundamental Review

Work on the Phase I program analysis continues. The fee calculation methodology and other topics were discussed at the Health District Land Development User Group meeting at the Builders Association on August 13. QI and CHIP activities are described above. Board member Dr. Novak attended the NALBOH annual meeting to learn more about accreditation. The monthly dashboard report is attached.

County Strategic Plan Goals

The Board of County Commissioners identified six goals to make progress on during the current fiscal year. Health District Division Directors or District Health Officer staff are working with the Committees on five of the six goals. The goals and Health District staff participants are listed below.

1. Be responsive and proactive to pending economic impacts. (Bob Sack)
2. Keep Senior Services on pace with a rising senior population. (Sara Dinga)
3. Enhance Community Safety through investing in critical infrastructure for current and future needs. (none)
4. Prepare for the impact of medical marijuana on the County. (Charlene Albee and Bob Sack)
5. Working as a professional unified team. (Phil Ulibarri)
6. Simplify workflows to improve service delivery and customer outcomes. (Charlene Albee)

Regional Emergency Management Accreditation Program (EMAP) Review

The Washoe County Health District Communications Program assisted County Emergency Manager Aaron Kenneston and the REOC with EMAP Crisis Communications, Public Education & Information compliance.

In advance of the site visit by accreditation evaluators, and during their stay, the Communications Program provided materials to REOC and EMAP, including our Public Information and Communications (PIC) plan, sample press releases, media advisories, talking points, ICS JIC org charts, and best practices kernal from FCC and FEMA Washington DC and Seattle, Washington site visits. Health also provided ICS and CDC Crisis Emergency Risk Communications (CERC) certification, and protocols used during past emergency events and drills.

Other Events and Activities

I met with the Division Directors on August 5 and August 19. I meet regularly with the Division Directors and ODHO staff on an individual basis.

Attended Washoe County Department Heads meetings July 29 and August 12.

Met with County Manager Slaughter on August 7 for a monthly coordination meeting.

Conducted a meeting with staff to evaluate the success of the evacuation ordered due to a potential threat in the form of an unclaimed backpack in the lobby on July 27.

Subject: District Health Officer Report

Date: August 27, 2015

Page 3 of 3

Met with County Finance staff to discuss a General Fund transfer proposal regarding adjustment of base funding level July 27.

County lockdown drill held on July 30.

Participated in the Nevada Health Authorities conference call, August 4.

Participated in the Nevada Public Health Foundation Board meeting on August 5.

Provided a lecture on the roles and functions of the Health District to Dr. Packham's UNR College of Community Health Sciences class led on August 5.

Participated in a kick-off meeting of regional partners and the Emergency Management Accreditation Program review team at REOC on August 10.

Attended the Community Health Alliance Open House on August 11 in celebration of their 20th anniversary and national Community Health Center week.

Chaired the Health District Land Development User Group meeting at BANN on August 13.

Participated in a School of Community Health Sciences Advisory Board Retreat on August 18.

Health District Media Contacts: July 13 - August 18, 2015

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
8/17/2015	KRNV CH 4 - NBC Reno	Joe Hart Scioban	Cremation Fire - Ulibarri
8/11/2015	Reno Gazette Journal	McAndrew	Verdi School water - Sack/Ulibarri
8/11/2015	Reno Gazette Journal	Mark Robison	Swimming Pools - Ulibarri
8/11/2015	UNIVISION	Lilianan Salgado	Mosquitos - Ulibarri
8/11/2015	KRNV CH 4 - NBC Reno	Jaime Hayden	Valley Fever - Ulibarri
8/11/2015	UNIVISION	Anya Mugnanio	Valley Fever - Ulibarri
8/10/2015	KOLO CH8 - ABC Reno	Terri Russell Daniella	Immunizations - Ulibarri
8/10/2015	KOH 780 AM - ABC Reno	Zaninno	Valley Fever - Todd
8/7/2015	Reno Gazette Journal	Marcela Corona	Larviciding - Shaffer
8/6/2015	Reno Gazette Journal	Marcela Corona	Valley Fever - Todd
8/4/2015	KTVN CH2 - CBS Reno	Erin Breen	West Nile activity - Shaffer
8/3/2015	Reno Gazette Journal	Marcela Corona	Mosquito Fogging - Ulibarri
8/3/2015	KRNV CH 4 - NBC Reno ESPN Deportes Opinion y	Jeff Dietch	Mosquitos - Ulibarri
8/3/2015	Dialogo	Laura Calzada	Immunizations - Seals
7/28/2015	KOLO CH8 - ABC Reno	Pat Thomas Amanda	Sun Valley Hazmat - Sack
7/27/2015	KTVN CH2 - CBS Reno	Ketchledge	Wildfires - Inouye
7/23/2015	Best Medicine News	Stacy Sunday	West Nile activity - Jeppson
7/21/2015	UNIVISION	Anya Mugnanio	Immunizations - Ulibarri
7/21/2015	KOH 780 AM - ABC Reno	Jim Fannon	Immunizations - Ulibarri
7/21/2015	Reno Gazette Journal	Marcela Corona	Sentinal Chickens for West Nile Virus - Shaffer
7/17/2015	Reno Gazette Journal ESPN Deportes Opinion y	Marcela Corona	Mosquitos - Shaffer
7/13/2015	Dialogo	Laura Calzada	Public Health Activities - Ulibarri/Seals

Press Releases/Media Advisories/Editorials/Talking Points

8/10/2015	Press Release	PIO Ulibarri	WIC Donation Received
8/3/2015	Press Release	PIO Ulibarri	West Nile Virus
7/21/2015	Press Release	PIO Ulibarri	Immunizations

Fundamental Review Recommendation Status

Legend:

August 27, 2015

	Complete
	Underway
	Underway - Regulatory, Budget, Policy Analysis or Issue Resolution Necessary or in Process
	Underway but Progress Stalled or Delayed
	Not Yet Underway - No Changes Necessary
	Parking Lot
	Not Recommended

Status Goal

	1	Place WIC organizationally where it is most closely aligned with similar functions
	a.	WIC moved to CCHS effective 1/21/14
	2	Develop a DBOH orientation manual and program
	a.	Design an orientation program and compile a draft manual
	3	Strengthen customer focus, exploring the potential for user groups to share consumer viewpoints
	a.	Land development user group established
	4	Critically examine clinic appointment scheduling from a patient access perspective
	a.	Staffing IZ five days a week, accept IZ walk ins on a limited basis
	b.	Extended IZ hours established.
	c.	Staffing Vital Statistics five days a week
	d.	Discussion has begun with Interactive Voice Response software companies
	5	Update fee schedules and billing processes for all clinical and environmental services
	a.	Third-party billing service began 7/1/14
	b.	Adopted new fees. Effective 7/1/15. Next step, update for full cost recovery.
	c.	Identify costs for regulatory programs that could be included in fee schedules/propose
	d.	Identify community and clinical services for which reimbursement is available/bill

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 has been expanded, AQM timecoding is underway. CCHS timestudy occurring.
	10	Perform cost analysis of all programs
	a.	AHS analysis completed. Phase I Analysis of EHS, TB, STD/HIV, EPI in progress.
	11	Perform assessment of needed administrative and fiscal staffing to increase efficiencies
	a.	Will be performed in conjunction with program const analysis. See 10a
	12	Demonstrate a concerted effort among all parties to address tensions regarding overhead/direct costs
	a.	General Fund transfer maintained in FY 16 adopted budget to support unrecoverable indirect costs.
	13	Align programs and services with public demand
	a.	Shifted home visiting resources to provide additional clinical services on 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.	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.	Health District efforts to focus on internal and local issues
	b.	Seek direction from DBOH on a greater leadership role
	23	Develop an organizational culture to support quality by taking visible leadership steps
	a.	QTeam established, all-staff training began 7/1/15, FY 16 QI Plan to be finalized 7/16
	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