

## **Washoe County District Board of Health Meeting Notice and Agenda**

### **Members**

Dr. John Novak, Chair  
Michael D. Brown, Vice Chair  
Marsha Berkbigler  
Kristopher Dahir  
Dr. Reka Danko  
Oscar Delgado  
Tom Young

**Thursday, January 23, 2020  
1:00 p.m.**

**Washoe County Administration Complex  
Commission Chambers, Building A  
1001 East Ninth Street  
Reno, NV**

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**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 – (For possible action)**

January 23, 2020

**5. \*Recognitions**

**A. Retirements**

- i. Benjamin Frank Cauble, 12/21/2019, Community Health Aide - CCHS
- ii. Mike Ezell, 1/4/2020, Senior Environmental Health Specialist – EHS
- iii. Molly Diaz, 1/14/2020, Office Assistant II - AHS

**B. Years of Service**

- i. Irene Ramos-Hernandez, 25 years, Hired 12/5/1994 - CCHS
- ii. Jessica Cabrales, 15 years, Hired 1/3/2005 – AQM
- iii. Jeff Jeppson, 10 years, Hired 12/7/2009 – AQM
- iv. Chantelle Batton, 5 years, Hired 12/1/2014 – EHS
- v. Victoria Nicolson-Hornblower, 5 years, Hired 12/15/2014 - CCHS

**C. Promotions**

- i. Erick Lamun, from Animal Services to Environmental Health Services Trainee – EHS

D. New Hires

- i. Martha Casique, 12/23/2019, Office Assistant II – CCHS
- ii. Josh Philpott, 1/21/2020, Environmental Health Services Trainee – EHS
- iii. Kathryn Olson, 1/21/2020, Environmental Health Services Trainee – EHS
- iv. Narcisa Perez-Zapata, 1/21/2020, Office Assistant II – EHS
- v. Heather Burris, 1/21/2020, Office Assistant II - EHS

E. Shining Stars

- i. Maria Magana
- ii. Angela Penny
- iii. Sheila Juskiw
- iv. Michelle Carral
- v. Maricela Caballero
- vi. Theresa Bennett
- vii. Maria Isabel Chaidez
- viii. Victoria Nicolson-Hornblower
- ix. Jessica Cabrales

F. Special Recognition

- i. Dianna Karlicek, Organizer of the Health District Adopt a Family Campaign

**6. Consent Items – (For possible action)**

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. Approval of Draft Minutes – (For possible action)

- i. December 12, 2019

B. Budget Amendments/Interlocal Agreements – (For possible action)

- i. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2020 through December 31, 2020 in the total amount of \$287,496 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Program IO# 11665 and authorize the District Health Officer to execute the Notice of Subaward.

Staff Representative: Nancy Kerns Cummins

- ii. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2020 through December 31, 2020 in the total amount of \$109,730 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Prevention Program IO# 11661 and authorize the District Health Officer to execute the Notice of Subaward.

Staff Representative: Nancy Kerns Cummins

- C. Approval of the donation of obsolete ambient air monitoring equipment with a current market value estimated at \$-0- that have exceeded the useful value for regulatory purposes but may still have value for educational, research, and community organizations.

Staff Representative: Francisco Vega

- D. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board. - (For possible action)

- i. Jacksons Food Stores, Inc. – Case No. 1220, NOV No. 5775

- ii. McCarran Mart – Case No. 1221, NOV No. 5780
  - iii. JC NV Flats LLC – Case No. 1223, NOV No. 5852
- Staff Representative: Francisco Vega

- E. Acknowledge receipt of the Health Fund Financial Review for December, Fiscal Year 2020 – **(For possible action)**

Staff Representative: Anna Heenan

**7. Regional Emergency Medical Services Authority**

Presented by: Dean Dow and Alexia Jobson

- A. Review and Acceptance of the REMSA Operations Report for November 2019 – (For possible action)**

- B. Review and Acceptance of the REMSA Operations Report for December 2019 – (For possible action)**

- C. \*Update of REMSA’s Public Relations during November 2019**

- D. \*Update of REMSA’s Public Relations during December 2019**

**8. Presentation, discussion and possible approval of the Regional Emergency Medical Services Authority (REMSA) Franchise Compliance Report for the period of 7/1/2018 through 6/30/2019. - (For possible action)**

Staff Representative: Christina Conti for Brittany Dayton

**9. \*Presentation and Discussion regarding the Washoe County Health District’s duties and activities involving the homeless population, including homeless encampments along the Truckee River in Washoe County.**

Staff Representatives: Kevin Dick and Charlene Albee

**10. \*Staff Reports and Program Updates**

**A. Air Quality Management, Francisco Vega, Division Director**

Program Update – 2019 A Clean Year, Divisional Update, Program Reports, Monitoring and Planning, Permitting and Enforcement

**B. Community and Clinical Health Services, Lisa Lottritz, Division Director**

Divisional Update – 2019 Year in Review, Data & Metrics; Sexual Health (HIV and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Prevention Program, Maternal Child and Adolescent Health and Women Infants and Children

**C. Environmental Health Services, Charlene Albee, Division Director**

Environmental Health Services (EHS) Division Program Updates – **Consumer Protection** (Food, Food Safety, Permitted Facilities, Commercial Plans) and **Environmental Protection** (Land Development, Safe Drinking Water, Vector, Waste Management/UST), and Inspections.

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

Communicable Disease, Public Health Preparedness, Emergency Medical Services

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

District Health Officer Report – Community Health Improvement Plan, Quality Improvement, Workforce Development, Communications, Washoe Regional Behavioral Health Policy Board, Substance Abuse Task Force, Government Affairs Update, Other Events and Activities, and Health District Media Contacts

## 11. \*Board Comment

District Board of Health Member's announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)

## 12. \*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.

## 13. Adjournment – (For possible action)

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**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, 1001 E. 9<sup>th</sup> Street, Building B, Reno, NV 89512, 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 – District Board of Health Member's announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)"

### **Posting of Agenda; Location of Website:**

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

Washoe County Health District, 1001 E. 9th St., Reno, NV  
Reno City Hall, 1 E. 1st St., Reno, NV  
Sparks City Hall, 431 Prater Way, Sparks, NV  
Washoe County Administration Building, 1001 E. 9th St, Reno, NV  
Downtown Reno Library, 301 S. Center St., Reno, NV  
Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health)  
State of Nevada Website: <https://notice.nv.gov>

**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. 9<sup>th</sup> Street, in Reno, Nevada. Ms. Laura Rogers, 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. Rogers is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at [lrogers@washoecounty.us](mailto:lrogers@washoecounty.us). Supporting materials are also available at the Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health) pursuant to the requirements of NRS 241.020.

## Washoe County District Board of Health Meeting Minutes

### Members

Dr. John Novak, Chair  
Michael D. Brown, Vice Chair  
Marsha Berkgigler  
Kristopher Dahir  
Dr. Reka Danko  
Oscar Delgado  
Tom Young

Thursday, December 12, 2019  
1:00 p.m.

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

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### 1. \*Roll Call and Determination of Quorum

Chair Novak called the meeting to order at 1:02 p.m.

The following members and staff were present:

Members present: Dr. John Novak, Chair  
Michael Brown, Vice Chair  
Kristopher Dahir  
Dr. Reka Danko  
Oscar Delgado  
Members absent: Marsha Berkgigler  
Tom Young

**Ms. Rogers verified a quorum was present.**

Staff present: Kevin Dick, District Health Officer  
Dania Reid, Deputy District Attorney  
Anna Heenan  
Charlene Albee  
Lisa Lottritz  
Dr. Randall Todd  
Francisco Vega  
Christina Conti

### 2. \*Pledge of Allegiance

Ms. Lottritz led the pledge to the flag.

### 3. \*Public Comment

**Chair Novak closed the public comment period.**

Mr. Dean Dow, President and CEO of REMSA and Care Flight, spoke regarding an

agenda item for the City of Reno Council Meeting on December 11<sup>th</sup> concerning the Reno Fire Department Status Study conducted by the Center of Public Safety Management. He informed there were numerous recommendations dealing with the provisions of emergency medical care and regional healthcare that came from the study. In the agenda item, the City Council directed the City Manager to convene a workgroup of regional agency leaders to address the recommendations.

Mr. Dow opined all of Washoe County's residents are fortunate to live in this area. He listed the resources for healthcare, fire departments and emergency medical services in the region. He opined the opportunity for regional agency leaders to move the regional healthcare delivery system forward is excellent. He stated that, in these ever changing times, no one organization can be all things for all people, and informed the overall increase in 911 calls consist of low and no acuity calls. He stated that REMSA had developed concepts and models several years ago to address these issues and can be used regionally to reduce unnecessary 911 calls.

Mr. Dow explained that changes to the insurance reimbursement system will force change for improvement by reimbursing for quality, innovation and cost control, not quantity.

Mr. Dow urged the DBOH members to participate in the workgroups as the organization that helps oversee REMSA, noting that their experience, talent and thoughts are needed.

**Chair Novak closed the public comment period.**

#### **4. Approval of Agenda**

December 12, 2019

Vice Chair Brown moved to approve the agenda for the December 12, 2019, District Board of Health regular meeting. Councilman Delgado seconded the motion which was approved five in favor and none against.

#### **5. Recognitions**

##### **A. Promotion**

##### **i. Kathy Sullivan, Office Assistant II - EHS to Office Assistant III - EPHP**

Mr. Dick informed that Ms. Sullivan has been promoted from Office Assistant II in EHS to Office Assistant III in EPHP in the Vital Statistics Program. He congratulated her on her promotion.

##### **ii. Latricia Lord, Environmental Health Specialist to Senior Environmental Health Specialist – EHS**

Mr. Dick stated that Ms. Lord was unable to be in attendance and informed that she has been promoted from Environmental Health Specialist to Senior Environmental Health Specialist.

##### **iii. Michael Touhey, Environmental Health Specialist to Senior Environmental Health Specialist – EHS**

Mr. Dick informed that Mr. Touhey has also been promoted to Senior Environmental Health Specialist and congratulated him on his promotion.

- iv. Will Lumpkin, Environmental Health Specialist to Senior Environmental Health Specialist – EHS

Mr. Dick congratulated Mr. Lumpkin on his promotion from Environmental Health Specialist to Senior Environmental Health Specialist.

- v. Heather Kerwin, EPHP Statistician to Epi Program Manager – EPHP

Mr. Dick stated that Ms. Kerwin has been promoted from her position as Statistician in EPHP to their Epi Program Manager. He congratulated her on her promotion.

#### B. New Hires

- i. Jessie Latchaw, 10/28/2019, Public Health Emergency Response Coordinator - EPHP

Dr. Todd introduced Ms. Latchaw, EPHP's new Public Health Emergency Response Coordinator. He informed that Ms. Latchaw was most recently employed at Renown Regional Hospital as the Emergency Preparedness Coordinator. He expressed he was happy to have her on his staff.

- ii. Francisco Vega, 10/28/2019, AQM Division Director – AQM

Mr. Dick recognized Mr. Vega for his selection as the Division Director of Air Quality Management and explained that he had previously been introduced at the Strategic Planning Meeting in November. He informed that Mr. Vega has many years of experience in air quality, including a supervisory position for the Permitting and Compliance Program at NDEP with their Air Quality Program. He worked in the private sector in consulting and in corporate environmental at NV Energy. Mr. Dick informed Mr. Vega has a bachelor's degree in engineering and is a Professional Engineer. He welcomed Mr. Vega and congratulated him on his new position at the Health District.

#### C. Resignations

- i. Brittany Dayton, EPHP EMS Coordinator to Emergency Manager - VA Hospital

Mr. Dick informed that Ms. Dayton has resigned as the EMS Coordinator in EPHP and expressed his thanks to Ms. Dayton for the great work she has done for the Health District. He stated she accepted a new position at the VA Hospital as their Emergency Manager. He expressed he was glad she would continue to work in the region in support of emergency planning and response within Washoe County's medical system.

- ii. Catrina Peters, ODHO Director of Programs and Projects to Program Specialist – Human Services

Mr. Dick recognized and thanked Ms. Peters for her service to the Health District, informing she has accepted a position as a Program Specialist at the Washoe County Human Services Agency. He stated the bad news is that Ms. Peters will be gone from the Health District, but the good news is she will not be going too far away and will continue work on homeless issues and other areas she was engaged with in the Community Health Improvement Plan at the Health District.

Mr. Dick also thanked Ms. Peters for her tremendous effort in guiding the Health District to become accredited, supporting the Strategic Plan and numerous other initiatives forwarded by her considerable abilities.

#### D. Shining Stars

- i. Chris Ballew
- ii. Isabel Chaidez
- iii. Julie Hunter
- iv. Rayona LaVoie
- v. Jackie Lawson
- vi. Genine Rosa
- vii. Kara Roseburrough
- viii. Alejandra Montoya-Adame
- ix. Keyla Solorio
- x. Lorena Solorio
- xi. Jackie Chaidez

Mr. Dick reminded the Board that the Shining Star Awards are to recognize exceptional customer service or performance in the Health District, and that nominations can come from either external customers or staff.

Mr. Dick informed that the Health District now has a total of six hundred and nine Shining Stars that have been awarded to employees for their excellent work and customer service. He informed those employees with three or more Shining Stars are Ms. Ballew, Ms. Chaidez, Ms. Hunter, Ms. LaVoie, Ms. Lawson, Ms. Rosa, Ms. Roseburrough, Ms. Montoya-Adame and Ms. Keyla Solorio.

Mr. Dick announced that Ms. Lorena Solorio has thirty Shining Stars and Ms. Chaidez now has fifty Shining Stars. He congratulated all of the recipients for their excellent service to their public and internal clients. In attendance were Ms. Rosa, Ms. Lorena Solorio and Ms. Hunter.

#### 6. Proclamations

##### Radon Action Month Proclamation

Mr. Dick invited Ms. Noel and Ms. Howe of the UNR Cooperative Extension to join him at the podium for the reading of the Proclamation. He explained that this item is for National Radon Action Month, and read the Proclamation for those present.

Ms. Howe thanked the Board for their Proclamation of January as Radon Action Month, noting that this is the sixth year of the Health District's support for the UNR Cooperative Extension's service to this region. She explained that testing is the only way to know if there is a radon issue in a building and provided the percentage by zip code for occurrence of radon in the area.

Ms. Noel informed of the free radon test kits that the Extension would be offering, and detailed the dates and locations where they could be obtained. She thanked the Board for allowing them to speak and offered those present a test kit.

**Mr. Brown moved to accept the Proclamation for Radon Action Month. Dr. Danko seconded the motion which was approved five in favor and none against.**

#### 7. \*Presentation: 2020 Census and the Complete Count Committee

Presented by: Michael Moreno, Public Information Officer, RTC

Mr. Moreno introduced himself as the Chair of the Washoe County Complete Count Committee. He thanked Mr. Dick and Councilman Dahir for the opportunity to present at this meeting. He provided presentation on the importance of the census and the local efforts in Washoe County.



Mr. Moreno explained that the census is required by the Constitution to be conducted every ten years and is used by federal agencies to allocate billions of dollars to state and local governments for vital community services such as hospitals, fire departments, schools, roads, job training centers, senior centers and police departments. He informed there was approximately \$6.1 billion dollars, or \$2,086 per person in FY16 that was allocated and received by Nevada for support of these programs, and that the importance of federal funds received in relation to the census is vital to maintain the quality of life that is enjoyed in Washoe County and the State of Nevada.

Mr. Moreno stressed that representation is a key component of the census, as it determines how many representatives each state has in Congress. He stated that Nevada is a rapidly growing state and there may be an opportunity for an additional Congressional Representative in the House of Representatives. He informed the Congressional and State Legislative districts are also redrawn using census data.

Mr. Moreno explained the negative aspects of Nevada's populace of being undercounted are underfunding and underrepresentation and detailed the preparation for the census that has been under way over the last year. He informed the census will begin in late February or early March with postcards being mailed to households throughout Washoe County and explained the process for response. If response is not received from a residence, enumerators will go out to that location to ensure they are counted. He stated the census process will go through June or July of 2020, results would be tabulated over the following six months and the results will be delivered to the President of the United States on December 31, 2020.

Mr. Moreno stressed that all persons should be counted and informed the Complete Count Committee consists of approximately thirty persons. He urged those present and the viewing audience to encourage those they know and meet of the importance of participating in the census. He informed the census takes about ten minutes, is highly confidential and that there is no citizenship question on the census. He stated enumerator jobs are available for the census that will be filled in early 2020, explaining application for these jobs can be made at <https://2020census.gov/jobs>.

Mr. Moreno thanked the Board for their support of the census efforts.

## **8. 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. Approval of Draft Minutes**

- i. October 24, 2019
- ii. November 7, 2019

### **B. Budget Amendments/Interlocal Agreements**

- i. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2019 through September 30, 2020 in the total amount of \$1,103,288 (no match required) in support of the Community and Clinical Health Services Division's Women, Infants and Children (WIC) Program IO#11652 and authorize the District Health Officer to execute the Subaward.

Staff Representative: Nancy Kerns Cummins

- ii. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective January 1, 2020 through December 31, 2020 in the total amount of \$135,100.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Sexually

Transmitted Disease Prevention and Control Program IO# 11663 and authorize the District Health Officer to execute the Notice of Subaward.

Staff Representative: Nancy Kerns Cummins

- iii. Approve Notice of Subaward from the State of Nevada Department of Health and Human Services Grants Management Unit retroactive to November 1, 2019 through June 30, 2021 in an amount not to exceed \$495,101.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11666 and authorize the District Health Officer to execute the Subaward.  
Staff Representative: Nancy Kerns Cummins

C. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board. - **(For possible action)**

- i. Montane Building Group LLC, Case No. 1219, NOV No. 5827

Staff Representative: Francisco Vega

D. Acknowledge receipt of the Health Fund Financial Review for November, Fiscal Year 2020

Staff Representative: Anna Heenan

**Councilman Dahir moved to accept the Consent Agenda items as presented. Vice Chair Brown seconded the motion which was approved five in favor and none against.**

## **9. Regional Emergency Medical Services Authority**

Presented by: Dean Dow and Alexia Jobson

### **A. Review and Acceptance of the REMSA Operations Report for October, 2019**

Mr. Dow, President and CEO of REMSA and CareFlight, informed he was available to answer any questions.

Councilman Dahir inquired if there would be a way to collect a greater portion of bills for service. Mr. Dow informed there is no easy way to solve that issue due to Medicare and Medicaid reimbursement being far below cost and that commercial insurance reimbursement rates continue to decline. He explained that part of this trend is that commercial insurance companies are trying to improve how providers conduct business by reimbursing for cost management, innovation, quality and outcome of service instead of the number of calls. He expressed hope that, as REMSA continues to progress more toward the integrated healthcare model, there will be additional revenue realized.

**Vice Chair Brown moved to accept the REMSA Operations Reports for October, 2019. Councilman Delgado seconded the motion which was approved five in favor and none against.**

### **B. \*Update of REMSA's Public Relations during October 2019**

Ms. Jobson provided updates to the report, including an item previously discussed regarding a Trick-or-Treat Transport for one of the community's youth that needed medical assistance in order to enjoy trick-or-treating. She explained the youth that had been selected fell just prior to the event and spent time in the emergency room. Fortunately, there was time after he was discharged for the crew to help him visit a few houses.

Ms. Jobson informed of Mr. Dow's interview with Reno News and Review about the impact of available and affordable housing on recruiting and retaining employees.

With winter driving conditions, REMSA continues to share wellness and safety tips about winter driving and symptoms of carbon monoxide. Ms. Jobson informed the

informational videos can be found on REMSA's YouTube channel and on <https://www.remsahealth.com/>.

Councilman Dahir inquired if REMSA has formed a plan to be involved in the census. Ms. Jobson stated they have not in terms of their public outreach, but that she would check with their HR Department in terms of encouraging employees to participate.

#### **10. \*Regional Emergency Medical Services Advisory Board November Meeting Summary**

Staff Representative: Christina Conti

At the recent PMAC meeting, Ms. Conti informed that, in regard to the updates to the EMS Advisory Board for Regional Protocols, it was decided the Protocols would not be approved for a January 1<sup>st</sup> effective date but would be delayed for a few months while some issues were addressed.

Ms. Conti stated the Board received the FY19 Annual Data Report and that the updated methodology for future Annual REMSA Franchise Map review is also included. She explained their goal was to align with the census and so completed their five year review in year three to accomplish that, and informed the subsequent review would be in year six vs. ten to utilize the current census data in a current time frame on the maps.

#### **11. Discussion and possible approval of the draft map response zones within the Washoe County REMSA ambulance franchise service area with a January 1, 2020 implementation date.**

Staff Representative: Christina Conti

Ms. Conti stated REMSA worked with GIS on this project, noting that Ms. Kerwin and Mr. Johnson created the maps for the workgroup to review. She explained the workgroup included all of the regional partners. She explained the methodology used to create the maps and informed the Board of the workgroup's recommendations.

Ms. Conti presented the map the Board would be approving should they agree with the workgroup's recommendations, noting that it would be able to be implemented on January 1 because changes to the map were small. She stated there would be a compliance issue due to timing wherein a year is divided, but that it could be overcome.

Councilman Dahir confirmed the map's accuracy regarding growth in Sparks. Ms. Conti informed the Sparks Fire Chief requested an area in Sparks be observed for the possible need to employ different response modalities due to increase in population.

Councilman Delgado spoke to a conversation in the City Council Meeting held the previous day regarding the report on the Reno Fire Department. He stated the conversation was related to EMS and CAD to CAD, and was the topic of the public comment provided by Mr. Dow. He inquired of Ms. Conti where the City of Reno was in relationship to communications with all outreach that she has done to assure the City of Reno is working appropriately with the other partners on EMS as a priority dispatch, CAD to CAD and AVL. He inquired if this request would be appropriate for this item, noting he wanted to make sure the Reno Fire Department is being responsive.

Chair Novak requested the approval of the map to be conducted at that time and return to the Councilman's inquiry afterward.

**Councilman Dahir moved to approve the adjustment to the response zones map within the Washoe County REMSA Ambulance franchise service area, with a January 1, 2020 implementation date. Councilman Delgado seconded the motion which was approved five in favor and none against.**

Mr. Dick opined if item 10 were to be reopened, it would be within Open Meeting Law to discuss Councilman Delgado's topic. Ms. Reid stated she wanted to narrow the scope of the question; initially, it was in relation to the Advisory Board Meeting summary. If the question is specifically related to items in the summary, she stated it would be fine. If it is a separate issue, then she would recommend it be agendized as a separate issue for the next DBOH meeting.

Ms. Conti requested she and Councilman Delgado discuss this topic apart from the meeting with the possibility of agendizing a future item if necessary.

Chair Novak inquired of Ms. Reid if that was acceptable, and she confirmed that it was.

## **12. Presentation and possible acceptance of the revised 2020-2022 Strategic Plan. - (For possible action)**

Staff Representative: Catrina Peters

Ms. Peters stated that it has been an absolute pleasure to work at Washoe County Health District under the leadership of this Board and the District Health Officer, Mr. Dick, explaining that she was offered an appointment that she could not refuse.

Ms. Peters informed she would present the Strategic Plan that had been revised with feedback received at the Strategic Planning Retreat in regard to reports of emerging issues and trends, and discussions around the appropriate future investment of Health District resources. She thanked the Board for their thoughtful input, noting they had all been present at the Retreat.

Ms. Peters detailed the revisions to the Strategic Plan, including the proposed new positions within the Health District. She the next steps will be to continue the semi-annual reporting on the Strategic Plan progress and track progress on Health District Programs utilizing the new ClearPoint data management system.

**Vice Chair Brown moved to accept the revised 2020-2022 Strategic Plan. Dr. Danko seconded the motion which was approved five in favor and none against.**

Chair Novak congratulated Ms. Peters on her new job and thanked her for a tremendous amount of work on the Health District's behalf. He stated the projects she has been involved with are highly visible, thanked her for her considerable efforts and acknowledged those that worked under her direction.

## **13. Possible approval of the proposed 2020 Washoe County District Board of Health Meeting Calendar**

Staff Representative: Kevin Dick

Mr. Dick informed the proposed 2020 DBOH meeting calendar is included in the Board's packets, and staff suggests maintaining the same meeting schedule as 2019 with the exception of holding the December meeting on the third Thursday of the month. He explained it appears to be a sufficient amount of time between the meeting and the holiday, and having the meeting the prior week creates a compressed schedule to compile the meeting packet.

**Councilman Dahir moved to accept the 2020 Washoe County District Board of Health Meeting Calendar. Vice Chair Brown seconded the motion which was approved five in favor and none against.**

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

### **A. Air Quality Management, Francisco Vega, Division Director**

Program Update – New Division Director, 2<sup>nd</sup> Round of VW Grants Awarded, Divisional Update, Program Reports, Monitoring and Planning; Permitting and Enforcement

Mr. Vega reported on the progress on the Reno4 monitoring station at Libby Booth

Elementary School. He informed the shelter upgrade has been completed and it was delivered to the school in early November. The electrical service, HVAC, decking and safety rails have been installed and the anchoring and installation of the meteorological tower should be completed by December 13. He stated they are on track to begin collecting valid data at the Reno4 site by January 1<sup>st</sup> and having the Reno3 site completely removed by February 1<sup>st</sup>. Mr. Vega recognized Mr. Petersen, Mr. Timmons and Mr. Crawford of the Health District monitoring group for their hard work in making sure the monitoring station was ready for data collection by January 1<sup>st</sup> while also completing all of their day-to-day duties at the other monitoring sites.

Mr. Vega informed that the second round of VW competitive grants were awarded in November for the Volkswagen settlement distribution to help fund clean diesel school busses, zero emission electric ground equipment for airports and compressed natural gas powered refuse trucks for Washoe County. Waste Management was awarded \$225,000 for the replacement of five diesel-powered refuse trucks with much cleaner compressed natural gas trucks. He stated that improvements such as these allows Air Quality Management to further their goals to enhance the wellbeing and quality of life for all in Washoe County. He informed that the County will work in partnership with the State for further opportunities to improve quality of life for residents of the region.

**B. Community and Clinical Health Services, Lisa Lottritz, Division Director**

Divisional Update – World AIDS Day, Data & Metrics; Sexual Health, Immunizations, Tuberculosis Prevention and Control Program, Family Planning/Teen Health Mall, Chronic Disease Prevention Program, Maternal Child and Adolescent Health and Women Infants and Children

Ms. Lottritz informed she had nothing to add to her report, but would be happy to answer any questions.

**C. Environmental Health Services, Charlene Albee, Division Director**

Environmental Health Services (EHS) Division Program Updates – **Consumer Protection** (Food, Food Safety, Epidemiology, Permitted Facilities, Commercial Plans) and **Environmental Protection** (Land Development, Safe Drinking Water, Vector, Waste Management), and Inspections.

Ms. Albee informed she had nothing else to add to her report, but was available to answer any questions.

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

Program Updates for Communicable Disease, Outbreaks, Pertussis, Yersinia pseudotuberculosis, Measles, Influenza, Public Health Preparedness, Training, Emergency Planning, Silver Crucible Full Scale Exercise, Emergency Medical Service, Training, Emergency Planning, Personnel Changes

Since the last DBOH meeting in October, Dr. Todd informed that the CD Program has opened fourteen outbreak investigations; of these, two were pertussis outbreaks in schools, two were hand, foot and mouth disease in daycare, a respiratory virus in a daycare, two were GI illness in schools and influenza-like illness (ILI) outbreaks in three daycares and four schools.

Regarding pertussis, Dr. Todd informed there had been seven confirmed cases at Bishop Manogue High School, as well as three probable cases. At Damonte Ranch High School, there were three confirmed cases and two probable. In the community at large, he informed there were three confirmed cases, and overall, there were thirteen confirmed and

twelve probable cases of pertussis.

Dr. Todd provided the week 48 report of influenza which ends November 30<sup>th</sup>, noting there were significant influenza numbers. He stated there are twelve healthcare providers that participate in surveillance for the Health District that reported two hundred and eighty-three patients with ILI, which is well above the numbers for any recent previous year at this point in time.

Mr. Dahir inquired if the flu shot for this year was effective on the most prevalent type of flu. Dr. Todd informed that influenza B has been prominent early in the season, noting the season usually begins with influenza A with an increase in influenza B toward the end. He stated that having the vaccine, even if it is not for the most prevalent form of flu, is more beneficial than going without. Dr. Todd stated he was amazed at how often those that predict which strain of flu will be the most common in a season are correct.

Dr. Novak inquired if Washoe County was trending the same as nationally for influenza A and B; Dr. Todd stated he believed that to be correct.

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

District Health Officer Report - Community Health Improvement Plan, Quality Improvement, Performance Management, Workforce Development, FEMA Statewide Exercise, Washoe Regional Behavioral Health Policy Board, Substance Abuse Task Force, Truckee Meadows Healthy Communities, Interim Healthcare Committee, Community Health Data Website, Other Events and Activities, and Health District Media Contacts

Mr. Dick highlighted the Silver Crucible FEMA Statewide Exercise held in November, informing the scenario of the exercise was a complex terrorist attack. He stated he had been involved over the three-day span of the event as were the EPHP Division, EHS and Air Quality staff. Mr. Dick commended Ms. Conti and her staff for their high level of participation in the exercise and detailed the various components of the scenario that included participation by the State Emergency Operations Center (EOC) and similar scenarios that were exercised in Clark County. He opined that lessons were learned, as is the purpose of these exercises.

Mr. Dick informed it is official that Truckee Meadows Healthy Communities has received the Robert Wood Johnson Build Health Challenge grant for Caring for Reno's Elderly (CARE). He stated that the Washoe County rate for senior suicide is twice the national rate and four times the national rate for seniors aged eighty-five years and older. He informed the CARE proposal is centered on the 89512 zip code and its focus is to create a kindness epidemic to break down social isolation and create connection. The goal is to learn from this experience to then expand these concepts more broadly in the region. Mr. Dick stated the \$250,000 grant will be matched by Renown Health and informed there has been an additional eighty thousand dollars contributed by members of the community, with more expected.

Mr. Dick informed that the Interim Legislative Committee on Healthcare met on December 11<sup>th</sup>; the Division of Public and Behavioral Health, Southern Nevada Health District, Carson City Health and Human Services, the Nevada Public Health Association and the Washoe County Health District provided a presentation to the committee to inform on the range of services provided by these groups, how public health is evolving and the importance of engaging with their communities and working with partners around social determinates of health. He informed they left the Committee with some policy asks that included a Public Health Improvement Fund which would be flexible and sustainable additional funding from the state for local health districts to use for priorities they define for their region. Other asks were for action on the solutions that are available for the classic

vehicle plates and updating the smog check regulations, for Tobacco 21 with the appropriate enforcement, and an improved state-wide sex education program that is hoped to help reduce the high rate of sexually transmitted diseases and unwanted pregnancies. The minimum data set for information collected on healthcare providers through their licensing boards was asked to be expanded. He mentioned that Immunize Nevada was also on the agenda yesterday where a group of Anti-Vaxxers made public comment both in Carson City and in Clark County, and at two minutes per comment, the public comment period ran for over an hour at the beginning of the meeting. He informed of a group called Health Freedom Nevada that many of those speaking were a member of. A point of concern, Mr. Dick informed, is that Nevada is being considered a sanctuary state due to the elimination of the religious exemption in California and New York State, and people from those states are moving here specifically to avoid having children vaccinated to attend school.

Mr. Dick informed there were several people that provided public comment in support of vaccinations; Dr. Pasternak of Reno, Ms. Parker of Immunize Nevada and himself reminded the Committee of the overwhelming consensus of the scientific community on the efficacy of vaccinations. Mr. Dick stated there were direct attacks on Ms. Parker and Immunize Nevada that occurred during that public comment period. He informed that Health Freedom Nevada also sent a letter to the Washoe County School Board to say that it was wrong to exclude any of the unvaccinated children from the high school for the pertussis outbreaks. Lastly, the group submitted a public records request for the intergovernmental agreements for funding for the WCHD Immunization Program; the request was responded to and the information provided.

Mr. Dick stated that, while Ms. Peters is leaving the Health District, she is leaving a tremendous legacy with the Accreditation and Strategic Plan accomplishments, and noted her most recent accomplishment is the Health Data Snapshot that is a tool that can be used to readily locate information within the Community Health Needs Assessment, Chronic Disease Report Card and other documents of interest internally and to the public. Snapshot will help the user develop a nice presentation with its great graphic capabilities that explains the data, why it's important and puts it in context.

Ms. Peters stated that the CHNA is a great resource that is appreciated, but users wanted an easier way to find data within the report. She informed Snapshot was released on December 9<sup>th</sup>, was well received and covered by local media. She stated information from the Point in Time Count of persons experiencing homelessness in the community is on the housing slider within Snapshot. Mr. Dick informed the Health District purchased a subscription with this company with a portion of one-time funding budget and it is a significant enhancement to their website, noting that information can be downloaded.

Councilman Dahir informed he had the opportunity to go to the Silver Crucible training at the Family Assistance Center, noting they did a fantastic job. He opined that the more the public can be informed about what the Health District does to protect the health of the community, the better. He encouraged those present to participate in future exercises. He commended all those that were involved.

## **15. \*Board Comment**

### **Chair Novak opened the Board comment period.**

Councilman Dahir requested a future agenda item around the role of the Health District and the District Board of Health in relationship to the river and the homeless that could impact health.

**Chair Novak closed the Board comment period.**

## **16. \*Public Comment**

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

## **17. Adjournment**

**Chair Novak adjourned the meeting at 2:36 p.m.**

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**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, 1001 E. 9<sup>th</sup> Street, Building B, Reno, NV 89512, or by calling 775.328.2415, 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:**

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

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

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

Sparks City Hall, 431 Prater Way, Sparks, NV

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

Downtown Reno Library, 301 S. Center St., Reno, NV

Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health) State of

Nevada Website: <https://notice.nv.gov>

**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. 9<sup>th</sup> Street, in Reno, Nevada. Ms. Laura Rogers, 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. Rogers is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at [lrogers@washoecounty.us](mailto:lrogers@washoecounty.us). Supporting materials are also available at the Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health) pursuant to the requirements of NRS 241.020.



**Staff Report**  
**Board Meeting Date: January 23, 2020**

**TO:** District Board of Health

**FROM:** Nancy Kerns Cummins, Fiscal Compliance Officer  
775-328-2419; nkcummins@washoecounty.us

**SUBJECT:** Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2020 through December 31, 2020 in the total amount of \$287,496 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Program IO# 11665 and authorize the District Health Officer to execute the Notice of Subaward.

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**SUMMARY**

The Community and Clinical Health Services Division received a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health on December 10, 2019 to support the HIV Prevention Program. The funding period is January 1, 2020 through December 31, 2020. A copy of the Notice of Subaward is attached.

**Health District Strategic Priority supported by this item:**

- 1. Healthy Lives:** Improve the health of our community by empowering individuals to live healthier lives.

**PREVIOUS ACTION**

There has been no previous action this fiscal year.

**BACKGROUND/GRANT AWARD SUMMARY**

The scope of work includes the following: conduct HIV testing, conduct comprehensive prevention activities with HIV-positive individuals, distribute condoms, and perform prevention planning, reporting and evaluation activities.

The Subaward provides funding for personnel, travel and training, operating supplies, professional services, educational supplies, advertising, lab/outpatient, and other expenses, including funding specifically for community outreach, planning meetings and program participation via the use of incentives/enablers (including but not limited to, gift cards/gift certificates, transportation and food vouchers, educational outreach items, nutritious food and beverage, behavioral reinforcers, etc.).

### **FISCAL IMPACT**

The District anticipated this award and included funding in the adopted FY20 budget. As such, there is no fiscal impact to the FY20 adopted budget should the Board approve the Notice of Subaward.

### **RECOMMENDATION**

It is recommended that the Washoe County Health District approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2020 through December 31, 2020 in the total amount of \$287,496 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Program IO# 11665 and authorize the District Health Officer to execute the Notice of Subaward.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "move to approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2020 through December 31, 2020 in the total amount of \$287,496 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Program IO# 11665 and authorize the District Health Officer to execute the Notice of Subaward."



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

Agency Ref. #: **HD 17428**  
 Budget Account: 3215  
 Category: 15  
 GL: 8503  
 Job Number: 9394020

**NOTICE OF SUBAWARD**

<b>Program Name:</b> HIV Prevention Program - Office of HIV Lyell Collins / lscollins@health.nv.gov	<b>Subrecipient's Name:</b> Washoe County Health District Anna Heenan / llottritz@washoecounty.us
<b>Address:</b> 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	<b>Address:</b> 1001 East Ninth Street Reno, NV 89512
<b>Subaward Period:</b> January 1, 2020 through December 31, 2020.	<b>Subrecipient's:</b> EIN: <u>88-6000138</u> Vendor #: <u>T40283400</u> Dun & Bradstreet: <u>073786998</u>

**Purpose of Award:** The purpose of this subgrant is to support HIV prevention services in Washoe County.

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

<b>Approved Budget Categories:</b>	
1. Personnel	<b>\$200,630.00</b>
2. Travel	<b>\$9,568.00</b>
3. Operating	<b>\$6,327.00</b>
4. Supplies	<b>\$5,800.00</b>
5. Other	<b>\$37,567.00</b>
<b>TOTAL DIRECT COSTS</b>	<b>\$259,892.00</b>
6. Indirect Costs	<b>\$27,604.00</b>
<b>TOTAL APPROVED BUDGET</b>	<b>\$287,496.00</b>

<b>FEDERAL AWARD COMPUTATION:</b>	
Total Obligated by this Action:	\$ 287,496.00
Cumulative Prior Awards this Budget Period:	\$ 0.00
Total Federal Funds Awarded to Date:	\$ 287,496.00
Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Amount Required this Action:	\$ 0.00
Amount Required Prior Awards:	\$ 0.00
Total Match Amount Required:	\$ 0.00
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

**Federal Budget Period:**  
January 1, 2020 through December 31, 2020.

**Federal Project Period:**  
January 1, 2020 through December 31, 2020.

**FOR AGENCY USE, ONLY**

<b>Source of Funds:</b> Center for Disease Control and Prevention (CDC)	<b>% Funds:</b> 100%	<b>CFDA:</b> 93.940	<b>FAIN:</b> NU62PS92457 9	<b>Federal Grant #:</b> NU62PS924579	<b>Federal Grant Award Date by Federal Agency:</b> January 1, 2019
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**Agency Approved Indirect Rate:** 7.9%

**Subrecipient Approved Indirect Rate:** 20.97%

**Terms and Condition**

In accepting these grant funds, it is understood that:

1. This award is subject to the availability of appropriate funds.
2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented
4. Subrecipient must comply with all applicable Federal regulations
5. Biannual progress reports, unless specific exceptions are provided in writing by the grant administrator.
6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

**Incorporated Documents:**

Section A: Grant Conditions and Assurances;  
 Section B: Description of Services, Scope of Work and Deliverables;  
 Section C: Budget and Financial Reporting Requirements;  
 Section D: Request for Reimbursement;

Section E: Audit Information Request;  
 Section F: Current/Former State Employee Disclaimer; and  
 Section G: DHHS Business Associate Addendum.

	Signature	Date
Kevin Dick District Health Officer		
Julia Peek, MHA, CPM Deputy Administrator		
For Lisa Sherych Administrator, DPBH		

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**SECTION A  
GRANT CONDITIONS AND ASSURANCES**

**General Conditions**

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as "Department") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Recipient is an independent entity.
2. The Recipient shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Recipient from its obligations under this Agreement.
  - The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Department, become the property of the Department, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
  - The Department may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Recipient ineligible for any further participation in the Department's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Department may withhold funding.

**Grant Assurances**

A signature on the cover page of this packet indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance 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 for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**
8. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended— Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
9. Certification that neither the Recipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations

implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).

10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Department of Health and Human Services shall not use grant funds for any activity related to the following:
  - Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
  - Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
  - Any attempt to influence:
    - The introduction or formulation of federal, state or local legislation; or
    - The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
  - Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
  - Any attempt to influence:
    - The introduction or formulation of federal, state or local legislation;
    - The enactment or modification of any pending federal, state or local legislation; or
    - The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
  - Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
  - Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
14. An organization receiving grant funds through the Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
  - Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
  - Not specifically directed at:
    - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
    - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
    - Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a recipient or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the granting agency.

To comply with reporting requirements of the Federal Funding and Accountability Transparency Act (FFATA), the sub-grantee agrees to provide the Department with copies of all contracts, sub-grants, and or amendments to either such documents, which are funded by funds allotted in this agreement.

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

## SECTION B

### Description of Services, Scope of Work and Deliverables

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

#### Scope of Work for Subgrantee

**Strategy 1: Systematically collect, analyze, interpret, and disseminate human immunodeficiency virus (HIV) data to characterize trends in HIV infection, detect active HIV transmission, implement public health interventions, and evaluate public health response**

Objective	Activities	Due Date	Documentation Needed
Human Immunodeficiency Virus (HIV) prevention program monitoring and evaluation	1. During the reporting period, the Subgrantee will collect and input data into EvaluationWeb and PartnerServicesWeb. Data will be used to monitor HIV testing activities and key performance indicators. Data must be entered in the required Centers For Disease Control And Prevention (CDC) format and by Centers For Disease Control And Prevention (CDC) required deadlines.	12/31/2020	1. EvaluationWeb and PartnerServicesWeb
	2. The Subgrantee will meet with the State HIV Prevention Program (HPP) at least semi-annually, or upon request, to discuss performance measures and program progress.	Semiannually, or upon request	2. Meetings Agendas and Notes from HIV Prevention Program.

**Strategy 2: Identify persons with HIV infection and uninfected persons at risk for HIV**

Objective	Activities	Due Date	Documentation Needed
HIV Testing	1. During the reporting period the Subgrantee will complete 2,000 HIV tests (of which no more than 500 may be conventional testing) targeted to high-risk individuals and target populations identified in the Nevada Integrated HIV Prevention and Care Plan. <ul style="list-style-type: none"> <li>• If the Alere Determine™ HIV-1/2 Ag/Ab Combo is unavailable, the subgrantee must obtain permission from the grantor to utilize a 3rd Generation, CLIA-waived, Centers For Disease Control And Prevention (CDC) approved Rapid HIV test (suitable for non-clinical setting). <a href="https://www.cdc.gov/hiv/pdf/testing/rapid-hiv-tests-non-clinical.pdf">https://www.cdc.gov/hiv/pdf/testing/rapid-hiv-tests-non-clinical.pdf</a>.</li> <li>• The subgrantee must obtain "Public Health Pricing" for all Centers For Disease Control And Prevention (CDC) approved, CLIA-waived Rapid HIV tests directly from the test's manufacturer.</li> </ul>	12/31/2020	2,000 HIV tests (of which no more than 500 may be conventional testing) targeted to high-risk individuals and target populations identified in the Nevada Integrated HIV Prevention and Care Plan entered into EvaluationWeb.
	2. During the reporting period, the Subgrantee will conduct two (2) provider education presentations to educate hospital and medical staff on the benefits of routine HIV testing.	12/31/2020	Documentation of two (2) provider education presentations to educate hospital and medical staff on the benefits of routine HIV testing.
	3. During the reporting period, the Subgrantee will conduct two (2) provider education presentations to educate hospital and medical staff on the requirement to test pregnant women who present themselves at hospitals, but with no evidence of previous prenatal care.	12/31/2020	Documentation of two (2) provider education presentations to educate hospital and medical staff on the requirement to test pregnant women who present themselves at hospitals, but with no evidence of previous prenatal care.
	4. The Subgrantee will utilize the social networks strategies to target high-risk networks for HIV testing.	12/31/2020	N/A
HIV Partner Services	1. The Subgrantee will utilize sexually transmitted disease (STD) and HIV Prevention data to identify HIV positive individuals, their contacts and disease clusters for Partner Services and other interventions.	12/31/2020	Documentation from Partner Services
	2. All Disease Intervention Specialists will receive the Centers For Disease Control And Prevention (CDC) supported Passport to Partner Services training.	12/31/2020	Certificate of Passport to Partner Services training.

	3. The Subgrantee will provided local data and technical assistance to medical and community providers upon request.	12/31/2020	HIV Prevention Report(s)
Data to Care	1. The Subgrantee will work with HPP to provide missing or updated data to HIV Surveillance for review, entry into eHARS, and quality assurance.	12/31/2020	N/A
	2. Beginning January 1, 2018 through December 31, 2022, the Subgrantee will use the out of care list provided by the HIV Surveillance Program to contact HIV positive clients who appear to not be in medical care. Disease Intervention Specialists, or other health district staff will contact clients to re-engage them in medical care or determine if the client is no longer residing in their jurisdiction.	12/31/2020	N/A
	3. Beginning January 1, 2018 through December 31, 2022, the Subgrantee will track the number of clients they have contacted and how many have been re-engaged into medical care. This data will be included with all Centers for Disease Control and Prevention required reports.	12/31/2020	Documentation of linkage to care.

**Strategy 3: Develop, maintain, and implement a plan to respond to HIV transmission clusters and outbreaks**

Objective	Activities	Due Date	Documentation Needed
Rapidly respond to and intervene in HIV transmission clusters and outbreaks	1. The Subgrantee will work with the HPP to develop and maintain a Centers For Disease Control And Prevention (CDC) identified Rural Counties (Esmeralda and Storey) Outbreak and Detection Response Plan.	12/31/2020	Maintain a Centers for Disease Control And Prevention (CDC) identified Rural Counties Outbreak and Detection Response Plan.
	2. Partners of a transmission cluster will be referred to HIV testing and provided retesting within 6 months.	12/31/2020	N/A
	3. In the event of an outbreak, the Subgrantee will assist in an outbreak response and may use grant funds to support any travel related expenses.	12/31/2020	N/A

**Strategy 4: Provide for comprehensive HIV- related prevention services for people living with diagnosed HIV infection**

Objective	Activities	Due Date	Documentation Needed
Provide linkage to, re-engagement in, and retention in HIV medical care services using Data-to-Care activities and other strategies	1. The Subgrantee will perform data-to-care activities to identify HIV positive individuals who have not linked to care or have fallen out of care.	12/31/2020	Enhanced HIV/AIDS Reporting System (eHARS) and Out of Care List (OOCL)
	2. The Subgrantee will identify newly diagnosed positive individuals and ensure they are linked into care and monitored until they attend their first appointment.	12/31/2020	PartnerServices Data
	3. The Subgrantee will work with the HPP to identify social determinants of health that are impacting a client's ability to successfully link and be retained in HIV care.	12/31/2020	N/A
	4. The Subgrantee will use the out of care list provided by the HIV Surveillance Program to contact HIV positive clients who appear to not bet in medical care. Disease Intervention Specialists or other health district staff will contact clients to re-engage them in medical care or determine if the client is no longer residing in their jurisdiction.	12/31/2020	Documentation of re-engagement.
	5. The Subgrantee will track the number of clients they have contacted and how many have been re-engaged into medical care. This data will be included with all Centers for Disease Control and Prevention required reports.	12/31/2020	Documentation of re-engagement.
Promote early ART initiation and support medication adherence	1. The Subgrantee will educate primary care physicians on the importance of early antiretroviral treatment (ART) initiation.	12/31/2020	Sign in sheet
	2. The Subgrantee will continue to offer the Anti-Retroviral Treatment and Access to Services (ARTAS) intervention and wrap-around services to ensure clients access and remain in medical care.	12/31/2020	ARTAS Documentation

Promote and monitor HIV viral suppression & Monitor HIV drug resistance	1. The Subgrantee will use peer navigators to engage and support clients' access and retention into medical care and treatment adherence.	12/31/2020	N/A
	2. The Subgrantee must use client-centered counseling during HIV testing and condom distribution, as Health Reduction and Health Education strategies.	12/31/2020	N/A
Conduct risk reduction interventions for people living with HIV (PLWH)	1. The Subgrantee will ensure client-centered counseling is performed during the HIV testing process. Once identified as positive, the Subgrantee's Disease Intervention Specialist (DIS) must provide health education to reduce high-risk behaviors and future transmissions.	12/31/2020	EvaluationWeb Data
Refer people living with HIV (PLWH) to other essential support services	1. The Subgrantee will upon initial identification of newly diagnosed positive individuals, refer them to care and support services, such as screenings and active referrals for healthcare benefits, behavioral health, and other medical and social services. Clients will continue to be monitored through the first medical appointment by local DIS.	12/31/2020	EvaluationWeb Data

**Strategy 5: Provide comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection.**

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
Periodic HIV testing and risk screening HIV Testing	1. The Subgrantee will work with HPP and community partners to introduce legislation to require physicians to offer an HIV test annually, as part of routine medical care for ages 13 – 64.	12/31/2020	Development of policies that impact HIV Prevention in Nevada.
Increase awareness of and expand access to Pre-exposure prophylaxis (PrEP) and medication adherence to PrEP/Post-exposure Prophylaxis (PEP) Screening for PrEP eligibility	1. The Subgrantee will provide community education for Pre-exposure prophylaxis (PrEP) and Post-exposure Prophylaxis (PEP) awareness through social media strategies.	12/31/2020	Social Media Campaign(s).
Linkage to and support for PrEP	1. The Subgrantee will employ a PrEP Program Coordinator and a PrEP Navigator to assist clients accessing PrEP and PEP services and navigating insurance, Medicaid, and patient assistance programs.	12/31/2020	N/A
Risk reduction interventions for HIV-negative persons at risk for HIV infection	1. The Subgrantee will offer Personalized Cognitive Counseling, RESPECT, Motivational Interviewing, and other interventions as identified, to HIV-negative persons at risk for HIV infection.	12/31/2020	High Impact Prevention Documentation.
Refer HIV-negative persons at risk for HIV infection to other essential support services	1. The Subgrantee will work with HIV-negative persons to identify essential support services that the client needs to improve their health outcomes, such as: transportation, substance abuse treatment, mental health services, housing, etc.	12/31/2020	N/A

**Strategy 6: Conduct perinatal HIV prevention and surveillance activities.**

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
Universal prenatal HIV testing	1. The Subgrantee will re-educate providers on the Nevada Revised Statutes pertaining to HIV testing for pregnant women, i.e., to test pregnant women who present themselves at hospitals, but with no evidence of previous prenatal care.	12/31/2020	Sign in sheet.
	2. The Subgrantee will develop new online tools that assist medical providers with educating expecting mothers and provide the necessary mandatory reporting forms.	12/31/2020	New online educational tool(s) for medical providers.
Perinatal HIV exposure reporting	1. The Subgrantee will conduct Fetal Infant Mortality Review (FIMR) activities and address HIV related case review as appropriate.	12/31/2020	N/A
	2. The Subgrantee will develop and implement standard operating procedures for identifying and conducting follow-up of perinatally HIV-exposed infants according to Centers For Disease Control And Prevention (CDC) guidance.	12/31/2020	Updated Policy and Procedures.



Perinatal HIV service coordination (e.g., fetal and infant mortality review)	1. The Subgrantee will review the FIMR and will discuss with clinic personal and local medical providers to ensure patients are receiving the newest treatment protocols.	12/31/2020	N/A
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**Strategy 7: Conduct community level HIV prevention activities**

Objective	Activities	Due Date	Documentation Needed
Social marketing campaigns and social media strategies	1. Should the Subgrantee choose to develop a media campaign, the Subgrantee must use a Centers For Disease Control And Prevention (CDC) approved media campaign, such as the Act Against AIDS initiative.	12/31/2020	Centers For Disease Control And Prevention (CDC) approved media campaign.
Community mobilization	1. During the reporting period, the Subgrantee will involve the HIV Prevention Planning Groups (HPPG) and community partners to promote marketing and outreach plans that provide stigma and discrimination free messaging.	12/31/2020	HPPG Minutes and Agendas.
Syringe services programs	1. During the reporting period, the Subgrantee will continue the development and implementation of a syringe exchange program in Clark County (Las Vegas) in locations visited by injection drug users.	12/31/2020	N/A
	2. During the reporting period, the Subgrantee will make available safe injection and safe sex kits through vending machines or other appropriate methods statewide.	12/31/2020	Documentation amount of safe injection and safe sex kits provided.
Condom distribution programs	1. During the reporting period, the Subgrantee will distribute condoms to high risk HIV negative and positive individuals; 57,611 by 12/31/2020.	12/31/2020	Document Condom Distribution amount.
	2. During the reporting period, the Subgrantee will use vending machines and/or mail order to provide sexually transmitted disease (STD) testing self-collection kits; specimen collection kits will be packaged with condoms for distribution.	12/31/2020	Documentation of sexually transmitted disease (STD) testing self-collection kits and specimen collection.

**Strategy 8: Develop partnerships to conduct integrated HIV prevention and care planning**

Objective	Activities	Due Date	Documentation Needed
Maintain HIV Planning Group	1. The Subgrantee will manage, oversee, and provide logistical coordination of the HPPG of Northern Nevada and meet at least quarterly throughout the year to discuss and monitor the progress of the State's HIV Prevention grant. The Subgrantee is also responsible for providing nutrition and hydration at all HPPG meetings.	12/31/2020	Receipt(s), Meeting Agenda(s), and Meeting Minute(s).
Develop HIV prevention and care networks	1. The Subgrantee will continue working with community partners, other local health authorities, and the University Nevada Reno- Center for Program Evaluation to identify new stakeholders and engage them in the Integrated HIV Prevention and Care Plan process to evaluate and monitor the Plan.	12/31/2020	N/A

**Strategy 9: Implement structural strategies to support and facilitate HIV surveillance and prevention**

Objective	Activities	Due Date	Documentation Needed
Ensure data security, confidentiality, and sharing	1. The Subgrantee will ensure that all staff is trained and in compliance with the Centers For Disease Control And Prevention (CDC)'s Data Security and Confidentiality Guidelines.	12/31/2020	Documentation of completion of Centers For Disease Control And Prevention (CDC)'s Data Security and Confidentiality Guidelines.
Strengthen laws, regulations, and policies	1. The Subgrantee will work with the HPP and other advocacy groups to support legislation or policy changes that will benefit HIV prevention, care, and surveillance in Nevada.	12/31/2020	N/A

Strengthen health information systems infrastructure	1. The Subgrantee will maintain and/or enhance integrated information systems and workforces between HIV Prevention and Surveillance.	12/31/2020	N/A
	2. The Subgrantee will support Centers For Disease Control And Prevention (CDC) approved software and hardware equipment necessary to strengthen health information systems infrastructure, such as Enhanced HIV/AIDS Reporting System (eHARS), Statistical Analysis System (SAS) licenses, and the organization's Electronic Medical Record (EMR) systems. The Subgrantee will ensure that all Centers For Disease Control And Prevention (CDC) provided software releases and upgrades are installed within required time frames.	12/31/2020	N/A

**Strategy 10: Conduct data- driven planning, monitoring, and evaluation to continuously improve HIV surveillance, prevention, and care activities**

Objective	Activities	Due Date	Documentation Needed
Monitor the Integrated HIV Prevention and Care Plan	1. The Subgrantee will continue working with community partners, other local health authorities, and the University Nevada Reno- Center for Program Evaluation to evaluate and monitor the Integrated HIV Prevention and Care Plan.	12/31/2020	Semi-annual jurisdictional plan monitoring report.
Monitor HIV within the jurisdiction for program planning, resource allocation, and monitoring and evaluation purposes	1. The Subgrantee will use epidemiological data to assist with monitoring HIV in their jurisdiction. This data will be used in the community planning process to identify priority populations and resource allocation.	12/31/2020	Epidemiological Profile.

**Strategy 11: Build capacity for conducting effective HIV program activities, epidemiological science, and geocoding**

Objective	Activities	Due Date	Documentation Needed
Assess capacity building and technical assistance needs	1. The Subgrantee will participate in an annual statewide survey to assess capacity building and technical assistance needs.	12/31/2020	N/A
	2. The Subgrantee will comply with the HPP's annual site visit, provide all supporting documentation, and provide programmatic feedback.	12/31/2020	HPP's Annual site visit report.
Develop and implement capacity building assistance plan, including technical assistance	1. The Subgrantee will participate in all Centers For Disease Control And Prevention (CDC) identified trainings.	12/31/2020	Registration and Sign in Sheets for CDC identified training(s).
	2. The Subgrantee will adequately train new hires in current Centers For Disease Control And Prevention (CDC) prevention interventions.	12/31/2020	Training Materials.
	3. The Subgrantee will ensure the development and implementation of standard operating procedures are in place or in process.	12/31/2020	Policy and Procedures.

**Health Department Participation**

Objective	Activities	Due Date	Documentation Needed
Nevada Initiatives	1. The Subgrantee is required to participate in the Northern Nevada HIV Prevention Planning Group. The subgrantee must attend all meetings in person.	12/31/2020	Sign in Sheets, Minutes, and Agendas.
	2. The subgrantee must participate in the following meetings/groups: Nevada Integrated HIV Prevention and Care Plan (NIHPCP or IHPCP), Getting to Zero (G2Z or GTZ), Ending the HIV Epidemic (EtHE), and any additional initiatives identified by the grantor.	12/31/2020	Sign in Sheets, Minutes, and Agendas.

**Administrative**

Objective	Activities	Due Date	Documentation Needed
Programmatic Reporting	1. The Subgrantee will submit to the HPP narrative and statistical reports in a format established by the HPP and the Centers For Disease Control And Prevention (CDC). By July 31 each year, the Subgrantee will report on the first six (6) months of the grant year. By January 31 each year, the Subgrantee will report on the entire twelve (12) months of the grant year.	12/31/2020	Reports.
	2. The Subgrantee will measure all performance indicators and objectives identified in the Evaluation and Monitoring Plan using the program template provided, monthly. The report is due by the fifteenth (15) of each month, reporting on the previous month.	12/31/2020	Reports.
	3. The Subgrantee will be responsible for HIV counseling, testing, Partner Services, and referral data collection and timely entry into respective databases.	12/31/2020	Reports.
Fiscal	1. The Subgrantee must submit a "Request for Reimbursement" (RFR) monthly, not later than the 15th via FedEx or email of the following month. Requests for Reimbursement must be on the approved form and include all back-up documentation (*Please maintain a copy for your records). Electronic submission to Janet St Amant at <a href="mailto:jstamant@health.nv.gov">jstamant@health.nv.gov</a> .	12/31/2020	RFR.

\*Important Notice: Any unspent funding may result in having the next year's grant reduced by that amount. \*

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

**SECTION C**

**Budget and Financial Reporting Requirements**

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant Number NU62PS924579 from Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor Centers for Disease Control and Prevention."

Any activities performed under this subaward shall acknowledge the funding was provided through the Nevada State Department of Health and Human Services by Grant Number NU62PS924579 from Centers for Disease Control and Prevention.

Subrecipient agrees to adhere to the following budget:

**BUDGET NARRATIVE**  
(Form Revised June 2019)

<b>Total Personnel Costs</b>		including fringe	<b>Total:</b>		<b>\$</b>	<b>200,630</b>
-						

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<b><u>Public Health Nursing Supervisor (Kathy Sobrio)</u></b>	\$105,000.00	0.000%	30.000%	12	100.00%	In Kind

This position supervises professional nursing staff and paraprofessional employees who provide public health nursing services and has direct supervision over the HIV Program Coordinator. Duties of this position include planning, developing, managing, and implementing public health nursing programs for communities, families and individuals. This position also schedules and coordinates clinic activities; and performs related work as required. These duties are carried out within the Family Planning, STD and HIV programs.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<b><u>Health Educator Coordinator (Jennifer Howell)</u></b>	\$87,000.00	45.000%	80.000%	12	100.00%	\$100,920

This position provides overall guidance and direction to the Health District's HIV Prevention Program to ensure achievement of CDC's HIV Prevention Performance Indicators at the local level. Additional activities include the provision of technical assistance, evaluation, and monitoring of evidence-based interventions in the delivery of quality HIV prevention programs. In addition, this position is the lead staff person for implementing the Personalized Cognitive Counseling (PCC) intervention in the current counseling and testing program. This position also develops and updates all protocols, writes grant applications, submits reports to the State and CDC as required, and monitors the Health District's performance measures and benchmarks for reporting to the District Board of Health and Board of County Commissioners. The duties of this position also include the coordination of staff and community trainings, integration of services between HIV, STD, TB and Hepatitis, as well as media relations.

This position has also taken on the responsibilities of the Health Educator II position. Duties include coordination of HIV prevention education, prevention supply distribution, and testing services in Washoe County, targeting populations identified through jurisdictional planning. The position also develops and implements community-wide interventions. Additionally, this position serves as the Health District's representative for the Northern Nevada Outreach Team (NNOT).

The Program Coordinator also oversees the Washoe County instance of Evaluation Web and ensures data is being collected according to Centers for Disease Control and Prevention and Nevada Division of Public and Behavioral Health guidelines. Additionally, this position serves as the Washoe County Health District's liaison to the statewide Evaluation Web and performance indicator working group.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<b><u>Public Health Investigator / PHI (Jessica Conner)</u></b>	\$62,000.00	45.000%	30.000%	12	100.00%	\$26,970

Provides support for case identification and investigation to locate cases and their partners. Completes tasks related to testing follow up, data management, and activities leading to the successful reporting of program activities.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<b><u>Public Health Investigator / PHI (TBD)</u></b>	\$78,000.00	45.000%	15.000%	12	100.00%	\$16,965

This position provides direct client services, including pre- and post-test counseling, testing, and referral; partner identification, contact tracing, and notification; initial case management and referral of HIV positive clients; and clinical data collection and analysis. This position delivers risk reduction counseling messages and referral information containing specifics on HIV in all venues utilized, including the Health District's on-site comprehensive sexual health clinic and at non-traditional testing sites where individuals at high risk for HIV congregate, including those sites identified by NNOT. Unlike other outreach team members, this position is certified and trained to perform pre- and post-test counseling, blood draws, partner notification, and referral protocols. This position also works directly with Washoe County legal counsel regarding cases that may need a legal opinion, and with all four area hospital's infection control staff regarding all inpatients and outpatients who test positive for HIV, or have a history of HIV infection mentioned in their medical records; and with local law enforcement to ensure victim notification regarding all sexual assault arrests in Washoe County. This position is also responsible for tracing laboratory and physician reporting of HIV testing as outlined in NRS 441a.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<b><u>Office Assistant II (C. Arredondo)</u></b>	\$52,000.00	45.000%	5.000%	12	100.00%	\$3,770

This position assists with logistical support for material distribution, including condoms and other harm-reduction supplies to community partners and members of target populations. This position also screens client for services needed and schedules offsite (non-clinical) testing opportunities. Spanish translation services are provided by this position as well.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<b><u>Office Assistant II (A. Gonzalez)</u></b>	\$53,000.00	45.000%	5.000%	12	100.00%	\$3,843

This position assists with logistical support for material distribution, including condoms and other harm-reduction supplies to community partners and members of target populations. This position also screens client for services needed and schedules offsite (non-clinical) testing opportunities. Support for prevention planning group activities such as maintaining attendance records, appropriate meeting posting, attending meetings for minute taking and logistical support. Some data collection and monitoring duties will be provided, as directed by the Coordinator. Spanish translation services may be provided by the position as well.

### Intermittent Hourly Pooled Staff

\$48,162

	<u>Annual Salary</u>	<u>Medicare Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<b><u>Intermittent Hourly Pooled RN</u></b> <b><u>(\$30.44/hr. x 20 hrs. per wk. x 50 wks.</u></b> <b><u>per year + Medicare 1.45% =\$30,881)</u></b>	\$60,880.00	1.450%	50.000%	12	100.00%	\$30,881

This position provides HIV testing at locations and events that occur outside of normal business hours and on weekends. This allows for HIV testing at after-hours venues, and provides greater flexibility for the program, in order to meet the HIV testing needs of high-risk individuals. The per diem nurse will also be used to supplement program staffing at special events throughout the year, such as the AIDS Memorial, Reno Gay Pride, National HIV Testing Day, and World AIDS Day.

The Director of Community and Clinical Health has limited overtime as a cost saving measure, resulting in staff not being able to work at any events that occur after normal business hours. The hourly pooled nurse position is required, in order to meet testing obligations after normal business hours and on weekends. The hours are charged at straight time, with no overtime incurred. Since these events test for other than HIV, a nurse is required, rather than just a DIS.

	<u>Annual Salary</u>	<u>Medicare Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<b><u>Intermittent Hourly Pooled Health Educator</u></b> <b><u>(\$28.39/hr. x 12 hrs. per wk.</u></b> <b><u>x 50 wks. per year + Medicare 1.45%</u></b> <b><u>=\$17,281)</u></b>	\$56,780.00	1.450%	30.000%	12	100.00%	\$17,281

This position provides support to testing, education, and outreach for the program, with the goal of increasing HIV testing to priority populations. Representing Washoe County Health District (WCHD) and providing programmatic support to Northern Nevada Outreach Team (NNOT) also supports condom distribution and organizing community involvement in policy development. Jurisdictional planning activities, such as mobilizing community provider meetings for feedback on the integrated plan is also included this position, as well as providing support during prevention planning group meetings.

<b>Total Fringe Cost</b>	<b>\$48,006</b>	<b>Total Salary Cost:</b>	<b>\$184,124</b>
<b>Total Budgeted FTE</b>	<b>2.45000</b>		

<b>Travel</b>	<b>Total:</b>	<b>\$9,568</b>
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<b>Out-of-State Travel</b>	<b>\$6,648</b>
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2020 International AIDS Conference  
July 6 – 10 - San Francisco, CA  
and other HIV Prevention-related  
conference

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: \$400 cost per trip x 2 trips x 2 staff	\$400	2		2	\$1,600
Per Diem: \$ 66 per day x area x # of trips x # of staff	\$66	4	2	2	\$1,056
Lodging: \$ 150 per day x 2 trips x 3 nights x 2 staff	\$150	2	3	2	\$1,800
Ground Transportation: \$12 per day x 2 trips x 4 days x 2 staff	\$12	2	4	2	\$192
Registration Fees: \$500 each x 2 Conferences x 2 Staff	\$500	2		2	\$2,000

**Justification:** Funds are requested for the HIV Health Educator Coordinator, program supervisor, staff, or appropriate community member, to attend the 2020 International AIDS Conference, and other HIV Prevention-related development conference.

<b>In-State Travel</b>	<b>\$2,920</b>
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<u>Origin &amp; Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: \$200 cost per trip x 2 trips x 2 staff	\$200	2		2	\$800
Per Diem: \$64 per day x 2 trips x 2 days x 2 staff	\$64	2	2	2	\$512
Lodging: \$ 108 per day x 1 trips x 2 nights x 2 staff	\$108	1	2	2	\$432
Ground Transportation: \$12 per day x 2 Trip x 2 days x 2 Staff	\$12	2	2	2	\$96
Mileage: \$.58 per miles x 569 miles	\$83	2		2	\$330
Registration: \$150 each x 5 staff	\$150			5	\$750

**Justification:** Funds are requested to reimburse day-to-day travel expenses, including mileage for relative HIV prevention services; i.e., testing, supply distribution, and local meetings. Funding is also requested for 2 staff to travel to Las Vegas for trainings or meetings. Registrations are requested for 5 staff registrations for the AIDS Education and Training Center (AETC) Autumn Update. This would be attended by the HIV Health Educator Coordinator and Public Health Nurse/Public Health Investigator, per diem staff and program supervisor.

<b>Operating</b>	<b>Total:</b>	<b>\$6,327</b>
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Postage & Freight: \$25 per mo. x 12 mos.	\$300
Copy Machine: \$59.50 per mo. x 12 mos.	\$714
Printing: \$41.66 per mo. x 12 mos.	\$500
Licenses & Certifications	\$600
Telephone: \$63 per mo. x 12 mos.	\$756
Cell Phone: \$30 per mo. x 12 mos.	\$360
Books and Subscriptions	\$100
People search engine for case and Partner Services locating: \$243.75 x 12 mos.	\$2,925
Cleaning costs for lab coats: \$6/mo. x 12 mos.	\$72

**Justification:** Expenses needed to support HIV prevention activities in Washoe County, including testing, evidence-based interventions, Partner Services, prevention supply distribution, subscriptions to professional journals/publications, and search engines to locate people for case locating and Partner Services activities.

<b>Supplies</b>	<b>Total:</b>	<b>\$5,800</b>
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Educational Materials	\$500.00
Medical Supplies	\$5,000.00
Office Supplies: \$25 x 12 months	\$300.00

**Justification:** Required for supporting HIV prevention and testing activities, including Partner Services, prevention supplies, and PCC interventions. Educational materials include HIV Prevention brochures, posters, DVDs etc., and imprinted items for off-site HIV testing and special events.

Medical Supplies include the purchase of condoms and lubricant to enhance the condom distribution program in northern Nevada. Other medical supplies to be purchased include HIV testing supplies, such as gloves, tubes, syringes, hygiene materials, etc. Office supplies are necessary to support daily program activities.

<b>Other</b>	<b>Total:</b>	<b>\$37,567</b>
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<u>Professional Services:</u> Expenses related to the statewide Integrated HIV Prevention and Care Plan, marketing development and materials.	\$100
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<u>Advertising:</u> for targeted HIV testing efforts, including social network strategies. \$166.70 /mo. x 12 months	\$2,000
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<u>Program Incentives:</u> for implementing the Social Network Strategy intervention and Partner Services participation. \$20.83 /mo. x 12 months	\$250
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<u>Transportation:</u> including taxi vouchers and bus passes to facilitate client prevention and partner services participation: \$10/mo. x 12 mos.	\$120
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Hydration at testing events	\$100
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<u>Event Fees:</u> to include rental expenses, event fees, security expenses at testing events	\$1,000
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<b>Lab / Outpatient Services</b>	<b>\$32,797</b>
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<b>Rapid HIV Test &amp; Controls:</b>	<b>\$27,680</b>
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2,000 HIV tests @ \$10/test = \$20,000	\$20,000
3 Controls/mo. x \$30/control x 12 mos. = \$1,080	\$1,080
45 Qty Control tests/mo. @ \$10/test x 12 mos. = \$5,400	\$5,400
20 staff x 2 tests/staff x 3 proficiency tests/yr. x \$10/test = \$1,200	\$1,200

<b>Blood Tests:</b>	<b>\$3,500</b>
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500 HIV blood tests x \$5/test = \$2,500	\$2,500
200 HIV blood tests @ juvenile detention x \$5/test = \$1,000	\$1,000

<b>Confirmatory Tests:</b>	<b>\$1,617</b>
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20 estimated positive tests @ \$42/HIV AB differential test = \$840	\$840
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6 estimated tests @ \$129.58/HIV RNA test = \$777.48

**Justification:** Funds will support other operating needs for HIV Prevention efforts, including continued targeted HIV testing and service integration. Advertising materials and incentives will be purchased to support the social network strategy intervention and HIV testing. Additionally, Advertising funds will be used for media advertising to the public through print and radio, television, and Internet venues. Advertising will also include handout cards that will be distributed in the community that contain safe sex messages. Hydration to facilitate HIV testing with priority and homeless populations. Meeting spaces, storage space for materials, and audio/visual equipment will be used for educational efforts as well. Lab/Outpatient services include costs associated with HIV testing. The Nevada State Public Health Laboratory is used to process all HIV tests.

<b>Northern Nevada HIV Prevention Planning Group</b>	<b>\$1,200</b>
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Prevention Planning Meetings \$5.83 x 20 attendees x 6 meetings per year	\$700
Community Engagement Meetings \$200 per meeting x 2 meetings	\$400
Supplies for PPG meetings \$16.66 per meeting x 6 meetings per year	\$100

**Justification:** Providing hydration and nutritional items will allow clients to attend and participate in Northern Nevada HIV Prevention Planning Group meetings. These costs are based on historical attendance by members and guests attending Prevention Planning meetings and funds available. The meetings are held every other month throughout the year.

Supplies to support Prevention Planning Group meetings may include pens, easel tablets, magic markers/highlighters, post-it pads, name placards, etc.

<b>TOTAL DIRECT CHARGES</b>	<b>\$259,892</b>
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<b>Indirect Charges</b>	<b>Indirect Rate:</b>	<b>10.6213%</b>	<b>\$27,604</b>
<b>Indirect Methodology:</b> Indirect Costs: 10.6213% of Direct Costs (including Personnel) \$259,892 x 10.6213% = \$27,604			

<b>TOTAL BUDGET</b>	<b>Total:</b>	<b>\$287,496</b>
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**PROPOSED BUDGET SUMMARY**  
(Form Revised May 2019)

**A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS**

<b>FUNDING SOURCES</b>	<b>GMU</b>	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
<b>ENTER TOTAL REQUEST</b>	\$287,496								\$287,496

**EXPENSE CATEGORY**

Personnel	\$200,630								\$200,630
Travel	\$9,568								\$9,568
Operating	\$6,327								\$6,327
Supplies	\$5,800								\$5,800
Other Expenses	\$37,567								\$37,567
Indirect	\$27,604								\$27,604

TOTAL EXPENSE	\$287,496	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$287,496
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These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Total Indirect Cost	\$27,604
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Total Agency Budget	\$287,496
Percent of Subrecipient Budget	100%

**B. Explain any items noted as pending:**

**C. Program Income Calculation:**

- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- 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/ Subrecipients 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).

**The Subrecipient agrees:**

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subaward period.

- Total reimbursement through this subaward will not exceed \$287,496.00;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Supporting documentation to support reimbursement requests must be retained and made available to the Nevada Division of Public and Behavioral Health when requested; and
- Additional expenditure detail will be provided upon request from the Department.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

**The Department agrees:**

- Providing technical assistance, upon request from the Subrecipient, and when feasible;
- Will be responsible for forwarding all documents or other required reports to the Centers for Disease Control and Prevention (CDC) or other entity, as required under this grant;
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.

**Both parties agree:**

- The Department's HIV Prevention Program will conduct at least annually, one (1) programmatic and fiscal review of the subgrantee. The Division of Public and Behavioral Health has the option to conduct site visits more often should they be necessary.
- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, 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 Department, 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 quarterly basis, based on the terms of the subaward agreement, no later than the 15<sup>th</sup> 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 Subaward.

**SECTION D**  
**Request for Reimbursement**

<b>Program Name:</b> HIV Prevention Program - Office of HIV Lyell Collins / lscollins@health.nv.gov	<b>Subrecipient's Name:</b> Washoe County Health District Anna Heenan / jlottritz@washoecounty.us
<b>Address:</b> 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	<b>Address:</b> 1001 East Ninth Street Reno, NV 89512
<b>Subaward Period:</b> January 1, 2020 through December 31, 2020.	<b>Subrecipient's:</b> EIN: 88-6000138 Vendor #: T40283400

**FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT**

(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	\$200,630.00	\$0.00	\$0.00	\$0.00	\$200,630.00	0.0%
2. Travel	\$9,568.00	\$0.00	\$0.00	\$0.00	\$9,568.00	0.0%
3. Operating	\$6,327.00	\$0.00	\$0.00	\$0.00	\$6,327.00	0.0%
4. Supplies	\$5,800.00	\$0.00	\$0.00	\$0.00	\$5,800.00	0.0%
5. Other	\$37,567.00	\$0.00	\$0.00	\$0.00	\$37,567.00	0.0%
6. Indirect	\$27,604.00	\$0.00	\$0.00	\$0.00	\$27,604.00	0.0%
<b>Total</b>	<b>\$287,496.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$287,496.00</b>	<b>0.0%</b>

I, a duly authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**FOR Department USE ONLY**

Is program contact required?  Yes  No      Contact Person: \_\_\_\_\_  
 Reason for contact: \_\_\_\_\_  
 Fiscal review/approval date: \_\_\_\_\_  
 Scope of Work review/approval date: \_\_\_\_\_  
 Chief (as required): \_\_\_\_\_ Date \_\_\_\_\_

**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).
2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year?  YES  NO
3. When does your organization's fiscal year end? June 30th
4. What is the official name of your organization? Washoe County Health District
5. How often is your organization audited? annually
6. When was your last audit performed? August 2019
7. What time-period did your last audit cover? July 1, 2018 - June 30, 2019
8. Which accounting firm conducted your last audit? Eide Bailly

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

**SECTION F**

**Notification of Utilization of Current or Former State Employee**

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward. The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.

Are any current or former employees of the State of Nevada assigned to perform work on this subaward?

- YES  If "YES", list the names of any current or former employees of the State and the services that each person will perform.
- NO  Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Department.

Name	Services
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Subrecipient agrees that any employees listed cannot perform work until approval has been given from the Department.**

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

## SECTION G

### Business Associate Addendum

BETWEEN

**Nevada Department of Health and Human Services**

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Hereinafter referred to as the "Covered Entity"

and

**Washoe County Health District**

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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 Department listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes but is not limited to: court orders and court-ordered warrants; subpoenas, or

summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.

17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

## II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the 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.
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, 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
  - 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.

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

AHSO	__AH	__
DHO	_____	KS
DA	_____	
Risk	_____	

**Staff Report**  
**Board Meeting Date: January 23, 2020**

**TO:** District Board of Health

**FROM:** Nancy Kerns Cummins, Fiscal Compliance Officer  
775-328-2419; nkcummins@washoecounty.us

**SUBJECT:** Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2020 through December 31, 2020 in the total amount of \$109,730 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Prevention Program IO# 11661 and authorize the District Health Officer to execute the Notice of Subaward.

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**SUMMARY**

The Community and Clinical Health Services Division received a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health on December 2, 2019 to support the Tuberculosis (TB) Prevention Program. The funding period is January 1, 2020 through December 31, 2020. A copy of the Notice of Subaward is attached.

**Health District Strategic Priority supported by this item:**

- 1. Healthy Lives:** Improve the health of our community by empowering individuals to live healthier lives.

**PREVIOUS ACTION**

There has been no previous action this fiscal year.

**BACKGROUND/GRANT AWARD SUMMARY**

The scope of work includes the following: Tuberculosis (TB) evaluation, treatment and case management activities; TB surveillance, data collection and reporting; TB outreach and education to providers, organizations and communities in Nevada; adhere to all Nevada regulatory and Centers for Disease Control and Prevention recommended policies and protocols.

The Subgrant provides funding for personnel, travel and training, lab/outpatient testing, operating expenses including housing and funding specifically for program participation via the use of incentives/enablers (including but not limited to, gift cards/gift certificates, transportation and food vouchers, educational outreach items, nutritious food and beverage, etc.) and indirect expenditures.

Subject: Approve Tuberculosis Prevention Notice of Subaward

Date: January 23, 2020

Page 2 of 2

### **FISCAL IMPACT**

The District anticipated this award and included funding in the adopted FY20 budget. As such, there is no fiscal impact to the FY20 adopted budget should the Board approve the Notice of Subaward.

### **RECOMMENDATION**

It is recommended that the Washoe County Health District approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2020 through December 31, 2020 in the total amount of \$109,730 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Prevention Program IO# 11661 and authorize the District Health Officer to execute the Notice of Subaward.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "move to approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2020 through December 31, 2020 in the total amount of \$109,730 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Prevention Program IO# 11661 and authorize the District Health Officer to execute the Notice of Subaward."



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

Agency Ref. #: **HD 17493**  
 Budget Account: 3219  
 Category: 14  
 GL: 8516  
 Job Number: TBD

**NOTICE OF SUBAWARD**

<b>Program Name:</b> Division of Public and Behavioral Health (DPBH) Tuberculosis Program Office of Public Health Investigations and Epidemiology Susan McElhany, DMD / smcelhany@health.nv.gov	<b>Subrecipient's Name:</b> Washoe County Health District (WCHD)
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<b>Address:</b> 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	<b>Address:</b> 1001 E. Ninth Street, Bldg. B Reno, NV 89512
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<b>Subaward Period:</b> January 1, 2020, through December 31, 2020	<b>Subrecipient's:</b> EIN: <b>88-6000138</b> Vendor #: <b>T40283400Q</b> Dun & Bradstreet: <b>073786998</b>
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**Purpose of Award:** To fund activities for the prevention and control of Mycobacterium tuberculosis as stated in the Nevada Administrative Code (NAC 441A) and Nevada Revised Statutes (NRS 441A).

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

<b>Approved Budget Categories:</b>		<b>FEDERAL AWARD COMPUTATION:</b>	
1. Personnel	\$87,516.00	Total Obligated by this Action:	\$ 109,730.00
2. Travel	\$3,543.00	Cumulative Prior Awards this Budget Period:	\$ 0.00
3. Operating	\$4,125.00	Total Federal Funds Awarded to Date:	\$ 109,730.00
4. Equipment		Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
5. Contractual/Consultant		Amount Required this Action:	\$ 0.00
6. Training		Amount Required Prior Awards:	\$ 0.00
7. Other	\$650.00	Total Match Amount Required:	\$ 0.00
<b>TOTAL DIRECT COSTS</b>	<b>\$95,834.00</b>	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
8. Indirect Costs (14.5%)	\$13,896.00	<b>Federal Budget Period:</b> January 1, 2020, through December 31, 2020	
<b>TOTAL APPROVED BUDGET</b>	<b>\$109,730.00</b>	<b>Federal Project Period:</b> January 1, 2020, through December 31, 2020	
		<b>FOR AGENCY USE, ONLY</b>	

<b>Source of Funds:</b> Centers for Disease Control and Prevention	<b>% Funds:</b> 100%	<b>CFDA:</b> 93.116	<b>FAIN:</b> TBD	<b>Federal Grant #:</b> TBD	<b>Grant Award Date by Federal Agency:</b> TBD
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**Agency Approved Indirect Rate:** 7.9%      **Subrecipient Approved Indirect Rate:** 14.5%

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

- This award is subject to the availability of appropriate funds.
- Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
- Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented.
- Subrecipient must comply with all applicable Federal regulations.
- Quarterly progress reports are due by the 30th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
- Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

<b>Incorporated Documents:</b> Section A: Grant Conditions and Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement;	Section E: Audit Information Request; Section F: Current/Former State Employee Disclaimer; Section G: DHHS Business Associate Addendum.
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Name	Signature	Date
Kevin Dick, Washoe County Health District Health Officer		
Melissa Peek-Bullock State Epidemiologist		
for Lisa Sherych Administrator, DPBH		

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD  
SECTION A  
GRANT CONDITIONS AND ASSURANCES**

**General Conditions**

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as "Department") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Recipient is an independent entity.
2. The Recipient shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Recipient from its obligations under this Agreement.
  - The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Department, become the property of the Department, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
  - The Department may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Recipient ineligible for any further participation in the Department's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Department may withhold funding.

**Grant Assurances**

A signature on the cover page of this packet indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance 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 for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**
8. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

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9. Certification that neither the Recipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).
10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Department of Health and Human Services shall not use grant funds for any activity related to the following:
  - Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
  - Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
  - Any attempt to influence:
    - The introduction or formulation of federal, state or local legislation; or
    - The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
  - Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
  - Any attempt to influence:
    - The introduction or formulation of federal, state or local legislation;
    - The enactment or modification of any pending federal, state or local legislation; or
    - The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
  - Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
  - Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
14. An organization receiving grant funds through the Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
  - Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
  - Not specifically directed at:
    - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
    - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
    - Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a recipient or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the granting agency.

To comply with reporting requirements of the Federal Funding and Accountability Transparency Act (FFATA), the sub-grantee agrees to provide the Department with copies of all contracts, sub-grants, and or amendments to either such documents, which are funded by funds allotted in this agreement.

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

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**SECTION B**

**Description of Services, Scope of Work and Deliverables for Washoe County Health District**

January 1, 2020, through December 31, 2020

**Goal 1: Improved TB Case Detection**

<i>Objective</i>	<i>Activity</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation measure</i>	<i>Evaluation Tool</i>
<b>1.1: Through December 31, 2020, The Subrecipient will identify, track and report all individuals with suspected or confirmed active tuberculosis (TB) disease and latent tuberculosis infection (LTBI) in children less than 5 years of age.</b>	<p><b>1.1.1</b> Report 100% of all confirmed TB disease cases and LTBI cases in children less than 5 years of age through electronic Report of Verified Case of Tuberculosis (RVCT) in National Electronic Disease Surveillance Based System (NBS) within 30 days of the report to Local Health Authority (LHA).</p> <p><b>1.1.2</b> Conduct testing and evaluation for 100% of reported pediatric LTBI cases and potential source (reverse) contacts in children less than 2 years of age with LTBI, as recommended by the Centers for Disease Control and Prevention (CDC).</p> <p><b>1.1.3</b> Through Electronic Disease Notification (EDN) follow-up worksheets and active TB case contact investigation information perform targeted testing and evaluation on individuals with high-risk of TB disease or TB infection.</p>	<p>RVCT in NBS</p> <p>LTBI reports in NBS Contact Investigation reports</p> <p>EDN Follow-up Worksheets Contact Investigation reports Aggregate Reports for Program Evaluation (ARPE)</p>	<p>Jan 1, 2020 - Dec 31, 2020</p> <p>Jan 1, 2020 - Dec 31, 2020</p> <p>Jan 1, 2020 - Dec 31, 2020</p>	<p>TB active or suspected cases and LTBI &lt; 5 years of age in Subrecipient's County</p> <p>Subrecipient's County children &lt; 2 years of age with LTBI and associated contacts</p> <p>Individuals at high-risk of TB disease or TB infection</p>	<p># of days from report to the Subrecipient to submit date</p> <p># of cases LTBI in children &lt; 2 # of source contacts identified # of source contacts evaluated</p> <p># of high-risk individuals identified # of high-risk individuals evaluated &amp;/or tested</p>	<p>NBS reports</p> <p>NBS reports Program data</p> <p>National TB Indicators Project (NTIP): Contact Investigations Indicators Immigrant and Refugee Indicators</p>

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<p><b>1.2: Through December 31, 2020, the Subrecipient will ensure at least 90% of all confirmed TB cases and TB labs are reported to the Subrecipient within the mandated 24 hours, as per NRS 441A statutes.</b></p>	<p>1.2.1 Evaluate the timeliness of active TB disease reporting by healthcare facilities, healthcare providers, correctional facilities, and laboratories.</p>	<p>Annual TB Program Report</p>	<p>Jan 1, 2020 - Dec 31, 2020</p>	<p>Healthcare providers, healthcare facilities, correctional facilities, and laboratories</p>	<p># of days from positive culture results to report to the Subrecipient</p>	<p>NBS reports Medical records</p>
<p><b>1.3: By December 31, 2020, the Subrecipient will develop and implement a TB Outbreak Response Plan.</b></p>	<p>1.3.1 Develop, implement and review with the State's Division of Public and Behavioral Health (DPBH) TB Program a TB outbreak and large-scale contact investigations instructional manual outlining special circumstances, large scale investigations, and suspected outbreaks based on NAC and NRS regulations and CDC guidelines.</p>	<p>Outbreak Response and Special Circumstances Manual</p>	<p>Jan 1, 2020 - Dec 31, 2020</p>	<p>The Subrecipient staff</p>	<p># of SOP manuals developed (progress toward development)</p>	<p>NRS 441A statutes CDC, <i>Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis</i>, MMWR 2005 December</p>

**Goal 2: Improved TB Case Management and Treatment**

<i>Objective</i>	<i>Activity</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation measure</i>	<i>Evaluation Tool</i>
<p><b>2.1: Through December 31, 2020, the Subrecipient will maintain a 95% rate for Completion of Treatment within 12 months for patients with TB disease diagnosis.</b></p>	<p>2.1.1 Establish partnerships with outside agencies and community providers to communicate case management and treatment status.</p>	<p>Medical records RVCT in NBS</p>	<p>Jan 1, 2020 - Dec 31, 2020</p>	<p>Individuals being treated for TB</p>	<p># of TB disease cases treated by the Subrecipient or outside providers # of TB disease cases treated by the Subrecipient or outside providers completing treatment within 12 months</p>	<p>NTIP: Completion of Treatment Indicators NBS reports</p>



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	2.1.2 Utilize DOT (Directly Observed Therapy) and VDOT (Virtual DOT) to assist with TB case treatment adherence.	Medical records RVCT in NBS	Jan 1, 2020 - Dec 31, 2020	Individuals being treated for TB	# of TB disease cases treated by the Subrecipient # of TB disease cases treated by the Subrecipient completing treatment within 12 months	NTIP: Completion of Treatment Indicators  NBS reports
2.2: Through December 31, 2020, the Subrecipient will maintain a 73% case rate for positive sputum culture cases to demonstrate culture conversion within 60 days.	2.1.3 Utilize and provide incentives and enablers to assist with evaluation, testing, and treatment completion of TB disease.  2.2.1 Assess adequacy and appropriateness of therapy for each patient by reviewing initial regimen, susceptibility results, adherence, and response to therapy.	Medical records Incentives and enablers fiscal records/tracking  Medical records RVCT in NBS  Correspondence with laboratory	Jan 1, 2020 - Dec 31, 2020	Individuals who need incentives to complete treatment	# of incentive and enablers provided to patients # of TB disease cases treated by the Subrecipient	NTIP: Completion of Treatment Indicators
2.3: Through December 31, 2020, the Subrecipient will report 100% of Multidrug-Resistant (MDR), molecular drug susceptibility (MDS) laboratory results, and complex TB cases to the DPBH TB Program.	2.2.1 Assess adequacy and appropriateness of therapy for each patient by reviewing initial regimen, susceptibility results, adherence, and response to therapy.  2.3.1 Obtain consultation for the treatment of MDR, molecular drug susceptibility or complex laboratory cases from the Centers of Excellence (COEs), if necessary.	Medical records RVCT in NBS  Correspondence with laboratory  Curry TB Center of Excellence Warmline Reports  Annual TB Program Report	Jan 1, 2020 - Dec 31, 2020	Patients with positive sputum culture	# of positive sputum culture cases # of positive sputum culture cases with culture conversion within 60 days	NTIP: Drug-Susceptibility Results  Sputum Culture Conversion  NBS reports
2.4: Through December 31, 2020, the Subrecipient will collaborate with the HIV/AIDS programs to ensure 100% of TB cases	2.4.1 The HIV status will be identified at the time of TB diagnosis and results entered in RVCT in NBS in 100% of cases.	RVCT in NBS	Jan 1, 2020 - Dec 31, 2020	TB disease cases in Subrecipient's County	# of MDR or complex cases # COE consultations # of MDS lab results	NTIP: Drug Susceptibility Results Completion of Treatment
				TB disease cases in Subrecipient's County	# of TB disease cases # of TB disease cases with known HIV status	NTIP: Known HIV Status

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<p><b>are tested for HIV and referred for HIV services.</b></p>	<p>2.4.2 Establish a relationship with the state HIV Prevention and Surveillance programs to ensure rapid linkage to care and support services.</p>	<p>Lab results</p>	<p>Jan 1, 2020 - Dec 31, 2020</p>	<p>TB cases with HIV coinfection</p>	<p># of TB/HIV disease cases # of TB/HIV disease cases referred for HIV services</p>	<p>NTIP: Known HIV Status</p>
<p><b>2.5: Through December 31, 2020, the Subrecipient will respond to 100% of notifications or requests regarding individuals detained or traveling in Nevada from states who border Mexico within 48 hours.</b></p>	<p>2.5.1 Utilize and promote effective binational referral mechanisms for patients who may cross along the U.S. - Mexico border.</p>	<p>Interjurisdictional Notification (IJN)  Records of correspondence</p>	<p>Jan 1, 2020 - Dec 31, 2020</p>	<p>TB disease and LTBI cases in Subrecipient's County  Dates IJN received and IJN returned</p>	<p># of IJN requests by border US -Mexico states  Internal records</p>	<p>Internal records</p>
<p><b>2.6: Through December 31, 2020, the Subrecipient will maintain 100% compliance with all international and bi-national TB quarantine efforts.</b></p>	<p>2.6.1 Partner with the Division of Global Migration and Quarantine (DGMQ) to support all international TB migration and quarantine efforts and provide reports as requested by DGMQ.  2.6.2 Communicate with DPBH TB Program within 5 days of notification from DGMQ and provide a follow-up report to the DPBH TB program.</p>	<p>DGMQ reports  Records of correspondence  DGMQ reports Records of correspondence</p>	<p>Jan 1, 2020 - Dec 31, 2020</p>	<p>Subrecipient's County population, international visitors  Subrecipient's County population, international visitors</p>	<p># of DGMQ requests # of DGMQ reports provided/created  Date of DGMQ notification Date DPBH TB Program contacted</p>	<p>Internal records DPBH TB Program's DGMQ records  Internal records DPBH TB Program's DGMQ records</p>
<p><b>2.7: Through December 31, 2020, the Subrecipient will conduct a Cohort Review of reported TB disease cases and LTBI in children less than 5 years of age.</b></p>	<p>2.7.1 Complete and report the 2019 Cohort Review Process of 2018 cases.</p>	<p>2019 Cohort Review Process report</p>	<p>Due by July 31, 2020  Annually</p>	<p>TB disease cases and associated contacts</p>	<p># of Cohort reviews</p>	<p>CDC's <i>Understanding the TB Cohort Review Process: Instruction Guide</i>  DPBH TB/LTBI Cohort Review Policy (2016)</p>

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<b>St Goal 3: Improve Surveillance of TB Cases and Case Reporting</b>						
<i>Objective</i>	<i>Activity</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target population</i>	<i>Evaluation Measure</i>	<i>Evaluation Tool</i>
<p><b>3.1: By December 31, 2020, the Subrecipient will have a 100% completeness rating of the RVCTs.</b></p> <p><b>3.2: Through December 31, 2020, the Subrecipient will maintain 100% success rate in submitting and linking one isolate for genotyping from each culture-positive TB case.</b></p>	<p>3.1.1 Assure quality and completeness of TB disease case and data reporting on the RVCT.</p>	<p>DPBH TB MUNK (Missing and Unknown) Follow up Reports RVCTs in NBS</p>	<p>Quarterly by 4/15/20 7/15/20 10/15/20 1/15/21</p>	<p>TB disease cases in Subrecipient's County</p>	<p># of MUNK report items requiring data entry</p>	<p>MUNK reports from DPBH TB NBS reports NTIP: RVCT Data Reporting</p>
	<p>3.2.1 Collaborate with Nevada State Public Health Laboratory (NSPHL) to ensure genotyping of at least one isolate from each person with culture-positive TB.</p>	<p>RVCTs in NBS TB GIMS genotype ID (TB Genotyping Information Management System)</p>	<p>Jan 1, 2020 - Dec 31, 2020</p>	<p>TB disease cases in Subrecipient's County</p>	<p># of culture-positive TB cases # of culture-positive with TB GIMS genotype created</p>	<p>TB GIMS reports NBS reports NTIP: Universal Genotyping</p>
<p><b>3.3: By December 31, 2020, the Subrecipient will develop an internal SOP for analyzing genotype clusters, including quarterly review of genotype information in their jurisdiction, and provide notifications as necessary.</b></p>	<p>3.2.2 Ensure that genotyping results are linked to surveillance data/RVCT within 8 weeks of TB GIMS reported genotype results.</p>	<p>RVCT in NBS TB GIMS genotype ID created</p>	<p>Jan 1, 2020 - Dec 31, 2020</p>	<p>TB disease cases in Subrecipient's County</p>	<p># of culture-positive TB cases with RVCT linked to genotype ID</p>	<p>TB GIMS reports NBS reports NTIP: Universal Genotyping</p>
	<p>3.3.1 Create internal SOP for reviewing, analyzing, and interpreting genotype information and cluster identification, and apply to quarterly genotype review in TB GIMS.</p>	<p>SOP Genotyping TB genotype cluster report</p>	<p>By Dec 31, 2020</p>	<p>TB disease cases in Subrecipient's County</p>	<p># of SOP developed (progress toward development)</p>	<p>CDC Guide to Application of Genotyping to Tuberculosis Prevention and Control, at <a href="http://www.cdc.gov/tb">www.cdc.gov/tb</a></p>
<p>3.3.2 Develop a reporting mechanism to notify the TB Program with a written cluster report.</p>	<p>SOP Genotyping Review and Analysis TB genotype cluster report</p>	<p>Jan 1, 2020 - Dec 31, 2020</p>	<p>Subrecipient's County population</p>	<p># of TB genotype clusters identified and reported</p>	<p>TB GIMS reports Internal reports</p>	

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<p><b>3.4: By December 31, 2020, the Subrecipient will develop an internal SOP and training on all surveillance activities and processes to conduct annual training with 100% of the Subrecipient TB staff, based on Nevada regulations and CDC guidelines.</b></p>	<p>3.4.1 Develop and implement an annual surveillance training to ensure complete, accurate and timely recording of data entry.</p>	<p>SOP Surveillance training Surveillance training logs</p>	<p>By Dec 31, 2020</p>	<p>The Subrecipient TB Program Staff</p>	<p># of TB Program staff that received annual training # of SOP</p>	<p>Internal reports Training Logs</p>
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**Goal 4: Improve Contact Investigations**

Objective	Activity	Outputs	Timeline	Target Population	Evaluation Measure	Evaluation Tool
<p><b>4.1: By December 31, 2020, the Subrecipient will increase the rate to 93% of TB patients with sputum smear-positive results who have contacts examined for infection or disease.</b></p>	<p>4.1.1 Initiate index/source case interview and contact investigations within 14 days of the report of TB/suspect TB disease case to LHA.</p>	<p>Contact Investigation reports</p>	<p>Jan 1, 2020 - Dec 31, 2020</p>	<p>TB disease cases Contacts</p>	<p># of sputum smear-positive cases # of sputum smear-positive cases with contacts elicited # days from report of case to contact elicitation</p>	<p>Internal reports NTIP: Contact Investigation Indicators</p>
<p>4.1.2 Identify contacts exposed to <i>M. tuberculosis</i> and ensure they are evaluated for TB/LTBI and facilitate interjurisdictional notification (IJN) if the contact resides outside Subrecipient's County.</p>	<p>4.1.2 Identify contacts exposed to <i>M. tuberculosis</i> and ensure they are evaluated for TB/LTBI and facilitate interjurisdictional notification (IJN) if the contact resides outside Subrecipient's County.</p>	<p>Contact Investigation reports IJNs</p>	<p>Jan 1, 2020 - Dec 31, 2020</p>	<p>Contacts to TB disease, within and outside Subrecipient's County</p>	<p># of sputum smear-positive cases # of sputum smear-positive cases with contacts evaluated</p>	<p>Internal reports NTIP: Contact Investigation Indicators</p>
<p>4.1.3 Assess reasons for cases with no contacts identified or a low number (&lt; 3) of contacts identified.</p>	<p>4.1.3 Assess reasons for cases with no contacts identified or a low number (&lt; 3) of contacts identified.</p>	<p>Contact Investigation reports Strategic action plan, if necessary</p>	<p>Jan 1, 2020 - Dec 31, 2020</p>	<p>TB disease cases TB disease contacts The Subrecipient TB Program staff</p>	<p># of sputum smear-positive cases # of sputum smear-positive cases with &lt; 3 contacts elicited</p>	<p>Internal reports</p>

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	<p>4.1.4 Provide annual staff training (through TB COEs or similar) to improve strategies in case interviewing, contact elicitation, complications in contact investigations, and large-scale contact investigations.</p>	<p>Training Activity Annual TB Program Report</p>	<p>Jan 1, 2020 - Dec 31, 2020</p>	<p>The Subrecipient TB Program staff</p>	<p># of TB Program staff that received annual training</p>	<p>Training logs Staff evaluations</p>
<p><b>4.2: By December 31, 2020, the Subrecipient will maintain at least 91% initiation of LTBI treatment and 81% completion of LTBI treatment in contacts diagnosed with LTBI.</b></p>	<p>4.2.1 Provide education and supportive services, including incentives and enablers, to contacts of TB disease cases diagnosed with LTBI to facilitate initiation of LTBI treatment and completion of LTBI treatment.</p>	<p>Contact Investigation reports Incentives and enablers fiscal records</p>	<p>Jan 1, 2020 - Dec 31, 2020</p>	<p>Contacts to TB disease cases diagnosed with LTBI in Subrecipient's County</p>	<p># of contacts diagnosed with LTBI # of contacts initiating LTBI treatment # contacts completing LTBI treatment</p>	<p>Internal reports NTIP: Contact Investigation Indicators</p>
<p><b>4.3: Through December 31, 2020, the Subrecipient will collect data and submit reports from 100% of contact investigations.</b></p>	<p>4.3.1 Collect data and create reports on contacts from each index TB disease case and source case in LTBI in children less than 2 years of age case; reports are to be submitted to DPBH TB Program quarterly.</p>	<p>Contact Investigation reports</p>	<p>Quarterly, by 4/15/20 7/15/20 10/15/20 1/15/21</p>	<p>TB disease contacts TB source case contacts LTBI in children less than 2 years of age</p>	<p># of Contact Investigation reports sent to DPBH program</p>	<p>Internal reports</p>
	<p>4.3.2 Submit data from contact investigations in the Aggregate Reports for Program Evaluation (ARPE) format, for preliminary 2018 report and final 2017 report, to DPBH TB Program annually.</p>	<p>ARPE reports</p>	<p>On or before 7/31/20</p>	<p>Contacts to TB disease cases</p>	<p># of ARPEs sent by 7/31/20</p>	<p>Internal reports NTIP: ARPEs Data Reporting</p>

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<b>Goal 5: Increase the Evaluation of Immigrants and Refugees with TB Disease or TB Infection (LTBI)</b>						
<i>Objective</i>	<i>Activity</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation Measure</i>	<i>Evaluation Tool</i>
<b>5.1: Through December 31, 2020, the Subrecipient will maintain at least 84% rate of immigrant and refugee examination within 30 days and 76% of immigrants and refugees complete the examination within 90 days (from notification date).</b>	5.1.1 Through the EDN, ensure all immigrants and refugees classified as A, B1, or B2 are located and examined within 30 days and complete exams within 90 days.	EDN Follow-up Worksheets	Jan 1, 2020 - Dec 31, 2020	Immigrants and refugees  Classification as A, B1, B2 assigned to Subrecipient's County	# of A, B1, B2 notifications # of A, B1, B2 notifications with initial exam within 30 days # of A, B1, B2 notifications with completed exams within 90 days	NTIP: Immigrant and Refugee Indicators
	5.1.2 Through EDN, conduct surveillance notifications weekly and provide follow-up worksheets within 30 days of the clinical follow-up.	EDN Follow-up Worksheets	Jan 1, 2020 - Dec 31, 2020	Immigrants and refugees classified as A, B1, B2 assigned to Subrecipient's County	# of A, B1, B2 notifications # of A, B1, B2 notifications with initial exams within 30 days # of A, B1, B2 notifications with complete exams within 90 days	NTIP: Immigrant and Refugee Indicators
	5.1.3 Develop an internal SOP outlining the policy on referrals within your agency and / or the community regarding immigrants and refugees.	SOP for service referrals  Medical records	Jan 1, 2020 - Dec 31, 2020	Immigrants and refugees classified as A, B1, B2, and Non-U.S.-born individuals in Subrecipient's County	# of service referrals provided to immigrants, refugees, and non-U.S.-born	Internal reports

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<p><b>5.2: Through December 31, 2020, the Subrecipient will increase initiation of immigrant and refugee LTBI treatment to 93% and LTBI treatment completion to 83%.</b></p>	<p>5.2.1 Provide education and supportive services, including incentive and enablers, to Class A, B1, B2 immigrants and refugees diagnosed with LTBI to facilitate initiation of LTBI treatment and completion of LTBI treatment.</p>	<p>EDN Follow-up Worksheets  Incentives and enablers fiscal records</p>	<p>-an 1, 2020 - Dec 31, 2020</p>	<p>Immigrants and refugees classified as A, B1, B2 assigned to Subrecipient's County</p>	<p># of immigrants and refugees diagnosed with LTBI # of immigrants and refugees initiating LTBI treatment # of immigrants and refugees completing LTBI treatment</p>	<p>NTIP: Immigrant and Refugee Indicators</p>
<p><b>5.3: Through December 31, 2020, the Subrecipient will develop interventions to identify foreign-born and locally determined high-risk populations.</b></p>	<p>5.3.1 Develop and strengthen partnerships with local immigrant/refugee agencies by communicating at least bi-annually to discuss current challenges and implement new interventions.</p>	<p>Records of correspondence</p>	<p>Jan 1, 2020 - Dec 31, 2020</p>	<p>Community agencies serving immigrants and refugees in Subrecipient's County</p>	<p># of meetings # immigrant and refugees evaluated and treated</p>	<p>Internal reports</p>

<b>Goal 6: Increase the Number of Healthcare Providers in Nevada who are Educated on Targeted Screening and Treatment for TB Infection (LTBI)</b>						
<i>Objective</i>	<i>Activity</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation Measure</i>	<i>Evaluation Tool</i>
<p><b>6.1: By December 31, 2020, the Subrecipient will assess the educational needs of healthcare providers in their jurisdiction.</b></p>	<p>6.1.1 Analyze the demographic data from healthcare providers and facilities from LTBI/TB cases to develop outreach activities and educate the providers and facilities.</p>	<p>Provider needs assessment</p>	<p>Quarterly</p>	<p>Healthcare providers in Subrecipient's County</p>	<p>Demographics of healthcare providers types &amp; facilities providing most TB/LTBI reporting Technical assistance data</p>	<p>Internal reports  NBS reports</p>
<p><b>6.2: Through December 31, 2020, the Subrecipient will continue to conduct educational outreach activities to healthcare providers, staff, and</b></p>	<p>6.2.1 Educate all healthcare providers and staff on the reporting requirements for LTBI in children less than 5 years of age and TB disease/suspected disease.</p>	<p>Outreach activity  Annual TB Program Report</p>	<p>Jan 1, 2020 - Dec 31, 2020</p>	<p>Healthcare providers in Subrecipient's County</p>	<p># of Outreach activities provided</p>	<p>Internal reports</p>

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students within high-risk populations through epidemiologic surveillance.	6.2.2 Educate healthcare providers and staff to identify TB risk factors to increase their targeted screening population.	Outreach activity Annual TB Program Report	Jan 1, 2020 - Dec 31, 2020	Healthcare providers in Subrecipient's County	# of Outreach activities provided per quarter	Provider needs assessment & follow-up
	6.2.3 Educate healthcare providers and staff on the treatment for TB infection.	Outreach activity Annual TB Program Report	Jan 1, 2020 - Dec 31, 2020	Healthcare providers in Subrecipient's County	# of Outreach activities provided per quarter	Provider needs assessment & follow-up
	6.2.4 Educate staff serving high-risk populations and other public groups on recognition of the TB symptoms and referral processes to include telephone technical assistance.	Outreach activity Annual TB Program Report	Jan 1, 2020 - Dec 31, 2020	Staff serving high-risk populations	# of Outreach activities provided per quarter	Follow-up assessments

<b>Goal 7: Strengthen Human Resource Development (HRD)</b>						
Objective	Activity	Outcome	Timeline	Target Population	Evaluation Measure	Evaluation Tool
<b>7.1 Through December 31, 2020, the Subrecipient will assess 100% of staff for their knowledge of TB disease and surveillance processes and provide HRD activities.</b>	7.1.1 Review past evaluation forms to identify HRD strengths and weaknesses to develop current in-service activities.	Training activity(s) Certificates of training Annual TB Program Report	Jan 1, 2020 - Dec 31, 2020	The Subrecipient TB staff	# of training needs identified # of trainings developed	Past HRD activity Evaluation forms Staff surveys
	7.1.2 Conduct staff training on all internal SOPs for TB disease control interventions and service referrals.	Training activities Certificates of training Annual TB Program Report	Jan 1, 2020 - Dec 31, 2020	The Subrecipient TB staff	# of trainings conducted # of staff attending trainings/# of certificates	Internal reports Staff surveys Staff evaluations
	7.1.3 Provide internal staff with training opportunities and activities through local, regional, and national organizations.	Certificates of training Annual TB Program Report	Jan 1, 2020 - Dec 31, 2020	The Subrecipient TB staff	# of training opportunities communicated # of staff attending trainings	Internal reports Staff surveys Staff evaluations



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	7.1.4 Participate in four (4) DPBH Technical Assistance TB Program calls to assure communication and HRD needs are conveyed.	Attendance record	Quarterly	The Subrecipient TB staff	# training needs identified # of trainings developed	Internal reports Staff surveys Staff evaluations
<b>7.2: By December 31, 2020, the Subrecipient will ensure 100% of HIV, Hep, STD and TB program staff will conduct the annual Security and Confidentiality training, as developed by the State.</b>	7.2. Ensure the Data Security and Confidentiality Guidelines for HIV/AIDS, Viral Hepatitis, STD, and TB Programs are completed through the DPBH Security and Confidentiality training.	Certificates of Completion -Security and Confidentiality Training	By 12/31/20	The Subrecipient TB staff	# TB staff # TB staff training Security and Confidentiality training certificates	Training logs Security and Confidentiality Training access

**Deliverables:**

- 1) Compile/complete reports outlined throughout the Scope of Works objectives and activities.

**Reporting Schedule from DPBH to Subrecipients:** (to be provided electronically to subrecipient)

- a) MUNK Quarterly Reports, by the 30<sup>th</sup> day of the last month in the quarter (i.e., March 30, June 30, September 30, December 30)
- b) EDN Quarterly Reports, by the 30<sup>th</sup> day of the last month in the quarter (i.e., March 30, June 30, September 30, December 30)

**Reporting Schedule from Subrecipients to DPBH:** (to be provided electronically to DPBH)

- a) Annual TB Program Report by July 31, 2020
- b) Annual ARPE Report by July 31, 2020
- c) Quarterly Contact Investigation Log Reports, MUNK Follow-up Response Reports, EDN Follow-up Response Reports (as needed):  
Due the 15<sup>th</sup> day following the quarter's end (i.e., the 15<sup>th</sup> of April, July, October, January)

- 2) Participate in the following DPBH TB Program Technical Assistance calls throughout the project period on the following dates (subject to change if extenuating circumstances):

**All-Program Calls:**

- a) Thursday, February 6, 2020; 9:00 AM
- b) Thursday, August 6, 2020; 9:00 AM.

**Local Health Authority Specific Technical Assistance Calls:**

- a) Thursday, March 12, 2020; WCHD 10:30 AM
- b) Thursday, June 11, 2020; WCHD 10:30 AM
- c) Thursday, September 10, 2020; WCHD 10:30 AM
- d) Thursday, December 10, 2020; WCHD 10:30 AM

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

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**SECTION C**

**Budget and Financial Reporting Requirements**

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant Number CDC-RFA-PS20-2001 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor the Centers for Disease Control and Prevention."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number CDC-RFA-PS20-2001 from the Centers for Disease Control and Prevention.

Subrecipient agrees to adhere to the following budget:

**Applicant Name:** Washoe County Health District Tuberculosis (TB) Program  
**BUDGET NARRATIVE - GY20**

<b>Total GY 20 Budget</b>	<b>\$109,730</b>				
<b>Total Personnel Costs</b>		including fringe	<b>Total:</b>		<b>\$87,516</b>

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<b>TB Program Coordinator</b>	\$90,321.00	42.030%	60.000%	12	100.00%	\$76,970

TB Program Coordinator- functions as the TB Control authority for Washoe County. The position works with the TB Controller, reports to the District Health Officer, and provides case management of Immigrant Class A & B TB cases. Case management includes, but is not limited to, reporting, contact investigation, assurance of patient adherence to medication regimen, legal referral for non-adherence, and home visits to assess and provide directly observed therapy (DOT). The position also provides education to health care providers including the detention centers, hospitals, and doctors, as well as works with homeless shelters and group home staff to increase screening and recognition of symptoms. The position develops and updates policies and protocols for care and investigation, infection control, and compliance with the Occupational Safety and Health Administration (OSHA) requirements, as needed. For the project period of 2020 to 2024, the program coordinator will focus on implementing LTBI data collection and analysis, including strategizing effective provider reporting outreach and training.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<b>Intermittent Hourly Public Health Nurse (PHN) at \$29.70 hourly rate, x 350 hours</b>	\$10,395.00	1.450%	100.000%	12	100.00%	\$10,546

Intermittent Nurses (PHN)- supports clinic operations, DOT, and contact investigations for the clinic. The position also provide TB/LTBI education to health care providers including the detention centers, hospitals, and doctors, as well as works with homeless shelters and group home staff to increase screening and recognition of TB symptoms. These contract positions will report to the WCHD TB Coordinator.

<b>Total Fringe Cost</b>	<b>\$22,928</b>		<b>Total Salary Cost:</b>	<b>\$64,588</b>
<b>Total Budgeted FTE</b>	<b>1.60000</b>			

<b>Travel</b>			<b>Total:</b>	<b>\$3,543</b>
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**Out-of-State Travel #1**

**TB Centers of Excellence, TBD, Training**

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: \$600 cost per trip, Reno, NV, to TBD; 1 trip for 1 staff.	\$600	1		1	\$600
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0
Per Diem: \$69 per day per GSA rate for areaTBD x 1 trip x 1 staff	\$69	1	5	1	\$345
Lodging: \$160 per day, 1 trips x 4 dyas x 1 staff	\$160	1	4	1	\$640
Ground Transportation: \$100 per trip x 1 trip x 1 staff	\$100	1	1	1	\$100
Mileage: \$0.58/mile x 30 miles total, 1 trip x 1 staff	\$17.400	1		1	\$17
Parking: \$14 per day x1 of trip x 5 days x 1 staff	\$14	1	5	1	\$70

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**Out-of-State Travel #2**

National TB Controllers Annual TB  
Conference, May 2020, Minneapolis,  
MN

<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: \$600 per trip, Reno, NV, to Minneapolis, MN; 1 trip x 1 staff cost per trip	1		1	\$600
Baggage fee: \$ amount per person x # of trips x # of staff	0		0	\$0
Per Diem: \$76 per day per GSA rate for Minneapolis, MN, x 1 trip x 1 staff x 5 days	1	5	1	\$380
Lodging: \$151 per day, 1 trip x 1 staff x 4 days	1	4	1	\$604
Ground Transportation: \$ per r/trip x # of trips x # of staff	1	1	1	\$100
Mileage: \$0.58/mile x 30 miles total, 1 trip x 1 staff	1		1	\$17
Parking: \$14 per day x1 of trip x 5 days x 1 staff	1	5	1	\$70

**\$1,771**

**Justification for Travel Expenses:**

These funds will be used to facilitate travel for key personnel to attend conferences and training to improve program evaluation and develop LTBI outreach curriculum and materials. Out of state travel: travel to the annual NTCA Conference, Minneapolis, MN, and the Centers of Excellence Tuberculosis training course, TBD by WCHD TB supervisors.

<b>Operating</b>	<b>Total:</b>	<b>\$4,125</b>
Patient Housing Support, at \$300/week x 5 weeks x 1 patient	\$1,500.00	
Incentives and Enablers, at \$10/card x 20 cards, food/gas	\$200.00	
TB Blood tests, Interferon Gamma Release Assay (IGRA), at \$48.50/test x 50 tests	\$2,425.00	
Justification: Patient Housing Support - funds will be used to provide housing support for active patients who are homeless or individuals at-risk for being homeless during the initial treatment phase or until they are no longer infectious. Incentives and Enablers - enablers include food, grocery or gas cards to be used for contacts, patients and/or high-risk LTBI cases to bring them in for treatment and/or testing. Items vary by participant's need and are purchased as needed. IGRA Testing - QFT/TSpot TB blood tests. \$48.50 per test is a negotiated rate with the laboratory.		
<b>Equipment</b>	<b>Total:</b>	<b>\$0</b>
<b>Contractual</b>		<b>\$0</b>
<b>Training</b>	<b>Total:</b>	<b>\$0</b>
<b>Other</b>	<b>Total:</b>	<b>\$650</b>
Registration fee: National TB Controllers Annual TB Conference 2020	\$650	
<b>TOTAL DIRECT CHARGES</b>		<b>\$95,834</b>
<b>Indirect Charges</b>	<b>Indirect Rate:</b>	<b>14.500% \$13,896</b>
<b>Indirect Methodology:</b> 14.5% of all direct expenses per Federally recommended Indirect Cost Rate Proposal and Washoe County Health District's Community and Clinical Health Services Division indirect determination.		
<b>TOTAL BUDGET</b>	<b>Total:</b>	<b>\$109,730.00</b>

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**Form 2**

**Applicant Name:** Washoe County Health District  
**PROPOSED BUDGET SUMMARY**

**A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS**

<b>FUNDING SOURCES</b>	<b>CDC TB Federal</b>	<b>Other Funding</b>	<b>Other Funding</b>	<b>Other Funding</b>	<b>Other Funding</b>	<b>Other Funding</b>	<b>Program Income</b>	<b>TOTAL</b>
SECURED								
<b>ENTER TOTAL REQUEST</b>	\$ 109,730	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 109,730

**EXPENSE CATEGORY**

Personnel	\$87,516							\$87,516
Travel	\$3,543							\$3,543
Operating	\$4,125							\$4,125
Equipment	\$0							\$0
Contractual/Consultant	\$0							\$0
Training	\$0							\$0
Other Expenses	\$650							\$650
Indirect	\$13,896							\$13,896

<b>TOTAL EXPENSE</b>	\$ 109,730	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 109,730
<b>These boxes should equal 0</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Total Indirect Cost \$ 0

Total Agency Budget	\$ 109,730
Percent of Subrecipient Budget	100%

**B. Explain any items noted as pending:**

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**C. Program Income Calculation:**


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- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- 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/ Subrecipients 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).

**The Subrecipient agrees:**

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subaward period.

- Total reimbursement through this subaward will not exceed \$109,730.00;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred, invoices, receipts, and agendas; and
- Additional expenditure detail will be provided upon request from the Department.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any unobligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

**The Department agrees:**

- Responsibilities of the DPBH Tuberculosis (TB) Program:
  - Providing technical assistance, upon request from the Subrecipient;
  - Providing prior approval of reports or documents to be developed;
  - Coordinate with other states, federal, and international agencies;
  - Collect and interpret the required data;
  - Forwarding any changes in the recommendations for the testing and/or care of TB disease or latent TB infection;
  - Forwarding reports to another party, i.e. CDC, interstate agencies, Division of Global Migration and Quarantine; and,
  - Serve as the authority responsible for ensuring necessary reports and documents are submitted to the proper state agency and to the CDC, per reporting deadlines.
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.

**Both parties agree:**

- The site visit/monitoring will occur as needed, but at least one (1) time per year, and will be conducted by the DBPH TB Program and/or the CDC with related staff of the Subrecipient TB Program to evaluate progress and compliance with the activities outlined in the Scope of Work.
- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, 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 Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.
- Deliverables:
  - 3) Compile/complete reports outlined throughout the Scope of Works objectives and activities.
    - Reporting Schedule from DPBH to Subrecipients: (to be provided electronically to subrecipient)
      - a) MUNK Quarterly Reports, by the 30<sup>th</sup> day of the last month in the quarter (i.e., March 30, June 30, September 30, December 30)
      - b) EDN Quarterly Reports, by the 30<sup>th</sup> day of the last month in the quarter (i.e., March 30, June 30, September 30, December 30)
    - Reporting Schedule from Subrecipients to DPBH: (to be provided electronically to DPBH)
      - d) Annual TB Program Report by July 31, 2020
      - e) Annual ARPE Report by July 31, 2020
      - f) Quarterly Contact Investigation Log Reports, MUNK Follow-up Response Reports, EDN Follow-up Response Reports (as needed):  
Due the 15<sup>th</sup> day following the quarter's end (i.e., the 15<sup>th</sup> of April, July, October, January)

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- 4) Participate in the following DPBH TB Program Technical Assistance calls throughout the project period on the following dates (subject to change if extenuating circumstances):

All-Program Calls:

- c) Thursday, February 6, 2020; 9:00 AM
- d) Thursday, August 6, 2020; 9:00 AM

Local Health Authority Specific Technical Assistance Calls:

- e) Thursday, March 12, 2020; 10:30 AM
- f) Thursday, June 11, 2020; 10:30 AM
- g) Thursday, September 10, 2020; 10:30 AM
- h) Thursday, December 10, 2020; 10:30 AM

**Financial Reporting Requirements**

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subaward agreement, no later than the 15<sup>th</sup> 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 Subaward.

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Agency Ref. #: **HD 17493**  
 Budget Account: 3219  
14  
 GL: 8516  
 Draw #: \_\_\_\_\_

**SECTION D  
Request for Reimbursement**

<b>Program Name:</b> Division of Public and Behavioral Health Tuberculosis Program	<b>Subrecipient Name:</b> Washoe County Health District
<b>Address:</b> 4126 Technology Way, Suite 200 Carson City, NV 89706-2009	<b>Address:</b> 1001 E. Ninth Street Reno, NV 89512
<b>Subaward Period:</b> January 1, 2020, through December 31, 2020	<b>Subrecipient's:</b> EIN: 88-6000138 Vendor #: T40283400

**FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT**

(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	\$87,516.00	\$0.00	\$0.00	\$0.00	\$87,516.00	0.0%
2. Travel	\$3,543.00	\$0.00	\$0.00	\$0.00	\$3,543.00	0.0%
3. Operating	\$4,125.00	\$0.00	\$0.00	\$0.00	\$4,125.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$650.00	\$0.00	\$0.00	\$0.00	\$650.00	0.0%
8. Indirect (14.5%)	\$13,896.00	\$0.00	\$0.00	\$0.00	\$13,896.00	0.0%
<b>Total</b>	<b>\$109,730.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$109,730.00</b>	<b>0.0%</b>

I, a duty authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**FOR Department USE ONLY**

Is program contact required?  Yes  No Contact Person: \_\_\_\_\_

Reason for contact: \_\_\_\_\_

Fiscal review/approval date: \_\_\_\_\_

Scope of Work review/approval date: \_\_\_\_\_

Chief (as required): \_\_\_\_\_ Date \_\_\_\_\_

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**SECTION E**

**Audit Information Request**

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a).
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? \_\_\_\_\_

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**



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**SECTION F**

**Current or Former State Employee Disclaimer**

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward.

***The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.***

Are any current or former employees of the State of Nevada assigned to perform work on this subaward?

YES  If "YES", list the names of any current or former employees of the State and the services that each person will perform.

NO  Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Department.

Name	Services
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Subrecipient agrees that any employees listed cannot perform work until approval has been given from the Department.**

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

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SECTION G

**Business Associate Addendum**

BETWEEN

**Nevada Department of Health and Human Services**

---

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 Department listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.

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16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e)(2)(ii)(E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the 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

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to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.

12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use or disclose protected health information as provided for by the 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, 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.

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

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
  - 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.

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

**Staff Report**  
**Board Meeting Date: January 23, 2020**

**TO:** District Board of Health

**FROM:** Francisco Vega, Director, Air Quality Management Division  
775-784-7211, fvega@washoecounty.us

**SUBJECT:** Approval of the donation of obsolete ambient air monitoring equipment with a current market value estimated at \$-0- that have exceeded the useful value for regulatory purposes but may still have value for educational, research, and community organizations.

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**SUMMARY**

The Washoe County District Board of Health (DBOH) must approve the donation of equipment and supplies to ensure there is a benefit to the citizens of Washoe County.

**District Health Strategic Priority supported by this item:**

**4. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.

**PREVIOUS ACTION**

May 23, 2019. The DBOH approved donation of various obsolete equipment with a current market value estimated at \$-0- to the Washoe County School District.

July 28, 2018. The DBOH approved donation of various obsolete equipment with a current market value estimated at \$-0- to Desert Research Institute, University of Nevada, Reno - Seismology Department, and Washoe County Community Services Department - Facilities Management.

September 28, 2017. The DBOH approved donation of five pieces of obsolete equipment with a current market value estimated at \$-0- to the Atmospheric Sciences Program at the University of Nevada, Reno

**BACKGROUND**

AQMD currently operates and maintains a network of seven (7) monitoring sites located in southern Washoe County. The landlord for the Downtown Reno monitoring station is the City of Reno. The City recently sold that property to be developed for low income and market rate multi-family housing. AQMD is in the final steps of relocating the Downtown Reno station

approximately 0.70 miles east to Libby Booth Elementary School. AQMD expects to be completely vacated from the City of Reno property by early February 2020. Tower sections, fencing sections, and a gate will not be able to be used elsewhere in the air monitoring network.

Rather than disposing of obsolete monitoring equipment, AQMD has established relationships with several organizations in the community that have identified value in the equipment. Past recipients of these donations have been the University of Nevada, Reno (UNR) - Atmospheric Sciences; UNR - Seismology Department; Desert Research Institute (DRI); and Washoe County Community Services Department - Facilities Management.

The equipment identified in the following table will follow the process of notifying Washoe County Purchasing and Health District Administrative Health Services to confirm the \$-0- value and coordinated the removal of the equipment from the current inventory. This notification process includes complying with grant obligations for disposal of equipment. The equipment will be offered to all Washoe County Departments. Equipment with no interest from within the County will then be offered to community organizations such as the Washoe County School District, UNR, and DRI.

The following is an itemized list of the \$-0- value equipment and proposed recipients.

Quantity	Description	Recipient
6	10' Tower Sections	Regional Public Safety Training Center
17	6' x (various lengths)' Fence Sections	Regional Public Safety Training Center
1	6' x 4' Gate	Regional Public Safety Training Center

### **FISCAL IMPACT**

Should the Board approve these donations, there will be no fiscal impact to the adopted budgets as the eligible equipment has \$-0- value.

### **RECOMMENDATION**

Staff recommends the District Board of Health approve the donation of the obsolete monitoring equipment with a current market value estimated at \$-0- that have exceeded the useful value for regulatory purposes but may still have value for educational, research, and community organizations.

Subject: Donation of Obsolete Ambient Air Monitoring Equipment

Date: January 10, 2020

Page 3 of 3

### **POSSIBLE MOTION**

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

“Move to approve the donation of various pieces of obsolete monitoring equipment with a current market value estimated at \$-0- that have exceeded the useful value for regulatory purposes but may still have value for educational, research, and community organizations.”



**Staff Report**  
**Board Meeting Date: January 23, 2019**

**TO:** District Board of Health

**FROM:** Francisco Vega, Director, Air Quality Management Division  
775-784-7211, [fvega@washoecounty.us](mailto:fvega@washoecounty.us)

**SUBJECT:** Recommendation for the Board to uphold an uncontested citation issued to Jacksons Food Stores, Inc. Case No. 1220, Notice of Violation Citation No. 5775 with a \$1,750.00 negotiated fine.

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**SUMMARY**

The Washoe County Air Quality Management Division (AQMD) staff recommends Notice of Violation Citation (NOV) No. 5775 be **upheld** and a fine in the amount of **\$1,750.00** be levied against Jacksons Food Stores, Inc. for operating a gasoline dispensing facility contrary to Permit to Operate conditions. This is a **major violation** of the Washoe County District Board of Health Regulations Governing Air Quality Management (DBOH Regulations), specifically Section 030.2175 (Operations Contrary to Permit).

**District Health Strategic Priority supported by this item:**

**2. Healthy Environment** – Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

**PREVIOUS ACTION**

An NOV Warning No. 5687 was issued to Jacksons Food Stores, Inc. on November 2, 2018 for failure to complete a portion of the Air to Liquid compliance testing requirement noted in Permit to Operate (PTO) AAIR16-0383.

**BACKGROUND**

On November 4, 2019 Air Quality Specialist Trainee (AQST) Brittney Osborn completed a pre-evaluation of Permit to Operate (PTO), AAIR16-0383 issued to Jacksons Food Stores, Inc. for the gasoline dispensing facility at Store #18 located at 901 North Virginia Street, Reno, Nevada. The compliance testing, specifically the Static Pressure Decay Test, was determined to be past due for this facility. The last known date of a successful Static Pressure Decay Test was demonstrated on June 25, 2018. As required, per Condition No. 10 of PTO AAIR16-0383, Jacksons Food Stores Inc. is to complete the Static Pressure Decay Test on an annual basis and failure to complete the test within this time period constitutes a major violation of District Board of Health Regulations Governing Air Quality Management, specifically Section 030.2175 (Operations Contrary to Permit).

AQST Osborn advised Mr. Richard Wright, Environmental Manager for Jacksons Food Stores, Inc. of this requirement. Specialist Trainee Osborn further advised Mr. Wright an NOV Warning 5687 was issued on November 2, 2018 for similar testing timeline issues; therefore, she would be

issuing an NOV Citation for the current delayed compliance testing requirement. NOV Citation No. 5775 was issued to Jacksons Food Stores, Inc. for violation of Section 030.2175 (Operations Contrary to Permit), for failure of the gasoline dispensing facility to comply with Condition No. 10 of PTO AAIR16-0383.

On November 26, 2019 Senior Air Quality Specialist Joshua Restori conducted a conference call negotiated settlement meeting for NOV No. 5775 attended by Air Quality Specialist Trainee Osborn and Mr. Wright, representing Jacksons Food Stores. Documentation of the violation and settlement agreement were presented electronically during the meeting. Senior Air Quality Specialist Restori advised Mr. Wright that NOV No. 5775 was issued per Section 030.2175 for operating a gasoline dispensing facility contrary to the conditions of the Permit to Operate, specifically Condition No. 10 of PTO AAIR16-0383 which stipulates: "A Static Pressure Decay Test must be performed annually to demonstrate compliance with the CARB Executive Orders." Senior AQS Restori further advised that operating the facility contrary to any of the conditions of the Permit to Operate is a major violation of the DBOH Regulations. After discussion of the measures and methods Jacksons Food Stores, Inc. has implemented to correct and prevent this issue from occurring in the future, Mr. Wright acknowledged the violation and agreed to the terms of the negotiated settlement. A Memorandum of Understanding was signed by all parties on November 26, 2019.

### **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 uncontested citation issued to Jacksons Food Stores, Inc., Case No. 1220, Notice of Violation Citation No. 5775, with a \$1,750.00 negotiated fine.

### **ALTERNATIVE**

Should the Board wish to consider an alternative to upholding the Staff recommendation, as presented, the item should be pulled from the Consent Agenda for discussion. Possible alternatives are:

1. The Board may determine no violation of the regulations has occurred and dismiss Notice of Violation Citation No. 5775; or
2. The Board may determine to uphold Notice of Violation Citation No. 5775 and levy any fine in the range of \$0.00 to \$10,000.00 per day per violation.

### **POSSIBLE MOTION(s)**

Should the Board agree with Staff's recommendation, the motion would be:

1. "Move to uphold an uncontested citation issued to Jacksons Food Stores, Inc., Case No. 1220, Notice of Violation Citation No. 5775 with a \$1,750.00 negotiated fine."

Or, should the Board wish to consider an alternative motion the item should be pulled from the Consent Agenda for discussion and the possible motion may be:

Subject: DBOH/Jacksons Food Stores, Inc./Case 1220

Date: January 23, 2020

Page 3 of 3

1. “Move to dismiss Case No. 1220, Notice of Violation Citation No. 5775, issued to Jacksons Food Stores, Inc.”, or
2. “Move to uphold case No. 1220, Notice of Violation Citation No. 5775, and levy a fine in the amount of (*range of \$0.00 to \$10,000.00*) per day for each violation, with the matter being continued to the next meeting to allow for Jacksons Food Stores, Inc. to be properly noticed.”



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



**NOTICE OF VIOLATION**

NOV 5775

DATE ISSUED: 11/5/2019

ISSUED TO: Jackson's Food Store PHONE #: 775-322-7322

MAILING ADDRESS: 3450 E. Commercial Court CITY/ST: Meridian, ID ZIP: 83642

NAME/OPERATOR: Richard Wright PHONE #: 208-904-0158

COMPLAINT NO. WCMPI9-01710 PTO# AAIR16-0383

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 11/5/2019 (DATE) AT 0800 (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- |  |  |
|--|--|
| <input type="checkbox"/> MINOR VIOLATION OF SECTION: | <input type="checkbox"/> MAJOR VIOLATION OF SECTION:                       |
| <input type="checkbox"/> 040.030 DUST CONTROL        | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT                      |
| <input type="checkbox"/> 040.055 ODOR/NUISANCE       | <input checked="" 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: Failure to conduct testing within 30 days of due date is a violation of permit condition 10. (Static Pressure Decay).

LOCATION OF VIOLATION: 901 N. Virginia Street

POINT OF OBSERVATION: Records review

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

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

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

Signature \_\_\_\_\_

**CITATION:** You are hereby notified that effective on 11/5/2019 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within ASAP 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: Brittney Osborn Title: AQST

PETITION FOR APPEAL FORM PROVIDED

**MEMORANDUM OF UNDERSTANDING**

WASHOE COUNTY HEALTH DISTRICT  
AIR QUALITY MANAGEMENT DIVISION

Date: November 26, 2019

Company Name: Jacksons Food Stores, Inc.

Address: 3450 Commercial Court Meridian, Idaho 83642

Notice of Violation # 5775 Case # 1220

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 Operations contrary to Permit to Operate conditions: Permit to Operate AAIR16-0383 Condition No.10 A Static Pressure Decay Test must be performed annually to demonstrate compliance with the CARB Executive Orders.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 1750.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on January 23, 2020.

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.

[Signature]  
Signature of Company Representative

Richard Wright  
Print Name

ENVIRONMENTAL MANAGER  
Title

[Signature]  
Witness Architectural Design Manager

[Signature]  
Signature of District Representative

Joshua C. Restori  
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)

Regulation		1st Violation	2nd Violation
040.005	Visible Emissions	1000	2500
040.030	Dust Control (fugitive)	1000	2000
040.035	Open Fires	500	1000
040.040	Fire Training	500	1000
040.050	Incinerator	1000	2000
040.051	Woodstoves	500	1000
040.055	Odors	1000	2000
040.080	Gasoline Transfer (maintenance)	1000	2000
040.200	Diesel Idling	500	1000
050.001	Emergency Episode	1000	2000
040.030	Construction Without a Dust Control Permit		
	Project Size – Less than 10 acres	\$ 500 + \$50 per acre	
	Project Size – 10 acres or more	\$1,000 + \$50 per acre	

### II. Major Violations - Section 020.040

Regulation	Violation	Source Category	
		Minimum	Maximum
030.000	Construction/Operating without Permit (per major process system or unit/day)	5000	10000
030.1402	Failure to Comply with Stop Work Order	10,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2500	10000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2500	5000
	All other Major Violations (per day or event)	5000	10000

### 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)	\$ 5,000 - \$10,000

**Staff Report**  
**Board Meeting Date: January 23, 2019**

**TO:** District Board of Health

**FROM:** Francisco Vega, Director, Air Quality Management Division  
775-784-7211, [fvega@washoecounty.us](mailto:fvega@washoecounty.us)

**SUBJECT:** Recommendation for the Board to uphold an uncontested citation issued to McCarran Mart, Inc. Case No. 1221, Notice of Violation Citation No. 5780 with a \$10,300.00 negotiated fine.

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**SUMMARY**

The Washoe County Air Quality Management Division (AQMD) staff recommends Notice of Violation Citation (NOV) No. 5780 be **upheld** and a fine in the amount of **\$10,300.00** be levied against McCarran Mart for operating a gasoline dispensing facility contrary to Permit to Operate conditions and failure to maintain the vapor recovery equipment at a gasoline dispensing facility. These are **major and minor violations**, respectively, of the Washoe County District Board of Health Regulations Governing Air Quality Management (DBOH Regulations). The regulatory violations are specific to Section 030.2175 (Operations Contrary to Permit); and Section 040.080 (Gasoline Transfer and Dispensing Facilities), Subsection C. (Standards), 3.a. (Gasoline Transfer Into Vehicle Fuel Tanks).

**District Health Strategic Priority supported by this item:**

**2. Healthy Environment** – Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

**PREVIOUS ACTION**

NOV Warning No. 5661 was issued to McCarran Mart on December 19, 2017 for failure to complete compliance testing per the conditional requirements of Permit to Operate (PTO) AAIR16-0469.

**BACKGROUND**

On November 26, 2019 Air Quality Specialist (AQS) Jeff Jeppson completed a pre-evaluation of PTO AAIR16-0469 issued to McCarran Mart for the gasoline dispensing facility located at 187 East Greg Street, Sparks, Nevada. The compliance testing, specifically the Static Pressure Decay Test and the Air to Liquid Test, were determined to be past due for this facility. The last known date of a successful Static Pressure Decay Test and Air to Liquid Test, was demonstrated on January 19, 2018. McCarran Mart is required to complete the Static Pressure Decay Test and Air to Liquid Test on an annual basis and failure to complete the test within this time period constitutes a major violation of the DBOH Regulations, specifically Section 030.2175 (Operations Contrary to Permit).

On the same date, Air Quality Specialist Jeppson conducted an air quality evaluation of the gasoline dispensing facility at McCarran Mart at 187 East Greg Street, during which he noted multiple incidents of noncompliance associated with the gasoline dispensing facility Phase II vapor recovery equipment. These incidents included maintenance issues associated with the vapor recovery hoses and breakaways which were noted on a Vapor Recovery Inspection Sheet provided to McCarran Mart. Specialist Jeppson met with the Store Manager, Michelle Carpenter and the General Manager, Tom Podnar and explained the noncompliance issues specific to the testing and maintenance conditional requirements associated with PTO AAIR16-0469. Specialist Jeppson advised an NOV Warning (5661), had been issued on December 19, 2017 for similar testing issues; therefore, he would be issuing an NOV Citation for the current delayed compliance testing and equipment maintenance issues. Specialist Jeppson then issued NOV Citation 5780 to McCarran Mart for violation of Section 030.2175 (Operations Contrary to Permit), for failure of the gasoline dispensing facility to comply with Condition Nos. 3, 9 and 10 of Permit to Operate AAIR16-0469.

On December 4, 2019, AQS Jeppson performed a compliance evaluation at McCarran Mart at 187 East Greg Street. The incidents of noncompliance associated with the gasoline dispensing facility Phase II vapor recovery equipment had been resolved. Specialist Jeppson was advised McCarran Mart had scheduled the compliance testing for December 11, 2019.

On December 11, 2019, Air Quality Specialist Jeppson observed the compliance testing, including the Static Pressure Decay Test and Air to Liquid Test, at the McCarran Mart. The Static Pressure Decay Test was completed with successful results. The Air to Liquid Test determined equipment at pumps 1, 2, 3 and 10 was operating out of compliance with the California Air Resource Board (CARB) Executive Order No. G-70-153-AD; therefore, these pumps were taken out of service until necessary repairs were made and retesting completed. It was determined all the other pumps in compliance with the Air to Liquid Test results associated with the CARB Executive Order.

On December 18, 2019 Senior Air Quality Specialist Joshua Restori conducted a negotiated settlement meeting regarding NOV No. 5780, which was attended by AQS Jeppson and Mr. Tom Podnar, General Manager of McCarran Mart. Documentation of the violations and settlement agreement were presented and discussed during the meeting. Senior Air Quality Specialist Restori advised Mr. Podnar that NOV No. 5780 was issued per Section 030.2175 for operating a gasoline dispensing facility contrary to the conditions of the Permit to Operate; and per Section 040.080 for failure to maintain the vapor recovery equipment at a gasoline dispensing facility, specifically Condition Nos. 3, 9 and 10 of PTO AAIR16-0469. The conditions stipulate, respectively, "All hoses, boots, faceplates/flexible cones, nozzle shut off mechanisms, check valves, swivels, tanks, tank fill tubes, and fill tube cap seals must be maintained in good working order with regular maintenance to prevent leakage and excess escape of vapors (i.e. not tears, slits, holes, leaks, or malfunctions – Section 040.080", "An annual A/L (Air to Liquid) Test will be required to demonstrate compliance with the CARB Executive Orders", "A Static Pressure Decay Test must be performed annually to demonstrate compliance with the CARB Executive Orders." After discussion of the measures McCarran Mart has performed to correct and prevent the issue from occurring in the future, Mr. Podnar acknowledged the violations and agreed to the terms of the negotiated settlement. A Memorandum of Understanding was signed by all parties on December 18, 2019.

### **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 an uncontested citation issued to McCarran Mart, Case No. 1221, Notice of Violation Citation No. 5780, with a \$10,300.00 negotiated fine.

### **ALTERNATIVE**

Should the Board wish to consider an alternative to upholding the Staff recommendation, as presented, the item should be pulled from the Consent Agenda for discussion. Possible alternatives are:

1. The Board may determine no violation of the regulations has occurred and dismiss Notice of Violation Citation No. 5780; or
2. The Board may determine to uphold Notice of Violation Citation No. 5780 and levy any fine in the range of \$0.00 to \$10,000.00 per day per violation.

### **POSSIBLE MOTION(S)**

Should the Board agree with Staff's recommendation, the motion would be:

1. "Move to uphold an uncontested citation issued to McCarran Mart, Case No. 1221, Notice of Violation Citation No. 5780 with a \$10,300.00 negotiated fine."

Or, should the Board wish to consider an alternative motion the item should be pulled from the Consent Agenda for discussion and the possible motion may be:

1. "Move to dismiss Case No. 1221, Notice of Violation Citation No. 5780, issued to McCarran Mart", or
2. "Move to uphold case No. 1221, Notice of Violation Citation No. 5780, and levy a fine in the amount of (*range of \$0.00 to \$10,000.00*) per day for each violation, with the matter being continued to the next meeting to allow for McCarran Mart to be properly noticed."



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



**NOTICE OF VIOLATION**

NOV 5780

DATE ISSUED: 11/26/19

ISSUED TO: McLarran Mart PHONE #: 775-682-4114  
 MAILING ADDRESS: 187 E. Greg Street CITY/ST: SPARKS Reno/NV ZIP: 89431  
 NAME/OPERATOR: Michelle Carpenter PHONE #: 775-682-4114  
 COMPLAINT NO. N/A Permit #: AAIR16-0469

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 11/26/19 (DATE) AT 10:30AM (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- |  |  |
|--|--|
| <input type="checkbox"/> MINOR VIOLATION OF SECTION: | <input checked="" type="checkbox"/> MAJOR VIOLATION OF SECTION:            |
| <input type="checkbox"/> 040.030 __ DUST CONTROL     | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT                      |
| <input type="checkbox"/> 040.055 __ ODOR/NUISANCE    | <input checked="" 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: Violation of permit conditions 3, 9, and 10. Leaks observed on nozzles 2, 5, 6, 7, 9, 11, and 12. Annual A/L and Static Pressure Decay testing is past due.

LOCATION OF VIOLATION: 187 E. Greg St.

POINT OF OBSERVATION: 187 E. Greg St.

Weather: Overcast, 32°F 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 11/26/19 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 7 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: Michelle Carpenter Date: 11-26-19

Issued by: Jeff Jepperson Title: AQS

PETITION FOR APPEAL FORM PROVIDED

**MEMORANDUM OF UNDERSTANDING**

WASHOE COUNTY HEALTH DISTRICT  
AIR QUALITY MANAGEMENT DIVISION

Date: December 18, 2019

Company Name: McCarran Mart

Address: 550 N. McCarran Boulevard, PMB281, Sparks, Nevada 89431

Notice of Violation # 5780 Case # 1221

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: (1) 030.2175 Operations contrary to Permit to Operate conditions: Permit to Operate AAIR16-0469 Condition No.10 A Static Pressure Decay Test must be performed annually to demonstrate compliance with the CARB Executive Orders. (2) 040.080 Gasoline Transfer and Dispensing Facilities Section C. 3. a.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 10,300.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on January 23, 2020.

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.



Signature of Company Representative



Signature of District Representative



Print Name



Print Name



Title



Title



Witness

\_\_\_\_\_

Witness

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

Company Name McCarran Mart  
Contact Name Tom Podnar

Case 1221 NOV 5780 Violation AQMV19-0012

I. Violation of Section 030.2175 Operations Contrary to Permit to Operate Conditions

I. Recommended/Negotiated Fine = \$ 9,300.00

II. Violation of Section 040.080 Gasoline Transfer and Dispensing Facilities Sec. C. 3. a.

II. Recommended/Negotiated Fine = \$ 1,000.00

III. Violation of Section \_\_\_\_\_

III. Recommended/Negotiated Fine = \$ \_\_\_\_\_


IV. Violation of Section \_\_\_\_\_

IV. Recommended/Negotiated Fine = \$ \_\_\_\_\_


V. Violation of Section \_\_\_\_\_

V. Recommended/Negotiated Fine = \$ \_\_\_\_\_

**Total Recommended/Negotiated Fine = \$ 10,300.00**

  
\_\_\_\_\_  
Air Quality Specialist

12/18/19  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Senior AQ Specialist/Supervisor

12/18/17  
\_\_\_\_\_  
Date

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

Company Name McCarran Mart  
Contact Name Tom Podnar

Case 1221 NOV 5780 Violation AQMV19-0012

Violation of Section 030.2175 Operations Contrary to Permit to Operate Conditions  
Permit Condition Condition No. 9 and 10 of Permit to Operate AAIR16-0469

I. Base Penalty as specified in the Penalty Table = \$ **2,500.00**

II. Severity of Violation

A. Public Health Impact

1. Toxicity of Release (For Emissions Exceedances)

Criteria Pollutant - 1x

Hazardous Air Pollutant - 2x

Adjustment Factor **1**

Comment: Emissions exceedances were not determined with this violation.

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

Negligible - 1x Moderate - 1.5x Significant - 2x

Adjustment Factor **1**

Comment: Negligible public health risk associated with this violation.

Total Adjustment Factors (1 x 2) = 1

B. Adjusted Base Penalty

Base Penalty \$ 2,500.00 x Adjustment Factor 1 = \$ **2,500.00**

C. Number of Days/Weeks/Months or Units in Violation

Adjusted Penalty \$ 2,500.00 x Number of Days/Weeks/Mo 1 = \$ **2,500.00**

Comment: One incident of documented delayed compliance testing.

D. Economic Benefit

Avoided Costs \$ 600.00 + Delayed Costs \$ 0.00 = \$ 600.00

Comment: Cost to complete static pressure decay and air/liquid test.

Penalty Subtotal

Adjusted Base Penalty \$ 2,500.00 + Economic Benefit \$ 600.00 = \$ **3,100.00**



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

**III. Penalty Adjustment Consideration**

<b>A. Mitigating Factors</b> (0 +/- 25%)	0%
<b>Comment:</b> <u>No mitigating factors.</u>	
<b>B. Compliance History</b>	
Similar Violation < 12 months (300%)	+ 0%
Similar Violation < 3 years (200%)	+ 200%
Similar Violation > 3 years (150%)	+ 0%
Previous Unrelated Violations < 5years	
<u>5%</u> x <u>0</u> , # of previous violations	+ 0%
<b>Comment:</b> <u>NOV Warning 5661 on 12/19/2017.</u>	
<b>Total Penalty Adjustment Factors</b> – Sum of A & B	<b>200%</b>

**IV. Recommended/Negotiated Fine**


<b>Penalty Adjustment:</b>		
<u>\$ 3,100.00</u>	x	<u>200%</u>
Penalty Subtotal (From Section II)		= \$ <span style="border: 1px solid black; background-color: yellow;"><b>6,200.00</b></span>
	Total Adjustment Factors (From Section III)	Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$ \_\_\_\_\_  
**Comment:** \_\_\_\_\_  
 Adjusted Penalty:

<u>\$ 3,100.00</u>	+/-	<u>\$ 6,200.00</u>	=	<u>\$ <span style="border: 1px solid black; background-color: yellow;"><b>9,300.00</b></span></u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Penalty

  
 \_\_\_\_\_  
 Air Quality Specialist

12/18/19  
 \_\_\_\_\_  
 Date

  
 \_\_\_\_\_  
 Senior AQ Specialist/Supervisor

12/18/19  
 \_\_\_\_\_  
 Date

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

Company Name McCarran Mart  
Contact Name Tom Podnar

Case 1221 NOV 5780 Violation AQMV19-0012

Violation of Section 040.080 Gasoline Transfer and Dispensing Facilities Sec. C. 3. a.  
Permit Condition \_\_\_\_\_

I. **Base Penalty as specified in the Penalty Table** = \$ **1,000.00**

II. **Severity of Violation**

A. **Public Health Impact**

1. **Toxicity of Release** (For Emissions Exceedances)

Criteria Pollutant - 1x

Hazardous Air Pollutant - 2x

Adjustment Factor **1**

Comment: Penalty by regulatory reference (020.040 D.).

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

Negligible - 1x Moderate - 1.5x Significant - 2x

Adjustment Factor **1**

Comment: Penalty by regulatory reference (020.040 D.).

Total Adjustment Factors (1 x 2) = 1

B. **Adjusted Base Penalty**

Base Penalty \$ 1,000.00 x Adjustment Factor 1 = \$ **1,000.00**

C. **Number of Days/Weeks/Months or Units in Violation**

Adjusted Penalty \$ 1,000.00 x Number of Days/Weeks/Mo 1 = \$ **1,000.00**

Comment: The observation of unmaintained equipment was documented for one day.

D. **Economic Benefit**

Avoided Costs \$ 0.00 + Delayed Costs \$ 0.00 = \$ 0.00

Comment: \_\_\_\_\_

**Penalty Subtotal**

Adjusted Base Penalty \$ 1,000.00 + Economic Benefit \$ 0.00 = \$ **1,000.00**

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

**III. Penalty Adjustment Consideration**

<b>A. Mitigating Factors</b> (0 +/- 25%)	0%
<b>Comment:</b> <u>No mitigating factors.</u>	
<b>B. Compliance History</b>	
Similar Violation < 12 months (300%)	+ 0%
Similar Violation < 3 years (200%)	+ 0%
Similar Violation > 3 years (150%)	+ 0%
Previous Unrelated Violations < 5years	
<u>5%</u> x <u>0</u> , # of previous violations	+ 0%
<b>Comment:</b> _____	
<b>Total Penalty Adjustment Factors</b> – Sum of A & B	0%

**IV. Recommended/Negotiated Fine**

<b>Penalty Adjustment:</b>		
\$ 1,000.00	x	0%
_____		= \$ <span style="border: 1px solid black; background-color: yellow;">0.00</span>
Penalty Subtotal (From Section II)	Total Adjustment Factors (From Section III)	Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$ \_\_\_\_\_

**Comment:** \_\_\_\_\_  
Adjusted Penalty:

\$ 1,000.00	+/-	\$ 0.00	=	\$ <span style="border: 1px solid black; background-color: yellow;">1,000.00</span>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Penalty

  
\_\_\_\_\_  
Air Quality Specialist

12/18/19  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Senior AQ Specialist/Supervisor

12/18/19  
\_\_\_\_\_  
Date

# Administrative Penalty Table

## Air Quality Management Division Washoe County Health District

### I. Minor Violations - Section 020.040(C)

Regulation		1st Violation	2nd Violation
040.005	Visible Emissions	1000	2500
040.030	Dust Control (fugitive)	1000	2000
040.035	Open Fires	500	1000
040.040	Fire Training	500	1000
040.050	Incinerator	1000	2000
040.051	Woodstoves	500	1000
040.055	Odors	1000	2000
040.080	Gasoline Transfer (maintenance)	1000	2000
040.200	Diesel Idling	500	1000
050.001	Emergency Episode	1000	2000
040.030	Construction Without a Dust Control Permit		
	Project Size – Less than 10 acres	\$ 500 + \$50 per acre	
	Project Size – 10 acres or more	\$1,000 + \$50 per acre	

### II. Major Violations - Section 020.040

Regulation	Violation	Source Category	
		Minimum	Maximum
030.000	Construction/Operating without Permit (per major process system or unit/day)	5000	10000
030.1402	Failure to Comply with Stop Work Order	10,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2500	10000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2500	5000
	All other Major Violations (per day or event)	5000	10000

### 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)	\$ 5,000 - \$10,000

**Staff Report**  
**Board Meeting Date: January 23, 2020**

**TO:** District Board of Health

**FROM:** Francisco Vega, Director, Air Quality Management Division  
775-784-7211, [fvega@washoecounty.us](mailto:fvega@washoecounty.us)

**SUBJECT:** Recommendation for the Board to uphold an uncontested citation issued to JC NV Flats LLC, Case No. 1223, Notice of Violation Citation No. 5852 with a \$1,000.00 negotiated fine.

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**SUMMARY**

The Washoe County Air Quality Management Division (AQMD) staff recommends Notice of Violation (NOV) Citation No. 5852 be **upheld** and a fine in the amount of **\$1,000.00** be levied against JC NV Flats LLC for failure to clean-up any soil trackout, which extends beyond the project boundaries and/or onto adjoining paved roadways, no later than by the end of the day. Failure to comply with Condition 3, of the Dust Control Permit (APCP18-0190) is a **minor violation** of the District Board of Health Regulations Governing Air Quality Management, specifically Section 040.030 (Dust Control), Subsection C. (Standards), 4.b. (Work Practices).

**District Health Strategic Priority supported by this item:**

- 2. Healthy Environment** - Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

**PREVIOUS ACTION**

An NOV Warning No. 5771 was issued to JC NV Flats LLC on August 6, 2019 for violation of Section 040.030, Subsection C. 4.b. Dust Control Work Practices for trackout from the same project.

**BACKGROUND**

On December 11, 2019, Air Quality Specialist Trainee (AQST) Brittney Osborn was on routine patrol when she observed excessive amounts of soil being tracked onto adjacent paved roadways from the North Valley Estates by JC NV Flats LLC project located on Pan American Way, Reno, Nevada. The soil trackout extended east on Magnolia Way and Limber Pine Drive, west on Limber Pine Drive north and south on Pan American Way. To demonstrate the extent of the trackout on the roads adjacent to the project Ms. Osborn took photographs of those noted areas.

On the same date, Air Quality Specialist Trainee Osborn discussed the trackout conditions with Mr. Jerry Peek of Peek Brothers Construction (grading and excavation contractor), during which AQST Osborn advised the current trackout onto the streets adjacent to the project were in violation of Condition No. 3 of the Dust Control Permit (APCP18-0190), associated with the project. The requirements of this

condition are delineated in the DBOH Regulations Section 040.030, Subsection C., 4.b. Dust Control Work Practices. Ms. Osborn advised an NOV Warning No. 5771 had been issued on August 6, 2019 for similar trackout issues; therefore, she would be issuing a NOV Citation for the current trackout on the adjacent paved roads. Ms. Osborn then issued NOV Citation No. 5852 to JC NV Flats LLC for failure to clean-up spillage, carry-out, erosion, and/or trackout by the end of the day when trackout extends beyond the project boundaries (Section 040.030, Subsection C., 4.b.). Specialist Trainee Osborn contacted the owner of the project, Mr. Clay Hendrix of JC NV Flats LLC and advised him of the violation and the requirement to implement the necessary corrections within 24 hours.

On December 12, 2019, AQST Osborn conducted a follow-up inspection and verified the trackout had been removed from the adjacent streets and the trackout control device was being reworked to remove material from the wheels of the vehicles exiting the project.

On December 27, 2019, Senior Air Quality Specialist Joshua Restori conducted a negotiated settlement meeting attended by AQST Osborn and Mr. Hendrix, regarding NOV Citation No. 5852. Senior AQS Restori advised Mr. Hendrix that JC NV Flats LLC was issued NOV Citation No. 5852 per Section 040.030, Subsection C., 4.b., for failing clean-up spillage, carry-out, erosion, and/or trackout by the end of the day when trackout extends beyond the project boundaries. Senior Specialist Restori further advised trackout must be cleaned promptly and regular vacuum or wet sweeping shall be performed at least daily to remove any soil that has been tracked onto the adjacent paved roadways. Senior Specialist Restori advised the fine amount was determined by referencing Section 020.040 D. of the DBOH Regulations which stipulates a first violation of a Dust Control Permit Condition carries a \$1,000.00 maximum penalty. After discussing the violation, Mr. Hendrix acknowledged the violation and agreed to the terms of the negotiated settlement. A Memorandum of Understanding was signed by all parties on December 27, 2019.

### **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 an uncontested citation issued to JC NV Flats LLC, Case No. 1223, Notice of Violation Citation No. 5852, with a \$1,000.00 negotiated fine.

### **ALTERNATIVE**

Should the Board wish to consider an alternative to upholding the Staff recommendation, as presented, the item should be pulled from the Consent Agenda for discussion. Possible alternatives are:

1. The Board may determine no violation of the regulations has occurred and dismiss Notice of Violation Citation No. 5852; or
2. The Board may determine to uphold Notice of Violation Citation No. 5852 and levy any fine in the range of \$0.00 to \$1,000.00 per day per violation.

### **POSSIBLE MOTION(S)**

Should the Board agree with Staff's recommendation, the motion would be:

1. "Move to uphold an uncontested citation issued to JC NV Flats LLC, Case No. 1223, Notice of Violation Citation No. 5852 with a \$1,000.00 negotiated fine."

Or, should the Board wish to consider an alternative motion the item should be pulled from the Consent Agenda for discussion and, the possible motion may be:

1. "Move to dismiss Case No. 1223, Notice of Violation Citation No. 5852, issued to JC NV Flats LLC.", or
2. "Move to uphold Case No. 1223, Notice of Violation Citation No. 5852, and levy a fine in the amount of (*range of \$0.00 to \$1,000.00*) per day for each violation, with the matter being continued to the next meeting to allow for JC NV Flats LLC to be properly noticed."



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



Public Health  
Prevent. Promote. Protect

### NOTICE OF VIOLATION

NOV #5852

DATE ISSUED: 12/11/2019

ISSUED TO: JENN Flats LLC PHONE #: 1-702-236-8356

MAILING ADDRESS: 5400 Equity Avenue CITY/ST: Reno, NV ZIP: 89502

NAME/OPERATOR: Clay Hendrix PHONE #: \_\_\_\_\_

PTS: APCP 18-0190 DRIVER LICENSE #/SSN \_\_\_\_\_

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 12/11/2019 (DATE) AT 1410 (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- |   |   |
|---|---|
| <input type="checkbox"/> MINOR VIOLATION OF SECTION:        | <input 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: Failure to clean up trackout per permit condition #3: "soil tracked onto adjoining paved roadways will be promptly removed by wet broom or washing."

LOCATION OF VIOLATION: Pan American Way, Magnolia Way, and Limber Pine Drive

POINT OF OBSERVATION: At site entrances

Weather: Cloudy Wind Direction From: N E (S) W

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

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

Signature \_\_\_\_\_

**CITATION:** You are hereby notified that effective on 12/11/2019 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 24 (hours/days). You are further advised that within ten days of the date of this violation you may submit a written notice of appeal to the Chairman, Hearing Board, P.O. Box 11130, Reno, Nevada 89520. Failure to submit a notice of appeal in the time specified will result in submission of this violation to the District Board of Health, together with a request that an administrative fine be levied against you. If you do not wish to file an appeal the appropriate fine may be paid at the District Health Department.

#### SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: R. Clay Hendrix Date: 12/16/19

Issued by: Brittney Osborn - AQST Title: AQST



**MEMORANDUM OF UNDERSTANDING**

WASHOE COUNTY HEALTH DISTRICT  
AIR QUALITY MANAGEMENT DIVISION

Date: 12/27/2019

Company Name: JC NV Flats LLC

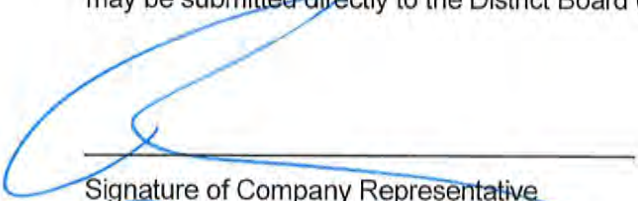
Address: 5400 Equity Avenue Reno, Nevada 89502

Notice of Violation # 5852 Case # 1223

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 Dust Control - Section C. 4. b. for failure to clean-up spillage, carry-out, erosion, and/or trackout.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 1,000.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on January 23, 2020

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.



Signature of Company Representative

F. Clay Hendry

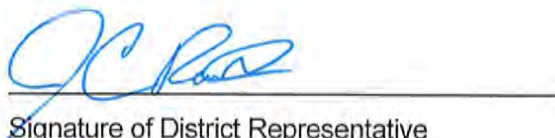
Print Name

A: D Manager

Title



Witness



Signature of District Representative

Joshua C. Restani

Print Name

Sr. AQS

Title



Witness

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

Company Name JC NV Flats LLC  
Contact Name Clay Hendrix

Case 1223 NOV 5852 Violation AQMV19-0026

I. Violation of Section 040.030 Dust Control - Section C. 4. b.

I. Recommended/Negotiated Fine = \$ 1,000.00

II. Violation of Section \_\_\_\_\_

II. Recommended/Negotiated Fine = \$ \_\_\_\_\_

III. Violation of Section \_\_\_\_\_

III. Recommended/Negotiated Fine = \$ \_\_\_\_\_

IV. Violation of Section \_\_\_\_\_

IV. Recommended/Negotiated Fine = \$ \_\_\_\_\_

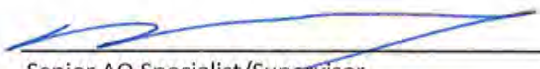
V. Violation of Section \_\_\_\_\_

V. Recommended/Negotiated Fine = \$ \_\_\_\_\_

**Total Recommended/Negotiated Fine = \$ 1,000.00**

  
\_\_\_\_\_  
Air Quality Specialist

12/30/2019  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Senior AQ Specialist/Supervisor

12/30/19  
\_\_\_\_\_  
Date

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

Company Name JC NV Flats LLC  
Contact Name Clay Hendrix

Case 1223 NOV 5852 Violation AQMV19-0026

Violation of Section 040.030 Dust Control - Section C. 4. b.  
Permit Condition Condition No. 3 of Dust Control Permit APCP18-0190

I. **Base Penalty as specified in the Penalty Table** = \$ **1,000.00**

II. **Severity of Violation**

A. **Public Health Impact**

1. **Toxicity of Release (For Emissions Exceedances)**

Criteria Pollutant - 1x

Hazardous Air Pollutant - 2x

Adjustment Factor **1**

Comment: PM10 is a criteria pollutant.

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

Negligible - 1x Moderate - 1.5x Significant - 2x

Adjustment Factor **1**

Comment: Negligible public health risk associated with this violation.

Total Adjustment Factors (1 x 2) = 1

B. **Adjusted Base Penalty**

Base Penalty \$ 1,000.00 x Adjustment Factor 1 = \$ **1,000.00**

C. **Number of Days/Weeks/Months or Units in Violation**

Adjusted Penalty \$ 1,000.00 x Number of Days/Weeks/Mo 1 = \$ **1,000.00**

Comment: One day of observed trackout was associated with this violation.

D. **Economic Benefit**

Avoided Costs \$ 0.00 + Delayed Costs \$ 0.00 = \$ 0.00

Comment: No economic benefit was determined with this violation.

**Penalty Subtotal**

Adjusted Base Penalty \$ 1,000.00 + Economic Benefit \$ 0.00 = \$ **1,000.00**

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

**III. Penalty Adjustment Consideration**

**A. Mitigating Factors** (0 +/- 25%) 0%  
 Comment Penalty by rule (020.040 D.).

**B. Compliance History**

Similar Violation < 12 months (300%)	+	<u>0%</u>	
Similar Violation < 3 years (200%)	+	<u>0%</u>	
Similar Violation > 3 years (150%)	+	<u>0%</u>	
Previous Unrelated Violations < 5years			
<u>5%</u> x <u>0</u> , # of previous violations	+	<u>0%</u>	

Comment: None noted/Penalty by rule (020.040 D.).

**Total Penalty Adjustment Factors** – Sum of A & B **0%**


**IV. Recommended/Negotiated Fine**

Penalty Adjustment:  


$$\frac{\$ 1,000.00}{\text{Penalty Subtotal (From Section II)}} \times \frac{0\%}{\text{Total Adjustment Factors (From Section III)}} = \$ \frac{0.00}{\text{Total Adjustment Value}}$$

Additional Credit for Environmental Investment/Training - \$  
 Comment: \_\_\_\_\_  
 Adjusted Penalty:

$$\frac{\$ 1,000.00}{\text{Penalty Subtotal (From Section II)}} +/ - \frac{\$ 0.00}{\text{Total Adjustment Value (From Section III + Credit)}} = \$ \frac{1,000.00}{\text{Recommended/Negotiated Penalty}}$$

  
 \_\_\_\_\_  
 Air Quality Specialist

12/30/2019  
 \_\_\_\_\_  
 Date

  
 \_\_\_\_\_  
 Senior AQ Specialist/Supervisor

12/30/19  
 \_\_\_\_\_  
 Date

## Administrative Penalty Table

### Air Quality Management Division Washoe County Health District

#### I. Minor Violations - Section 020.040(C)

Regulation	1st Violation	2nd Violation
040.005 Visible Emissions	1000	2500
040.030 Dust Control (fugitive)	1000	2000
040.035 Open Fires	500	1000
040.040 Fire Training	500	1000
040.050 Incinerator	1000	2000
040.051 Woodstoves	500	1000
040.055 Odors	1000	2000
040.080 Gasoline Transfer (maintenance)	1000	2000
040.200 Diesel Idling	500	1000
050.001 Emergency Episode	1000	2000
040.030 Construction Without a Dust Control Permit		
Project Size – Less than 10 acres	\$ 500 + \$50 per acre	
Project Size – 10 acres or more	\$1,000 + \$50 per acre	

#### II. Major Violations - Section 020.040

Regulation	Violation	Source Category	
		Minimum	Maximum
030.000	Construction/Operating without Permit (per major process system or unit/day)	5000	10000
030.1402	Failure to Comply with Stop Work Order	10,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2500	10000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2500	5000
	All other Major Violations (per day or event)	5000	10000

#### 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)	\$ 5,000 - \$10,000

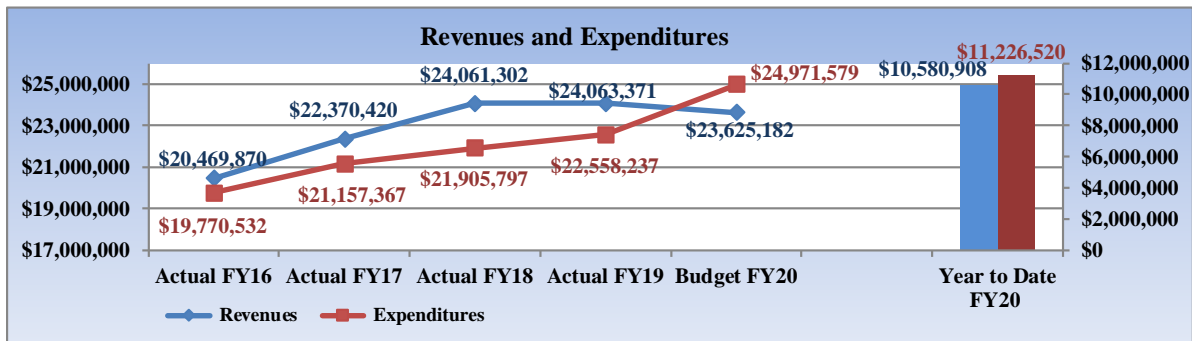
DD	NA	___
DHO	___	KD
DA	NA	___
Risk	NA	___

**Staff Report**  
**Board Meeting Date: January 23, 2020**

**TO:** District Board of Health  
**FROM:** Anna Heenan, Administrative Health Services Officer  
 328-2417, [aheenan@washoecounty.us](mailto:aheenan@washoecounty.us)  
**SUBJECT:** Acknowledge receipt of the Health Fund Financial Review for December, Fiscal Year 2020

**SUMMARY**

The six months of fiscal year 2020, (FY20) ended with a cash balance of \$7,441,557. Total revenues of \$10,580,908 were 44.8% of budget and a decrease of \$25,554 over FY19. The expenditures totaled \$11,226,520 or 45.0% of budget and up \$401,854 compared to FY19.



**District Health Strategic Priority supported by this item:**

**6. Financial Stability:** Enable the Health District to make long-term commitments in areas that will positively impact the community’s health by growing reliable sources of income.

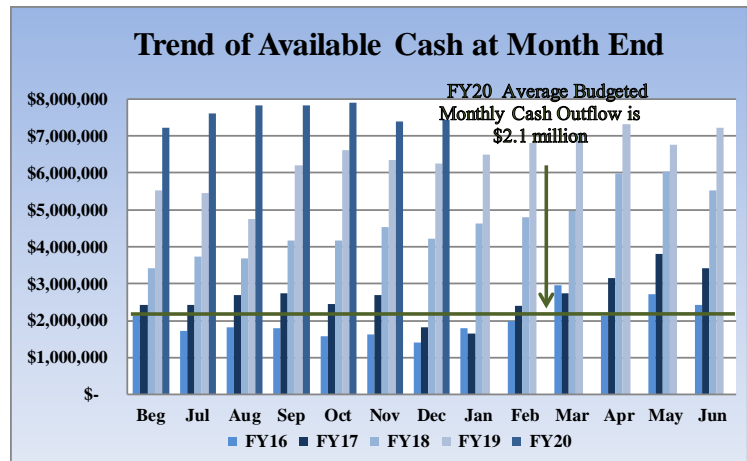
**PREVIOUS ACTION**

Fiscal Year 2020 Budget was adopted May 21, 2019.

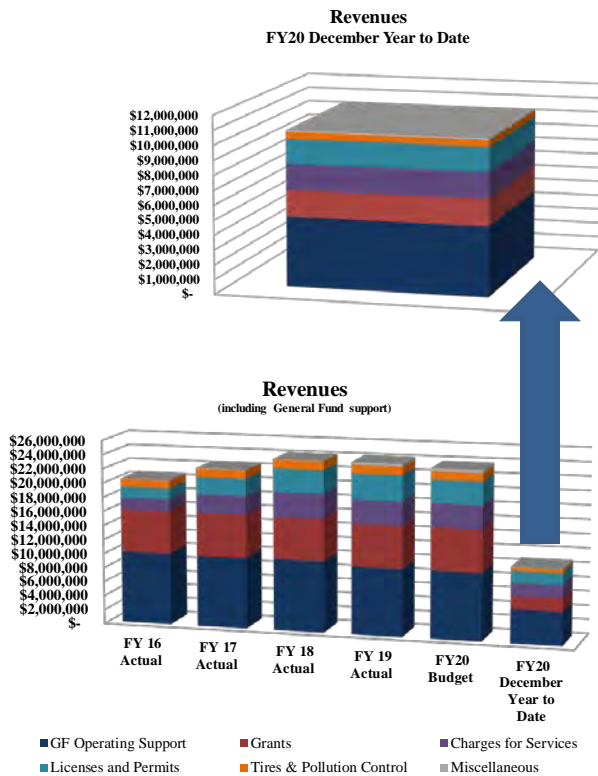
**BACKGROUND**

**Review of Cash**

The available cash at the end of December, FY20, was \$7,441,557 which is enough to cover approximately 3.6 months of expenditures. The encumbrances and other liability portion of the cash balance totals \$1.3 million; the cash restricted as to use is approximately \$1.4 million (e.g. DMV pollution control revenue, Solid Waste Management Tire revenue, Accela Regional Permitting Technology Fees and the Hazardous Materials 1995 litigation revenue); leaving a balance of approximately \$4.7 million.

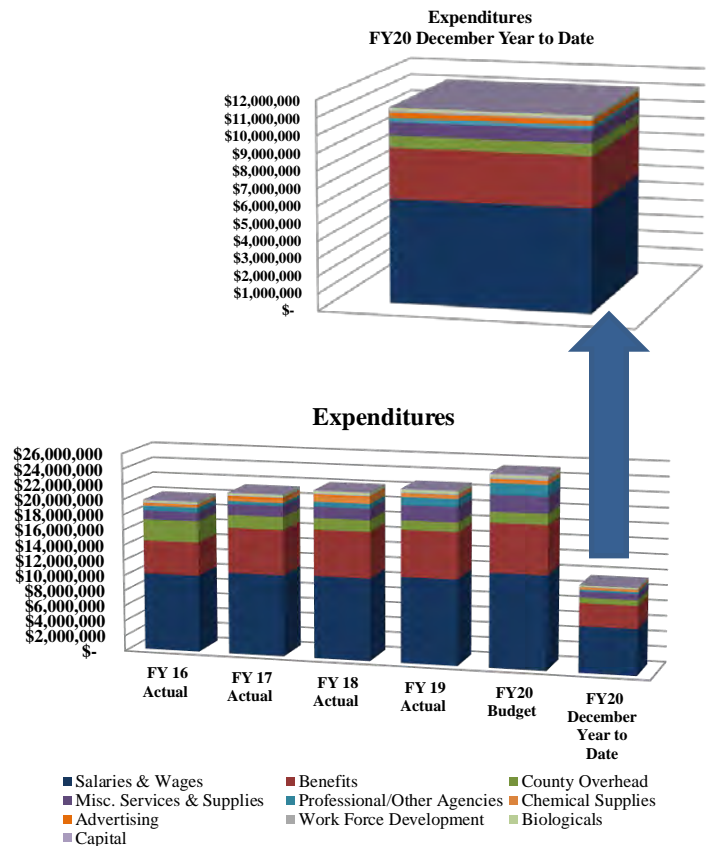


**Review of Revenues (including transfers from General Fund) and Expenditures by category**



The total **revenues** year to date were \$10,580,908 down \$25,554 or 0.2% compared to December FY19. The revenue categories up over FY19 were: licenses and permits of \$1,672,226 up \$53,987; tire and pollution control funding of \$476,822 up \$23,247; and charges for services of \$1,783,769 up \$131,181. The revenue categories down compared to FY19 were: Federal and State grants of \$1,822,276 down \$175,650; miscellaneous revenues of \$67,387 down \$58,318; and, the County General Fund support of \$4,758,428 is level at the FY19 funding.

The total year to date **expenditures** of \$11,226,520 increased by \$401,854 or 3.7% compared to FY19. Salaries and benefits expenditures for the fiscal year were \$8,953,024 up \$214,927 or 2.5% over the prior year and 47.9% of budget. The total services and supplies of \$2,262,042 up \$181,816 or 8.7% compared to FY19 and 37.1% of budget. The major expenditures included in the services and supplies were; the professional services, which totaled \$232,071 up \$26,261 over FY19; chemical supplies of \$294,450 up \$63,473; the biologicals of \$131,137, were down \$29,465; and, County overhead charges of \$700,396 were up \$91,356. There has been \$11,454 in capital expenditures up \$5,110 compared to FY19.



**Review of Revenues and Expenditures by Division**

**ODHO** has spent \$581,912 up \$6,881 or 1.2% over FY19 that includes funding for public service announcements for suicide awareness and funding for workforce development in leadership training.

**AHS** has spent \$602,054 up \$54,147 or 9.9% compared to FY19 mainly due to County overhead charges, safety expenditures and increased utilities costs for the District.

**AQM** revenues were \$1,524,612 up \$112,224 or 7.9% mainly in the air pollution permits and federal grant reimbursements. The Division spent \$1,444,553 down \$7,083 or 0.5% over FY19 mainly due to salary savings from vacant positions.

**CCHS** revenues were \$1,394,526 down \$38,602 or 2.7% over FY19 mainly due to a decline in federal and state grants over FY19. The division spent \$3,966,965 or \$275,516 more than FY19 mainly due to an increase in employee retirement payouts for accrued benefits; an increase in part-time and on-call staff; and, funding to support a youth prevention campaign that focuses on education and prevention of use of e-cigarettes.

**EHS** revenues were \$2,192,398 down \$29,425 or 1.3% over FY19. EHS spent \$3,386,843 an increase of \$101,154 over last year mainly due to retiring employee accrued benefit payouts, temporary staff for a digital scanning project for historical records, and chemical supplies for the Vector program.

**EPHP** revenues were \$710,943 down \$69,751 or 8.9% over last year mainly due to a lag in receiving grant reimbursements. The division spent \$1,244,192 down \$28,762 over FY19 due to salary savings from vacant grant funded positions along with the services and supplies not spent due to the vacancies.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2015/2016 through December Year to Date Fiscal Year 2019/2020 (FY20)									
	Actual Fiscal Year			Fiscal Year 2018/2019		Fiscal Year 2019/2020			
	2015/2016	2016/2017	2017/2018	Actual Year End	December Year to Date	Adjusted Budget	December Year to Date	Percent of Budget	FY20 Increase over FY19
<b>Revenues (all sources of funds)</b>									
ODHO	15,000	51,228	3,365	-	-	-	-	-	-
AHS	-	-	-	-	-	-	-	-	-
AQM	2,520,452	2,979,720	3,543,340	3,443,270	<b>1,412,388</b>	3,581,031	<b>1,524,612</b>	42.6%	7.9%
CCHS	3,506,968	3,872,898	4,179,750	4,104,874	<b>1,433,128</b>	3,955,838	<b>1,394,526</b>	35.3%	-2.7%
EHS	2,209,259	3,436,951	4,428,294	4,871,791	<b>2,221,823</b>	4,371,347	<b>2,192,398</b>	50.2%	-1.3%
EPHP	2,141,334	2,027,242	1,854,862	2,126,580	<b>780,694</b>	2,200,110	<b>710,943</b>	32.3%	-8.9%
GF support	10,076,856	10,002,381	10,051,691	9,516,856	<b>4,758,428</b>	9,516,856	<b>4,758,428</b>	50.0%	0.0%
<b>Total Revenues</b>	<b>\$20,469,870</b>	<b>\$22,370,420</b>	<b>\$24,061,302</b>	<b>\$24,063,371</b>	<b>\$10,606,462</b>	<b>\$23,625,182</b>	<b>\$10,580,908</b>	<b>44.8%</b>	<b>-0.2%</b>
<b>Expenditures (all uses of funds)</b>									
ODHO	594,672	904,268	826,325	1,336,494	<b>575,031</b>	1,570,329	<b>581,912</b>	37.1%	1.2%
AHS	996,021	1,119,366	1,016,660	1,059,669	<b>547,907</b>	1,312,474	<b>602,054</b>	45.9%	9.9%
AQM	2,670,636	2,856,957	2,936,261	2,935,843	<b>1,451,636</b>	3,842,317	<b>1,444,553</b>	37.6%	-0.5%
CCHS	6,880,583	7,294,144	7,538,728	7,700,440	<b>3,691,448</b>	8,015,694	<b>3,966,965</b>	49.5%	7.5%
EHS	5,939,960	6,366,220	7,030,470	6,669,768	<b>3,285,689</b>	7,140,118	<b>3,386,843</b>	47.4%	3.1%
EPHP	2,688,659	2,616,411	2,557,352	2,856,024	<b>1,272,954</b>	3,090,647	<b>1,244,192</b>	40.3%	-2.3%
<b>Total Expenditures</b>	<b>\$19,770,532</b>	<b>\$21,157,367</b>	<b>\$21,905,797</b>	<b>\$22,558,237</b>	<b>\$10,824,666</b>	<b>\$24,971,579</b>	<b>\$11,226,520</b>	<b>45.0%</b>	<b>3.7%</b>
<b>Revenues (sources of funds) less Expenditures (uses of funds):</b>									
ODHO	(579,672)	(853,040)	(822,960)	(1,336,494)	<b>(575,031)</b>	(1,570,329)	<b>(581,912)</b>		
AHS	(996,021)	(1,119,366)	(1,016,660)	(1,059,669)	<b>(547,907)</b>	(1,312,474)	<b>(602,054)</b>		
AQM	(150,184)	122,763	607,078	507,427	<b>(39,248)</b>	(261,286)	<b>80,059</b>		
CCHS	(3,373,615)	(3,421,246)	(3,358,978)	(3,595,566)	<b>(2,258,320)</b>	(4,059,856)	<b>(2,572,438)</b>		
EHS	(3,730,701)	(2,929,269)	(2,602,177)	(1,797,977)	<b>(1,063,866)</b>	(2,768,771)	<b>(1,194,445)</b>		
EPHP	(547,325)	(589,169)	(702,490)	(729,444)	<b>(492,260)</b>	(890,537)	<b>(533,249)</b>		
GF Operating	10,076,856	10,002,381	10,051,691	9,516,856	<b>4,758,428</b>	9,516,856	<b>4,758,428</b>		
<b>Surplus (deficit)</b>	<b>\$ 699,338</b>	<b>\$ 1,213,053</b>	<b>\$ 2,155,505</b>	<b>\$ 1,505,134</b>	<b>\$ (218,205)</b>	<b>\$ (1,346,397)</b>	<b>\$ (645,612)</b>		
<b>Fund Balance (FB)</b>	<b>\$ 2,967,844</b>	<b>\$ 4,180,897</b>	<b>\$ 6,336,402</b>	<b>\$ 7,841,536</b>		<b>\$ 6,495,139</b>			
FB as a % of Expenditures	15.0%	19.8%	28.9%	34.8%		26.0%			

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 Fund financial review for December, Fiscal Year 2020.

**POSSIBLE MOTION**

Move to acknowledge receipt of the Health Fund financial review for December, Fiscal Year 2020.

Attachment:  
Health District Fund financial system summary report

Period: 1 thru 6 2020 P&L Accounts Health Fund  
 Accounts: GO-P-L Default Washoe County  
 Business Area: \* Functional Area: 000 Standard Functional Area Hiera

Accounts	2020 Plan	2020 Actuals	Balance	Act%	2019 Plan	2019 Actual	Balance	Act%
422503 Environmental Permits	82,438-	50,511-	31,927-	61	79,727-	40,787-	38,940-	51
422504 Pool Permits	272,588-	70,044-	202,545-	26	263,625-	63,548-	200,077-	24
422505 RV Permits	32,198-	18,512-	13,685-	57	31,139-	15,920-	15,219-	51
422507 Food Service Permits	1,483,902-	756,132-	727,770-	51	1,374,436-	748,741-	625,695-	54
422508 Wat Well Const Perm	179,055-	55,464-	123,590-	31	173,167-	73,140-	100,027-	42
422509 Water Company Permits	66,145-	7,730-	58,415-	12	34,456-	31,460-	2,996-	91
422510 Air Pollution Permits	650,135-	364,709-	285,426-	56	622,898-	312,124-	310,774-	50
422511 ISDS Permits	263,853-	176,693-	87,160-	67	235,177-	166,864-	88,313-	65
422513 Special Event Permits	175,849-	109,678-	66,171-	62	170,067-	104,316-	65,751-	61
422514 Initial Applic Fee	88,434-	62,753-	25,681-	71	85,526-	61,337-	24,189-	72
* Licenses and Permits	3,294,595-	1,672,226-	1,622,369-	51	3,090,218-	1,618,239-	1,471,979-	52
431100 Federal Grants	5,484,671-	1,548,283-	3,936,388-	28	5,604,940-	1,715,611-	3,889,329-	31
431105 Fed. Grants-Indirect	494,709-	194,574-	300,134-	39	488,253-	196,331-	291,923-	40
432100 State Grants	53,553-	71,261-	17,708-	133	290,146-	78,700-	211,446-	27
432105 State Grants-Indirect	2,525-	8,158-	5,633-	323	6,653-	7,285-	632-	109
432310 Tire Fee NRS 444A.090	486,000-	283,172-	202,828-	58	450,000-	268,472-	181,528-	60
432311 Poi Ctr1 445B.830	628,105-	193,650-	434,455-	31	587,828-	185,103-	402,725-	31
* Intergovernmental	7,149,563-	2,299,098-	4,850,464-	32	7,427,819-	2,451,501-	4,976,319-	33
460162 Services O Agencies	10,000-	10,000-	10,000-	100	10,000-	10,000-	10,000-	100
460500 Other Immunizations	64,040-	35,720-	28,320-	56	60,000-	32,819-	27,181-	55
460501 Medicaid Clinic Svcs	181,467-	87,852-	93,615-	48	175,500-	75,273-	100,227-	43
460503 Childhood Immunizations	6,204-	1,311-	4,893-	21	6,000-	2,764-	3,236-	46
460508 Tuberculosis	515,000-	276,498-	238,502-	54	60,672-	258,464-	60,672-	50
460509 Water Quality	100,888-	82,716-	18,172-	82	97,571-	69,666-	27,905-	71
460510 IT Overlay	196,807-	131,417-	65,390-	67	185,500-	95,769-	89,731-	52
460511 Birth Death Certific	36,190-	15,787-	20,403-	44	35,000-	16,738-	18,262-	48
460512 Duplication Service	209,943-	164,235-	45,708-	78	203,040-	131,846-	71,194-	65
460513 Other Health Service	6,212-	4,877-	1,335-	79	6,008-	15,966-	9,958-	266
460514 Food Service Certifi	90,059-	59,799-	30,260-	66	87,098-	41,747-	45,351-	48
460515 Medicare Reimbursement	51,700-	45,137-	6,563-	87	50,000-	41,701-	8,299-	83
460516 Pgm Inc-3rd Prty Rec	76,465-	42,721-	33,744-	56	102,964-	30,906-	72,058-	30
460517 Influenza Immunization	115,940-	46,145-	69,795-	40	95,210-	44,869-	50,341-	47
460518 STD Fees	263,732-	153,905-	109,827-	58	273,074-	131,901-	141,173-	48
460519 Outpatient Services	247,948-	110,711-	137,237-	45	221,452-	118,785-	102,667-	54
460520 Eng Serv Health	132,000-	53,945-	78,055-	41	111,765-	61,542-	50,223-	55
460521 Plan Review - Pools	460522 Plan Review - Food S	460524 Family Planning	460525 Plan Review - Vector	460526 Plan Review-Air Quality	460527 NOB-AQM	460528 NESHAP-AQM	460529 Assessments-AQM	

Period: 1 thru 6 2020 P&L Accounts Fund: 202 Health Fund  
 Accounts: GO-P-L Default Washoe County  
 Business Area: \* Functional Area: 000 Standard Functional Area Hiera

Accounts	2020 Plan	2020 Actuals	Balance	Act%	2019 Plan	2019 Actual	Balance	Act%
460530 Inspector Registr-AQ	3,328-	963-	2,365-	29	4,175-		4,175-	
460531 Dust Plan-Air Quality	659,365-	313,425-	345,940-	48	362,521-	346,425-	16,096-	96
460532 Plan Rvw Hotel/Motel		3,948-	3,948			5,177-	5,177	
460534 Child Care Inspection	23,234-	13,616-	9,618-	59	22,470-	12,273-	10,197-	55
460535 Pub Accomod Inspectn	29,345-	15,832-	13,513-	54	28,380-	24,936-	3,444-	88
460570 Education Revenue								
460723 Other Fees	208,183-	123,208-	84,976-	59	193,032-	92,838-	100,194-	48
* Charges for Services	3,228,052-	1,783,769-	1,444,283-	55	2,906,932-	1,652,589-	1,254,343-	57
481150 Interest-Non Pooled								
484000 Donations,Contributions	4,500-	4,500-	4,360-	100	10-	10-	3	100
484050 Donation Fed Pgm Inc	6,721-	2,361-	4,360-	35	6,500-	2,994-	3,506-	46
484195 Non-Govt'l Grants	195,438-	33,170-	162,268-	17	143,838-	3,345-	143,838-	13
484197 Non-Gov. Grants-Ind.	30,604-	4,119-	26,485-	13	26,311-	22,966-	22,966-	23
485100 Reimbursements	48,854-	23,114-	25,739-	47	48,283-	10,927-	37,356-	23
485300 Other Misc Govt Rev	150,000-	123-	149,877-	0	258,426-	108,426-	150,000-	42
* Miscellaneous	436,116-	67,387-	368,730-	15	483,368-	125,705-	357,664-	26
** Revenue	14,108,326-	5,822,480-	8,285,846-	41	13,908,338-	5,848,033-	8,060,305-	42
701110 Base Salaries	10,815,100	5,120,058	5,695,042	47	10,335,661	5,068,026	5,267,634	49
701120 Part Time	351,414	224,263	127,152	64	245,924	170,569	75,355	69
701130 Pooled Positions	445,526	226,144	219,382	51	546,723	236,306	310,416	43
701140 Holiday Work	4,319	806	3,513	19	4,319	1,868	2,451	43
701150 xcContractual Wages								
701199 Lab Cost Sav-Wages	157,065	71,849	85,216	46	160,607	76,303	84,304	48
701200 Incentive Longevity	63,517	39,681	23,836	62	114,569	49,953	64,616	44
701300 Overtime	300	128	172	43	300	133	167	44
701403 Shift Differential	38,000	19,659	18,341	52	38,000	16,279	21,721	43
701406 Standby Pay	5,000	431	4,569	9	5,000	1,033	3,967	21
701408 Call Back	159,884	43,720	116,164	27	526,768	66,916	526,768	99
701412 Salary Adjustment	199,393	16,398	15,171-	1,337	67,722		806	
701413 Vac Payoff Sick Term	1,226	29,164	813-	103	16,320	10,817	5,503	66
701414 Vacation Denied-Payoff								
701417 Comp Time	28,350							
701419 Comp Time - Transfer								
701500 Merit Awards								
* Salaries and Wages	12,269,096	6,005,879	6,263,217	49	12,061,912	5,698,204	6,363,708	47
705110 Group Insurance	1,477,850	683,727	794,124	46	1,611,044	769,405	841,639	48
705115 ER HSA Contribs	149,160	3,590	145,570	2	85,200	4,121	81,079	5
705190 OPEB Contribution	1,118,614	559,307	559,307	50	1,286,542	643,271	643,271	50
705199 Lab Cost Sav-Benef								
705210 Retirement	3,303,746	1,580,537	1,723,209	48	3,016,966	1,492,711	1,524,255	49
705215 Retirement Calculation								
705230 Medicare April 1986	157,625	82,600	75,025	52	147,346	78,551	68,795	53
705240 Insur Budgeted Incr	36,465		36,465		47,094		47,094	

Period: 1 thru 6 2020 P&L Accounts Fund: 202 Health Fund  
 Accounts: GO-P-L Functional Area: 000 Default Washoe County  
 Business Area: \* Functional Area: 000 Standard Functional Area Hiera

Accounts	2020 Plan	2020 Actuals	Balance	Act%	2019 Plan	2019 Actual	Balance	Act%
705320 Workmens Comp	77,087	35,578	41,508	46	97,909	50,525	47,384	52
705330 Unemploy Comp	9,982	1,805	8,177	18	9,361	1,309	8,052	14
705360 Benefit Adjustment	81,628	2,947,145	81,628	46	229,230	3,039,893	229,230	47
* Employee Benefits	6,412,157	80,155	3,465,012	15	6,530,691	60,752	3,490,798	10
710100 Professional Services	546,994	277	466,840	22	604,188		543,436	
710101 Lab Testing Services		37	277-					
710103 Radiology		37	37-					
710105 Medical Services	12,948	2,081	10,867	16	10,421	5,018	5,403	48
710108 MD Consultants	51,211	24,184	27,027	47	54,311	24,684	29,627	45
710110 Contracted/Temp Svcs	271,145	60,493	210,652	22	128,538	16,353	112,185	13
710119 Subrecipient Payments								
710155 Lobbying Services	600		600	44	600		600	38
710200 Service Contract	80,047	35,528	44,519	38	92,962	35,401	57,561	126
710201 Laundry Services	1,850	707	1,143	39	650	820	170-	92
710205 Repairs and Maintenance	13,450	5,180	8,270	65	9,145	8,455	690	57
710210 Software Maintenance	11,151	7,196	3,955	25	3,000	1,698	1,302	25-
710215 Operating Contracts					25-			
710300 Operating Supplies	176,234	43,973	132,261	73	216,000	66,830	149,170	31
710302 Small Tools & Allow	1,300	950	350	99	1,435	48	1,387	3
710308 Animal Supplies	1,535		1,535		1,600	880	720	55
710319 Chemical Supplies	297,250	294,450	2,800	44	392,700	230,977	161,723	59
710323 Asphalt					16,000		16,000	
710325 Signs and Markers								
710334 Copy Machine Expense	26,848	11,872	14,976	38	23,175	9,008	14,167	39
710335 Copy Mach-Copies	10,215	3,850	6,365	39	7,642	3,631	4,012	48
710350 Office Supplies	32,780	12,780	20,000	89	52,476	26,415	26,061	50
710355 Books and Subscriptions	6,940	6,204	736	43	7,508	7,796	288-	104
710360 Postage	18,169	7,835	10,334	100	16,656	7,052	9,604	42
710361 Express and Courier	100		100		100		100	
710391 Fuel & Lube					125		125	
710400 Pats to O Agencies	606,085	66,925	539,160	11	743,421	99,001	644,419	13
710412 Do Not Use								
710500 Other Expense	107,210	36,562	70,648	34	186,491	29,714	156,777	16
710502 Printing	36,525	12,527	23,998	34	30,484	12,368	18,115	41
710503 Licenses & Permits	8,480	1,850	6,630	22	7,195	7,242	47-	101
710504 Registration		706	706-			750	750-	
710505 Rental Equipment	200	76	124	38	200		200	
710506 Dept InsDeductible	150	650	500-	433		150	150-	
710507 Network and Data Lines	12,730	8,683	4,047	68	6,540	965	5,575	15
710508 Telephone Land Lines	35,023	18,335	16,688	52	34,645	17,001	17,644	49
710509 Seminars and Meetings	78,814	28,833	49,981	37	72,883	15,533	57,350	21
710512 Auto Expense	11,728	3,380	8,348	29	11,346	3,075	8,271	27
710514 Regulatory Assessments	25,000	11,696	13,304	47	20,000		20,000	

Period: 1 thru 6 2020 P&L Accounts  
 Accounts: GO-P-L  
 Business Area: \*  
 Fund: 202 Health Fund  
 Fund Center: 000 Default Washoe County  
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2020 Plan	2020 Actuals	Balance	Act%	2019 Plan	2019 Actual	Balance	Act%
710519 Cellular Phone	15,279	8,574	6,705	56	14,697	6,564	8,133	45
710529 Dues	25,080	11,878	13,202	47	20,855	12,623	8,232	61
710535 Credit Card Fees	67,640	31,035	36,605	46	51,981	31,325	20,656	60
710546 Advertising	194,481	23,725	170,756	12	174,637	22,611	152,026	13
710551 Cash Discounts Lost		399	399-			48	48-	
710563 Recruitment								
710571 Safety Expense	74,611	42,879	31,732	57	56,279	14,345	41,934	25
710577 Uniforms & Special C	3,200	1,344	1,856	42	2,700	1,545	1,155	57
710585 Undesignated Budget	553,436		553,436		543,923		543,923	
710594 Insurance Premium	5,815		5,815		5,815		5,815	
710600 LT Lease-Office Space	70,532	35,916	34,616	51	75,813	38,303	37,510	51
710620 LT Lease-Equipment								
710703 Biologicals	253,940	131,137	122,803	52	325,190	160,602	164,588	49
710713 Post Adoption Refer								
710714 Referral Services	6,780	2,712	4,068	40	9,068	4,068	5,000	45
710721 Outpatient	91,275	59,665	31,611	65	99,424	52,164	47,260	52
710852 Investigation		882	882-					
710872 Food Purchases	7,910	2,778	5,132	35	3,170	1,458	1,712	46
711008 Combined Utilities	105,282	52,641	52,641	50	71,118	35,559	35,559	50
711010 Utilities								
711100 ESD Asset Management	44,980	24,320	20,660	54	50,274	25,052	25,223	50
711113 Equip Srv Replace	58,429	24,203	34,226	41	60,891	23,460	37,431	39
711114 Equip Srv O & M	52,608	31,285	21,323	59	61,103	30,540	30,562	50
711115 Equip Srv Motor Pool	5,000	5,469	469-	109	5,000		5,000	
711116 ESD Vehicle Lease								
711117 ESD Fuel Charge	29,193	15,500	13,693	53	31,839	16,689	15,150	52
711119 Prop & Liab Billings	95,845	47,922	47,923	50	79,274	41,004	38,270	52
711210 Travel	183,796	65,941	117,855	36	186,847	41,892	144,955	22
711212 Meals and Lodging								
711213 Travel-Non Cnty Pers	15,827	3,522	12,305	22	32,500	1,706	30,794	5
711300 Cash Over Short								
711399 ProCard in Process								
711400 Overhead - General Fund	1,400,792	700,396	700,396	50	1,218,080	609,040	609,040	50
711410 Overhead - Admin								
711502 Build Imp nonCapital		598-	598-					
711504 Equipment nonCapital	113,799	66,623	47,176	59	155,459	85,441	70,017	55
711508 Computers nonCapital	54,267	6,887	47,380	13	220,130	72,343	147,787	33
711509 Comp Sftw nonCap	9,281	21,479	12,198-	231	4,281	9,000	4,719-	210
* Services and Supplies	6,021,790	2,207,682	3,814,108	37	6,312,759	2,029,011	4,283,748	32
781002 Build Imprv Capital	16,000	11,454	16,000		35,000		35,000	
781004 Equipment Capital	154,413		142,960	7	100,000		100,000	
781007 Vehicles Capital								
781009 Comp Sftw Capital	25,000		25,000		45,000	6,344	38,657	14

Period: 1 thru 6 2020 P&L Accounts  
 Accounts: GO-P-L  
 Business Area: \*  
 Fund: 202 Health Fund  
 Fund Center: 000 Default Washoe County  
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2020 Plan	2020 Actuals	Balance	Act%	2019 Plan	2019 Actual	Balance	Act%
* Capital Outlay	195,413	11,454	183,960	6	180,000	6,344	173,657	4
** Expenses	24,898,456	11,172,159	13,726,297	45	25,085,362	10,773,451	14,311,911	43
<b>485192 Surplus Equipment Sales</b>								
* Other Fin. Sources								
521001 Transfer From General	9,516,856-	4,758,428-	4,758,428-	50	9,516,856-	4,758,428-	4,758,428-	50
* Transfers In	9,516,856-	4,758,428-	4,758,428-	50	9,516,856-	4,758,428-	4,758,428-	50
812230 To Reg Permits-230	73,123	54,360	18,763	74	73,123	51,215	21,908	70
<b>814430 To Reg Permits Capit</b>								
* Transfers Out	73,123	54,360	18,763	74	73,123	51,215	21,908	70
** Other Financing Src/Use	9,443,733-	4,704,068-	4,739,665-	50	9,443,733-	4,707,213-	4,736,520-	50
*** Total	1,346,397	645,612	700,785	48	1,733,291	218,205	1,515,087	13



**REMSA**

**FRANCHISE COMPLIANCE  
REPORT**

**NOVEMBER 2019**



**REMSA Accounts Receivable Summary  
Fiscal 2020**

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected 35%
July	4106	\$5,291,560.20	\$1,288.74	\$1,288.74	\$ 451.06
August	4284	\$5,523,448.40	\$1,289.32	\$1,289.04	\$ 451.16
September	4071	\$5,286,721.80	\$1,298.63	\$1,292.17	\$ 452.26
October	4235	\$5,485,083.60	\$1,295.18	\$1,292.93	\$ 452.53
November					
December					
January					
February					
March					
April					
May					
June					
<b>Totals</b>	<b>16,696</b>	<b>\$21,586,814</b>	<b>\$1,292.93</b>		
Current Allowable Average Bill: \$1,294.87					

**Year to Date: November 2019**

<b>COMPLIANCE</b>			
Month	Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul-19	5 Minutes 46 Seconds	92%	96%
Aug-19	6 Minutes 12 Seconds	90%	91%
Sep-19	6 Minutes 06 Seconds	90%	92%
Oct-19	6 Minutes 00 Seconds	90%	91%
Nov-19	6 Minutes 01 Seconds	90%	92%
Dec-19			
Jan-20			
Feb-20			
Mar-20			
Apr-20			
May-20			
Jun-20			





**Fiscal Year to Date**

Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
6 Minutes 02 Seconds	91%	93%

**Year to Date: November 2019**

AVERAGE RESPONSE TIMES BY ENTITY				
Month/Year	Priority	Reno	Sparks	Washoe County
Jul-19	P-1	5:13	5:57	7:40
	P-2	5:20	6:00	8:05
Aug-19	P-1	5:29	6:16	8:40
	P-2	5:35	6:27	8:34
Sep-19	P-1	5:22	6:07	8:40
	P-2	5:48	6:32	9:18
Oct-19	P-1	5:17	6:25	8:53
	P-2	5:31	6:51	8:35
Nov-19	P-1	5:24	5:50	8:23
	P-2	5:27	6:33	8:24
Dec-19	P-1			
	P-2			
Jan-20	P-1			
	P-2			
Feb-20	P-1			
	P-2			
Mar-20	P-1			
	P-2			
Apr-20	P-1			
	P-2			
May-20	P-1			
	P-2			
Jun-20	P-1			
	P-2			

**Fiscal Year to Date: November 2019**

Priority	Reno	Sparks	Washoe County
P1	0:05:21	0:06:07	0:08:29
P2	0:05:34	0:06:31	0:08:37



**REMSA OCU INCIDENT DETAIL REPORT  
PERIOD: 11/01/2019 THRU 11/30/2019**

<b>CORRECTIONS REQUESTED</b>					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	11/8/19 13:17	11/8/19 13:25	1P20	09:00	08:12
Zone C	11/8/19 14:25	11/8/19 14:32	1P20	08:01	07:06
Zone A	11/8/19 16:51	11/8/19 16:54	1P20	02:15	02:05
Zone A	11/8/19 17:56	11/8/19 17:59	1P20	02:56	02:51
Zone A	11/9/19 1:36	11/9/19 1:37	1C33	-00:00:10	00:33
Zone A	11/9/19 9:07	11/9/19 9:15	1N26	08:14	08:14
Zone A	11/9/19 12:59	11/9/19 13:07	1P10	08:19	07:30
Zone A	11/10/19 13:26	11/10/19 13:28	1P19	02:41	02:07
Zone A	11/10/19 14:18	11/10/19 14:21	1P19	03:28	03:19
Zone A	11/10/19 14:44	11/10/19 14:49	1P19	06:43	05:23
Zone A	11/10/19 18:41	11/10/19 18:47	1P19	05:49	05:28
Zone A	11/12/19 15:04	11/12/19 15:04	1C35	-00:00:33	00:20
Zone A	11/13/19 13:50	11/13/19 13:50	1C21	-00:00:06	00:13
Zone B	11/17/19 9:48	11/17/19 10:07	1C05	18:33	18:33
Zone A	11/17/19 13:22	11/17/19 13:27	1P38	04:30	04:16
Zone A	11/17/19 14:36	11/17/19 14:41	1P38	05:27	04:31
Zone A	11/17/19 16:32	11/17/19 16:35	1P38	03:24	02:36
Zone A	11/17/19 17:18	11/17/19 17:22	1P38	05:13	04:30
Zone A	11/18/19 13:17	11/18/19 13:22	1P21	07:41	05:48
Zone A	11/18/19 13:31	11/18/19 13:34	1P21	02:54	02:44
Zone A	11/21/19 2:29	11/21/19 2:30	1C17	-00:00:03	00:17
Zone A	11/22/19 9:20	11/22/19 9:24	1C43	04:43	04:43
Zone A	11/23/19 1:34	11/23/19 1:34	1C33	00:00	00:08
Zone A	11/26/19 20:42	11/26/19 20:42	1C06	-00:00:10	00:29

<b>UPGRADE REQUESTED</b>				
Zone	Clock Start	Clock Stop	Unit	Response Time
NONE				



EXEMPTIONS REQUESTED					
Incident Date	Approval	Exemption Reason	Zone	Response Time	Overage
11/28/19 17:35	Exemption Approved	Weather	Zone B	0:19:40	0:03:41
11/28/19 18:30	Exemption Approved	Weather	Zone A	0:13:56	0:04:57
11/28/19 18:32	Exemption Approved	Weather	Zone A	0:12:35	0:03:36
11/28/19 18:36	Exemption Approved	Weather	Zone A	0:18:28	0:09:29
11/28/19 18:40	Exemption Approved	Weather	Zone A	0:16:00	0:07:01
11/28/19 21:33	Exemption Approved	Weather	Zone A	0:12:35	0:03:36
11/28/19 21:40	Exemption Approved	Weather	Zone A	0:09:21	0:00:22
11/29/19 0:15	Exemption Approved	Weather	Zone A	0:11:17	0:02:18
11/29/19 0:31	Exemption Approved	Weather	Zone A	0:11:18	0:02:19
11/29/19 3:31	Exemption Approved	Weather	Zone A	0:09:24	0:00:25
11/29/19 5:43	Exemption Approved	Weather	Zone A	0:10:01	0:01:02
11/29/19 8:23	Exemption Approved	Weather	Zone A	0:09:40	0:00:41
11/29/19 9:52	Exemption Approved	Weather	Zone A	0:10:06	0:01:07



## GROUND AMBULANCE OPERATIONS REPORT NOVEMBER 2019

### 1. Overall Statics

- a) Total number of system responses: 6692
- b) Total number of responses in which no transports resulted: 2514
- c) Total number of system transports (including transports to out of county):  
4178

### 2. Call Classification

- a) Cardiopulmonary Arrests: 1.6%
- b) Medical: 57.3%
- c) Obstetrics (OB): 0.4%
- d) Psychiatric/Behavioral: 9.1%
- e) Transfers: 11.5%
- f) Trauma – MVA: 9.5%
- g) Trauma – Non MVA: 6.1%
- h) Unknown: 4.4%

### 3. Medical Director's Report

- a) The Clinical Director or designee reviewed:
  - 100% of cardiopulmonary arrests
  - 100% of pediatric patients (transport and non-transport)
  - 100% of advanced airways (excluding cardio pulmonary arrests)
  - 100% of STEMI alerts 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.

Total number of ALS Calls: 1,885

Total number of above calls receiving QA Reviews: 157

Percentage of charts reviewed from the above transports: 8%



**NOVEMBER 2019 MONTHLY REMSA EDUCATION REPORT**

DISCIPLINE	CLASSES	STUDENTS
ACLS	9	58
BLS (CPR)	64	231
Heartsaver (CPR)	48	233
ITLS	1	2
PALS	8	35

**COMMUNITY OUTREACH NOVEMBER 2019**

Point of Impact		
11/30-30/2019	3 office installation appointments; 3 cars and 3 seats inspected.	
11/23/19	Checkpoint at Renown; 19 vehicles and 23 seats inspected.	11 volunteers and 2 staff
Cribs for Kids/Community		
11/01/19	Cribs for Kids Train-the-Trainer at WCHD for 2 nurses	2 Participants
11/04/19	Taught BLS CPR to AACT EMT class	
11/12/19	Participated in Active Assailant training as Transport	
11/18/19	Cribs for Kids Train-the-Trainer in Silver Springs, NV	
11/19 – 22/19	Flew to Tampa, Florida for a Pedestrian Safety Peer Exchange on Vision Zero, along with Rebecca Kapuler, a representative from RTC. We discussed our area's involvement in making our region a Vision Zero city.	
11/26/19	Cribs for Kids Train-the-Trainer at the Recovery for Foundation in Sparks, NV	



REMSA

Reno, NV  
Client 7299



1515 Center Street  
Lansing, Mi 48096  
1 (517) 318-3800  
support@EMSSurveyTeam.com  
www.EMSSurveyTeam.com

## EMS System Report

November 1, 2019 to November 30, 2019

Your Score

**94.32**

Number of Your Patients in this Report

**150**

Number of Patients in this Report

**6,453**

Number of Transport Services in All EMS DB

**157**





## Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **11/01/2019** and **11/30/2019**.

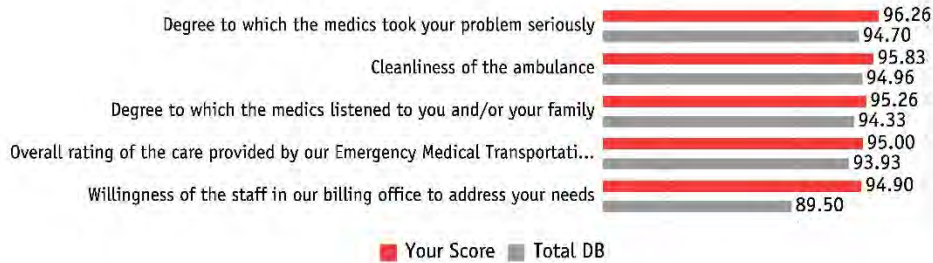
The overall mean score for the standard questions was **94.32**; this is a difference of **1.14** points from the overall EMS database score of **93.18**.

The current score of **94.32** is a change of **-1.40** points from last period's score of **95.72**. This was the **29th** highest overall score for all companies in the database.

You are ranked **7th** for comparably sized companies in the system.

**80.93%** of responses to standard questions had a rating of Very Good, the highest rating. **99.03%** of all responses were positive.

### 5 Highest Scores



### 5 Lowest Scores

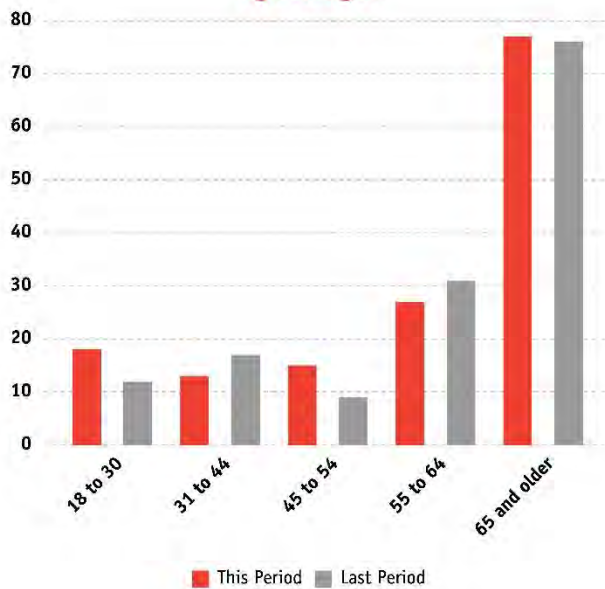




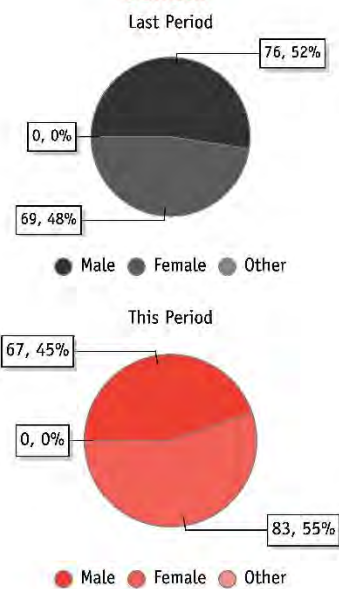
**Demographics** — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will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

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
18 to 30	12	8	4	0	18	9	9	0
31 to 44	17	10	7	0	13	4	9	0
45 to 54	9	4	5	0	15	6	9	0
55 to 64	31	18	13	0	27	15	12	0
65 and older	76	36	40	0	77	33	44	0
<b>Total</b>	<b>145</b>	<b>76</b>	<b>69</b>	<b>0</b>	<b>150</b>	<b>67</b>	<b>83</b>	<b>0</b>

**Age Ranges**



**Gender**







REMSA  
**November 1, 2019 to November 30, 2019**

**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.

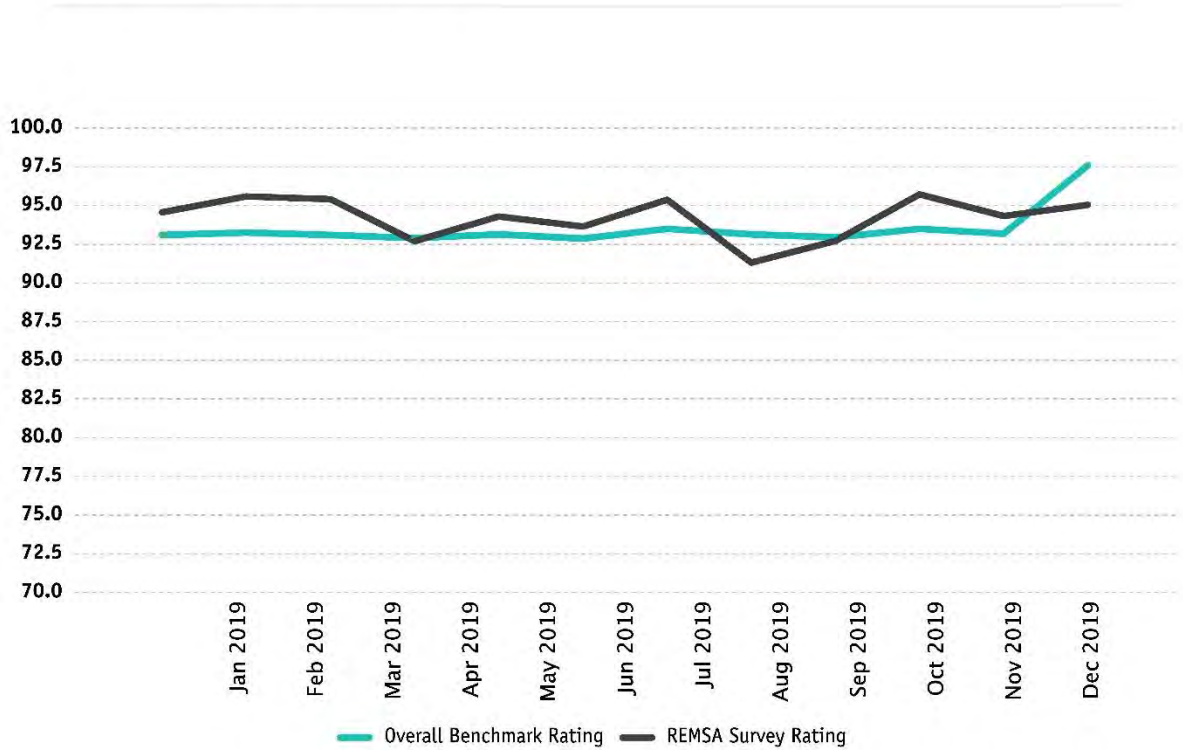
	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019
Helpfulness of the person you called for ambulance service	94.23	96.34	96.88	96.20	88.46	92.73	93.60	93.55	87.76	95.41	95.59	94.64
Extent to which you were told what to do until the ambulance arrived	92.79	96.98	97.28	95.56	88.78	91.83	92.86	94.35	87.27	95.21	94.12	94.64
Extent to which the ambulance arrived in a timely manner	95.57	95.16	94.23	94.26	91.49	93.18	92.41	95.40	90.72	92.94	96.99	94.27
Cleanliness of the ambulance	97.65	98.11	96.50	95.51	94.32	94.02	93.45	96.51	91.05	93.42	96.58	95.83
Skill of the person driving the ambulance	97.13	96.38	96.39	94.55	93.29	94.02	93.43	94.44	90.61	92.63	95.83	92.08
Care shown by the medics who arrived with the ambulance	95.99	94.53	96.60	97.22	93.18	94.67	94.67	95.33	92.02	93.29	97.07	94.22
Degree to which the medics took your problem seriously	95.15	94.86	95.61	96.83	93.87	94.77	94.62	97.54	92.88	93.04	96.94	96.26
Degree to which the medics listened to you and/or your family	95.64	95.13	95.11	96.74	93.52	94.36	93.80	96.12	92.42	92.36	94.97	95.26
Extent to which the medics kept you informed about your treatment	95.09	93.19	94.54	93.60	92.19	94.26	93.53	94.79	90.78	91.89	95.27	94.05
Extent to which medics included you in the treatment decisions (if	95.06	91.20	93.94	94.28	92.43	94.63	92.83	94.01	89.25	91.48	94.93	93.25
Degree to which the medics relieved your pain or discomfort	92.04	91.57	93.21	91.68	91.78	93.11	92.19	93.12	89.61	90.77	95.22	92.74
Medics' concern for your privacy	96.21	93.60	96.05	95.38	94.19	94.51	94.08	94.18	92.19	92.54	96.23	93.46
Extent to which medics cared for you as a person	96.28	95.43	97.20	96.07	93.93	95.37	94.28	95.95	91.93	93.38	95.95	93.94
Professionalism of the staff in our ambulance service billing office	90.00	100.00	96.59	99.24	91.00	96.30	94.68	95.69	93.55	92.14	95.41	94.58
Willingness of the staff in our billing office to address your needs	95.00	100.00	96.46	99.22	90.06	96.30	95.11	95.40	92.74	96.09	95.07	94.90
How well did our staff work together to care for you	96.95	95.23	97.60	96.40	94.02	95.00	94.28	95.77	92.37	92.87	95.83	94.23
Extent to which the services received were worth the fees charged	87.89	88.40	82.86	87.54	82.16	90.94	75.05	92.65	85.23	86.25	80.94	81.31
Overall rating of the care provided by our Emergency Medical Transportation	95.33	94.41	96.75	95.70	93.08	95.80	94.75	96.01	92.82	92.93	95.49	95.00
Likelihood of recommending this ambulance service to others	96.21	94.41	95.39	95.59	92.79	93.80	94.33	94.86	92.18	92.64	96.18	93.56
Your Master Score	95.50	94.56	95.59	95.41	92.70	94.29	93.64	95.37	91.32	92.72	95.72	94.32
Your Total Responses	150	150	150	150	150	150	150	150	150	150	150	150



REMSA  
November 1, 2019 to November 30, 2019



Monthly tracking of Overall Survey Score





## REMSA GROUND AMBULANCE NOVEMBER 2019 CUSTOMER REPORT

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
1	09/20/2019	"BEST CARE THERE IS!"	"THE CARE. THE OVERALL CARE IS BY FAR THE BEST I'VE RECEIVED. THEY'VE BEEN HERE EVERY TIME I'VE NEEDED THEM NO LONGER THAN 10 MINUTES EVERY TIME."			
2	09/21/2019	"THE MEDICS TREATED ME VERY GOOD."	"GETTING THE IV IN QUICK AND EASY. I'M AFRAID OF NEEDLES AND I'VE HAD A HARD TIME WITH GETTING IVS IN THE PAST. BUT THIS SEEMED LIKE NOTHING AT ALL. I WAS VERY IMPRESSED AND RELIEVED."	"I DON'T THINK THERE WILL BE A NEXT TIME ANY TIME SOON, BUT I DON'T THINK THERE'S ANYTHING MORE I WOULD HAVE WANTED OR DONE BETTER. IT WAS ALL REALLY GOOD."		
3	09/21/2019	"I RECKON HE WAS DRIVING ALRIGHT HAHA GOT ME THERE IN ONE PIECE AT LEAST. NOTHING THEY COULD REALLY DO FOR THE PAIN. BUT I KNOW THEY DID WHAT THEY COULD AND ARE LIMITED- THEY EXPLAINED THAT TO ME."	"WELL, I THINK THEY WERE PRETTY NICE AND WERE NICE EXPLAINING THINGS TO ME."	"THERE'S NOTHING I CAN THINK OF. THEY SEEM TO KNOW WHAT THEY ARE DOING."		
4	09/21/2019		"EVERYONE WAS PROFESSIONAL AND CARING. I THOUGHT BOTH OF THE MEDICS THAT CAME OUT WERE EXTREMELY NICE. AND I COULD TELL THEY CARED ABOUT ME, WHICH IS AMAZING. THEY MUST SEE SO MANY	"NOTHING. NOTHING COULD HAVE BEEN BETTER. EVERYTHING WAS EXCELLENT. THEY SHOULD BE GETTING 10'S!"		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
			PEOPLE, BUT STILL ARE KIND AND HELPFUL."			
5	09/21/2019		"EVERYTHING THAT WAS DONE CONCERNING MY HEALTH WAS FINE."	"LOWER THE BILL. I CANT BELIEVE HOW EXPENSIVE THIS SERVICE IS FOR PEOPLE THAT ARE IN NEED AND HURTING."		
6	09/21/2019	"I HATE RIDING IN THOSE DARN THINGS BECAUSE OF HOW ROUGH ON MY BODY THEY ARE."	"IT WAS ALL A FINE TRIP, I WAS SICK AND THEY TOOK CARE OF ME HOW THEY WOULD ANYONE ELSE."	"I JUST WISH THE BUMPS WEREN'T SO BAD BEING IN THE BACK OF THE AMBULANCE. I'M NOT MAD FOR ANYTHING LIKE THAT."		
7	09/21/2019		"THEY WERE VERY SKILLED YOUNG MEDICS. THEY WERE ABLE TO GET ME ON THE STRETCHER WITH NO PROBLEMS."			
8	09/22/2019		"I DON'T WANT TO SAY IT WAS WONDERFUL AS THE SITUATION WASN'T GOOD. BUT MY HUSBAND WAS TAKEN VERY GOOD CARE OF. I WAS NERVOUS."			
9	09/22/2019		"THEY TREATED ME GOOD. REAL GOOD."	"NOTHING! DON'T CHANGE. IT'S GOOD HOW IT IS."		
10	09/23/2019	"IT WAS ALL GOOD. I DIDN'T HAVE MUCH PAIN, BUT THEY DID WHAT THEY NEEDED TO DO."	"THEY WERE THOUGHTFUL AND ASKED ME IF I HAD EVERYTHING BEFORE WE LEFT. THEY MADE SURE I WAS COMFORTABLE."			
11	09/23/2019	"DIDN'T LOOK LIKE A	"WORKED FAST AT	"NOTHING I WOULD		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
		MESS TO ME. THEY WERE VERY GOOD ABOUT ANSWERING MY QUESTIONS IN A WAY THAT I COULD UNDERSTAND. I WAS REALLY THANKFUL THEY TOOK THE TIME."	GETTING ME ON THE WAY TO THE HOSPITAL, BUT TOOK THE TIME IN THE AMBULANCE THEY NEEDED. I FELT VERY SAFE WITH THEM."	HAVE CHANGED. I THOUGHT THEY DID AN EXCELLENT JOB."		
12	09/23/2019	"THEY LISTENED TO ME. WE WOULD HAVE HAD A PROBLEM IF THEY DIDN'T HAHA. YOU WOULD HAVE HEARD FROM ME A LOT SOONER."	"KNOWING WHAT THEY WERE DOING, AND GETTING IT DONE RIGHT. I DON'T WANT TO GO INTO TO MUCH DETAIL."	"NOTHING. IF THERE'S ANYTHING, YOU'LL BE HEARING FROM ME."		
13	09/24/2019	"I DIDN'T HAVE ANY TREATMENT."	"SOMETIMES I THINK THAT THEY ARE HERE TO SAVE ME. I GET IN THESE BAD MENTAL HEAD SPINS WHERE I WANT TO TAKE MY OWN LIFE. BUT THEY COME AND THEY TELL ME I'M GOING TO ME OKAY AND TALK ME THROUGH MY PAIN STATE."	"NO. THERE'S NOTHING MORE THEY COULD DO FOR ME. THEY ALREADY DO ENOUGH AS IT IS. I WANT TO THANK YOU FOR CALLING ME. IT REALLY FEELS LIKE THEY CARE."		
14	09/24/2019	"I WASN'T REALLY LOOKING AROUND. I WAS IN TOO MUCH PAIN. I THOUGHT THEY DID WELL."	"THEY DID GOOD. EVERYTHING WAS FINE."			
15	09/24/2019		"THEY WERE PROFESSIONAL, KIND AND TRIED TO MAKE ME LAUGH. WHICH MIGHT MAKES OTHERS UNCOMFORTABLE, BUT I THOUGHT IT WAS NICE AND FRIENDLY."			
16	09/24/2019		"THE REMSA MEDICS	"NO. I CAN'T THINK		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
			ARE EXCELLENT. I'VE BEEN WITH THEM BEFORE AND THEY ARE ALWAYS VERY PROFESSIONAL AND CARING."	OF ANYTHING."		
17	09/23/2019	"THEY ARE HERE WITHIN FIVE MINUTES. I'M ABLE TO HEAR THEM FROM MY HOUSE. AND WELL, THEY KNOW MY HOUSE BY HEART. I TOOK OVER MY PARENTS HOUSE AFTER THEY DIED. AND THEY WOULD COME FOR THEM AND NOW MY HUSBAND AND I HAVE USED THEM QUITE A BIT TOO."	"EVERYTHING.THEY TOOK ME OUT IN THE CHAIR AND THEN ON TO A STRETCHER- I WAS DIZZY. I KEPT ASKING FOR SOMETHING ABOUT GETTING SOMETHING FOR THE DIZZINESS. AND THEY ARE ALWAYS VERY POLITE."	"NOTHING FOR ME. I GIVE YOU AN A+. ALWAYS CHEERFUL, BUT SERIOUS."		
18	09/24/2019		"WELL THEY GOT ME TO THE HOSPITAL IN A TIMELY MANNER AND DID EVERYTHING I THOUGHT WAS RIGHT."	"NOT ANYTHING THAT I CAN THINK OF."		
19	09/25/2019		"TAKING THEIR TIME TO ADDRESS WHAT WAS GOING ON WITH ME. I DON'T LIKE WHEN MEDICS RUSH. I WANT TO BE CHECKED OUT THE CORRECT WAY."			
20	09/25/2019		"IT WAS ALL DONE WELL. THE MEDICS WERE PROFESSIONAL AND KNEW WHAT THEY WERE DOING. THEY WERE VERY EFFICIENT."	"NOTHING. EVERYTHING WAS FINE. THEY WERE SOME EXCELLENT MEDICS."		
21	09/25/2019	"GREAT MEDICS. DID ABOVE AND BEYOND"	"THEY DID A GOOD JOB GETTING ME TO	"JUST KEEP DOING WHAT YOU'RE		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
			THE HOSPITAL IN A TIMELY MANNER. I WAS WORRIED IT WAS GOING TO TAKE A LONG TIME AND I DON'T DO WELL IN TIGHT SPACES LIKE THAT."	DOING."		
22	09/26/2019	"THEY WERE REALLY GOOD. EVERYONE WAS EXCELLENT."	"JUST EVERYTHING. I HAVE NOTHING NEGATIVE TO SAY."	"BRING ICE CREAM CONES HAHA I DON'T KNOW WHAT YOU COULD DO BETTER- WE'VE USED YOU GUYS SERVAL TIMES."		
23	09/26/2019		"WE WERE VERY THANKFUL FOR ALL THAT THEY DID FOR ME. MY HUSBAND ALREADY CALLED THEM ONCE AND TOLD THEM SO AND THANKED THEM. THEY WERE VERY WONDERFUL TO US."	"NOTHING. WE THOUGHT EVERYTHING WAS DONE VERY PROFESSIONALLY."		
24	09/26/2019		"MY DOCTOR CALLED THEM BECAUSE I WAS HAVING TROUBLE BREATHING. SO THEY CAME TO MY DOCTORS AND THEN TO THE HOSPITAL. THEY WERE VERY PROFESSIONAL AND POLITE."	"OH I DON'T THINK THERE'S ANYTHING MORE THAT THEY CAN DO THAT THEY DON'T DO ALREADY. I'M JUST AN OLD LADY THAT IS THANKFUL OF THE CARE AND KINDNESS."		
25	09/26/2019	"THE WORK THEY DID WAS GOOD. BUT ONE OF THE MEDICS DID HAVE AN ATTITUDE I WASN'T EXACTLY HAPPY ABOUT. BUT I THINK EVERYTHING WAS DONE HOW IT	"THE MEDICS FOR THE MOST PART WERE PROFESSIONAL. THERE WAS ONE THAT I DIDN'T LIKE AS MUCH, BUT OVERALL I'M SATISFIED."	"I GUESS WHATEVER THEY THINK IS RIGHT."	ASSIGNED TO JONES 12.2.19 7480	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
		SHOULD HAVE."				
26	09/26/2019	"KEPT ME INFORMED WITH LANGUAGE I COULD UNDERSTAND."	"I'M VERY SATISFIED WITH IT ALL. THE MEDICS WERE POLITE AND CARING."			
27	09/26/2019	"I BELIEVE THEY GOT HERE IN A TIMELY MANNER" "I DON'T THINK THERE WAS MUCH TREATMENT."	"THEY CAME AND GOT ME, TOOK A LOOK AT ME, THEN TOOK ME TO THE HOSPITAL. THEY WERE KIND AND CARING PARAMEDICS. I DIDN'T SEE ANYTHING WRONG WITH THEM. SEEMED TO KNOW WHAT THEY WERE DOING AND DID IT."			
28	09/26/2019	"THEY GOT HERE FAST AND WERE VERY POLITE."	"EVERYTHING! THE MEDICS WERE HERE IN A MATTER OF MINUTES. THEY HELPED ME INTO THE AMBULANCE AND CHECKED MY VITALS."	"I CAN'T REALLY THINK OF ANYTHING."		
29	09/27/2019		"GETTING THE IV IN."	"I THINK TALKING A LITTLE MORE IN THE BACK OF THE AMBULANCE GOING TO THE HOSPITAL WOULD BE GOOD"		
30	09/27/2019	"I DIDN'T NOTICE IF IT WAS DIRTY HAHA."	"VERY NICE PARAMEDICS. THEY DID A GOOD JOB GETTING ME UP ON THE STRETCHER. THEY DIDN'T BUMP ME AROUND TOO MUCH EITHER. THE RIDE TO THE HOSPITAL WAS A	"THE ONLY THING I CAN THINK OF IS MAKING THE RIDE NOT SO ROUGH, BUT I DON'T KNOW IF THAT'S POSSIBLE. I THINK THEY'VE BEEN THAT BUMPY EVER SINCE I WAS KID."		





	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
			LITTLE ROUGH BUT THAT'S BECAUSE OF THE ROADS. NOTHING YOU GUYS CAN REALLY DO ABOUT IT."			
31	09/28/2019		"THEY WERE JUST REALLY NICE AND INFORMATIVE. THEY MADE ME FEEL COMFORTABLE."	"I KNOW THEY WERE BUSY, BUT IT FELT LIKE IT TOOK A WHILE FOR THEM TO GET HERE. BUT MAYBE IT JUST FELT LIKE THAT. THEY WERE REALLY NICE WHEN THEY DID GET HERE THOUGH."	SEE FOLLOW UP BELOW	
32	09/28/2019		"WELL, THEY HELPED ME IN MY TIME OF NEED AND THEY TOOK GOOD CARE OF ME."			
33	09/28/2019		"EVERYTHING, THEIR CARE WAS JUST DOWN RIGHT AMAZING AND WONDERFUL."			
34	09/29/2019		"THE AMBULANCE GOT TO ME WITHIN MINUTES AND WHEN THEY GOT INSIDE THEY WERE EFFICIENT."			
35	09/29/2019		"OH IT WAS ALL GREAT- AS GREAT AS AN AMBULANCE RIDE CAN GET. BUT NO, I THOUGHT EVERYONE WAS PROFESSIONAL AND IN MY BEST INTEREST."	"NO, NOTHING I CAN THINK OF. JUST KEEP UP THE GOOD TEAM WORK YOU GUYS HAVE AND I THINK WE WILL BE ALL SET."		
36	09/29/2019	"I REALLY LIKED THE PARAMEDICS THAT	"ALL OF IT! NOTHING WENT WRONG AND			



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
		CAME WITH THE AMBULANCE THEY WERE REALLY GOOD TO US."	THEY GOT MY HUSBAND TO THE HOSPITAL TO BE TAKEN CARE OF."			
37	09/29/2019	"GREAT MEDICS. TALKED TO MY FAMILY AND MYSELF. DOESN'T REMEMBER CLEANLINESS/DRIVING."	"I DON'T REMEMBER EVERYTHING IN GREAT DETAIL. BUT I KNOW THEY TOOK GOOD CARE OF ME AND MADE SURE I FOUND MY WAY IN THE HOSPITAL. ONE OF THE MEDICS EVEN CAME TO CHECK UP ON ME LATER."			
38	09/30/2019	"I THOUGHT THEY COULD HAVE GOTTEN HERE QUICKER... BUT WHAT DO I KNOW."	"THEY HANDLED EVERYTHING WELL. THE MEDICS WORKED WELL TOGETHER AND ARE WELL MANNERED."	"JUST WORK ON THE ARRIVAL TIME. I KNOW IT CANT BE THE BEST TIME EVERY TIME, BUT THAT'S THE ONLY PROBLEM I HAD WITH THE SERVICE."	SEE FOLLOW UP BELOW	
39	09/30/2019		"I'VE HAD TO CALL THEM 12 TIMES IN THE LAST TWO MONTHS AND EVERYTHING HAS BEEN PERFECT. AND WELL, I THINK THAT EVERYTHING WAS PREFECT AND THEY WERE WELL EDUCATED AND POLITE."	"I DON'T THINK THEY COULD DO ANYTHING BETTER. VERY NICE DID EVERYTHING THEY WERE SUPPOSED TO. IN ALL THE TIME I HAVE HAD TO CALL THEM, IT'S BEEN NOTHING BUT EXCELLENT."		
40	09/30/2019	"THEY DROPPED ME OFF AT RENOWN."	"THEY NEEDED TO CLEAN MY EYES BEFORE I GOT TO THE HOSPITAL - I COULDN'T SEE AND FELL DOWN AND THAT'S WHY THEY CAME."	"I DON'T KNOW."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
41	09/30/2019		"PROFESSIONALISM, COURTEOUS, TIMELINESS OF ARRIVAL AND FRIENDLINESS."			
42	09/30/2019		"PATIENT STATED ONE OF THE MEDICS TREATED HER VERY, VERY WELL AND SHE FELT LIKE THERE WAS GENUINE CONCERN AND CARE. SHE STATED THE OVERALL SERVICE WAS EXCELLENT."			
43	09/30/2019		"PATIENT STATED THE MEDICS WERE ABLE TO LOAD AND UNLOAD HIM WITHOUT SHAKING HIM UP. DUE TO HIS PAIN, HE APPRECIATED THEIR EFFORTS AT GENTLENESS."			
44	10/01/2019		"EVERYTHING WAS DONE WELL. PATIENT STATED THEY ARRIVED QUICKLY AND GOT RIGHT ON IT FIGURING EVERYTHING OUT AND THEN QUICKLY GOT HIM TO THE HOSPITAL."			
45	10/01/2019		"EVERYTHING WAS DONE WELL."			
46	10/01/2019		"PATIENT'S MEDICAL POA STATED THEY COULD NOT BE HAPPIER WITH THE CARE THE PATIENT RECEIVED THAT DAY."			



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
47	10/01/2019		"PATIENT STATED EVERYTHING WAS DONE WELL BY THE AMBULANCE SERVICE."			
48	10/01/2019		"PATIENT STATED THE MEDICS WERE VERY SOOTHING AS THEY CARED FOR HER."			
49	10/01/2019		"PATIENT STATED THAT THE MEDICS RELAYED INFORMATION WELL AND WERE KNOWLEDGEABLE."			
50	10/01/2019		"PATIENT STATED THE MEDICS DID A VERY GOOD JOB OF CALMING HER DOWN AND KEEPING HER CALM."			
51	10/01/2019		"PATIENT STATED THE MEDICS WERE VERY EMPATHETIC TO HER SITUATION AND ALSO DID A GREAT JOB OF RELIEVING HER PAIN."			
52	10/01/2019		"PATIENT'S POA STATED THE CUSTOMER SERVICE AND LEVEL OF CARE WERE VERY HIGH DURING THE TRANSPORT BETWEEN FACILITIES."			
53	10/04/2019		"TIMELINESS IN EVERY ASPECT."			
54	10/04/2019		"EXCELLENT CUSTOMER SERVICE."			



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
55	10/04/2019		"PATIENT STATED THAT EVERYTHING WAS DONE WELL BUT PARTICULARLY NOTED PROFESSIONALISM AND TIMELINESS OF ASSESSMENT."			
56	10/04/2019		"THEY RESPONDED IN QUICK ORDER (EVEN BEATING THE FIRE TRUCK) AND GOT THE PATIENT CALMED DOWN. HE STATED IT WAS ALSO A SMOOTH RIDE TO THE HOSPITAL."			
57	10/04/2019		"PATIENT STATED THE MEDICS KEPT HIM FROM DYING FROM HIS WOUNDS. HE IS VERY THANKFUL."			
58	10/04/2019		"THE PATIENT STATED SHE COULDN'T BELIEVE HOW FAST THE AMBULANCE ARRIVED, SHE WAS VERY PLEASED."			
59	10/04/2019		"PATIENT STATED SHE HAD A WONDERFUL CONVERSATION WITH THE MEDICS ALL THE WAY TO THE HOSPITAL."			
60	10/04/2019		"PATIENT STATED HE IS A FORMER PARAMEDIC AND THE MEDICS WHO CARED FOR HIM DID EVERYTHING APPROPRIATELY."			



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
61	10/03/2019		"THEY CAME AND SAW I HAD A PROBLEM, PUT ME ON THE STRETCHER, PUT ME IN THE AMBULANCE, THEN TOOK ME STRAIGHT TO ST. MARY'S."	"EVERYTHING WAS DONE GREAT."		
62	10/03/2019		"THEY WERE REALLY PROFESSIONAL."	"OH I THOUGHT THEY DID A GREAT JOB. I DON'T HAVE ANYTHING BAD TO SAY ABOUT THEM AT ALL."		
63	10/03/2019		"THEY QUICKLY GOT ME PAIN MEDICATION AND FOUND A VAIN. I WAS IN SO MUCH PAIN. THEY TRUSTED ME AND LISTENED TO ME AND WHAT I THOUGHT WAS GOING ON. THEY ALSO DID THEIR JOB AND EVERYTHING THAT ENTAILS"	"I DON'T KNOW YOU GUYS ARE GOOD."		
64	10/03/2019	"THEY TRIED THE BEST THEY COULD."	"THEY HELPED KEEP ME CALM. THEY DIDN'T KNOW WHAT WAS GOING ON AND I DIDN'T EITHER. THEY HELPED ME A LOT AND MADE ME FEEL SAFE."	"NOTHING. THEY WERE FANTASTIC."		
65	10/05/2019		"THEY TREAT ME FINE. EVERYTIME I'VE USED THEM THEY HAVE BEEN REALLY NICE AND CARING. I'VE NEVER HAD A PROBLEM WITH REMSA. I DON'T THINK MY HUSBAND HAS EITHER."	"I DON'T KNOW. THEY WERE VERY GOOD. EVERYTHING THEY DID WAS EXCELLENT."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
66	10/03/2019	"VERY SERIOUSLY."	"IT ALL DONE WELL. THE PARAMEDICS CAME RIGHT IN AND STARTING GETTING INFORMATION FROM ME AND MY WIFE. THEY GOT ME IN THE AMBULANCE AND THEN TO THE HOSPITAL."			
67	10/03/2019	"THEY WERE HERE FASTER THAN I WAS READY TO LOOK AT THEM. THEY WERE ALL REALLY NICE"	"WELL, I FELL OUT OF MY MOTOR HOME AND I COULDN'T MOVE. COME TO FIND OUT I BROKE MY BACK. MY HUSBAND CALLED AND THEY WERE HERE WITHIN A COUPLE MINUTES AND EVERYONE WAS REALLY NICE. IT WAS A NICE RIDE AND I SPENT THREE MONTHS IN THE HOSPITAL."	"CAN'T THINK OF ANYTHING. IT WAS WONDERFUL. THEY WERE JUST SO KIND, GENTLE AND CONCERNED ABOUT ME. THEY WERE CONCERNED ABOUT GETTING ENOUGH PEOPLE TO BE ABLE TO LIFT ME UP. THEY PUT ME IN A WHEELCHAIR AND GOT ME IN THE HOSPITAL. IT WAS ALL REALLY GOOD AND EVERYONE WAS REALLY NICE."		
68	10/05/2019		"EVERYTHING! THE MEDICS WERE PROFESSIONAL AND KNEW WHAT THEY WERE DOING. AND I THINK THAT THEY WERE WELL TRAINED PEOPLE WHO LOVE THEIR JOB. WE'RE VERY SATISFIED."	"NOTHING BETTER THEY COULD HAVE DONE. IT WAS ALL EXCELLENT WORK."		
69	10/05/2019		"NICE MEDICS AND DOCTORS. VERY PROFESSIONAL AND CARING. THEY MADE SURE NOT TO BUMP			



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
			ME AROUND AS MUCH."			
70	10/05/2019	"I DIDN'T NOTICE WHAT WAS AROUND ME SO MUCH. BUT I DON'T REMEMBER THINKING I WAS IN A DIRTY AMBULANCE OR ANYTHING. THE ONE MEDIC WAS REALLY SUPPORTIVE AND TALKED TO ME FOR QUITE AWHILE."	"GETTING TO THE HOUSE IN A TIMELY MANNER. THEY GOT TO ME SO QUICK I COULDN'T BELIEVE IT. MY WIFE COULDN'T EITHER. AND JUST THE OVERALL PROFESSIONALISM OF THE AMBULANCE STAFF AND THE HOSPITAL WAS REALLY GOOD. I FELT CARED FOR."	"I CAN'T THINK OF ANYTHING. I WISH I DIDN'T HAVE TO GO IN GENERAL BUT GLAD I DID AND GOT THE CARE I NEEDED."		
71	10/05/2019	"VERY FAST GETTING ME. I WAS HONESTLY RELIEVED WHEN THEY GOT HERE. EXCELLENT MEDICS."	"EVERYTHING! THE MEDICS DID EVERYTHING IN THEIR POWER TO GET ME TO THE HOSPITAL AND MAKE SURE EVERYTHING WAS READY WHEN I GOT THERE. IT WAS REAL EASY GETTING INTO THE HOSPITAL AS WELL. AND THEY CAME AND CHECKED UP ON ME. WHICH I THOUGHT WAS REALLY NICE SINCE MY WIFE HADN'T SHOWN UP YET. THEY JUST REALLY MADE ME FEEL LIKE I MATTERED TO THEM."	"JUST KEEP UP THE AMAZING TEAMWORK. WHAT YOU GO GONG ON RIGHT NOW IS GREAT SERVICE."		
72	10/06/2019	"DOESN'T REMEMBER WHAT THE INSIDE LOOKED LIKE/DIDN'T HAVE TREATMENT UNTIL THE HOSPITAL."	"LETTING ME KNOW WHAT THEY WERE DOING OR GOING TO DO. MAKING SURE I WAS OKAY WITH THE PLAN. AND LETTING MY HUSBAND KNOW	"NOTHING. THEY WERE REALLY GOOD MEDICS. AND IF I EVER HAD TO BE TAKEN AGAIN, I'D WANT THEM."		





	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
			WHAT WAS GOING ON AS WELL."			
73	10/06/2019	"THEY GOT HIM THERE."	"MAKING SURE MY HUSBAND COULD BREATHE SOMEWHAT WELL BEFORE TAKING OFF. I KNOW THAT MADE THE RIDE WAY MORE COMFORTABLE FOR HIM."			
74	10/05/2019		"PROFESSIONAL MEDICS THAT KNEW WHAT THEY WERE DOING."	"NOTHING. THE MEDICS WERE AMAZING AND HELPFUL."		
75	10/07/2019	"THE RIDE WAS PRETTY BUMPY AND HARD ON MY BODY. I DON'T THINK IT WAS BECAUSE OF THE DRIVER."	"THEY ASKED ME A LOT OF QUESTIONS. MADE SURE I WAS READY TO LEAVE. SEEMED TO REALLY LISTEN TO ME BECAUSE THEY WANTED TO, NOT BECAUSE THEY HAVE TO. JUST THINGS LIKE THAT. ALL THE LITTLE THINGS HELPED ME."	"IF THERE WAS A SMOOTHER RIDE. I THINK THAT WOULD HELP OUT ALL US OLD PEOPLE. MAYBE AFTER A CERTAIN AGE A MORE COMPACT CAR CAN COME GET US. I'M NOT SURE. SOMETHING LIKE THAT THOUGH!"		
76	10/07/2019		"THIS WAS MY FIRST TIME EVER NEEDING TO CALL FOR AN AMBULANCE. I WASN'T SURE HOW IT ALL WORKED. BUT I THINK THE SERVICE WAS GOOD FOR THE MOST PART. I DON'T REALLY HAVE ANYTHING NEGATIVE TO SAY ABOUT THE MEDICS OR MY	"THE ONLY PROBLEM I HAVE IS WITH THE BILL."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
			TREATMENT. I HONESTLY THINK THEY HANDLED ALL OF IT VERY WELL."			
77	10/07/2019		"THE WAY THEY LISTENED TO ME WAS EXCELLENT. I FELT HEARD AND MY CONCERNS WERE TALKED ABOUT AND THEY JUST MADE ME FEEL LIKE I WAS GOING TO BE OKAY. I WAS REALLY THANKFUL FOR THAT."	"I'M NOT SURE. I THOUGHT THEY DID AN AMAZING JOB. THEY DIDN'T WASTE TIME OR ANYTHING"		
78	10/07/2019	"THE RIDE WAS ROUGH. WE HIT EVERY BUMP IN THE RODE, I SWEAR TO GOD."	"INFORMING NOT ONLY ME BUT MY WIFE ON WHAT WAS GOING TO HAPPEN. AND WHAT WAS GOING TO LIKELY HAPPEN AT THE HOSPITAL. THEY CARED AND WERE THERE TO HELP. I DON'T THINK I COULD HAVE HAD BETTER MEDICS HAHA. SOME GOOD GUYS YA'LL HAVE."	"THE ONLY ISSUE I HAD WAS THE RIDE DOWN THERE. I DON'T KNOW IF IT WAS THE DRIVER OR THE RODES. MAYBE IT WAS BOTH. BUT THAT WAS BUMPY AND HURT."		
79	10/02/2019		"PROMPTNESS AND KNOWLEDGE WERE THE AMBULANCE SERVICE STRONG POINTS."			
80	10/08/2019		"PATIENT STATED HE COULD TELL BY THE CAMARADERIE THAT THE MEDICS WORKED WELL TOGETHER."			
81	10/08/2019		"PATIENT STATED SHE WAS QUICKLY			



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
			CARED FOR AND ON HER WAY TO THE HOSPITAL IN A VERY TIMELY MANNER, AND THAT SHE WAS DONE RIGHT BY THE MEDICS."			
82	10/08/2019		"PATIENT STATED THE MEDICS WERE KIND, TOOK GOOD CARE OF HER AND SHE REALLY APPRECIATES THEIR CARE."			
83	10/08/2019		"EVERYTHING WAS DONE WELL."			
84	10/09/2019		"PATIENT STATED EVERYTHING WAS DONE APPROPRIATELY AND WITH TIMELINESS. SHE IS VERY THANKFUL FOR THE MEDICS COMING TO CARE FOR HER."			
85	10/08/2019		"THEY GOT ME TO THE HOSPITAL."			
86	10/08/2019		"PATIENT STATED EVERYTHING WAS DONE WELL."			
87	10/08/2019		"EVERYTHING WAS DONE WELL."			
88	10/08/2019		"PATIENT STATED THE PROMPT ARRIVAL TIME AND EXCELLENT DRIVING. HE SAID THE WHOLE PACKAGE WAS SPOT-ON."			
89	10/08/2019		"PATIENT STATED SHE REQUESTED THERE BE NO SIRENS			



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
			OR LIGHTS GOING ON THE AMBULANCE WHEN THEY ARRIVED BECAUSE IT WAS LATE AT NIGHT AND THE CREW COMPLIED WITH HER REQUEST. SHE WAS VERY, VERY PLEASED WITH THEIR LISTENING AND ATTENTION TO DETAILS."			
90	10/09/2019		"THE MEDICS WORKED WELL TOGETHER AND IT WAS A SMOOTH TRANSITION INTO THE MEDICAL FACILITY. THE PATIENT ALSO NOTED THAT THE DRIVER WAS VERY AWARE OF THE TRAFFIC AND SHOWED GOOD DRIVING SKILLS."			
91	10/10/2019		"PROMPT ARRIVAL."			
92	10/10/2019		"PATIENT'S MEDICAL POA STATED THE MEDICS USED CHEERFULNESS TO PUT THE PATIENT AT EASE AND LESSEN THE STRESS OF THE SITUATION."			
93	10/10/2019		"PATIENT STATED THEY GOT HER SAFELY AND CAREFULLY TO THE HOSPITAL."			
94	10/09/2019		"IMMEDIATE ARRIVAL AND REACTION TIME. PATIENT ALSO STATED THE MEDICS			



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
			CARRIED HER OUT IN A CHAIR INSTEAD OF TRYING TO OPERATE A GURNEY IN HER HOME. SHE THOUGHT THAT WAS A BRILLIANT IDEA."			
95	10/10/2019		"PATIENT STATED THE MEDICS HAD GOOD COMMUNICATION WITH HER AND ALSO AMONGST THEMSELVES."			
96	10/10/2019		"PATIENT NOTED THAT THE AMBULANCE WAS VERY ORGANIZED. HE ALSO STATED THAT THE MEDICS SEEMED TO GENUINELY CARE ABOUT FINDING OUT WHAT WAS WRONG WITH HIM AND KEPT HIM IN THE LOOP."			
97	10/11/2019		"PATIENT STATED IT WAS THE TIMELINESS FROM INITIAL ASSESSMENT UNTIL HE WAS IN THE HOSPITAL."			
98	10/12/2019		"THEY WERE FRIENDLY AND COMPASSIONATE."			
99	10/12/2019		"PATIENT STATED THAT THE MEDICS CHECKED ON HER LATER TO SEE HOW SHE WAS DOING AND SHE LOVED THAT LEVEL OF CARING."			



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
100	10/12/2019		"PATIENT INFORMED ME THIS WAS A STUPID QUESTION AND HE WOULD NOT BE ANSWERING IT."			
101	10/12/2019		"PATIENT STATED SHE CONSIDERS THE PARAMEDICS TO BE HER GUARDIAN ANGELS. SHE SAID SHE IS VERY THANKFUL AND GRATEFUL FOR THE CARE SHE RECEIVED AND THE TIMELINESS IN WHICH IT WAS RENDERED."			
102	10/13/2019		"KNOWING HOW TO MOVE ME SO I WOULDN'T BE IN MORE PAIN."	"I CANT THINK OF ANYTHING BETTER. THEY ARE ALREADY THE BEST OF THE BEST."		
103	10/13/2019	"REALLY FAST."	"I THOUGHT THE MEDICS WERE VERY TALENTED AND FRIENDLY."	"I REALLY CANT THINK OF ANYTHING. THE MEDICS WERE PROFESSIONAL AND RESPECTFUL. I DIDN'T THINK ANYTHING OF IT."		
104	10/13/2019	"THEY DID GOOD. I DON'T REALLY HAVE ANYTHING NEGATIVE."	"WHAT WAS DONE WELL? IT WAS ALL DONE WELL. THEY DIDN'T MISS A BEAT."	"OH NOTHING."		
105	10/13/2019	"THE MEDIC IN THE BACK WAS REALLY TALKING TO ME, THE DRIVER NOT SO MUCH. BUT I HONESTLY THINK THAT WOULD HAVE OVERWHELMED ME."	"MAKING SURE I WAS COMFORTABLE AND DOING ALRIGHT. THEY KEPT CHECKING IN ON ME AND ASKING ME HOW I WAS DOING. I THOUGHT THEY WERE VERY POLITE			



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
			AND CARING."			
106	10/13/2019	"TOOK MY PROBLEM VERY SERIOUSLY"	"THEY CHECKED ME OUT AND GOT ME TO THE HOSPITAL. I'M NOT SURE WHAT ELSE THEY WERE SUPPOSED TO BE DOING. BUT THEY TREATED ME ALRIGHT. AND THEY GOT ME WHERE I NEEDED TO BE."	"OH THERE ISN'T ANYTHING THEY CAN DO BETTER. THEY ARE ALREADY SO NICE."		
107	10/13/2019	"I THOUGH THEY DID ALRIGHT WITH FINDING THEIR WAY HERE."	"HELPING ME THROUGH MY LOW POINT AND MAKING SURE I WAS GETTING THE HELP AND SUPPORT I NEEDED."			
108	10/14/2019	"I THINK THEY COULD HAVE BEEN TIMELIER."	"TREATING ME AND CARING FOR ME LIKE FAMILY. BUT BEING PROFESSIONAL ABOUT IT OF COURSE."	"GETTING TO THE HOUSE FASTER. OTHER THAN THAT YOU ALL ARE PERFECT."	SEE FOLLOW UP BELOW	
109	10/14/2019		"PATIENT STATED EVERYTHING WAS DONE WELL."			
110	10/14/2019		"PATIENT STATED THE MEDICS WERE TOP-NOTCH OVERALL, BUT SPECIFICALLY NOTED THE PROFESSIONALISM AND CARING ATTITUDE."			
111	10/14/2019		"PATIENT STATED SHE HAS ALWAYS RECEIVED CONSISTENT, GOOD CARE FROM REMSA. SHE IS VERY PLEASED."			



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
112	10/16/2019		"PATIENT'S MEDICAL POA STATED THE AMBULANCE ARRIVED QUICKLY AND THEY WERE ALSO VERY COURTEOUS AND RESPECTFUL WITH THE PATIENT."			
113	11/05/2019		"THEY HAD REALLY GOOD MEDICS IN THE BACK AND DRIVING, TAKING EXCELLENT CARE OF ME."			
<b>FOLLOW UP</b>						
25	I CALLED THE LISTED TELEPHONE NUMBER AND WAS TOLD I HAD THE WRONG NUMBER. BUSINESS OFFICE WAS VACANT AND I WAS UNABLE TO LOCATE A DIFFERENT NUMBER. I'LL TRY AGAIN ON MONDAY. I WAS ABLE TO CONTACT THE PATIENT WITH ASSISTANCE FROM BILLING. THE PT. SAYS SHE DOES NOT REMEMBER A CALL FROM THE TELEPHONE SURVEY COMPANY ABOUT HER EXPERIENCE WITH REMSA, BUT STATED: "THEY HAVE ALWAYS BEEN COURTEOUS WHEN I'VE USED THEM."					
31	PER CHART THE TIMES ARE AS FOLLOWS: RECVD: 05:26 09-28-19 DISPATCH: 05:27 09-28-19 EN ROUTE: 05:27 09-28-19 AT SCENE: 05:34 09-28-19 AT PATIENT: 05:37 09-28-19					
38	THIS CALL IS IN B ZONE. PER CHART TIMES ARE AS FOLLOWS: RECVD: 08:35 09-30-19 DISPATCH: 08:35 09-30-19 EN ROUTE: 08:37 09-30-19 AT SCENE: 08:46 09-30-19.					
108	PER CHART THE TIMES ARE AS FOLLOWS: RECVD: 06:46 10-14-19 DISPATCH: 06:46 10-14-19 EN ROUTE: 06:46 10-14-19 AT SCENE: 06:50 10-14-19					





# NOVEMBER 2019 REMSA AND CARE FLIGHT PUBLIC RELATIONS REPORT



Since 1986, REMSA has provided nationally recognized ground ambulance service within Washoe County, Nevada. As the largest employer of EMS personnel in Northern Nevada, REMSA provides residents and visitors with 9-1-1 response and transport, interfacility transport, disaster preparedness, special events coverage, search and rescue, tactical medical support, and public education. REMSA provides ground ambulance services under a performance-based franchise agreement with the Washoe County Health District and is the sole provider of emergency and inter-facility ground ambulance transport services within Washoe County (excluding Incline Village and Gerlach). REMSA is a private nonprofit community-based service which is solely funded by user fees with no local community tax subsidy.

REMSA maintains its operational and clinical standards as one of the most recognized high-performance EMS systems in the country. REMSA responds to approximately 70,000 requests for service per year.



# PUBLIC & COMMUNITY RELATIONS

## **JEMS Article Highlights Community-Wide Emergency Preparedness**

In November, REMSA contributed an article to the Journal of Emergency Medical Services which highlighted our region's coordinated emergency preparedness - it's genesis, evolution and community benefit.



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## **A Community Approach to Disaster Management**



## **Regional Emergency Preparedness Drill**

In mid-November, REMSA participated in the Silver Crucible Drill. This regional emergency preparedness drill included all appropriate REMSA departments. It was intended to stress the emergency response system.





## SOCIAL MEDIA HIGHLIGHTS

November website referral sessions from social media had a decrease of 74% from last year (Nov 2018). Social media drove 241 visitors to the REMSA website, with more than 73% coming from Facebook. In future months, we're going to work on developing website content and social posts that drive people back to the website to learn more about REMSA services, education courses, and other community involvement.

### Facebook

Page Likes to-date: 3,371 (+44 Page Likes this month)

Followers to-date: 3,522 (+39 Page Followers this month)

November posts: 20

November post reach: 27,342 (avg 1,367 per post)

November post reactions: 1,768 (12% increase month over mo

November post comments: 105 (6% increase month over mont

November post shares: 94 (37% decrease month over month)



## SOCIAL MEDIA HIGHLIGHTS

### Top Posts by Reach

1.

**11/1/19 - Halloween Trick or Treat Transport**

9,214 people reached; 1,796 engagements (post clicks, likes, shares and comments).



 **Regional Emergency Medical Services Authority - REMSA** \*\*\*  
Published by KPS3 [?] · November 1 · 🌐

We were so excited to celebrate Halloween with Connor, a child needing medical support as a part of REMSA's Trick-or-Treat Transport program.

Unfortunately, just hours before we were set to head out, Connor took a tumble and had to spend Halloween in the emergency room. Our crew (all dressed-up in their costumes) still wanted him to have a memorable Halloween. So once he was discharged, Kelsey Coleman, Paramedic and Kason Clary, AEMT met up with him at home. His family decided there was still enough time for the REMSA crew to help him visit a few houses and experience trick-or-treating this year! 🍬



## SOCIAL MEDIA HIGHLIGHTS

2.

**11/14/19 - Silver Crucible**  
 2,093 people reached; 1,005  
 engagements (post clicks, likes,  
 shares and comments)



Regional Emergency Medical Services Authority - REMSA

Published by KPS3 [?] · November 14 at 5:28 PM ·

REMSA Paramedics, Emergency Medical Technicians (EMTs), Advanced Emergency Medical Technicians (AEMTs), Tactical Paramedics, managers, supervisors, Emergency Medical Dispatchers, Logistics Technicians and senior leaders participated in the statewide Silver Crucible exercise this week.

Drills like this allow us to test our ability to activate resources across our agency from restocking supplies in the field, to triaging and transporting large numbers of victims, from standing-up a command center to mobilizing tactical medics who attach to law enforcement at the scene, from communicating with our employees to safeguarding the health of the community.

#AlwaysReady #SilverCrucible



## SOCIAL MEDIA HIGHLIGHTS

3.

**10/18/19 - Team Shout Out - Monica T.**  
1,732 people reached; 399 engagements  
(post clicks, likes, shares and comments)



Regional Emergency Medical Services Authority - REMSA \*\*\*

Published by KPS3 [?] · November 18 at 10:00 AM · 🌐

We'd like to recognize one of our ground operations supervisors, Monica T., for going above and beyond! Your dedication and hard work is noticed among your team members. Thank you for all you do!

"Monica is constantly going above and beyond for field crews. She regularly gets on an ambulance in the (early) early morning, so night shift can go home. Then in the late afternoon, she gets on an ambulance so day shift can go home, even though that causes her to stay late. She has done this countless times and I know it has saved many of us numerous late calls. I don't know if many people realize this happens as often as it does, but we all feel a big relief of having an extra available ambulance. THANK YOU!"

[#TeamSpotlight](#)





## SOCIAL MEDIA HIGHLIGHTS



Followers to-date: 1,339 (+17 followers)  
November Posts: 3

### Top Post by Impressions

1,161 impressions, 31 reactions, 380 clicks

The screenshot shows a LinkedIn post from the REMSA profile. The profile name is "REMSA" with 1,339 followers and a post from 3 weeks ago. The post text describes a statewide Silver Crucible exercise where REMSA staff participated. It lists roles such as Paramedics, EMTs, AEMTs, Tactical Paramedics, managers, supervisors, Emergency Medical Dispatchers, and Logistics Technicians. The text highlights the importance of drills for testing resource activation across the agency, from restocking supplies to triaging and transporting victims. The post includes the hashtags #AlwaysReady and #SilverCrucible. Below the text are four photographs: a large group of staff in a hallway, a staff member in uniform, a staff member in tactical gear, and a group of staff members smiling for a photo.



# SOCIAL MEDIA HIGHLIGHTS



REMSA regularly posts videos about topical matters such as safe sleep practices, wellness tips for special populations and general safety information.  
Subscribers to-date (end November): 15

The screenshot shows the YouTube channel page for REMSA/Care Flight. The channel has 15 subscribers. The page features a navigation menu on the left with options like Home, Trending, Subscriptions, Library, History, Watch later, and Liked videos. The main content area displays a grid of video uploads, including:

- CO Poisoning Winter 2019 (9 views, 2 weeks ago)
- REMSA Paramedic Entrance Exam and Program (84 views, 2 months ago)
- UNR Back to School 2019 (31 views, 3 months ago)
- Fourth of July 2019 (16 views, 5 months ago)
- Summer Car Seat Safety Reminders (14 views, 5 months ago)

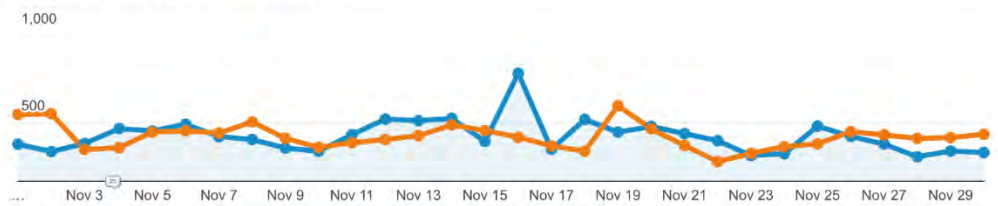




## REMSA Website Google Analytics

Nov 1, 2019 - Nov 30, 2019: ● Users

Nov 1, 2018 - Nov 30, 2018: ● Users



### Overview of Site Data in November (Year-Over-Year Comparison)

- Sessions: 9,091 **0.3% increase**
- Users: 6,312 **3.4% increase**
- New Users: 5,864 **11.7% increase**
- Pageviews: 20,821 **4.6% decrease**
- Avg. Session Duration: 01:36 **4.9% decrease**

There are various ways people come to the REMSA website. We pay close attention to the following channels:

- **Organic search** is natural ranking determined by search engine algorithms that can be optimized throughout the year.
- **Direct traffic** is users who directly type your URL or visit through a bookmarked mechanism. Direct traffic can be related to strong brand awareness, as well.
- **Referral traffic** is Google's method of reporting visits that came to your site from sources outside of its search engine, i.e. a partner website, news website, etc.
- **Paid traffic** is any traffic that visits your site after a paid advertising promotion
- **Email traffic** is any traffic coming from email blasts

Here is how each channel performed year-over-year:

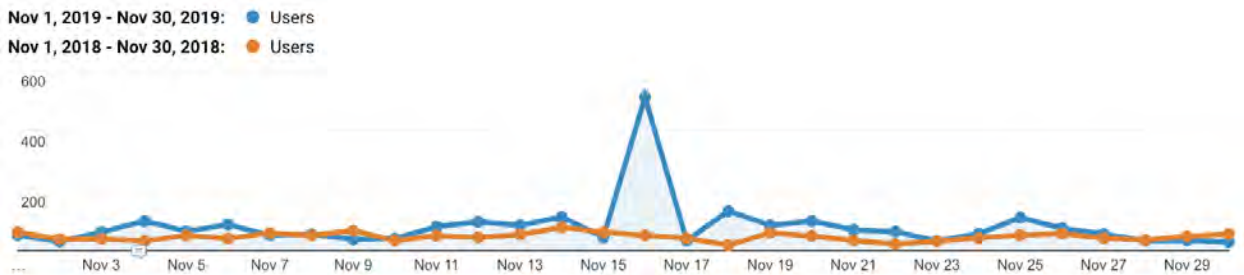
- Organic search: 3,588 **3% decrease**
- Direct traffic: 2,166 **86% increase**
- Referral traffic: 546 **16% decrease**
- Email traffic: none sent in November



## Organic Traffic



## Direct Traffic



## Referral Traffic



### Top 3 Referral Sites:

1. REMSA Enrollware
2. Facebook (mobile)
3. LinkedIn

### Top 5 Page Views:

1. Education - 2,689 views
2. Home Page - 2,050 views
3. Careers - 1,333 views
4. Intranet - 1,167 views
5. Care Flight - 864 views

We have also implemented event tracking for three specific goals on the website: Membership Leads, Pay Your Bill Online and Phone Calls.



- Website visitors who clicked to fill out a Membership form:
  - Flight Plan Membership form: 110 website visitors clicked the external link to fill out the Flight Plan Membership form
  - Silver Saver Membership: 76 website visitors clicked the external link to fill out the Silver Saver Membership form
  - Sierra Saver Membership: 12 website visitors clicked the external link to fill out the Sierra Saver Membership form
- Website visitors who clicked to pay their bill online: 209

**Top 5 phone numbers that visitors clicked on (112 total phone call clicks in November):**

- 775-858-5700 - Main Phone Number - 83 clicks
- 775-982-2620 - Car Seat Installation - 6 clicks
- 775-353-0765 - Medicare/Medicaid - 5 clicks
- 775-353-0739 - Private Insurance - 4 clicks
- 775-353-0768 - Membership Billing - 4 clicks



**REMSA 2019-20 Penalty Fund Reconciliation as of  
October 31, 2019**

---

**2019-20 Penalty Fund Dollars Accrued by Month**

<b>Month</b>	<b>Amount</b>
July 2019	7,130.32
August 2019	10,042.40
September 2019	9,943.68
October 2019	9,775.68
November 2019	
December 2019	
January 2020	
February 2020	
March 2020	
April 2020	
May 2020	
June 2020	
<b>Total Penalty Fund Dollars Accrued</b>	<b>\$36,892.08</b>

**2019-20 Penalty Fund Dollars Encumbered by Month**

<b>Program</b>	<b>Amount</b>	<b>Description</b>	<b>Submitted</b>

**Total Encumbered as of 10/31/2019**           **\$0.00**

**Penalty Fund Balance at 10/31/2019**           **\$36,892.08**

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**REMSA INQUIRIES  
November 2019**

No inquiries for November 2019



**REMSA**

**FRANCHISE COMPLIANCE  
REPORT**

**DECEMBER 2019**



**REMSA Accounts Receivable Summary  
Fiscal 2020**

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected 35%
July	4106	\$5,291,560.20	\$1,288.74	\$1,288.74	\$ 451.06
August	4284	\$5,523,448.40	\$1,289.32	\$1,289.04	\$ 451.16
September	4071	\$5,286,721.80	\$1,298.63	\$1,292.17	\$ 452.26
October	4235	\$5,485,083.60	\$1,295.18	\$1,292.93	\$ 452.53
November	4130	\$5,370,933.20	\$1,300.47	\$1,294.43	\$ 453.05
December					
January					
February					
March					
April					
May					
June					
<b>Totals</b>	<b>20,826</b>	<b>\$26,957,747</b>	<b>\$1,294.43</b>		

Current Allowable Average Bill: \$1,294.87

**Year to Date: December 2019**

<b>COMPLIANCE</b>			
Month	Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul-19	5 Minutes 46 Seconds	92%	96%
Aug-19	6 Minutes 12 Seconds	90%	91%
Sep-19	6 Minutes 06 Seconds	90%	92%
Oct-19	6 Minutes 00 Seconds	90%	91%
Nov-19	6 Minutes 01 Seconds	90%	92%
Dec-19	5 Minutes 53 Seconds	90%	94%
Jan-20			
Feb-20			
Mar-20			
Apr-20			
May-20			
Jun-20			



**Fiscal Year to Date**

Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
5 Minutes 59 Seconds	91%	93%

**Year to Date: December 2019**

AVERAGE RESPONSE TIMES BY ENTITY				
Month/Year	Priority	Reno	Sparks	Washoe County
Jul-19	P-1	5:13	5:57	7:40
	P-2	5:20	6:00	8:05
Aug-19	P-1	5:29	6:16	8:40
	P-2	5:35	6:27	8:34
Sep-19	P-1	5:22	6:07	8:40
	P-2	5:48	6:32	9:18
Oct-19	P-1	5:17	6:25	8:53
	P-2	5:31	6:51	8:35
Nov-19	P-1	5:24	5:50	8:23
	P-2	5:27	6:33	8:24
Dec-19	P-1	5:13	6:12	8:30
	P-2	5:25	6:21	8:29
Jan-20	P-1			
	P-2			
Feb-20	P-1			
	P-2			
Mar-20	P-1			
	P-2			
Apr-20	P-1			
	P-2			
May-20	P-1			
	P-2			
Jun-20	P-1			
	P-2			

**Fiscal Year to Date: December 2019**

Priority	Reno	Sparks	Washoe County
P1	0:05:19	0:06:05	0:08:27
P2	0:05:31	0:06:27	0:08:33





**REMSA OCU INCIDENT DETAIL REPORT  
PERIOD: 12/01/2019 THRU 12/31/2019**

<b>CORRECTIONS REQUESTED</b>					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	12/1/19 16:10	12/1/19 16:11	1C43	-0:00:04	10:00
Zone A	12/6/19 8:32	12/6/19 8:35	1C10	13:14	34:00
Zone E	12/9/19 6:00	12/9/19 6:23	1C18	-0:00:07	23:00
Zone E	12/11/19 4:10	12/11/19 4:26	1C03	16:26	26:00
Zone A	12/12/19 10:51	12/12/19 10:51	1C21	-0:00:17	18:00
Zone A	12/14/19 23:37	12/14/19 23:38	1E32	-0:00:27	15:00
Zone A	12/16/19 7:04	12/16/19 7:05	1C21	-0:00:14	43:00
Zone A	12/16/19 15:33	12/16/19 15:34	1C06	-0:00:08	20:00
Zone A	12/17/19 14:35	12/17/19 14:36	1C44	00:00	29:00
Zone A	12/17/19 17:15	12/17/19 17:16	1C43	-0:01:04	56:00
Zone A	12/18/19 8:56	12/18/19 9:01	1C24	-0:00:24	42:00
Zone A	12/19/19 16:32	12/19/19 16:37	1C21	05:27	27:00
Zone A	12/20/19 18:03	12/20/19 18:03	1C36	-0:00:04	18:00
Zone A	12/25/19 12:47	12/25/19 12:47	1C35	-0:00:35	31:00
Zone A	12/27/19 1:00	12/27/19 1:05	1C16	05:13	13:00
Zone A	12/29/19 0:46	12/29/19 0:49	1C19	20:46	33:00
Zone A	12/30/19 13:38	12/30/19 13:38	1C04	-0:00:22	47:00
Zone E	12/31/19 3:26	12/31/19 3:42	1C02	15:58	58:00
Zone A	12/31/19 12:38	12/31/19 12:39	1C20	-0:00:20	34:00

<b>UPGRADE REQUESTED</b>				
Zone	Clock Start	Clock Stop	Unit	Response Time
NONE				



EXEMPTIONS REQUESTED					
Incident Date	Approval	Exemption Reason	Zone	Response Time	Overage
12/1/19 0:26	Exemption Approved	Weather	Zone A	0:09:44	0:00:45
12/1/19 2:12	Exemption Approved	Weather	Zone A	0:21:32	0:12:33
12/1/19 4:23	Exemption Approved	Weather	Zone A	0:09:43	0:00:44
12/1/19 7:09	Exemption Approved	Weather	Zone A	0:10:59	0:02:00
12/1/19 9:10	Exemption Approved	Weather	Zone A	0:12:26	0:03:27
12/1/19 10:10	Exemption Approved	Weather	Zone A	0:11:14	0:02:15
12/1/19 10:39	Exemption Approved	Weather	Zone A	0:11:45	0:02:46
12/1/19 10:47	Exemption Approved	Weather	Zone A	0:14:01	0:05:02
12/1/19 16:58	Exemption Approved	Weather	Zone A	0:10:33	0:01:34
12/2/19 1:21	Exemption Approved	Weather	Zone A	0:09:06	0:00:07
12/2/19 4:42	Exemption Approved	Weather	Zone A	0:09:20	0:00:21
12/12/19 14:08	Exemption Approved	Status 99	Zone A	0:17:56	0:08:57
12/12/19 14:08	Exemption Approved	Status 99	Zone A	0:12:19	0:03:20
12/12/19 16:06	Exemption Approved	Status 99	Zone A	0:11:16	0:02:17
12/12/19 16:56	Exemption Approved	Status 99	Zone A	0:14:08	0:05:09
12/12/19 17:04	Exemption Approved	Status 99	Zone A	0:25:32	0:16:33
12/12/19 18:54	Exemption Approved	Status 99	Zone A	0:12:50	0:03:51
12/12/19 21:10	Exemption Approved	Status 99	Zone A	0:10:03	0:01:04
12/13/19 14:08	Exemption Approved	Other as Approved	Zone A	0:09:51	0:00:52
12/13/19 15:32	Exemption Approved	Other as Approved	Zone A	0:09:14	0:00:15
12/13/19 17:01	Exemption Approved	Other as Approved	Zone A	0:15:11	0:06:12
12/14/19 23:45	Exemption Approved	Weather	Zone A	0:12:00	0:03:01
12/15/19 5:56	Exemption Approved	Weather	Zone A	0:09:21	0:00:22
12/15/19 7:30	Exemption Approved	Weather	Zone A	0:12:03	0:03:04
12/18/19 20:41	Exemption Approved	Other as Approved	Zone A	0:09:21	0:00:22



## GROUND AMBULANCE OPERATIONS REPORT DECEMBER 2019

### 1. Overall Statics

- a) Total number of system responses: 6941
- b) Total number of responses in which no transports resulted: 2580
- c) Total number of system transports (including transports to out of county):  
4361

### 2. Call Classification

- a) Cardiopulmonary Arrests: 1.5%
- b) Medical: 46.7%
- c) Obstetrics (OB): 0.3%
- d) Psychiatric/Behavioral: 8%
- e) Transfers: 14.4%
- f) Trauma – MVA: 7.3%
- g) Trauma – Non MVA: 18.6%
- h) Unknown: 3.3%

### 3. Medical Director's Report

- a) The Clinical Director or designee reviewed:
  - 100% of cardiopulmonary arrests
  - 100% of pediatric patients (transport and non-transport)
  - 100% of advanced airways (excluding cardio pulmonary arrests)
  - 100% of STEMI alerts 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.

Total number of ALS Calls: 2,005

Total number of above calls receiving QA Reviews: 176

Percentage of charts reviewed from the above transports: 8.7%



## DECEMBER 2019 MONTHLY REMSA EDUCATION REPORT

DISCIPLINE	CLASSES	STUDENTS
ACLS	9	82
BLS (CPR)	54	205
Heartsaver (CPR)	21	56
ITLS	2	6
PALS	6	47

## COMMUNITY OUTREACH DECEMBER 2019

Point of Impact		
12/1-31/2019	3 office installation appointments; 3 cars and 7 seats inspected.	
12/01/19	No Checkpoint this month	
Cribs for Kids/Community		
12/06/19	Attended Washoe County Child Death Review	
12/10/19	Attended NV Strategic Highway Safety Plan-Occupant Protection Task Force Meeting	
12/12/19	Attended REMSA's Paramedic Grant Presentation, was able to provide feedback on their proposals.	
12/12/19	Attended Truckee Meadows Vision Zero Task Force at RTC	10 participants
12/17/19	Lab Proctor for AACT EMT class	
12/19-20/2019	Train-the-Trainer at Baby's Bounty in Las Vegas	2 participants



REMSA

Reno, NV  
Client 7299



1515 Center Street  
Lansing, Mi 48096  
1 (517) 318-3800  
support@EMSSurveyTeam.com  
www.EMSSurveyTeam.com

## EMS System Report

December 1, 2019 to December 31, 2019

Your Score

**95.34**

Number of Your Patients in this Report

**150**

Number of Patients in this Report

**7,782**

Number of Transport Services in All EMS DB

**159**





## Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **12/01/2019** and **12/31/2019**.

The overall mean score for the standard questions was **95.34**; this is a difference of **1.84** points from the overall EMS database score of **93.50**.

The current score of **95.34** is a change of **1.02** points from last period's score of **94.32**. This was the **23rd** highest overall score for all companies in the database.

You are ranked **8th** for comparably sized companies in the system.

**83.99%** of responses to standard questions had a rating of Very Good, the highest rating. **99.34%** of all responses were positive.

### 5 Highest Scores



### 5 Lowest Scores

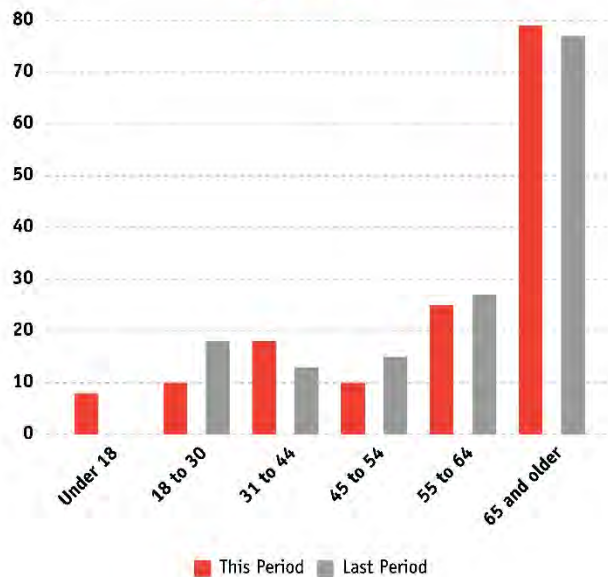




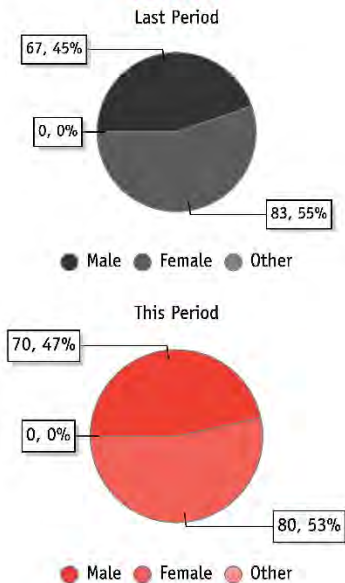
**Demographics** — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will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

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18		0	0	0	8	4	4	0
18 to 30	18	9	9	0	10	3	7	0
31 to 44	13	4	9	0	18	9	9	0
45 to 54	15	6	9	0	10	4	6	0
55 to 64	27	15	12	0	25	16	9	0
65 and older	77	33	44	0	79	34	45	0
<b>Total</b>	<b>150</b>	<b>67</b>	<b>83</b>	<b>0</b>	<b>150</b>	<b>70</b>	<b>80</b>	<b>0</b>

**Age Ranges**



**Gender**





REMSA  
**December 1, 2019 to December 31, 2019**

**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 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019
Helpfulness of the person you called for ambulance service	96.34	96.88	96.20	88.46	92.73	93.60	93.55	87.76	95.41	95.59	94.64	92.19
Extent to which you were told what to do until the ambulance arrived	96.98	97.28	95.56	88.78	91.83	92.86	94.35	87.27	95.21	94.12	94.64	90.63
Extent to which the ambulance arrived in a timely manner	95.16	94.23	94.26	91.49	93.18	92.41	95.40	90.72	92.94	96.99	94.27	95.89
Cleanliness of the ambulance	98.11	96.50	95.51	94.32	94.02	93.45	96.51	91.05	93.42	96.58	95.83	95.95
Skill of the person driving the ambulance	96.38	96.39	94.55	93.29	94.02	93.43	94.44	90.61	92.63	95.83	92.08	90.48
Care shown by the medics who arrived with the ambulance	94.53	96.60	97.22	93.18	94.67	94.67	95.33	92.02	93.29	97.07	94.22	95.81
Degree to which the medics took your problem seriously	94.86	95.61	96.83	93.87	94.77	94.62	97.54	92.88	93.04	96.94	96.26	97.20
Degree to which the medics listened to you and/or your family	95.13	95.11	96.74	93.52	94.36	93.80	96.12	92.42	92.36	94.97	95.26	96.54
Extent to which the medics kept you informed about your treatment	93.19	94.54	93.60	92.19	94.26	93.53	94.79	90.78	91.89	95.27	94.05	92.61
Extent to which medics included you in the treatment decisions (if	91.20	93.94	94.28	92.43	94.63	92.83	94.01	89.25	91.48	94.93	93.25	91.86
Degree to which the medics relieved your pain or discomfort	91.57	93.21	91.68	91.78	93.11	92.19	93.12	89.61	90.77	95.22	92.74	91.28
Medics' concern for your privacy	93.60	96.05	95.38	94.19	94.51	94.08	94.18	92.19	92.54	96.23	93.46	93.02
Extent to which medics cared for you as a person	95.43	97.20	96.07	93.93	95.37	94.28	95.95	91.93	93.38	95.95	93.94	94.19
Professionalism of the staff in our ambulance service billing office	100.00	96.59	99.24	91.00	96.30	94.68	95.69	93.55	92.14	95.41	94.58	97.26
Willingness of the staff in our billing office to address your needs	100.00	96.46	99.22	90.06	96.30	95.11	95.40	92.74	96.09	95.07	94.90	97.26
How well did our staff work together to care for you	95.23	97.60	96.40	94.02	95.00	94.28	95.77	92.37	92.87	95.83	94.23	95.00
Extent to which the services received were worth the fees charged	88.40	82.86	87.54	82.16	90.94	75.05	92.65	85.23	86.25	80.94	81.31	96.15
Overall rating of the care provided by our Emergency Medical Transportation	94.41	96.75	95.70	93.08	95.80	94.75	96.01	92.82	92.93	95.49	95.00	95.93
Likelihood of recommending this ambulance service to others	94.41	95.39	95.59	92.79	93.80	94.33	94.86	92.18	92.64	96.18	93.56	93.60
Your Master Score	94.56	95.59	95.41	92.70	94.29	93.64	95.37	91.32	92.72	95.72	94.32	95.34
Your Total Responses	150	150	150	150	150	150	150	150	150	150	150	150

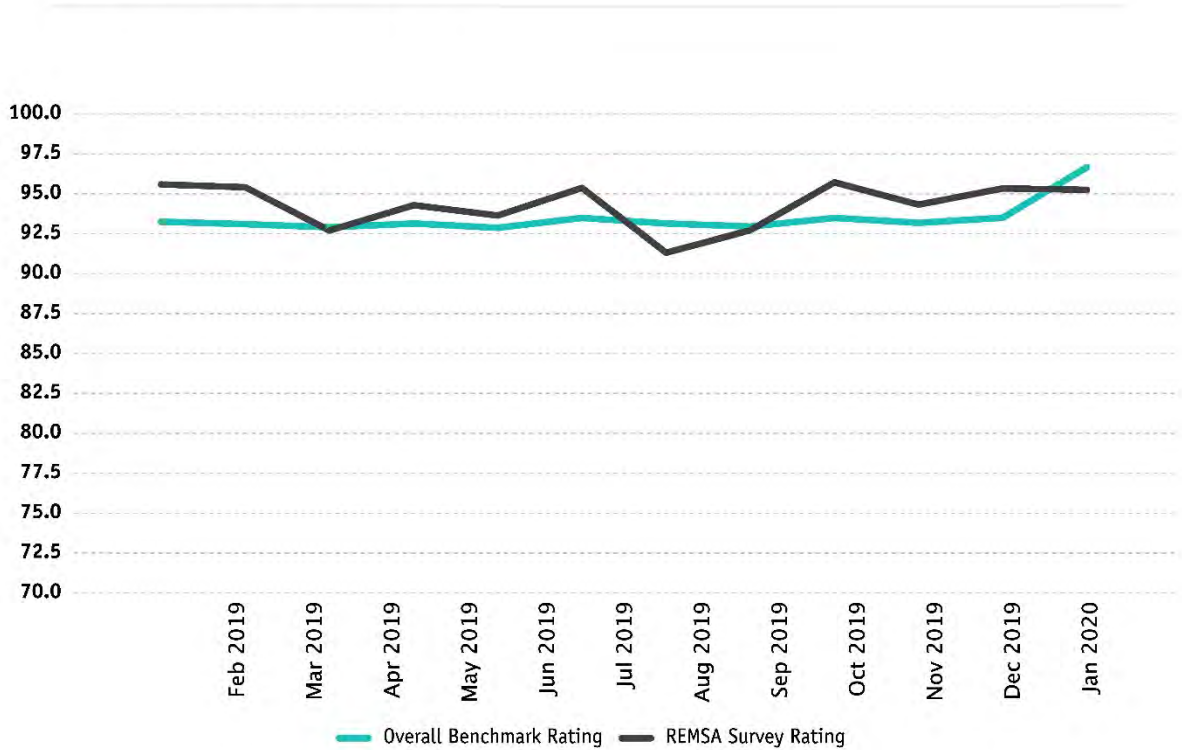




REMSA  
December 1, 2019 to December 31, 2019



Monthly tracking of Overall Survey Score





## REMSA GROUND AMBULANCE DECEMBER 2019 CUSTOMER REPORT

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
1	10/16/2019	"I COULD TELL THEY CARE ABOUT ME AND WANTED TO DO WHAT WAS BEST."	"EVERYTHING WAS DONE VERY WELL. MY HUSBAND AND DAUGHTER ARE ALSO PLEASED WITH EVERYTHING THEY SAW HAPPEN. I MEAN IT WAS JUST FANTASTIC EFFORT MADE BY THEM."	"I DON'T THINK THERE'S ANYTHING THEY COULD HAVE DONE BETTER. I'M TELLING YOU, IT WAS REALLY GOOD CARE."		
2	10/16/2019		"WHAT THEY DID WELL WAS GETTING TO THE HOUSE AS FAST AS THEY DID. AND THE WAY THEY PRESENTED THEMSELVES."	"I THOUGHT THE SERVICE WAS GREAT!"		
3	10/15/2019	"HE NEVER SAID ANYTHING AND I NEVER SAW ANYTHING I DIDN'T LIKE, SO I THINK THEY DID A REALLY GOOD JOB."	"HE WAS REALLY SICK THAT DAY AND THEY JUST CAME TO THE HOUSE AFTER I MADE THE CALL. THEY CAME TO THE DOOR AND I LET THEM IN. THE MEDICS STARTED TO ASK QUESTIONS AND SOON AFTER THAT, THEY LOADED MY HUSBAND UP INTO THE BACK AND MADE SURE HE GOT TO THE HOSPITAL."	"I DON'T THINK THERE'S ANYTHING BETTER."		
4	10/15/2019		"THE SERVICE WAS EXCELLENT! THE MEDICS WERE KIND, BUT PROFESSIONAL. SOMETIMES EVEN CRACKING LITTLE JOKES. WHICH HELPED ME FEEL BETTER AND MORE			



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
			COMFORTABLE WITH THEM. BUT YEAH, ALL IN ALL, I THOUGHT IT WAS AS GOOD AS IT COULD HAVE POSSIBLY BEEN."			
5	10/18/2019	"WASN'T MUCH THEY COULD DO UNTIL I GOT TO THE HOSPITAL, BUT I THOUGHT THEY TRIED TO MAKE ME AS COMFORTABLE AS MUCH AS THEY COULD."	"I THOUGHT IT WAS ALL FINE. THE MEDICS WERE FRIENDLY AND PROFESSIONAL AND KEPT ME INFORMED."	"NOTHING I CAN THINK OF RIGHT NOW."		
6	10/18/2019	"THEY WERE GREAT. TOOK OUR SITUATION VERY SERIOUSLY."	"THEY DIAGNOSED MY HUSBAND RIGHT OFF THE BAT. WHICH I HAD NEVER SEEN BEFORE. I THOUGHT THAT THE DOCTORS AT THE HOSPITAL WOULD HAVE HAD TO DO THAT. AND THEY DID TOO. BUT THE MEDICS YOU HAVE ARE VERY SKILLED."	"I REALLY CAN'T THINK OF ANYTHING THAT THEY COULD HAVE DONE MORE. THEY DID EVERYTHING THEY WERE CAPABLE OF WELL. THEY WERE VERY PERSONABLE AND COMPASSIONATE."		
7	10/18/2019	"THEY TRIED TO MAKE ME AS COMFORTABLE AS POSSIBLE, BUT I JUST WASNT IN THE BEST PLACE. AREN'T THEY THE ONLY AMBULANCE COMPANY?"				
8	10/18/2019	"I DON'T KNOW HOW CLEAN IT WAS."	"I MEAN IT WAS FINE. THIS WAS MY FIRST TIME EVER BEING IN AN AMBULANCE, BUT THE MEDICS WERE GOOD OVERAL."	"NOTHING."		
9	10/19/2019		"THEY GOT ME TO THE HOSPITAL AND THAT WAS ENOUGH FOR ME."	"OH, NOTHING HONEY. THEY TREATED ME WELL."		
10	10/19/2019		"THEY WERE VERY	"I DONT THINK		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
			KIND. THE MEDICS GOT ME TO THE HOSPITAL AND CHECKED IN ON ME A COUPLE TIMES."	THEY COULD DO ANYTHING BETTER. THE MEDICS WERE VERY CAREFUL WITH ME AND EXPLAINED EVERYTHING I NEEDED TO KNOW."		
11	10/20/2019	"VERY POLITE PEOPLE."	"EVERYTHING WAS GOOD. VERY POLITE PEOPLE, YA KNOW?"	"EVERYTHING WAS BETTER HERE- I'M NOT FROM NAVADA, BUT THEY TREATED ME VERY GOOD."		
12	10/20/2019	"I WAS OKAY WITH THE TREATMENT! I THOUGHT IT SEEMED THOUGHT-OUT AFTER. THEY KNEW WHAT WAS GOING ON WITH ME. THE FEES AREN'T THE BEST, BUT I UNDERSTAND THEM. YOU GUYS NEED TO GET PAID SOMEHOW."	"RESMA DID A GOOD JOB. I MEAN THEY WERE VERY PERSONABLE AND WORKED AS A TEAM. THE MEDICS I HAD WERE VERY PROFESSIONAL."	"OH NO. NOTHING COULD HAVE BEEN DONE BETTER. I'M VERY PLEASED WITH HOW I'VE BEEN TREATED BY THEM. THE SERVICE IS PROFESSIONAL AND HELPFUL."		
13	10/20/2019	"AGAIN. I DON'T REMEMBER FULLY. I WAS REALLY IN AND OUT OF IT. I THINK THEY PROBABLY DID A FINE JOB WHEN I WAS IN THERE. I GOT TO THE HOSPITAL AND WAS TAKEN CARE OF BY KIND PEOPLE. I DONT REMEMBER EVERYTHING, BUT MY HUSBAND IS HERE WITH ME AND SAYS THE MEDICS WERE TIMELY."	"MY HUSBAND SAYS THEY DID EVERYTHING REALLY WELL. I DO REMEMBER THEM TALKING TO ME IN THE BACK OF THE AMBULANCE. I'M NOT EXACTLY SURE WHAT IT WAS ABOUT NOW. BUT I THINK THEY DID A GOOD JOB."			
14	10/20/2019	"TOOK MY PROBLEM VERY SERIOUSLY. THOSE MEDICS ARE	"THE KINDNESS THEY DISPLAYED. THEY WERE CARING BUT			



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
		AMAZING. I FIGURE THEY DID A GOOD JOB DRIVING. THEY GOT ME WHERE I NEEDED TO BE."	PROFESSIONAL AND KEPT IT ALL TOGETHER. THE WIFE AND I ARE EXTREMELY THANKFUL FOR THE SERVICE."			
15	10/20/2019	"GREAT MEDICS. NOTHING LOOKED OUT OF PLACE, I DON'T THINK I WAS LOOKING AROUND THAT MUCH THOUGH."	"GETTING ME OXYGEN WHEN I ASKED FOR IT AND THE MEDIC... I DON'T REMEMBER THEIR NAME RIGHT NOW, BUT GETTING MY IV IN WAS QUICK AND EASY."	"NOTHING. THEY WERE ALL TENS. I CAN TELL YOU HAVE THE BEST STAFF AND THEY SHOULD BE PROUD OF THEMSELVES."		
16	10/21/2019	"I DON'T KNOW. I GUESS IF IT WAS TO COME UP I'D RECOMMEND THEM."	"HOW THEY HANDLED MY PROBLEMS AND RELIEVED MY PAIN. THE MEDICS PROVIDED EXCELLENT SUPPORT."	"I DON'T THINK I WOULD HAVE ASKED FOR ANYTHING TO BE DIFFERENT OR BETTER. THE MEDICS ARE GOOD. THE AMBULANCE GOT HERE IN A TIMELY MANNER. AND THE CARE WAS EXCELLENT. I JUST WOULD LIKE TO THANK THEM FOR ALL OF THEIR HARD WORK."		
17	10/21/2019	"I WISH I COULD HAVE HAD SOMETHING MORE FOR THE PAIN. BUT THE MEDIC THAT WAS SITTING WITH ME IN THE BACK OF THE AMBULANCE EXPLAINED WHY THEY COULDN'T DO MORE. I THINK THE FIRE DEPARTMENT GOT	"WELL THE MEDICS WERE STRONG AND YOUNG. I THOUGHT THAT MIGHT BE A PROBLEM, BUT THEY WERE VERY GROWN AND PROFESSIONAL-BEING YOUNG AND ALL SOMETIMES THEY HAVE ATTITUDES."	"NOTHING."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
		HERE BEFORE THE AMBULANCE. BUT THEY WERENT FAR BEHIND IF I'M RECALLING CORRECTLY."				
18	10/21/2019	"I REALLLY THINK THE GIRLS DID A GOOD JOB. AND WERE FAST ABOUT IT. I ONLY SAW A LITTLE INTO THE TRUCK, BUT IT LOOKED CLEAN TO ME! MY HUSBAND NEVER MENTIONED ANYTHING ABOUT THE CLEANLINESSE EITHER."	"THE OVERAL CARE. NOTHING WAS LEFT UNTURNED AND I BELIEVE THEY DID EVERYTHING IN THIER POWER TO HELP MY HUSBAND AND MAKE HIM AS COMFORTABLE AS POSSIBLE."	"NOTHING. IT WAS A FAST TRIP AND THE TWO GIRLS MADE IT EASY FOR HIM AND MYSELF."		
19	10/21/2019		"RESMA IS ALWAYS GREAT. I'VE BEEN IN THIER CARE A COUPLE TIMES AND HAVEN'T BEEN DISAPOINTEED ONCE. EVERYONE IS REALLY FRIENDLY AND THEY CARE. I THINK THE EFFORT IS WHAT MAKES IT, REALLY."	"JUST KEEP UP THE GOOD WORK. THERE'S NOTHING WRONG WITH THE STANDARD THESE MEN AND WOMEN ARE HELD ON AND I THINK THEY KEEP IT TOGETHER WELL."		
20	10/21/2019		"EXCELLENT MEDICS. PROFESSIONAL AND KIND IN MY TIME OF NEED. MY WIFE THINKS THEY DID A GOOD JOB AS WELL."	"WE DONT THINK THERE COULD HAVE BEEN ANYTHING DIFFERENT OR BETTER ON THAT DAY. MY MEDICS KNEW WHAT THEY HAD TO DO AND DID IT."		
21	10/22/2019		"EVERYTHING. THE AMBULANCE GOT HERE IN A TIMELY MANNER. THE MEDICS WERE EXTREMELY GENEROUS AND PROFESSIONAL."	"I DON'T REALLY HAVE AN ANSWER FOR THAT ONE. I'M SATISFIED WITH YOU GUYS."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
22	10/24/2019		"WELL THE MEDICS WERE KIND AND HELPED ME I'M NOT SURE WHAT ALL ELSE THEY ARE SUPPOSED TO DO."	"NOTHING, I AM ALIVE AND WELL."		
23	10/24/2019	"ALL GOOD PEOPLE." "THEY SEEMED TO BE DRIVING WELL. HAHA THEY GOT ME TO THE HOSPITAL DIDN'T THEY?"	"THE TEAM WORK AND COMMUNICATION BETWEEN THE TWO MEDICS WAS REALLY GOOD. THE WAY TO THEY TALKED TO ME, I MEAN THAT WAS GOOD TOO. I THOUGHT THEY DID A GREAT JOB AND I'M VERY HAPPY WITH THE SERVICE I'VE BEEN LUCKY TO HAVE."	"NOTHING. THE MEDICS AND DOCTORS WERE ALL GREAT TO ME. VERY SWEET AND CARING PEOPLE YOU GUYS HAVE."		
24	10/24/2019		"THE WAY THEY HANDLED THE SITUATION, THE PERSONALITIES THEY HAD. EVERYTHING WAS GREAT. THEY ALL DID A GOOD JOB."	"I DON'T KNOW. EVERYONE WAS FANTASTIC."		
25	10/23/2019	"THEY DECIDED I DIDN'T HAVE TO GO. I HAD HIT MY HEAD AND IT WAS BLEEDING, BUT THEY SAID I WOULDN'T GO."	"THEY WERE GOOD. REALLY GOOD. BUT I DIDN'T RIDE WITH THEM OR GO TO THE HOSPITAL. THEY CHECKED ME OUT."	"I DON'T THINK THERE WAS ANYTHING. I WAS MORE PISSED OFF AT THE UBER FOR LEAVING ME."		
26	10/23/2019		"WELL, THEY CAME IN. THEY MADE ME COMFORTABLE, EXPLAINED MY PROBLEM TO THE DOCTORS AND THE NURSE."	"NO, EVERYTHING WAS DONE VERY GOOD."		
27	10/23/2019	"RIDE WAS BUMPY."				
28	10/23/2019	"ROADS WERE VERY BUMPY WHICH MADE				



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
		THE RIDE PAINFUL."				
29	10/23/2019	"THIS WAS A WONDERFUL EXPERIENCE."				
30	10/23/2019	"QUITE BUMPY. THEY DID A GREAT JOB OF CALMING ME DOWN."	"EVERYTHING."			
31	10/24/2019		"IT WAS ALL DONE WELL. THE TWO MEDICS GOT TO ME FAST. THEY CAME IN AND TALKED TO MY DAUGHTER AND I. ONE OF THE MEDICS WAS LIGHT-HEARTED AND WAS TRYING TO MAKE ME COMFORTABLE AND MAKE ME US LAUGH. IT WAS GOOD. THAT'S ALL I CAN REALLY SAY ABOUT IT."	"I HAVE NO COMPLAINTS. THE SERVICE WAS PROFESSIONAL AND THE MEDICS ARE NICE. THERE'S NOT MUCH MORE YOU CAN ASK FOR IN A TIME OF NEED."		
32	10/24/2019		"WELL, I'VE TAKEN REMSA BEFORE AND THEY HAVE HAD TO COME HELP MY HUSBAND BEFORE. WE JUST LOVE THEM. THE REMSA PEOPLE ARE AMAZING PEOPLE."	"WE ARE ALWAYS VERY HAPPY WITH THE TREATMENT. I DONT THINK ONE NEGATIVE THING HAS EVER HAPPENED ONCE!"		
33	10/25/2019		"VERY PROFESSIONAL AND CARING INDIVIDUALS."			
34	10/26/2019		"PATIENT STATED THE MEDICS SEEMED TO REALLY HAVE EVERYTHING UNDER CONTROL."			
35	10/26/2019		"PATIENT STATED THEY GOT HIM TO THE HOSPITAL PROMPTLY AND			





	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
			EFFICIENTLY."			
36	10/26/2019		"PATIENT STATED THAT EVERYTHING WAS DONE WELL. HE HAS NO COMPLAINTS OR RECOMMENDATIONS FOR IMPROVEMENT."			
37	10/27/2019		"ALL THINGS MEDICAL WERE DONE WELL."			
38	10/27/2019		"PATIENT STATED SHE DID NOT COME TO CONSCIOUSNESS UNTIL SHE WAS INSIDE OF THE AMBULANCE. SHE SAID THE MEDICS DID A GREAT JOB OF CATCHING HER UP TO DATE."			
39	10/27/2019		"PATIENT STATED AS FAR AS SHE COULD TELL EVERYTHING WAS DONE WELL."			
40	10/27/2019		"PATIENT STATED THE WORK AND COMMUNICATION BETWEEN THE MEDICS AND THE INFORMATIVE COMMUNICATION THEY HAD WITH HIM WAS CLEAR AND EXCEPTIONAL. THEY DID AN OVERALL OUTSTANDING JOB."			
41	10/27/2019		"PATIENT STATED EVERYTHING WAS DONE WELL, IN PARTICULAR LOADING HER UP AND QUICKLY GETTING HER TO THE HOSPITAL."			



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
42	10/28/2019		"THEY DID THEIR JOB."			
43	10/28/2019		"PATIENT STATED THE MEDICS WERE VERY KIND TO HER."			
44	10/28/2019		"THEY ARE TRAINED VERY WELL."			
45	10/29/2019		"WE DID HAVE A PROBLEM ONCE AND WE DON'T KNOW WHICH TIME IT WAS OR WHO IT WAS (IF IT WAS A MEDIC OR ONE OF THE FIREFIGHTERS); BUT THEY PUNCHED HER IN THE CHEST EVEN THOUGH SHE WAS RESPONSIVE AND SHE HAS ESOPHAGUS ISSUES. SO PLEASE NEXT TIME DO NOT PUNCH HER IN THE CHEST, WHEN SHE IS TALKING TO YOU."		1.2.20 #7557 KERFOOT	
46	10/31/2019		"SHE PASSED AWAY, BUT THEY DID A VERY GOOD JOB IN TAKING HER TO GO GET X-RAYED."			
47	11/01/2019		"THEY KNEW HOW TO CALM ME DOWN AND TALK TO ME. THEY WERE VERY KNOWLEGABLE AND KIND."	"THERES NOTHING I CAN THINK OF. THE MEDICS AND NURSES TREATED ME WELL AND WITH RESPECT."		
48	11/01/2019		"EXPLAINING WHAT WAS HAPPENING AND WHERE I WAS GOING. I WAS OUT OF IT WHEN THEY HAD GOT TO ME AND WAS	"I DON'T THINK THERES ANYTHING. THIS WAS MY FIRST TIME TAKING AN AMBULANCE AND IT WAS AS GOOD AS		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
			CONFUSED."	IT WAS GOING TO GET."		
49	11/02/2019	"WELL, I WOULD GIVE THEM A TEN IF I COULD. YOU HAVE THE BEST MEDICS AND DOCTORS. I SWEAR."	"IT WAS ALL GOOD. REMSA HAS ALWAYS TREATED US GOOD AND KNOW WHAT THEY NEED TO DO. THEY DON'T TAKE THEIR SWEET TIME AND WAIT AROUND. THEY ARE HERE FASTER. I JUST WANT TO THANK THEM. EVERYONE INVOLVED NEEDS TENS OR HIGHER."			
50	11/02/2019		"PATIENT STATED THE MEDICS WERE VERY PROFESSIONAL AND GOT THE JOB DONE RIGHT."			
51	11/02/2019		"I'M STILL ALIVE."			
52	11/03/2019		"PATIENT STATED THE MEDICS WERE VERY INFORMATIVE AND RESPECTFUL."			
53	11/03/2019		"PATIENT SAID EVERYTHING WAS DONE WELL."			
54	11/03/2019		"PATIENT STATED EVERYTHING WAS DONE PERFECTLY AND HE NEARLY WORSHIPS THE GROUND THE MEDICS WALK ON. HE SAID THE SERVICE COULD NOT GET ANY BETTER IN HIS EYES."			
55	11/03/2019		"PATIENT'S MOTHER STATED THE MEDICS KEPT HER DAUGHTER CALM IN ADDITION TO BEING			



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
			KNOWLEDGEABLE AND SKILLFULL."			
56	11/05/2019		"PATIENT STATED EVERYTHING WAS DONE WELL AND THE PARAMEDICS HAD GOOD TEAMWORK TOGETHER."			
57	11/05/2019		"PATIENT REPEATEDLY STATED THAT THE MEDICS WERE SO VERY POLITE AND RESPECTFUL."			
58	11/07/2019		"VERY FRIENDLY, POLITE, AND PROFESSIONAL."			
59	11/08/2019		"PATIENT STATED THEY GOT HIM TO THE HOSPITAL."			
60	11/08/2019		"PATIENT STATED THEY SAW TO HER COMFORT ON THE RIDE, PROVIDING HER WITH A WARM BLANKET AND PILLOW TO SOFTEN THE BUMPY RIDE."			
61	11/08/2019		"THE MEDICS WERE VERY PROFESSIONAL AND TIMELY."			
62	11/08/2019		"PATIENT STATED EVERYTHING WAS DONE WELL."			
63	11/08/2019		"PATIENT CREDITS THE MEDICS WITH SAVING HER LIFE. SHE IS VERY THANKFUL AND GRATEFUL FOR THE SERVICE SHE RECEIVED."			
64	11/08/2019		"PATIENT STATED THE AMBULANCE			



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
			SERVICE GOT HIM FROM POINT A TO POINT B WITHOUT ANY MISHAPS."			
65	11/08/2019		"PATIENT STATED EVERYTHING WAS DONE WELL AND SHE FEELS THEY WENT ABOVE AND BEYOND. SHE WASN'T ABLE TO ANSWER ALL OF THE QUESTIONS, BUT WANTS IT NOTED SHE FEELS THE MEDICS DID AN ABSOLUTELY WONDERFUL JOB."			
66	11/08/2019		"PATIENT STATED THE MEDICS GAVE HER PAIN RELIEF AND THAT HELPED HER TREMENDOUSLY."			
67	11/08/2019		"PATIENT STATED THE MEDICS HAD GOOD TEAMWORK AND CAME TO A QUICK CONSENSUS ON HER SITUATION. SHE WAS VERY IMPRESSED WITH HOW FAST THEY WERE ABLE TO ASSESS HER AND GET HER LOADED UP."			
68	11/08/2019		"PATIENT STATED THE MEDICS WERE VERY KNOWLEDGEABLE AND WERE ABLE TO QUICKLY ASSESS HER NEEDS."			
69	11/08/2019		"PATIENT STATED HE WAS IN A MAJOR AUTO ACCIDENT AND			



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP
			THE TRANSITION FROM THE ACCIDENT SCENE TO THE HOSPITAL WAS NEARLY SEAMLESS. HE ALSO STATED THERE WAS MINIMAL JOSTLING ON THE RIDE AND HE ATTRIBUTED THAT TO A SKILLFUL DRIVER."			
70	11/09/2019		"PATIENT STATED THEY GAVE HIM A RIDE."			
71	11/09/2019		"EVERYTHING WAS DONE WELL."			
72	11/09/2019		"PATIENT STATED THE MEDICS KEPT HIM WELL COVERED AND WARM, THEY ALSO LAUGHED AND JOKED WITH HIM PUTTING HIM AT EASE. HE REPEATEDLY SAID THEY WERE FINE YOUNG MEN."			
73	11/08/2019		"PATIENT STATED THE MEDICS REMAINED VERY CALM, WHICH IN TURN HELPED TO CALM HER DOWN."			

**FOLLOW UP**

45	<p>I LEFT A MESSAGE WITH RACHEL AT 14:17 ON 1/2/2020. TODD DUE TO THE UNKNOWN NATURE OF WHICH CALL PT IS TALKING ABOUT A QUERY WAS PULLED OF PT'S CHARTS BASED UPON HER BIRTHDAY. THEN ALL SIGNATURES WERE COMPARED ALONG WITH SS # (IF IT WAS DOCUMENTED) TO CONFIRM SAME PT. PT HAS BEEN TRANSPORTED 10 TIMES IN 2019. ALL CHARTS WERE CAREFULLY READ THROUGH WITH NO MENTION OF ANY PHYSICAL ALTERCATIONS. IN APRIL 2019 CREW RAN ON PT FOR A SZ, IT IS NOTED IN THE CHART PT WAS STERNAL RUBBED DUE TO BEING NON-RESPONSIVE TO VERBAL. PT THEN STARTED SAYING "WHAT DID YOU JUST DO TO MY HEART?!" THIS IS THE ONLY MENTION IN ANY CHART OF A MEDIC TOUCHING PT'S CHEST WITH THE EXCEPTION OF PT</p>
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	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED	RESULTS AFTER FOLLOW UP	
		BEING ON 12 LEAD AND ONLY CHART WERE PT WAS NOTED TO BE IN A NON-RESPONSIVE STATE.					



# DECEMBER 2019 REMSA AND CARE FLIGHT PUBLIC RELATIONS REPORT



Since 1986, REMSA has provided nationally recognized ground ambulance service within Washoe County, Nevada. As the largest employer of EMS personnel in Northern Nevada, REMSA provides residents and visitors with 9-1-1 response and transport, interfacility transport, disaster preparedness, special events coverage, search and rescue, tactical medical support, and public education. REMSA provides ground ambulance services under a performance-based franchise agreement with the Washoe County Health District and is the sole provider of emergency and inter-facility ground ambulance transport services within Washoe County (excluding Incline Village and Gerlach). REMSA is a private nonprofit community-based service which is solely funded by user fees with no local community tax subsidy.

REMSA maintains its operational and clinical standards as one of the most recognized high-performance EMS systems in the country. REMSA responds to approximately 70,000 requests for service per year.





## PUBLIC & COMMUNITY RELATIONS



### **REMSA ADDS RESOURCES DOWNTOWN ON NEW YEARS EVE**

REMSA added extra resources in downtown Reno on New Years Eve to ensure units were close by. With the extra festivities and visitors in town, Sark Aerick, REMSA Supervisor, reminded everyone to stay safe by dressing warm and limiting alcohol consumption.

### **FROST FEST**

REMSA employees and their families celebrated the holiday season at REMSA's annual Frost Fest. They were able to enjoy hot cocoa, donuts and even a visit from Santa!





## SOCIAL MEDIA HIGHLIGHTS

December website referral sessions from social media had an increase of 166% from last year (Dec 2018). Social media drove 308 visitors to the REMSA website. Facebook and LinkedIn drove the majority of the traffic to remsahealth.com. We are currently running a Facebook recruitment campaign to help fill paramedic, AEMT and EMT roles at REMSA. The campaign started on Dec. 19 which contributed to the increase in traffic from social this past month.

### Facebook

Page Likes to-date: 3,444 (+73 Page Likes this month)  
Followers to-date: 3,599 (+77 Page Followers this month)  
December posts: 21  
December post reactions: 1.24k  
December post comments: 105  
December post shares: 152



## SOCIAL MEDIA HIGHLIGHTS


### Top Posts by Reach

1.

**12/12/19 - Owen and Amy Patient Testimonial**

1,794 people reached; 499 engagements (post clicks, likes, shares and comments).







**Regional Emergency Medical Services Authority - REMSA**


Published by Megan Duggan [?] · December 12, 2019 at 4:11 PM · 🌐

⋮

A family member recently reached out to REMSA to thank Owen S. and Amy C. for assisting her father after experiencing a serious medical issue.

She said, "Being a first responder is a calling and a gift. Compassion and professionalism while rendering aid is a personal trait. As a first responder, you respond and deal with a lot of unique situations daily. Sometimes you do so much that you forget the lives you impact. The impression you left on my father has been tremendous. It... [See More](#)

 **Get More Likes, Comments and Shares**  
Boost this post for \$50 to reach up to 21,000 people.



**1,794**





People Reached

**499**

Engagements

Boost Post

  Gabby Szachara, Londa Sherman and 133 others
13 Comments 2 Shares

 Like
 Comment
 Share


## SOCIAL MEDIA HIGHLIGHTS


2.

**12/31/19 - New Year's Eve**  
 1,452 people reached; 595  
 engagements (post clicks, likes,  
 shares and comments)



**Regional Emergency Medical Services Authority - REMSA**  
 Published by Adam Heinz [?] · December 31, 2019 at 11:10 PM · 🌐

From all the men and women of REMSA Health & Care Flight, wishing you and yours a safe & healthy 2020! Happy New Year! REMSA Health has additional units and crews stationed countywide to ensure our team is close when you need them.



**Get More Likes, Comments and Shares**  
 Boost this post for \$50 to reach up to 21,000 people.

<b>1,452</b>	<b>595</b>	<a href="#">Boost Post</a>
People Reached	Engagements	

👍❤️ Mike Medvin, Galina Ronchetti and 141 others · 2 Comments · 2 Shares

👍 Like    💬 Comment    ➦ Share    🌐

## SOCIAL MEDIA HIGHLIGHTS

3.

**12/18/19 - Move Right for Emergency Vehicles**  
1,328 people reached; 184 engagements



 **Regional Emergency Medical Services Authority - REMSA** ...  
Published by KPS3 [?] · December 17, 2019 at 2:54 PM · 

Do you know what to do when you encounter an emergency vehicle that is using their lights and sirens? As the roads get busier during this holiday season, we'd like to remind you to pull right if you see a flashing red light. Check out more safety reminders on our website so you and others can be safe when you're out on the road.

#WhenItMattersMost



REMSAHEALTH.COM  
**Move Right for Emergency Vehicles | REMSA**  
Paul Burton, director of ground operations at REMSA, shares tips abou...

 **Get More Likes, Comments and Shares**  
Boost this post for \$50 to reach up to 21,000 people.

**1,328** People Reached      **184** Engagements      [Boost Post](#)

 Aliona Craig-Gorski, Cailin Holt and 49 others      1 Comment 18 Shares

 Like       Comment       Share      



# SOCIAL MEDIA HIGHLIGHTS



REMSA regularly posts videos about topical matters such as safe sleep practices, wellness tips for special populations and general safety information.

Subscribers to-date: 16

**REMSA/Care Flight**  
16 subscribers

[CUSTOMIZE CHANNEL](#) [YOUTUBE STUDIO](#)

HOME VIDEOS PLAYLISTS CHANNELS DISCUSSION ABOUT

**REMSA Winter Driving Safety Tips**  
REMSA/Care Flight • 5 views • 2 weeks ago  
Refresh your memory about how to drive safely in inclement weather with these tips. Increase stopping distance, slow down and leave extra time.

**Community Advisory** ▶ [PLAY ALL](#)

**Back the Pack Responsibly**  
REMSA/Care Flight  
36 views • 1 year ago

**Wolf Pack Back to School Wellness Tips**  
REMSA/Care Flight  
25 views • 1 year ago

**Back to School Safety Tips 2018**  
REMSA/Care Flight  
88 views • 1 year ago

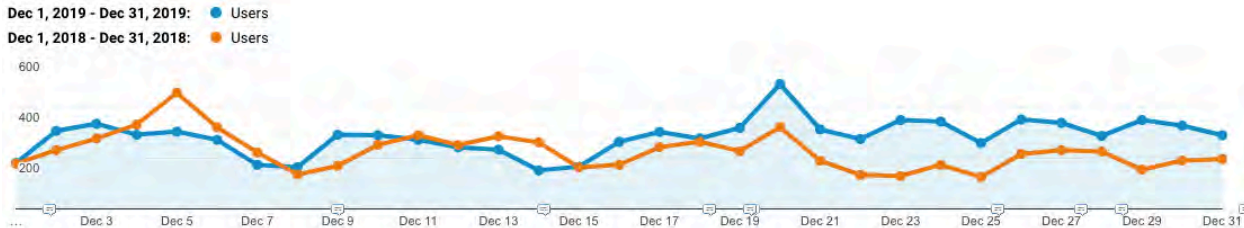
**Nugget Rib Cook-Off Safety Tips**  
REMSA/Care Flight  
56 views • 1 year ago

**FEATURED CHANNELS**

- City of Reno**  
SUBSCRIBED
- NWSReno**  
SUBSCRIBED
- Regional Transportatio...**  
SUBSCRIBED
- American Heart Associ...**  
SUBSCRIBED



## REMSA Website Google Analytics



### Overview of Site Data in December (Year-Over-Year Comparison)

- Sessions: 10,211 **23% increase**
- Users: 7,605 **35% increase**
- New Users: 6,959 **43% increase**
- Pageviews: 23,175 **20% increase**
- Avg. Session Duration: 01:33 **5% decrease**
- Bounce Rate: 47% **6% decrease** (a decrease is a good thing!)

### Traffic Sources

There are various ways people come to the REMSA website. We pay close attention to the following channels:

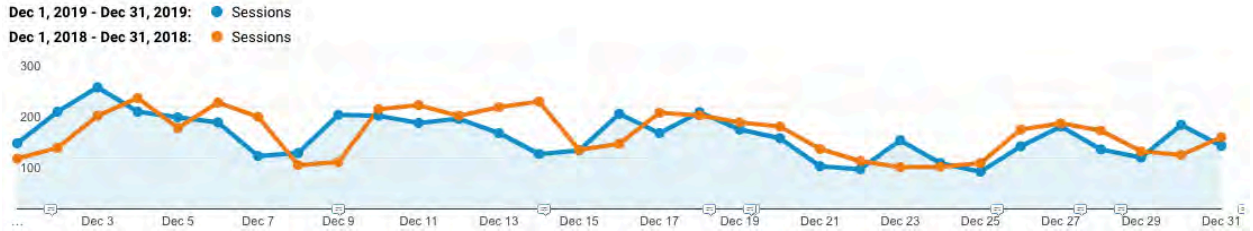
- **Organic search** is a natural ranking determined by search engine algorithms that can be optimized throughout the year.
- **Direct traffic** is users who directly type your URL or visit through a bookmarked mechanism. Direct traffic can be related to strong brand awareness, as well.
- **Referral traffic** is Google's method of reporting visits that came to your site from sources outside of its search engine, i.e. a partner website, news website, etc.
- **Paid traffic** is any traffic that visits your site after a paid advertising promotion
- **Email traffic** is any traffic coming from email blasts

Here is how each channel performed year-over-year:

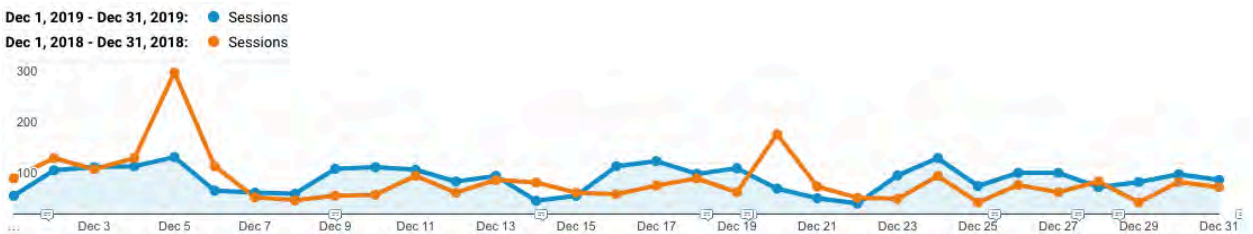
- Organic search sessions: 4,473 **3% decrease**
- Direct traffic sessions: 2,150 **5% increase**
- Paid search sessions: 1,672 (no comparison)
- Referral traffic sessions: 1,605 **7% increase**
- Email traffic sessions: 3 (no email sent in December)



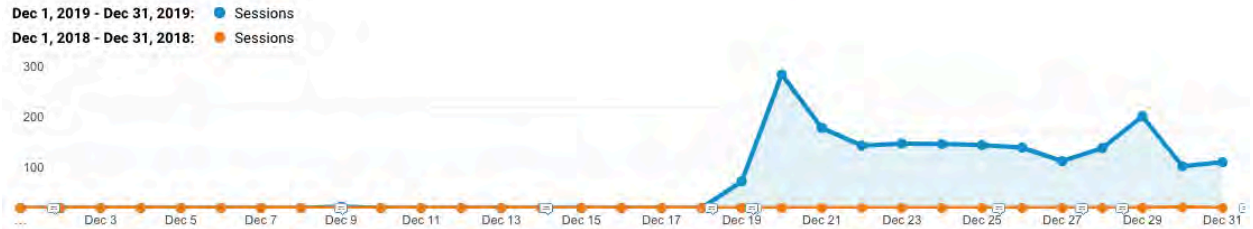
## Organic Sessions



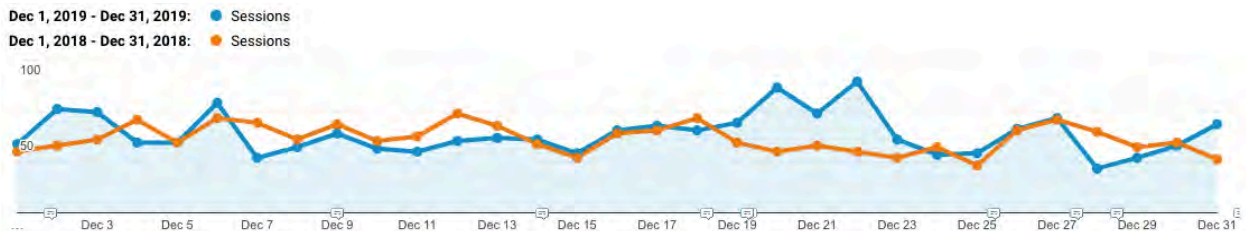
## Direct Sessions



## Paid Search Sessions



## Referral Sessions



### Top 3 Referral Sites:

1. REMSA Enrollware
2. ADP
3. Aamp.us (Association of Air Medical Membership Programs)

### Top 5 Page Views:

1. Education - 2,627 views
2. Homepage - 2,294 views
3. Careers - Ground - 1,785 views
4. Careers - 1,482 views





5. Care Flight - 915 views
6. Care Flight - 864 views

We have also implemented event tracking for three specific goals on the website: Membership Leads, Pay Your Bill Online and Phone Calls.

- Website visitors who clicked to fill out a Membership form:
  - Flight Plan Membership form: 139 website visitors clicked the external link to fill out the Flight Plan Membership form
  - Silver Saver Membership: 65 website visitors clicked the external link to fill out the Silver Saver Membership form
  - Sierra Saver Membership: 32 website visitors clicked the external link to fill out the Sierra Saver Membership form
- Website visitors who clicked to pay their bill online: 257
- Top 5 phone numbers that visitors clicked on (87 total phone call clicks in Dec):
  - 775-858-5700 - Main Phone Number - 57 clicks
  - 775-858-5745 - Membership Questions - 8 clicks
  - 775-353-0739 - Private Insurance - 7 clicks
  - 775-353-0784 - Education EMT/AEMT - 7 clicks
  - 775-353-0768 - Membership Billing - 4 clicks



**REMSA 2019-20 Penalty Fund Reconciliation as of  
November 30, 2019**

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**2019-20 Penalty Fund Dollars Accrued by Month**

<b>Month</b>	<b>Amount</b>
July 2019	7,130.32
August 2019	10,042.40
September 2019	9,943.68
October 2019	9,775.68
November 2019	9,157.92
December 2019	
January 2020	
February 2020	
March 2020	
April 2020	
May 2020	
June 2020	
<b>Total Penalty Fund Dollars Accrued</b>	<b>\$46,050.00</b>

**2019-20 Penalty Fund Dollars Encumbered by Month**

<b>Program</b>	<b>Amount</b>	<b>Description</b>	<b>Submitted</b>

**Total Encumbered as of 10/31/2019**           **\$0.00**


**Penalty Fund Balance at 10/31/2019**           **\$46,050.00**

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**REMSA INQUIRIES  
December 2019**

No inquiries for December 2019

DD	RT
DHO	

**Staff Report**  
**Board Meeting Date: January 23, 2020**

TO: District Board of Health

FROM: Christina Conti, Preparedness & EMS Oversight Program Manager  
775.326.6042, [ccont@washoecounty.us](mailto:ccont@washoecounty.us)

THROUGH: Kevin Dick, District Health Officer

SUBJECT: Presentation, discussion and possible approval of the Regional Emergency Medical Services Authority (REMSA) Franchise Compliance Report for the period of 7/1/2018 through 6/30/2019.

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**SUMMARY**

On an annual basis the District Board of Health (DBOH) is given a staff presentation and recommendation for possible action on the REMSA Franchise Compliance Report for the previous Fiscal Year (FY). This report is an assessment of REMSA's adherence to the various requirements outlined in the Amended and Restated Franchise Agreement for Ambulance Service (Franchise).

Attached to the staff report are the FY 18/19 Compliance Checklist and Compliance Report. REMSA was found compliant with all auditable Franchise articles.

**District Health Strategic Priorities supported by this item:**

**Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.

**PREVIOUS ACTION**

Since the establishment of the REMSA Franchise in 1986, the DBOH has been presented with a REMSA Franchise Compliance Report that reviews compliance of REMSA under the terms of the Franchise and any associated recommendations.

On January 24, 2019 the DBOH was presented with the REMSA Franchise Compliance Report for FY 17/18 and found REMSA in compliance with the terms of the Franchise.

**BACKGROUND**

The REMSA Franchise Compliance Report is based on documentation and analysis of data from REMSA personnel, the District Health Officer, the Nevada Division of Public and Behavioral Health and the Washoe County EMS Oversight Program staff. Documentation is available to the DBOH upon request.

Subject: REMSA Compliance Report  
Date: January 23, 2020  
Page 2 of 2

All articles of the Franchise were reviewed as part of the annual REMSA Franchise Compliance Report; however some are not auditable in terms of compliance. EMS Oversight Program staff used the Franchise (approved by the DBOH in May 2014, effective July 1, 2014) and Compliance Checklist (approved by the DBOH on May 26, 2016) to determine compliance.

EMS Oversight Program staff found REMSA to be in compliance with the terms of the Franchise and the required documentation of the Compliance Checklist.

**FISCAL IMPACT**

There is no additional fiscal impact to the budget should the Board approve the FY 18/19 REMSA Franchise Compliance Report.

**RECOMMENDATION**

Staff recommends the DBOH find REMSA in compliance with the terms of the Franchise agreement for FY 18/19.

**POSSIBLE MOTION**

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

“Move to approve the REMSA Franchise Compliance Report as presented and find REMSA in compliance with the Franchise agreement for the period of 7/1/2018 through 6/30/2019.”

REMSA Franchise Compliance Report  
Fiscal Year 2018-2019

**ARTICLE 1 - DEFINITIONS**

1.1. Definitions

→ *Definitions are stated in the Franchise, but are not part of compliance determination.*

**ARTICLE 2 - GRANTING OF EXCLUSIVE FRANCHISE**

2.1. Exclusive Market Rights

→ **REMSA met the requirement.**

2.1 a) As demonstrated by exclusive market rights, the signed Franchise agreement is included as part of the compliance report.

2.1 b) The Regional Emergency Medical Services Authority (REMSA) provided nine mutual aid agreements with regional partners. These agreements are used if REMSA needs to request additional resources during day-to-day operations, or during a time of disaster.

2.2. Franchise Service Area

→ **REMSA met the requirement.**

2.2 a) The Franchise agreement specifies REMSA's service area includes Washoe County with the exception of the Gerlach Volunteer Fire Department service area and the North Lake Tahoe Fire Protection District. The REMSA response map indicates the Franchise service area and associated response time requirements.

2.3. Level of Care

→ **REMSA met the requirement.**

2.3 a) According to the Franchise agreement, all ambulances responding to emergency 911 calls and Intermediate Life Support (ILS) transfers and transports must be staffed in accordance with NAC 450B regulations. REMSA supplied a copy of their State of Nevada permit for Advanced Life Support (ALS) and community paramedicine services, which expires on June 30, 2020.

2.3 b) In June 2018, October 2018 and February 2019, REMSA provided staffing graphs that depict the number of ambulances responding to 911 calls per day and per hour of the day.

2.4. Term

→ *The Franchise term is stated in the Franchise, but is not part of compliance determination until 2024.*

2.5. Periodic Review

→ *Requirement of periodic review is stated in the Franchise, but is not part of compliance determination until 2024.*

## 2.6. Oversight Fee

→ **REMSA met the requirement.**

2.6 a) The Franchise agreement stipulates REMSA pays an oversight fee of 12.5% of the total costs per year for the Washoe County Health District (WCHD) EMS Oversight Program. The FY 18/19 Compliance Report includes the WCHD letters and invoices issued to REMSA and copies of the checks cashed on a quarterly basis. Table 1 below demonstrates the quarterly amounts paid by REMSA.

**Table 1: Quarterly Oversight Fee**

<b>Quarterly Reimbursement Billing</b>	<b>Oversight Fee Paid</b>
July 2018 – September 2018	\$14,254.84
October 2018 – December 2018	\$15,896.60
January 2019 – March 2019	\$14,649.46
April 2019 – June 2019	\$13,594.32

## 2.7. Supply Exchange and Reimbursement

→ **REMSA met the requirement.**

2.7 a) REMSA developed Medical Resupply Agreements with the three regional fire agencies within the Franchise service area. Reno Fire Department and Sparks Fire Department signed the agreement in March 2014 and Truckee Meadows Fire Protection District revised and signed their agreement in October 2015. REMSA provided copies of the signed agreements with each agency.

2.7 b) The EMS Coordinator requested written confirmation from the three fire agencies that REMSA reimbursed based on their supply/exchange reimbursement agreements. All jurisdictions confirmed reimbursement for FY 18/19 by October 10, 2019.

## 2.8. No Obligation for Subsidy

→ **REMSA met the requirement.**

2.8 a) In the audited REMSA Consolidated Financial Statements prepared by Cupit, Milligan, Ogden & Williams the major payer sources are detailed in Note 10. The major payer sources included commercial insurance carriers, Medicare/Medicaid, and health care facility contracts. REMSA's expenses for the fiscal year exceeded revenue by \$1,316,909.

2.8 b) REMSA originally filed Articles of Incorporation with the Office of the Secretary of State of the State of Nevada in 1981. Since then, REMSA submitted certificates of amendment in 1986, 1987, 1994, 1996 and 2008. A copy of the 2008 Articles of Incorporation are on file at the WCHD. Additionally, a copy of REMSA's business information is available on the Secretary of State's website.

2.8 c) REMSA did not receive any grant funding for Franchise ground ambulance services for the fiscal year.

### **ARTICLE 3 - GOVERNING BODY**

#### 3.1. REMSA Board of Directors

→ **REMSA met the requirement.**

3.1 a) REMSA provided the following list of Board Members for FY 18/19:

Timothy Nelson, Chairman  
Erik Olson  
Tiffany Coury  
Louis Test  
Shirley Folkins-Robert  
Melanie Flores  
Alan Smith  
Kevin Dick, Ex Officio

3.1 b) REMSA’s legal counsel, Michael Pagni, Esq. of McDonald, Carano and Wilson LLP, verified in a letter to the District Health Officer (DHO) dated November 8, 2019 that, “all contractual relationships involving a member of the REMSA Board entered between July 1, 2018 through June 30, 2019, were approved by a majority of the disinterested members of the REMSA Board.”

#### 3.2. Board Member Separation

→ **REMSA met the requirement.**

3.2 a) To demonstrate Board separation, REMSA provided signed copies of the “Board Member Conflict of Interest Acknowledgement” form. Members of the Board, mentioned in section 3.1a, signed the form acknowledging that they have received a copy of the policy, read and understand the policy and will comply with the policy. In addition, members confirmed that they are not an employee of either REMSA or its contractor.

#### 3.3. Meetings

→ **REMSA met the requirement.**

3.3 a) REMSA provided a list of board meetings held in the fiscal year, which met the required minimum of six meetings indicated in the Franchise agreement. The REMSA Board meetings are typically scheduled on the third Friday of each month, excluding holidays.

3.3 b) As confirmation of the information above, the DHO also submitted a letter that included the REMSA board meetings for the fiscal year. The DHO attested that the REMSA Board met on seven occasions.



**ARTICLE 4 - AMBULANCE SERVICE CONTRACTS, COMPETITIVE BIDDING AND MARKET SURVEY**

4.1 Market Survey and Competitive Bidding

→ *A market survey or competitive bid is stated in the Franchise, but is not part of compliance determination until 2021.*

**ARTICLE 5 – COMMUNICATIONS**

5.1. Radios

→ **REMSA met the requirement.**

5.1 a) REMSA provided a copy of the letter of agreement signed on January 23, 2015, between Washoe County and REMSA. This letter provides REMSA with sponsorship from Washoe County to participate in the Washoe County Regional 800 MHz Communications System (WCRCs).

5.1 b) In 2015, a Nevada Dispatch Interoperable Project (NDIP) switch was installed in REMSA’s radio room and was programmed by the Washoe County radio shop. This switch remains operable and is maintained by REMSA.

- During FY 18-19, REMSA has maintained a constant connection linking REMSA’s primary dispatch channel, Med 9 to the 800 MHz system, REMSA1. Linking these channels allows for broadcasts to be simulcast on both UHF and 800 MHz systems.
- Daily, first response fire partners monitor and communicate with REMSA, using REMSA1 on the 800 MHz system. In addition, REMSA passively monitors state channel REMSA2.
- Carson Nevada Highway Patrol performs a daily system radio check on the Nevada connection NVCRD61X that allows for each dispatch center the possibility to connect channels, on both UHF and 800 MHz systems.
- All supervisor units are outfitted with 800 MHz radios and programmed with Fire main channels and PSFire/PSLE/PSEVENT channels to allow direct communication during coordinated events.

Additionally, REMSA provided a list of 800 MHz Joint Operating Committee (JOC) and User Committee meetings.

<b>800 MHz Joint Operating Committee Meetings</b>	<b>800 MHz User Committee Meetings</b>
<ul style="list-style-type: none"><li>• July 20, 2018</li><li>• October 19, 2018</li><li>• January 18, 2019</li><li>• April 19, 2019</li></ul>	<ul style="list-style-type: none"><li>• July 19, 2018</li><li>• September 20, 2018</li><li>• December 20, 2018</li><li>• January 10, 2019</li><li>• March 21, 2019</li><li>• June 20, 2019</li></ul>

REMSA is not a part of the JOC, rather a sponsored user of the system; REMSA does not have a vote in the meetings since they are a sponsored agency (by Washoe County). REMSA's attendance is observation only.

During the fiscal year, REMSA worked with local partners and elected officials to request edits to the current JOC Interlocal Agreement that will allow private entities the ability to sign on to and participate in the 800 MHz system without sponsorship, however this has yet to be adopted.

REMSA also participated in the WCHD HD SUP 800 MHz radio checks on a regular basis.

## 5.2. Dispatch

### →REMSA met the requirement.

5.2 a) As required in the Franchise agreement, REMSA must maintain a secondary emergency communication system and conduct an annual drill on the backup system. During FY 18/19, REMSA conducted one orientation and one drill.

5.2 b) REMSA completed the orientation in October 2018. REMSA planned a no-notice full scale drill of the back-up communications center on May 9, 2019. The drill included both communications staff and field operations personnel. On May 16, 2019, REMSA conducted an after action review.

5.2 c) During the drill, all back-up systems worked as anticipated; staff powered up all equipment including CAD, radio systems and telephones. Calls were placed to local PSAPs and transferred to back-up center. On May 16, 2019, REMSA held an internal after action review and developed assignments and discussed the areas for improvement.

5.2 d) The EMS Oversight Program began coordinating meetings with regional partners concerning Computer-Aided Dispatch (CAD)-to-CAD at the start of 2016, but those efforts transitioned to the City of Reno (Reno) and REMSA during fiscal year 16/17. REMSA is actively participating in regular planning, and implementation discussions for the region's CAD-to-CAD project in coordination with the City of Reno, Tritech and Tiburon, which includes call information sharing with the intent to investigate the ability to share AVL information.

REMSA has attended various partner meetings to include forums in which the CAD-to-CAD project has been discussed / presented.

- Washoe County District Board of Health
- EMS Strategic Planning Committee
- EMS Advisory Board
- E911 Meeting

#### Regular scheduled check-ins (Reno & REMSA)

- 7/10/18
- 7/24/18
- 7/31/18
- 8/7/18
- 8/14/18

- 8/21/18
- 8/28/18
- 9/20/18 – CAD-to-CAD functionality demonstration
- 9/24/18 – CAD-to-CAD functionality discussion, review of expected scope of work
- 12/3/18 – CAD-to-CAD scope review discussion
- 3/13/19 – CAD-to-CAD updated scope of work

Throughout the last three fiscal years, Reno’s Director of Information Technology (DoIT) provided updates to the EMS Advisory Board on the process with the CAD-to-CAD interface. Those updates were also provided quarterly to the District Board of Health (DBOH). During the November 2019 CAD-to-CAD update, provided by the Reno DoIT, it was stated that the go live date is January 21, 2020.

5.2 e/f) During the fiscal year, several meetings were held to discuss the implementation process of CAD-to-CAD and Automatic Vehicle Location (AVL). These planning meetings were designed to ensure agreements and contracts are moving forward for the Reno Communications Center servers and REMSA. In the previous and current fiscal years, Reno and REMSA established regular telephone meetings to discuss standard processes and project concepts.

5.2 g) REMSA provided the following documentation related to CAD-to-CAD:

- Operation Scenario Document
- CAD-to-CAD Interface User Guide
- CAD-to-CAD Feature Summary Document
- REMSA’s signed and paid agreement with TriTech

5.2 h) As stated above, AVL should be included in the CAD-to-CAD project and is outlined in the CAD-to-CAD Developer’s Guide. REMSA has utilized AVL for several years as part of its current CAD system and is an active participant in the CAD-to-CAD project with Reno and intends to allow for sharing of information, including AVL.

5.3. Change of Priority  
 → **REMSA met the requirement.**

5.3 a) During FY 18/19 REMSA upgraded 7 calls and had no downgrades. REMSA began including change of priority information in their monthly Operations Reports to the DBOH in January 2015.

**ARTICLE 6 - DATA AND RECORDS MANAGEMENT**

6.1. Data and Records  
 → **REMSA met the requirement.**

6.1 a/b) Same as 5.2 d, e, f, and g.

6.1 c) In accordance with Article 6.1 of the Franchise agreement, REMSA will provide additional response data and records to support the WCHD’s oversight role. However, during FY 18/19, the EMS Oversight Program did not conduct any investigations.

6.1 d) Due to the recent Franchise map revision, there were no time study reports for this fiscal year.

6.1 e) During FY 18/19, the DHO/EMS Oversight Program made four requests for data and/or records from REMSA related to special events, transport destinations, calls within SFD jurisdiction and calls with law enforcement agencies and staging.

**ARTICLE 7 - RESPONSE COMPLIANCE AND PENALTIES**

7.1. Response Zones

→ **REMSA met the requirement.**

7.1 a) The Franchise response map was recreated through a nearly yearlong data-driven process with regional contributions. The map went into effect on July 1, 2016. Shortly after implementation, there was a question concerning the northern boundary of the Franchise; staff presented to the DBOH on July 28, 2016, who determined the Franchise northern boundary would follow along the rural fire boundary. The Franchise response map is divided into five (5) response zones with varying response requirements. Table 2 exhibits the response times required for priority 1 calls in each of the zones (A-E).

**Table 2: Priority 1 Response Time Requirements, by Zone**

	<b>ZONE A</b>	<b>ZONE B</b>	<b>ZONE C</b>	<b>ZONE D</b>	<b>ZONE E</b>	
<b>Priority 1</b>	8:59	15:59	20:59	30:59	Wilderness/ Frontier	7.1 b)

No changes went into effect during the fiscal year for the REMSA Franchise response map.

7.1 c/d) EMS Oversight Program staff used the Franchise response requirements for all life-threatening calls (priority 1) to determine compliance for the fiscal year on a monthly basis. The Franchise agreement states that REMSA shall ensure that 90% of life-threatening calls (priority 1) have a response time as indicated by the respective zone.

Table 3 below specifies REMSA’s percentage of response compliance for Zone A and Zones B, C, and D. Please note that the Franchise compliance calculations collectively analyze responses to life-threatening (priority 1) calls in Zones B, C, and D.

**Table 3: Percentage of Compliant P1 Response, by Month**

Month	Zone A	Zones B,C and D
July 2018	91%	97%
August 2018	90%	95%
September 2018	92%	97%
October 2018	92%	95%
November 2018	92%	96%
December 2018	91%	90%
January 2019	91%	98%
February 2019	91%	92%
March 2019	90%	91%
April 2019	92%	94%
May 2019	92%	96%
June 2019	92%	93%
YTD	91%	94%

7.1 e) Zone E, the wilderness/frontier regions of REMSA’s Franchise area, is the only zone that does not have a specified response time requirement. For FY 18/19, REMSA had a total of 650 calls for service in Zone E; however 250 of those calls were cancelled en route.

There were 248 priority 1 calls, but 86 of those calls were cancelled en route. For priority 1 calls in Zone E, REMSA had an average response time of 21 minutes and 23 seconds.

7.2. Response Determinants

→ **REMSA met the requirement.**

7.2 a/b) REMSA’s Medical Director and the Medical Directors for Fire agencies met on June 12, 2019, and June 13, 2019, and jointly reviewed the Emergency Medical Dispatch (EMD) determinants and set priorities for the system. REMSA also provided a packet of information regarding the EMD review, which included information on the Medical Priority Dispatch System (MPDS) and expected changes/improvements with the system.

7.3. Zone Map

→ **REMSA met the requirement.**

7.3 a/b) Same as 7.1b.

7.3 c) The Franchise response map is located in the offices of the EMS Oversight Program Manager and EMS Coordinator. A version of the response map is also located on the Washoe Regional Mapping System as a map layer, available on the Washoe County GIS website.

7.4. Response Time Reporting

→ **REMSA met the requirement.**

7.4 a) REMSA provided EMS Oversight Program staff with log-ins to the FirstWatch Online Compliance Utility (OCU) in July 2014. With this access, EMS Oversight Program staff independently pulls the call/response data from the FirstWatch database on a monthly basis.

7.4 b) During the fiscal year, REMSA had a total of 69,617 calls (priorities 1-3 and 9) for service in their FirstWatch database. Table 4 below shows the number of life-threatening calls (priority 1) for service per zone.

**Table 4: Number of Priority 1 Calls for Service, by Zone**

<b>Zone</b>	<b>Number of P1 Calls</b>
A	27,250
B	729
C	316
D	25
E	248

7.4 c) In an effort to review compliance on a monthly basis, the EMS Coordinator calculates the percentage of compliant responses and the 90th percentile response time for each month. This information is reported in the Epidemiology and Public Health Preparedness (EPHP) Division staff report provided to the DBOH at each meeting.

#### 7.5 Penalties

→**REMSA met the requirement.**

7.5 a) On November 12, 2019, REMSA submitted a penalty fund reconciliation packet to the DHO. The DHO approved penalty fund amount was based on an estimate of \$86,000. The actual penalty dollars for FY 18/19 totaled \$91,037.79. REMSA encumbered \$57,280.24 by the end of the fiscal year, and the remained balance into the next fiscal year. REMSA requested permission to apply the overage balance to a public service campaign.

7.5 b) The WCHD issued a letter on May 10, 2018, notifying REMSA that the annual review of the Consumer Price Index (CPI) had been completed. The CPI process changed during this fiscal year because the DBOH approved an increase beyond CPI of 3% for four years.

On January 1, 2018, REMSA implemented their 3% increase beyond CPI, which adjusted the average ground bill maximum to \$1,196.07. REMSA also received a 1.84% CPI increase, making the maximum average ground bill \$1,218.08. The final allowable average bill through Demeter 31, 2019 is \$1,294.87.

The CPI letter also set the penalty amount for late responses to life-threatening calls (priority 1) at \$19.59 per minute, a \$0.35 increase from the previous year.

7.5 c) According to the Franchise agreement, penalties are assessed only on a call resulting in a patient transport, up to a maximum of \$150.00 per call. Table 5 depicts the number of priority 1 calls that incurred penalties, as well as the total amount added to the penalty fund each month.

**Table 5: Penalty Fund, by Month**

Month	Number of Calls	Penalty Amount
July 2018	215	\$7,889.78
August	227	\$9,263.79
September	174	\$6,652.17
October	178	\$5,948.07
November	186	\$7,298.64
December	220	\$9,349.44
January 2019	201	\$8,486.91
February	184	\$7,443.06
March	239	\$9,029.85
April	175	\$6,398.64
May	185	\$6,431.10
June	178	\$6,836.34
<b>Total</b>	<b>2,362</b>	<b>\$91,037.79</b>

7.5 d/e) Cupit, Milligan, Ogden & Williams completed an independent accountant’s report entitled “Agreed-Upon Procedures Related to Priority 1 Penalty Fund” as part of REMSA’s annual audit. This report reviewed and identified the agreed-upon procedures between REMSA and the WCHD as well as the penalty fund expenditures. The report concluded that there is no carry-over to 2019-2020 for the penalty fund account since all monies were encumbered.

7.6. Exemptions

→ **REMSA met the requirement.**

7.6 a) During FY 18/19 REMSA had 93 approved exemptions, with the large majority of exemptions being blanket weather-related exemptions. EMS Oversight Program staff continues to have monthly meetings with REMSA personnel to review and discuss all calls that received an exempt status through REMSA’s internal process. Table 6 indicates the types of exemptions and number of calls approved for each category.

**Table 6: Exemptions, by Type**

Exemption Type	Number of Exemptions
Off Road	1
Weather	92

7.6 b) REMSA submitted a document that explains their internal process for reviewing and requesting late run exemptions. Below is the description:

#### Late Run Exemption Process

Response Performance is measured through First Watch and their Online Compliance Utility (OCU). Late responses are identified by the Communications Supervisor using the OCU. The Communications Supervisor will investigate the response and identify a reason for the delay. Calls that are not identified as a correction or exemption are marked "Late After Review" and calculated as a late response to be calculated into the fractal compliance.

Corrections and exemptions identified by the Communications Supervisor will be marked as "Manager Review" with details explaining the delayed reason. The call is then processed in the OCU by the Communication Manager or Senior Systems Analyst for validity of the correction or exemption reason with additional information as needed. The Communication Manager or Senior Systems Analyst will update a status correction and exemptions as Correction Requested or Exemption Requested.

Correction and exemption requests are processed by the Authority through the OCU. Each response is reviewed and either approved for exemption, denied for exemption or request for further information. Approved and denied exemptions are identified in the OCU and calculated into the fractal compliance.

7.6 c) There were no disputes this fiscal year.

7.6 d) On May 26, 2016, the DHO issued a letter that detailed the exemption guidelines for REMSA and what is considered an allowable exemption. The letter identifies eight types of possible exemptions. According to the letter, REMSA can internally review two types of exemptions with the WCHD, while all others exemptions require REMSA to submit documentation to the WCHD for review and possible approval.

7.6 e) Same as 7.6a.

#### 7.7 Penalty Fund

→ **REMSA met the requirement.**

7.7 a) The REMSA Controller wrote a letter to the DHO confirming that the penalty funds are recorded monthly in a separate restricted account.

7.7 b) As indicated in 7.5c Table 5, REMSA incurred \$91,037.79 in penalties for the fiscal year.

7.7 c) REMSA supplied the FY 18/19 penalty fund reconciliation documents along with copies of invoices, purchase orders and checks used for purchases with penalty fund monies.

7.7 d) In the Agreed-Upon Procedures Related to the Penalty Fund issued by the external auditor, the report reconciled total penalties of \$91,037.79 and confirmed the ending balance of the fund on June 30, 2018, was zero, since all funds were encumbered.

#### 7.8. Health Officer Approval

→ **REMSA met the requirement.**

7.8 a) In a letter dated September 7, 2018, REMSA estimated that the penalty fund would reach approximately \$86,000 for the year. REMSA's President/CEO requested using the



penalty fund dollars for programs supporting the health and safety of our community. This included the following:

- Child and Pedestrian Safety
- Community First Aid and CPR Training
- PulsePoint Phone Application
- Website Announcement Banner
- Bleeding Control Equipment for Regional Deployment

In a letter dated February 28, 2019, REMSA requested to add the Right Dose phone application for possible penalty fund purchases. In a third letter, dated July 23, 2019, REMSA requested to add another program to the approved penalty fund expenditures, a public service campaign designed to raise awareness of appropriate 911 medial calls.

7.8 b) The DHO responded to the penalty fund expenditure requests in letters dated October 4, 2018, April 11, 2019 and August 9, 2019, and approved all requests. During the compliance review, EMS Oversight Program staff reminded REMSA to get authorization when the penalty fund exceeds the original approved amount.

## **ARTICLE 8 - PATIENT BILLING**

### **8.1. Average Patient Bill**

#### **→ REMSA met the requirement.**

8.1 a) As stated in Article 7.5, the WCHD issued a letter on May 10, 2018, notifying REMSA that the annual review of the CPI had been completed. On January 1, 2018 REMSA implemented their 3% increase beyond CPI, which adjusted the average ground bill maximum to \$1,196.07. REMSA also received a 1.84% CPI increase, making the maximum average ground bill \$1,218.08. The final allowable average bill through December 31, 2019 is \$1,294.87.

8.1 b) On December 28, 2018, the WCHD received a letter from REMSA concerning a change to their schedule of rates with their CPI increase and the increase beyond CPI. The average allowable bill will be adjusted every January through 2021.

8.1 c) REMSA submitted the following explanation for their average bill calculations:

After a billing month has concluded, the total gross sales dollar amount billed for the month is divided by the number of patients transported in the same month. The sum of this calculation is then compared to the average bill approved by the DBOH. If necessary, the average bill is then adjusted for the new month to insure the average bill remains consistent. Table 7 depicts a summary of the average bill calculations that were reported to the DBOH on a monthly basis.

**Table 7: Average Bill Calculations Reported, by Month**

Month	# Patients	Avg. Bill
July 2018	3,982	\$1,224.58
Aug.	4,120	\$1,223.85
Sept.	3,900	\$1,215.64
Oct.	3,934	\$1,222.98
Nov.	4,104	\$1,218.10
Dec.	4,146	\$1,227.78
Jan. 2019	4,209	\$1,285.39
Feb.	3,755	\$1,296.22
Mar.	4,371	\$1,294.77
Apr.	4,080	\$1,289.13
May	4,153	\$1,291.73
June	3,949	\$1,297.34

8.2. Increase beyond CPI

→ *Only applicable if REMSA requested an increase beyond the annual CPI adjustment.* REMSA requested a three percent increase to the average allowable bill for four years at the December 2017 DBOH meeting. The request was unanimously approved.

8.3. Overage in Bill Amount

→ *Only applicable if REMSA has an overage in the allowable bill amount.*

8.4. Third Party Reimbursement

→ **REMSA met the requirement.**

8.4 a) According to the Franchise agreement, REMSA shall utilize its best efforts to maximize third party reimbursements and minimize patients' out-of-pocket expenses. This is accomplished through billing insurance and governmental reimbursement and maintaining a voluntary prepaid ambulance membership program.

8.5. Prepaid Subscription Program

→ **REMSA met the requirement.**

8.5 a/b) The Silver Saver program is designed to cover the co-insurance or deductible costs for ambulance service for individual households. The annual membership costs \$69 and there were 1,284 members enrolled as of June 30, 2019.

8.6. Billing

→ **REMSA met the requirement.**

8.6 a) The Franchise agreement states REMSA is responsible for all billing services, or may allow a contractor to do so. REMSA elects to conduct its own billing of patients and third-party billers. The billing department is under the purview of REMSA's CFO. The billing department is structured with a Business Office Manager, Controller, Supervisors and Billers and Coders.

### 8.7. Accounting Practices

→ **REMSA met the requirement.**

8.7 a) The external auditor used for REMSA's annual audit, Cupit, Milligan, Ogden & Williams, does adhere to GAAP and GAAS standards. According to the Nevada State Board of Accountancy website the agency license is current through December 31, 2019.

### 8.8. Audit

→ **REMSA met the requirement.**

8.8 a) The Consolidated Financial Statements prepared by the external auditor were submitted on November 15, 2019. The fifteen page document includes the independent auditor's report and the financial statements for FY 18/19.

8.8 b) The Form 990 is an annual reporting return that REMSA must file with the IRS. It provides information on the filing organization's mission, programs, and finances. REMSA's Form 990 for FY 17/18 was submitted on November 15, 2019.

8.8 c) The Agreed-Upon Procedures Related to Franchise Average Bill prepared by the external auditor were submitted on December 3, 2019. The five page document includes the independent auditor's report and Schedule A, B and C for FY 18/19.

## **ARTICLE 9 - PERSONNEL AND EQUIPMENT**

### 9.1. Dispatch Personnel Training

→ **REMSA met the requirement.**

9.1 a/b) REMSA submitted a list of personnel that work in the communications center. A total of 33 employees were included and had current EMD certifications for FY 18/19. Additionally, 12 REMSA communications personnel were hired during the fiscal year and received EMD training within six months.

### 9.2. Dispatch Accreditation

→ **REMSA met the requirement.**

9.2 a) REMSA submitted a copy of their Accredited Center of Excellence (ACE) accreditation certification, which is issued through May 3, 2022.

9.2 b) EMS Oversight Program staff obtained the standards of accreditation and the ACE application from the International Academies of Emergency Dispatch website. EMS Oversight Program staff also located a list of ACE accredited dispatch centers, which listed REMSA as one of three dispatch centers in Nevada that have received this designation.

### 9.3. Personnel Licensing and Certification

→ **REMSA met the requirement.**

9.3 a) REMSA submitted lists of their certified personnel to include Paramedics, AEMTs and EMTs. Table 8 demonstrates the number of staff per each certified position.

**Table 8: REMSA Certified Personnel**

<b>Certified Position</b>	<b>Number of Staff</b>
Paramedics	137
Advanced EMTs	73
EMT-Basic	5

9.3 b) The Nevada Department of Health and Human Services, Division of Public and Behavioral Health (DPBH) Office of Emergency Medical Systems confirmed in an email received by the WCHD on December 2, 2019 that REMSA was in compliance in regards to NRS 450B and NAC 450B requirements pertaining to permits, inspections, staffing, equipment, operations and protocols for FY 18/19.

9.4. ICS Training

→**REMSA met the requirement.**

9.4 a) REMSA submitted documentation that 154 personnel have been trained in the Washoe County Multi-Casualty Incident Plan (MCIP) as of October 17, 2019.

9.4 b) REMSA submitted documentation that 209 personnel have been trained in Incident Command System (ICS) 100 as of October 17, 2019.

9.4 c) REMSA submitted documentation that 203 personnel have been trained in ICS 200 as of October 17, 2019.

9.4 d) REMSA submitted documentation that 14 personnel have been trained in ICS 300 as of October 17, 2019.

9.4 e) REMSA submitted documentation that five personnel have been trained in ICS 400 as of October 17, 2019.

9.4 f) REMSA submitted documentation that 200 personnel have been trained in ICS 700 as of October 17, 2019.

9.4 g) REMSA provided a list of operational field management personnel that included an EMS director, two managers, eight full-time supervisors, two administrative supervisors and four part-time supervisors.

9.4 h) REMSA provided a list of five REOC qualified personnel based on their REMSA position and ICS courses completed.

9.5. Ambulance Markings

→**REMSA met the requirement.**

9.5 a) The Franchise agreement states that all ambulance units shall be marked with REMSA emblems rather than the individual identity of any ambulance service contractor. EMS Oversight Program staff completed quarterly spot checks to ensure that units had the REMSA logo. The spot checks found REMSA in compliance and occurred on the following dates:

- July 10, 2018
- October 10, 2018
- March 7, 2019
- May 22, 2019

#### 9.6. Ambulance Permits and Equipment

→**REMSA met the requirement.**

9.6 a/b) REMSA provided EMS Oversight Program staff a detailed inventory list of all organizational capital equipment, such as monitors, power cots, stair chairs, etc. REMSA also submitted a list of vehicles to include model, type and VIN numbers.

9.6 c) Same as 9.3b.

#### 9.7. Field Supervisor Staffing

→**REMSA met the requirement.**

9.7 a/b) REMSA submitted a week of supervisor shift schedules as a sample to demonstrate that a field supervisor is on each shift. In the shift schedule provided, there are two to three supervisors on shift per 24-hours, depending on day and time of the week. REMSA also provided the job description for EMS supervisor that was last revised in January 2016.

#### 9.8. Medical Director

→**REMSA met the requirement.**

9.8 a/b) The Nevada Department of Health and Human Services, DPBH Office of Emergency Medical Systems Program confirmed in an email received by the WCHD on December 2, 2019 that REMSA was in compliance in regards to their Medical Director appointment. According to State EMS, the Medical Director met the requirements for a permitted service in Nevada in accordance with NAC 450B and NRS 450B. As of the most recent permit renewal, the Medical Director was Dr. Brad Lee, however the office has been informed that Dr. Jennifer Wilson is the current Medical Director.

### **ARTICLE 10 - QUALITY ASSURANCE**

#### 10.1. Personnel

→**REMSA met the requirement.**

10.1 a) REMSA provided written documentation of the individuals designated to conduct the oversight and maintenance of the continuous quality improvement (CQI) program for ground ALS services. The members of the CQI department include the Medical Director, Care Flight Medical Director, Director of Clinical/Quality/Communications, Manager of Clinical Quality Services and five Clinical Coordinators.

#### 10.2. Review

→ **REMSA met the requirement.**

10.2 a) In the monthly Operation Reports presented to the DBOH, REMSA includes the Medical Director's Report. This report includes a breakdown of the patient charts reviewed during the previous month. All monthly reviews during FY 18/19 met or exceeded the requirement of 5% of ALS calls.

10.2 b) With the following types of calls, REMSA CQI department personnel conduct manual reviews of all patient care reports (PCRs) for accurate and complete documentation as well as appropriate use of protocols:

- 100% of cardiopulmonary arrests (adult and pediatric)
- 100% of advanced airways (outside cardiac arrests-adult and pediatric)
- 100% of Deliveries and Neonatal Resuscitation
- 100% of Pediatric patients receiving the following medications
  - Versed
  - Epinephrine
  - Narcan
- 100% of Pediatric patients with a GCS of  $\leq 14$
- 100% of STEMI Alert, STEMI rhythms, STROKE Alert
- 100% Adult Patients who receive critical medications outside cardiac arrest resuscitation
- 100% Advanced Airway Success Rates for nasal/oral-endotracheal intubation and laryngeal mask airway, Airway placement (first and second attempt) for adult and pediatric patients
- 100% of Patients who receive Ketamine, Epinephrine, Atropine, Lidocaine, Amiodarone, Adenosine, Vasopressin, Heparin, Dopamine, Racemic Epi, Magnesium, Sodium Bicarb, Solu-Medrol
- 100% of all patients seen in Nye County

All PCRs that are reviewed are returned to the provider via Zoll Reroute system with an accompanying email for the Clinical Development/CQI Coordinator for any opportune finding. The provider will have the opportunity to review the comments and the PCR and reply, if desired. The Clinical Development/CQI Coordinator will monitor via Zoll Reroute system report the opening of messages by providers. Any immediate concerns are forwarded to medical leadership for review and follow up as necessary.

#### CQI Sessions

- October 2018: Topics: Dr. Desai St Mary's Cardiologist caring for cardiac patients, Sepsis, Case Studies, Airway Management, Medicare updates, New Medications
- February 2019: Pain Management
- June 2019: Clinical data and driving patient care, Medical Director introduction and clinical review expectations

#### Cadaver Labs

- April 2018
- October 2018
- May 2019

## **ARTICLE 11 - COMMUNITY RELATIONS AND PUBLIC EDUCATION**

### 11.1. CPR Courses

**→ REMSA met the requirement.**

11.1 a) In the monthly Operation Report presented to the DBOH, REMSA provided a list of the CPR courses that were offered throughout the previous month. In January 2015, REMSA reformatted the style of this report to differentiate between the courses that are REMSA classes and site classes.

### 11.2. Community Health Education

**→ REMSA met the requirement.**

11.2 a) In the monthly Operation Report presented to the DBOH, REMSA included the public relations report that outlines the multimedia activities completed during the previous month.

### 11.3. Clinical Skills

**→ REMSA met the requirement.**

11.3a) According to the Education Manager, REMSA did not have the need to utilize hospital partners during the fiscal year for the remediation of employees in clinical skills. REMSA maintains a close and valuable relationship with the clinical departments of all participating hospitals and utilize them for continuing education of REMSA employees. REMSA had numerous continuing education courses, some of the topics have been:

- Donor Network for Organ Donation
- Critical Care Case Review
- Use of Bubble CPAP
- Ultrasound in EMS
- Stump the Cardiologist
- Treatment of Acute Stroke
- Stroke
- Autism and EMS

### 11.4. Fire EMS Training

**→ REMSA met the requirement.**

11.4 a) REMSA provides CEU opportunities that are available to all first responders. In each quarter REMSA also offered specialty training on diverse topics to regional EMS agencies. Through the Franchise agreement the EMS Advisory Board has the ability to make recommendations for Fire EMS trainings to the DBOH. EMS Oversight Program staff periodically observe the trainings.

## **ARTICLE 12 – REPORTING**

### 12.1. Monthly Reports

→ **REMSA met the requirement.**

12.1 a) During the fiscal year, REMSA submitted twelve Operations Reports to the DBOH. These reports typically include documentation about response compliance, average response times, average bill, community CPR class, patient feedback and multimedia campaign activities.

### 12.2. Annual Reports

→ **REMSA met the requirement.**

12.2 a) The WCHD received all compliance documentation on or before December 3, 2019.

12.2 b) During the fiscal year, EMS Oversight Program staff conducted monthly compliance calculations based on data pulled from the FirstWatch OCU, held exemption meetings, observed the Fire EMS trainings and held compliance meetings throughout the fiscal year.

## **ARTICLE 13 - FAILURE TO COMPLY/REMEDIES**

### 13.1. Failure to Comply with Agreement

→ *Failure to comply is stated in the Franchise, but is not part of compliance determination, unless REMSA does not comply with the terms of the Franchise.*

### 13.2. Notice of Noncompliance

→ *Notice of noncompliance is stated in the Franchise, but is not part of compliance determination, unless REMSA does not comply with the terms of the Franchise.*

### 13.3. Failure to Correct/ Rescission of Agreement

→ *Failure to correct/rescission is stated in the Franchise, but is not part of compliance determination, unless REMSA does not comply with the terms of the Franchise.*

### 13.4. Alternate to Rescinding Agreement

→ *Alternate to rescinding is stated in the Franchise, but is not part of compliance determination, unless REMSA does not comply with the terms of the Franchise.*

## **ARTICLE 14 - DISPUTE RESOLUTION**

### 14.1 Agreement to Mediate Disputes

→ *Agreement to mediate disputes is stated in the Franchise, but is not part of compliance determination, unless a dispute occurs.*

## **ARTICLE 15 - FINANCIAL ASSURANCE/CONTINUITY OF OPERATIONS**

### 15.1. Financial Assurance/Continuity of Operations

→ **REMSA met the requirement.**



15.1 a) The Consolidated Financial Statements prepared by the auditor indicate REMSA's net assets of \$26,233,687. Additionally, according to a letter written by the REMSA CFO, REMSA has a reserve amount of \$3 million in the equity statements as a Board designated reserve.

## **ARTICLE 16 - INSURANCE AND INDEMNIFICATION**

### 16.1. Insurance

**→REMSA met the requirement.**

16.1 a/b) REMSA provided a copy of their certificate of liability insurance that included general liability, automobile, workers compensation and employer's insurance policies. Additionally, "Washoe County" is listed as the certificate holder.

### 16.2. Indemnification

**→REMSA met the requirement.**

16.2 a) The Franchise agreement includes an indemnification statement that the parties of the Franchise agree to hold harmless, indemnify and defend the other party. This statement became binding when the parties signed the Franchise agreement. Therefore, a signed copy of the Franchise agreement is included as part of the compliance report documentation.

### 16.3. Limitation of Liability

**→REMSA met the requirement.**

16.3 a/b) The Franchise agreement states the WCHD will not waive and intends to assert any available remedy and liability limitation set forth in NRS Chapter 41 and applicable case law. Therefore, the compliance documentation collected for the fiscal year includes a copy of NRS Chapter 41 and the signed Franchise.

## **ARTICLE 17 – MISCELLANEOUS**

### 17.1. REMSA Contracts with Other Entities

**→REMSA met the requirement.**

17.1 a) REMSA submitted nine mutual aid agreements that are REMSA's current agreements with other political entities or Fire/EMS agencies.

### 17.2. Governing Law; Jurisdiction

**→ *Governing law; jurisdictions are stated in the Franchise, but are not part of compliance determination.***

### 17.3. Assignment

**→ *Assignment is stated in the Franchise, but is not part of compliance determination.***

### 17.4. Severability

**→ *Severability is stated in the Franchise, but is not part of compliance determination.***

### 17.5. Entire Agreement/Modification

→ *Entire agreement/modification is stated in the Franchise, but is not part of compliance determination.*

17.6. Benefits

→ *Benefits are stated in the Franchise, but are not part of compliance determination.*

17.7. Notice

→ *Notice is stated in the Franchise, but is not part of compliance determination.*



2	<b>Granting of Exclusive Franchise</b> <i>(continued)</i>	<b>2.7 Supply Exchange and Reimbursement</b> a) <input checked="" type="checkbox"/> The current signed supply exchange/reimbursement agreements with each fire agency  b) <input checked="" type="checkbox"/> Confirmation that jurisdictions were reimbursed  <b>2.8 No Obligation for Subsidy</b> a) <input checked="" type="checkbox"/> A statement from the external auditor that REMSA does not receive any funding/monetary subsidy from the Cities of Reno and Sparks and Washoe County  b) <input checked="" type="checkbox"/> 501C3 articles of incorporation  c) <input checked="" type="checkbox"/> Disclosure of grant funding for franchise ground ambulance services, if any	REMSA  WCHD  REMSA  REMSA	On file, unless updated  10/10/19  11/15/19  On file  11/15/19	
3	<b>Governing Body</b>	<b>3.1 Board of Directors</b> a) <input checked="" type="checkbox"/> List of Board members  b) <input checked="" type="checkbox"/> Legal confirmation that all contractual relationships involving a member of the REMSA Board have been approved by a majority of the disinterested members  <b>3.2 Board Member Separation</b> a) <input checked="" type="checkbox"/> A signed statement by each Board member that declares any contracts/conflicts of interest, and states the Board member is not an employee of REMSA or the contractor  <b>3.3 Meetings</b> a) <input checked="" type="checkbox"/> List of six Board meetings held during the fiscal year  b) <input checked="" type="checkbox"/> Statement from the DHO that REMSA held six Board meetings with a quorum of its members	REMSA  REMSA  REMSA  REMSA  WCHD	10/7/19  11/13/19  12/3/19  10/7/19  9/26/19	
4	<b>Contract, Competitive Bidding and Market Survey</b>	<b>4.1 Market Survey and Competitive Bidding</b> - A market survey or competitive bid is stated in the franchise, but is not part of compliance determination until 2021			

5	Communications	<b>5.1 Radio</b>			
		a) <input checked="" type="checkbox"/> Current 800 MHz MOU	REMSA	On file	
		b) <input checked="" type="checkbox"/> A checklist and timeline that demonstrates outcomes/progress made concerning compatible communications with the Washoe County Regional Communications System (WCRCS)	REMSA	10/23/19	
		<b>5.2 Dispatch</b>			
		a) <input checked="" type="checkbox"/> Documentation of at least one check/drill conducted on the backup system during the year	REMSA	11/5/19	
		b) <input checked="" type="checkbox"/> Documentation of one operational drill on the backup system, including dates and names of the individuals who participated	REMSA	11/5/19	
		c) <input checked="" type="checkbox"/> A brief summary of the drill and an AAR-IP	REMSA	11/5/19	
		d) <input checked="" type="checkbox"/> Documentation of CAD to CAD meetings	WCHD	9/26/19	
		e) <input checked="" type="checkbox"/> A timeline of meetings/discussions that demonstrate REMSA's progress toward the establishment of the CAD to CAD interface	REMSA	10/23/19	
		f) <input checked="" type="checkbox"/> A timeline of meetings/discussions that demonstrate REMSA's progress towards AVL connections between agencies	REMSA	10/23/19	
g) <input checked="" type="checkbox"/> Documentation of completed efforts that demonstrates REMSA's progress toward the establishment of the CAD to CAD interface	REMSA	10/23/19			
h) <input checked="" type="checkbox"/> Documentation of completed efforts that demonstrates REMSA's progress toward AVL connections between agencies (including current capabilities)	REMSA	10/23/19			
<b>5.3 Change of Priority</b>					
a) <input checked="" type="checkbox"/> Number of calls that were upgraded and downgraded	REMSA	11/5/19			

		and why this action occurred ( <i>included in monthly report</i> )			
6	<b>Data and Records Management</b>	<p><b>6.1 Data and Records</b></p> <p>a) <input checked="" type="checkbox"/> A timeline of meetings/discussions that demonstrate REMSA’s progress toward the establishment of the CAD to CAD interface</p> <p>b) <input checked="" type="checkbox"/> A checklist of completed efforts that demonstrates REMSA’s progress toward the establishment of the CAD to CAD interface</p> <p>c) <input checked="" type="checkbox"/> List of investigations made by the DHO, or designee during the fiscal year</p> <p>d) <input checked="" type="checkbox"/> Response time compliance report/study zone reports</p> <p>e) <input checked="" type="checkbox"/> List of DHO requests for data/records during the fiscal year (identifies outcomes of requests- i.e., data provided or reasonable justification why request was not adhered to)</p>	From 5.2	10/23/19	
			From 5.2	10/23/19	
			WCHD	-----	
			REMSA	-----	
			WCHD	9/26/19	
7	<b>Response Compliance and Penalties</b>	<p><b>7.1 Response Zones</b></p> <p>a) <input checked="" type="checkbox"/> REMSA Franchise map (Zones A – E)</p> <p>b) <input checked="" type="checkbox"/> Date(s) of meeting(s) of the annual map review</p> <p>c) <input checked="" type="checkbox"/> Zone A report – 90% of all P1 calls have a response time of 8:59 or less</p> <p>d) <input checked="" type="checkbox"/> Zones B, C and D report – 90% of all P1 calls have a collective response time of 15:59, 20:59 and 30:59</p> <p>e) <input checked="" type="checkbox"/> Zone E report – total number of calls</p> <p><b>7.2 Response Determinants</b></p> <p>a) <input checked="" type="checkbox"/> Meeting date(s) of the EMD determinants jointly reviewed by the REMSA MD and fire agency MDs</p> <p>b) <input checked="" type="checkbox"/> A summary of all pertinent outcomes/decisions -</p>	2.2a	On file	
			WCHD	10/4/18	
			WCHD	7/10/19	
			WCHD	7/10/19	
			WCHD	7/10/19	
			REMSA	6/12/19	
			REMSA	10/23/19	

7	Response Compliance and Penalties (continued)	including updates/changes to determinants, if any			
		<b>7.3 Zone Map</b>			
		a) <input checked="" type="checkbox"/> Date(s) of meeting(s) of the annual map review	From 7.1b	10/4/18	
		b) <input checked="" type="checkbox"/> List of changes to the map, if applicable	WCHD	-----	
		c) <input checked="" type="checkbox"/> List of locations of the REMSA franchise map	WCHD	6/28/19	
		<b>7.4 Response Time Reporting</b>			
		a) <input checked="" type="checkbox"/> Monthly call/response data with address and zone information ( <i>collected from the OCU</i> )	WCHD	7/10/19	
		b) <input checked="" type="checkbox"/> Total number of responses in the fiscal year ( <i>collected from the OCU</i> )	WCHD	7/10/19	
		c) <input checked="" type="checkbox"/> EMS staff monthly review documentation	WCHD	7/10/19	
		<b>7.5 Penalties</b>			
		a) <input checked="" type="checkbox"/> Penalty fund dollars verification letter from REMSA and all penalty fund reconciliation documents for the fiscal year	REMSA	11/15/19	
		b) <input checked="" type="checkbox"/> CPI calculation	WCHD	5/10/18	
		c) <input checked="" type="checkbox"/> Documentation of all penalties – all calls that incurred penalties and number of minutes per month	REMSA	11/15/19	
		d) <input checked="" type="checkbox"/> Priority 1 penalty fund analysis for the fiscal year ( <i>submitted by independent accounting firm</i> )	REMSA	12/3/19	
e) <input checked="" type="checkbox"/> Agreed-upon procedures related to Priority 1 Penalty Fund ( <i>submitted by independent accounting firm</i> )	REMSA	12/3/19			
<b>7.6 Exemptions</b>					
a) <input checked="" type="checkbox"/> Exemption reports ( <i>collected from the OCU</i> )	REMSA /WCHD	8/1/19			
b) <input checked="" type="checkbox"/> Description of REMSA's internal exemption approval	REMSA	10/23/19			

7	<b>Response Compliance and Penalties</b> <i>(continued)</i>	process			
		c) <input checked="" type="checkbox"/> Any exemption disputes between REMSA and its contractor reviewed by the DHO, if any	WCHD	-----	
		d) <input checked="" type="checkbox"/> Letter detailing approved exemptions by the DHO	WCHD	5/26/16	On file
		e) <input checked="" type="checkbox"/> Exemption request(s) and any approvals by the DHO, or designee, during the fiscal year, if applicable	REMSA	10/18/19	
		<b>7.7 Penalty Fund</b>			
		a) <input checked="" type="checkbox"/> Letter from REMSA confirming penalty funds are recorded monthly in a separate restricted account	REMSA	11/15/19	
		b) <input checked="" type="checkbox"/> Documentation of all penalties – all calls that incurred penalties and number of minutes per month	REMSA	11/15/19	
		c) <input checked="" type="checkbox"/> Documentation of penalty fund usage to include dates received, services rendered, purpose, recipients, etc. <i>(included in the monthly Operations Report, as appropriate)</i>	REMSA	11/15/19	
		d) <input checked="" type="checkbox"/> Documentation from the external auditor that the penalty fund is in a separate restricted account	REMSA	11/15/19	
		<b>7.8 Health Officer Approval</b>			
a) <input checked="" type="checkbox"/> Letter to the DHO requesting use of penalty fund dollars	REMSA	9/7/18	Multiple submissions during FY		
b) <input checked="" type="checkbox"/> Letter of approval from the DHO	WCHD	10/4/18			



8	Patient Billing	<b>8.1 Average Patient Bill</b> a) <input checked="" type="checkbox"/> CPI calculation  b) <input checked="" type="checkbox"/> Letter(s) from REMSA on schedule of rates, changes and fees as they occur throughout the fiscal year  c) <input checked="" type="checkbox"/> Explanation of the average bill calculations that are reported monthly to DBOH	From 7.5	5/10/18	
			REMSA	12/4/18 & 12/28/19	
			REMSA	11/6/19	
		<b>8.2 Increase Beyond CPI</b> - Only applicable if REMSA requests an increase beyond the annual CPI adjustment			
		<b>8.3 Overage in Bill Amount</b> - Only applicable if REMSA exceeds the maximum average patient bill			
		<b>8.4 Third Party Reimbursement</b> a) <input checked="" type="checkbox"/> Explanation of billing policies/procedures related to billing third parties and mitigating out of pocket expenses	REMSA	11/6/19	
		<b>8.5 Prepaid Subscription Program</b> a) <input checked="" type="checkbox"/> Silver Saver brochure  b) <input checked="" type="checkbox"/> Number of enrolled members as of June 30	REMSA REMSA	11/6/19 11/20/19	
<b>8.6 Billing</b> a) <input checked="" type="checkbox"/> REMSA organizational chart showing placement of billing department	REMSA	10/7/19			
<b>8.7 Accounting Practices</b> a) <input checked="" type="checkbox"/> Documentation that the independent auditor adheres to GAAP and GAAS	WCHD	9/26/19			

8	<b>Patient Billing</b> <i>(Continued)</i>	<b>8.8 Audit</b> a) <input checked="" type="checkbox"/> Current fiscal year financial audit from independent auditor b) <input checked="" type="checkbox"/> Form 990 from the previous fiscal year c) <input checked="" type="checkbox"/> Agreed-upon procedures on the average bill <i>(submitted by an independent auditing firm)</i>	REMSA	11/15/19	
9	<b>Personnel and Equipment</b>	<b>9.1 Dispatch Personnel Training</b> a) <input checked="" type="checkbox"/> List of dispatch personnel that dispatch 911 and routine transfer calls that includes EMD certification, EMT/Paramedic certification number and expiration date b) <input checked="" type="checkbox"/> List of new dispatch personnel that dispatch 911 and routine transfer calls and training completed within their first 6-months of employment  <b>9.2 Dispatch Accreditation</b> a) <input checked="" type="checkbox"/> A copy of the certification of the National Academy of Emergency Medical Dispatchers accreditation of the Accredited Center of Excellence (ACE) b) <input checked="" type="checkbox"/> List of ACE standards/requirements  <b>9.3 Personnel Licensing and Certification</b> a) <input checked="" type="checkbox"/> Lists of attendants, EMTs, Paramedics, and EMD certified personnel that includes certification number and expiration date b) <input checked="" type="checkbox"/> Letter from State EMS confirming adherence to Chapter 450B  <b>9.4 ICS Training</b> a) <input checked="" type="checkbox"/> List of individuals who completed MCIP training	REMSA	10/23/19	updated every 3 years

9	Personnel and Equipment (continued)	b) <input checked="" type="checkbox"/> List of individuals trained in ICS 100 (certificates of completion on file at REMSA)	REMSA	10/17/19	
		c) <input checked="" type="checkbox"/> List of individuals trained in ICS 200 (certificates of completion on file at REMSA)	REMSA	10/17/19	
		d) <input checked="" type="checkbox"/> List of individuals trained in ICS 300 (certificates of completion on file at REMSA)	REMSA	10/17/19	
		e) <input checked="" type="checkbox"/> List of individuals trained in ICS 400 (certificates of completion on file at REMSA)	REMSA	10/17/19	
		f) <input checked="" type="checkbox"/> List of individuals trained in ICS 700 (certificates of completion on file at REMSA)	REMSA	10/17/19	
		g) <input checked="" type="checkbox"/> List of field operational management personnel (both part-time and full-time)	REMSA	10/17/19	
		h) <input checked="" type="checkbox"/> List of REMSA REOC representatives	REMSA	10/17/19	
		<b>9.5 Ambulance Markings</b>			
		a) <input checked="" type="checkbox"/> Dates of quarterly EMS program “spot checks”	WCHD	5/22/19	
		<b>9.6 Ambulance Permits and Equipment</b>			
		a) <input checked="" type="checkbox"/> List of all REMSA ambulances	REMSA	11/12/19	
		b) <input checked="" type="checkbox"/> List of all ambulance capital equipment: monitors, power cots, stair chairs, etc.	REMSA	11/12/19	
		c) <input checked="" type="checkbox"/> Letter from State EMS office confirming adherence to Chapter 450B (NAC/NRS)	From 9.3	12/2/19	
		<b>9.7 Field Supervisor Staffing</b>			
a) <input checked="" type="checkbox"/> Example of a week’s supervisor shift schedule	REMSA	11/16/19			
b) <input checked="" type="checkbox"/> Supervisor job description	REMSA	On file	Resubmitted when updated		

9	Personnel and Equipment <i>(continued)</i>	<b>9.8 Medical Director</b>	WCHD	12/2/19	
		a) <input checked="" type="checkbox"/> Medical Director's CV (from State EMS)			
		b) <input checked="" type="checkbox"/> Documentation that MD meets NAC 450B. 505 state requirements (coordination with State EMS)	WCHD	12/2/19	
10	Quality Assurance	<b>10.1 Personnel</b>	REMSA	10/23/19	
		a) <input checked="" type="checkbox"/> Written identification of the individual(s) responsible for the internal coordination of medical quality assurance issues			
		<b>10.2 Review</b>			
		a) <input checked="" type="checkbox"/> Quality assurance reviews of ambulance runs for at least 5% of the previous month's ALS calls ( <i>included in the monthly Operations Report</i> )	12.1a	10/18/19	
		b) <input checked="" type="checkbox"/> Summary of the quality assurance review activities conducted throughout the fiscal year	REMSA	10/23/19	
11	Community Relations and Public Education	<b>11.1 CPR Courses</b>			
		a) <input checked="" type="checkbox"/> List of all CPR public courses offered during the fiscal year – separated into REMSA employee conducted training and REMSA affiliated trainings ( <i>included in the monthly Operations Report</i> )	12.1a	10/22/19	
		<b>11.2 Community Health Education</b>			
		a) <input checked="" type="checkbox"/> Multimedia campaign(s) about a current need within the community ( <i>included in the monthly Operations Report</i> )	12.1a	10/18/19	
		<b>11.3 Clinical Skills</b>			
		a) <input checked="" type="checkbox"/> List of clinical skill experience(s) offered for specific prehospital care personnel through participating hospitals and the number of attendees, if necessary	REMSA	10/23/19	

11	<b>Community Relations and Public Edu.</b> <i>(continued)</i>	<b>11.4 Fire EMS Training</b> a) <input checked="" type="checkbox"/> List of quarterly Fire EMS trainings and dates	REMSA	11/5/19	
12	<b>Reporting</b>	<b>12.1 Monthly Reports</b> a) <input checked="" type="checkbox"/> Monthly Operations Reports presented to the DBOH  <b>12.2 Annual Reports</b> a) <input checked="" type="checkbox"/> All documentation for the Compliance Report should be submitted to the WCHD no later than December 31  b) <input checked="" type="checkbox"/> Documentation of compliance monitoring	REMSA	8/15/19	
			REMSA	12/3/19	
			WCHD	12/3/19	
13	<b>Failure to Comply/ Remedies</b>	<b>13.1 Failure to Comply with Agreement</b> - Failure to comply is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the Franchise  <b>13.2 Notice of Noncompliance</b> - Notice of noncompliance is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the Franchise  <b>13.3 Failure to Correct/Rescission of Agreement</b> - Failure to correct/rescission is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the Franchise  <b>13.4 Alternate to Rescinding Agreement</b> - Alternate to rescinding is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the Franchise			
14	<b>Dispute Resolution</b>	<b>14.1 Agreement to Mediate Disputes</b> - Agreement to mediate disputes is stated in the franchise, but is not part of compliance determination unless a dispute occurs			

15	<b>Financial Assurance/ Continuity of Operations</b>	<b>15.1 Financial Assurance/Continuity of Operations</b> a) <input checked="" type="checkbox"/> Documentation of the performance security in the amount of 3 million dollars - demonstrating that it is a reserve amount in the equity statement of the REMSA financials ( <i>included in the financial audit</i> )	REMSA	11/15/19	
16	<b>Insurance and Indemnification</b>	<b>16.1 Insurance</b> a) <input checked="" type="checkbox"/> REMSA’s insurance certificates for general liability insurance, automobile liability, workers compensation and employer’s liability  b) <input checked="" type="checkbox"/> Documentation that the WCHD is listed as an additional insured  <b>16.2 Indemnification</b> a) <input checked="" type="checkbox"/> Signed franchise agreement  <b>16.3 Limitation of Liability</b> a) <input checked="" type="checkbox"/> NRS Chapter 41  b) <input checked="" type="checkbox"/> Signed franchise agreement	REMSA	10/7/19	
			REMSA	10/7/19	
			WCHD	On file	
			WCHD	On file	
			WCHD	On file	
17	<b>Miscellaneous</b>	<b>17.1 REMSA Contract with Other Entities</b> a) <input checked="" type="checkbox"/> All current contracts, service agreements MAAs and MOUs with other political entities	REMSA	5/28/19	

17	Miscellaneous <i>(continued)</i>	<p><b>17.2 Governing Law; Jurisdictions</b></p> <ul style="list-style-type: none"> <li>- Governing law; jurisdictions are stated in the franchise, but are not part of compliance determination</li> </ul> <p><b>17.3 Assignment</b></p> <ul style="list-style-type: none"> <li>- Assignment is stated in the franchise, but is not part of compliance determination</li> </ul> <p><b>17.4 Severability</b></p> <ul style="list-style-type: none"> <li>- Severability is stated in the franchise, but is not part of compliance determination</li> </ul> <p><b>17.5 Entire Agreement/Modification</b></p> <ul style="list-style-type: none"> <li>- Entire agreement/modification is stated in the franchise, but is not part of compliance determination</li> </ul> <p><b>17.6 Benefits</b></p> <ul style="list-style-type: none"> <li>- Benefits are stated in the franchise, but are not part of compliance determination</li> </ul> <p><b>17.7 Notice</b></p> <ul style="list-style-type: none"> <li>- Notice is stated in the franchise, but is not part of compliance determination</li> </ul>			
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The Reviewer’s Notes column shall be used to indicate REMSA’s compliance with each checklist item. Compliance will be indicated as follows:

- Full Compliance - Documentation was provided and fulfilled the checklist requirement(s).
- Substantial Compliance - Documentation was provided, but did not entirely fulfill the checklist requirement(s).
- Non- Compliance - No documentation was provided, or documentation provided did not fulfill the checklist requirement(s).

# Health District's Duties and Activities Regarding the Homeless Population, including along the Truckee River

Kevin Dick, District Health Officer  
Charlene Albee, EHS Division Director  
January 23, 2020



# Homeless Encampments



# Environmental Health Services Regulatory Authority

## District Board of Health Regulations Governing Solid Waste Management

**Section 040.005**, solid waste storage must not:

- A. Cause a health hazard;
- B. Attract or propagate vectors, vermin or pests, including but not limited to dogs, bears, coyotes, and raccoons;
- C. Create unpleasant odors; and
- D. Create a nuisance.

### **Sections 040.010 and 050.115**

Property owners are ultimately responsible for proper solid waste storage, removal, transport and disposal.

# EHS Response to Complaints

- Complaint received, record created in Accela, and assigned to EHS Area Inspector
- Inspector investigates to validate the complaint (photos) and determines the property owner
- Validated complaint results in issuance of Notice of Violation ordering property owner to abate within 14 days
- Inspector communicates and coordinates with property owner to ensure abatement
- Property owner provides notification of cleanup, Inspector verifies abatement of solid waste is completed prior to closing the complaint
- Failure to comply may result in further action including issuance of a criminal citation

# Notice of Violations Issued

- City of Reno
- Washoe County
- Truckee Meadows Water Authority
- Nevada Dept. of Transportation
- Bureau of Land Management
- Several Private Property Owners

# EHS Actions Effective but Temporary



# Portland Loo Project

- Approach to provide sanitation/ bathroom facilities
- Open design developed to mitigate misuse of bathroom facilities
- EHS Tire Fund contribution to operations and maintenance
- To be installed at Brodhead Park



# Community and Clinical Health Services

- Immunizations
- STD/HIV Testing
- Family Planning Services
- WIC
- Tuberculosis

# Community Health Improvement Plan (CHIP) Initiatives

- Youth Homelessness – Eddy House New 24 Hour Center - \$100,000 for operation and maintenance
- Reno Area Alliance for the Homeless (RAAH –HUD Continuum of Care Organization) – Participation/ Leadership Council



# CHIP Initiatives

- Goodgrid – Software platform to connect clients and community case managers for coordination, referrals, and tracking
- Peer Recovery Support Services – Funding of \$40,000 to Foundation for Recovery



# CHIP Initiatives

- Regional Strategy for Housing Affordability – TMHC/TMRPA Partnership
- Legislative Support for:
  - Transferrable Tax Credits for Affordable Housing
  - 1915(i) State Medicaid expansion to support tenancy support services for severely mentally ill

# Other Activities

- Washoe Regional Behavioral Health Advisory Board
  - AB66 Crisis Stabilization Centers
  - DHO Vice Chair
- Washoe County Substance Abuse Task Force
  - Coalition Accelerator Event April 2019
  - DHO Vice Chair

# Questions & Discussion

**Air Quality Management  
Division Director Staff Report  
Board Meeting Date: January 23, 2020**

**DATE:** January 10, 2020  
**TO:** District Board of Health  
**FROM:** Francisco Vega, P.E., Division Director  
775-784-7211; fvega@washoecounty.us  
**SUBJECT:** Program Update – 2019 A Clean Year, Divisional Update, Program Reports,  
Monitoring and Planning, Permitting and Enforcement

**1. Program Update**

- a. 2019 A Clean Year

AQMD Calendar	
Nov 1:	Know the Code Season Begins
May 15:	Step 2 Wood/Pellet Stove Emission Standard Effective Date

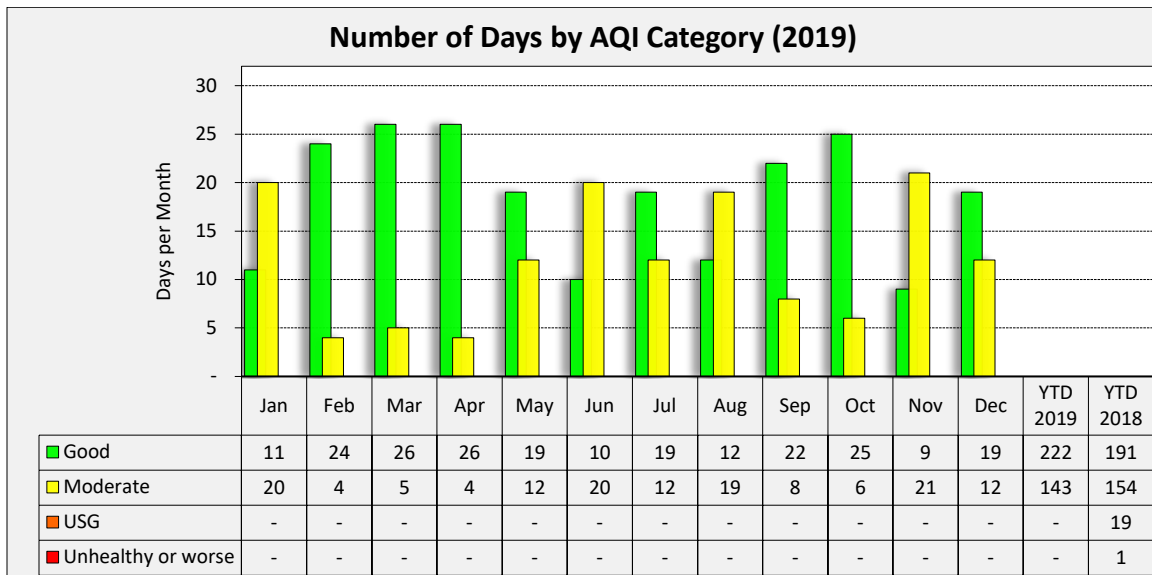
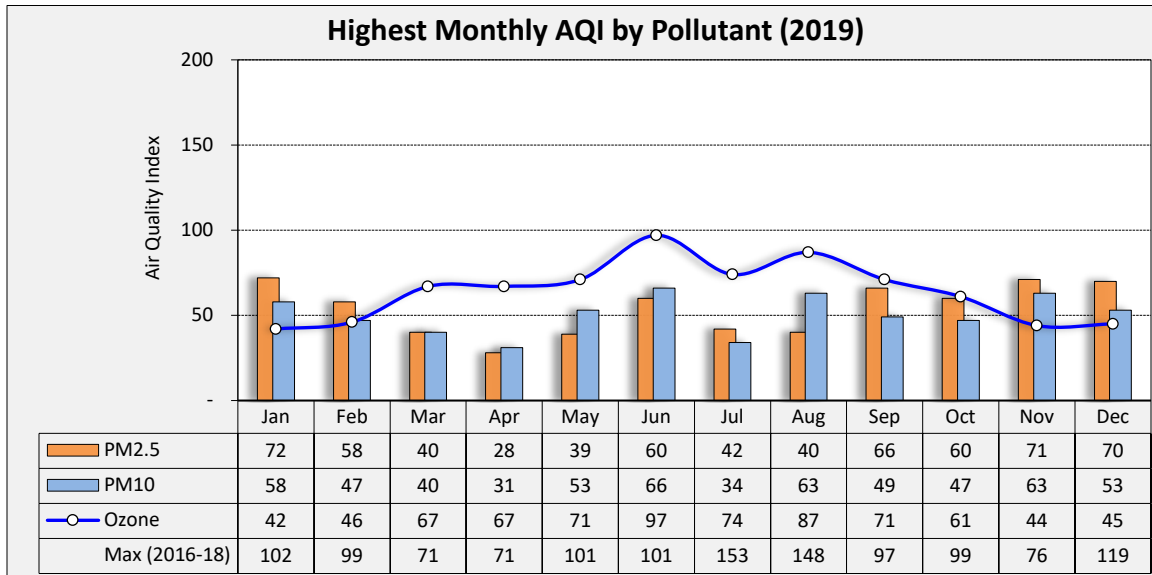
It gives me great pleasure in communicating that for the first time since 1997, we did not have an exceedance of any federal air quality standard. Even more impressive is that since 1997, Washoe County’s population has increased 50 percent and EPA has strengthened the ozone (80 to 70 ppb) and PM2.5 (65 to 35 ug/m3) standards. Although Summer 2019 was milder and only had one wildfire smoke episode, this achievement should not be underestimated.

This monumental achievement can be attributed to the excellent work done in not only the monitoring and planning branch but also the great work done in the permitting and compliance branch. Without the quality and enforceable permits being produced by the permitting staff and the continued efforts of the compliance staff, compliance with the standards would not be possible. The division as a whole works closely with one another in an effort to keep the air clean and protect the quality of life for the citizens of Reno, Sparks, and Washoe County.

Francisco Vega, P.E.,  
Division Director

## 2. Divisional Update

- a. Below are two charts detailing the most recent ambient air monitoring data. The first chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three years in the data table for comparison. The second chart indicates the number of days by AQI category and includes the previous year to date for comparison.



Please note the ambient air monitoring data are neither fully verified nor validated and should be considered PRELIMINARY. As such, the data should not be used to formulate or support regulation, guidance, or any other governmental or public decision. For a daily depiction of the most recent ambient air monitoring data, visit [OurCleanAir.com](http://OurCleanAir.com).

### 3. Program Reports

#### a. Monitoring and Planning

December Air Quality and Know the Code: There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the month of December. Through December, AQM issued 61 Green burn codes, 0 Yellows, and 0 Reds.



Downtown Reno Monitoring Station Update: In mid-December, instrumentation was relocated from the Reno3 site to the new Reno4 site at Libby Booth Elementary School. Data loss for nearly all pollutants was minimized to less than one day due to extensive pre-planning by the Monitoring Team. Near time air monitoring data from Libby Booth is being submitted to AirNow (airnow.gov). Data from Libby Booth and the rest of AQM's monitoring network is submitted to the Air Quality System (AQS). AQS is the official database that EPA references when making regulatory decisions such as Attainment/Non-attainment designations. The Monitoring Team will continue to be busy with decommissioning of the Reno3 station expected in late January 2020.

Wildfire Smoke Study: The AQM is partnering with EPA's Office of Research and Development (ORD) on a three-year project to study wildfire smoke impacts in the western U.S. The Libby Booth location, along with sites in Boise, ID and Missoula, MT, was selected because of our vulnerability to wildfire smoke from California, Oregon, and even Washington. ORD is supplementing our Libby Booth station with additional instruments with the goals of: 1) investigating the impact of photochemical aging of wildfire smoke, 2) evaluating the performance of EPA-approved instruments, and 3) identifying additional markers or "fingerprints" of smoke, especially during low smoke concentrations. The study will also strengthen future Exceptional Events demonstrations.

Daniel Inouye,  
Chief, Monitoring and Planning

#### Most Popular Tweet for December

**Washoe County AQMD** @WashoeCountyAQ · Dec 16, 2019  
Expect moderate air quality conditions until Thursday due to increased solid fuel burning and cold air valley inversions.

**NWS Reno** @NWSReno · Dec 16, 2019  
Chilly frosty mornings with valley inversions and dry conditions highlight the early week weather for the eastern Sierra and western NV. Very light snow may reach the Sierra by midweek. More storms and travel impacts possible as we get closer to Christmas.



Impressions: 9,055

a. Permitting and Compliance

**December**

Staff reviewed forty (40) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

In December 2019, Staff conducted thirty-five (35) stationary source inspections with one initial compliance inspection and fifteen (15) gasoline station inspections with two initial compliance inspections. Staff was also assigned thirteen (13) new asbestos abatement projects, overseeing the removal of over 20,000 square feet of asbestos-containing materials. Staff received twenty-two (22) new building demolition projects to monitor. Further, there were seventeen (17) new construction/dust projects to monitor, totaling one-hundred-eighty-eight (188) new acres of land being worked for various projects. Staff documented thirty-three (33) construction site inspections. Each asbestos, demolition and construction notification project are monitored regularly until each project is complete and the permit is closed. During the month enforcement staff also responded to five (5) complaints.

Type of Permit	2019		2018	
	December	YTD	December	Annual Total
<b>Renewal of Existing Air Permits</b>	82	1086	82	1,064
<b>New Authorities to Construct</b>	3	52	3	50
<b>Dust Control Permits</b>	17 (188 acres)	197 (2436 acres)	19 (432 acres)	279 (3,129 acres)
<b>Wood Stove (WS) Certificates</b>	25	442	27	403
<b>WS Dealers Affidavit of Sale</b>	30 (23 replacements)	118 (83 replacements)	13 (10 replacements)	84 (55 replacements)
<b>WS Notice of Exemptions</b>	650 (10 stoves removed)	8,353 (80 stoves removed)	561 (4 stoves removed)	8,334 (87 stoves removed)
<b>Asbestos Assessments</b>	79	1,034	68	1,129
<b>Asbestos Demo and Removal (NESHAP)</b>	35	300	15	309



COMPLAINTS	2019		2018	
	December	YTD	December	Annual Total
Asbestos	0	11	1	16
Burning	1	14	1	11
Construction Dust	2	74	2	58
Dust Control Permit	0	6	0	2
General Dust	0	35	0	56
Diesel Idling	0	4	2	2
Odor	2	31	4	17
Spray Painting	0	3	0	6
Permit to Operate	0	8	0	4
Woodstove	0	2	1	6
<b>TOTAL</b>	<b>5</b>	<b>188</b>	<b>11</b>	<b>178</b>
NOV's	December	YTD	December	Annual Total
Warnings	2	27	2	16
Citations	2	15	0	13
<b>TOTAL</b>	<b>4</b>	<b>42</b>	<b>2</b>	<b>29</b>

Mike Wolf  
 Chief, Permitting and Enforcement

DD	LL	
DHO		KD

**Community and Clinical Health Services  
Director Staff Report  
Board Meeting Date: January 23, 2020**

**DATE:** January 10, 2020  
**TO:** District Board of Health  
**FROM:** Lisa Lottritz, MPH, RN  
775-328-6159; llottritz@washoecounty.us  
**SUBJECT:** Divisional Update – 2019 Year in Review, Data & Metrics; Sexual Health (HIV and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Prevention Program, Maternal Child and Adolescent Health and Women Infants and Children

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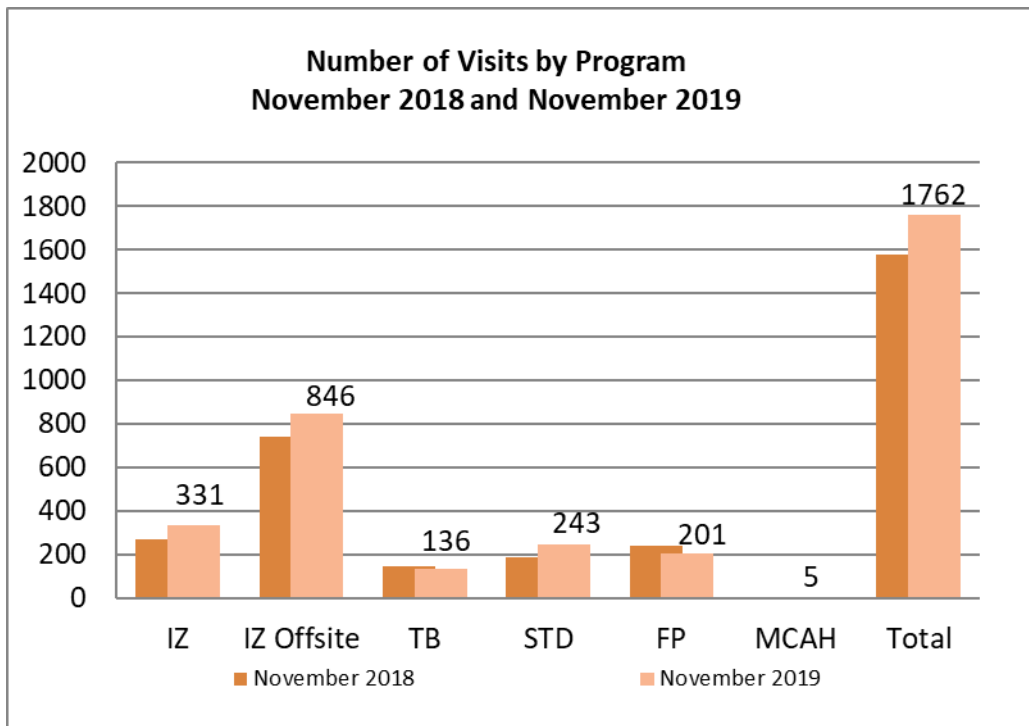
**1. Divisional Update –**

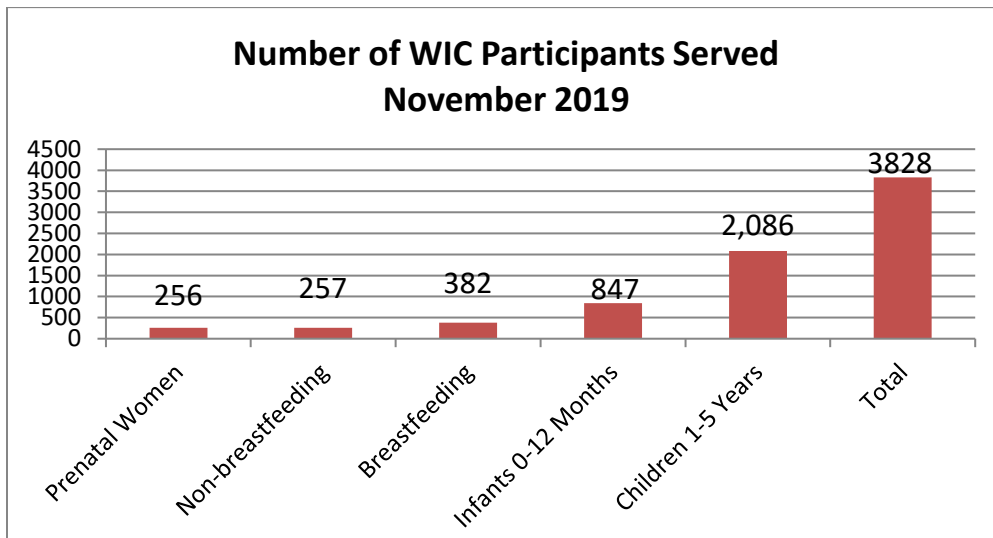
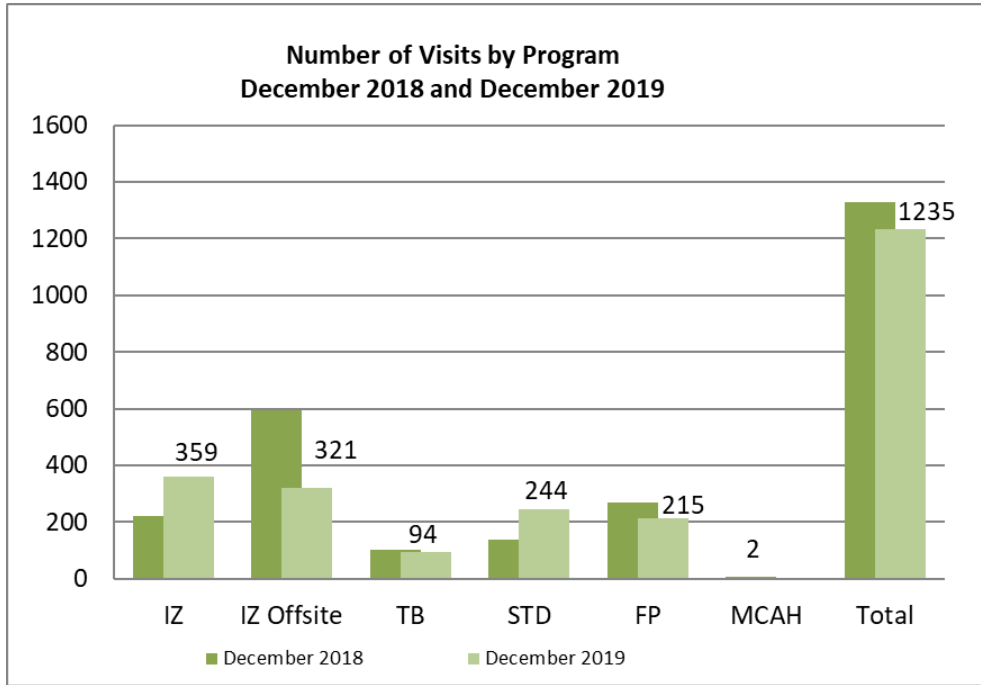
- a. **2019 Year in Review** – CCHS experienced a significant amount of staff change, including retirements, promotions, and the addition of new staff. The division continues to work to improve services for our community and create a healthy work environment for staff.
  - i. **Sustainability** – CCHS continues to focus on revenue and reimbursement through refining and enhancing billing efforts. Total program revenue through billing for clinical services provided for FY19 was \$574,241. Improved cost recovery helps with the sustainability of our valuable services to the community.
  - ii. **Clinic and Offsite Services** - CCHS provided clinic services to over 16,000 clients in the STD/HIV, TB, Immunization, Family Planning, Women Infants Children (WIC) and Maternal Child programs. CCHS delivered offsite services 239 times in FY19, providing services to at-risk populations.
  - iii. **Family Planning/Sexual Health** – In FY19, 79 female inmates received family planning services at the Washoe County Sheriff’s Office. Family Planning and Sexual Health clinics have integrated in order to provide comprehensive services to clients. Supplemental Title X funding was received for the current FY, increasing the total award by 11%. The program was awarded funding from the Nevada State Division of Public and Behavioral Health to implement Immunizations for family planning/sexual health clients.
  - iv. **Sexually Transmitted Diseases** – STD rates in Washoe County continue to follow the national trend of significant increases. Over the last five years, the number of reported cases of chlamydia increased by 32.5%, gonorrhea increased by 60%, and syphilis by

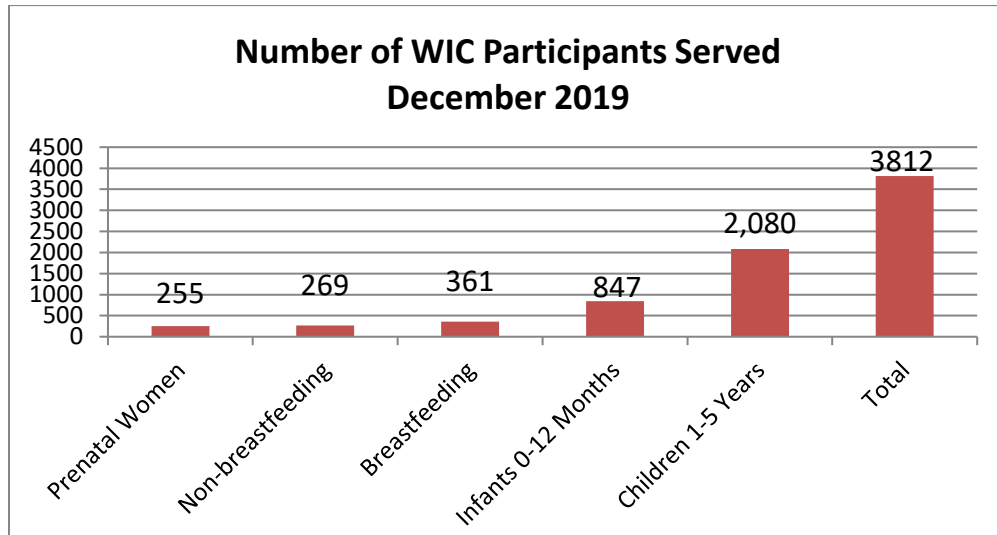
300%. In response to this, CCHS evaluated investigation priorities and worked with CDC and state staff to improve investigative procedures.

- v. **Clinic Site Host** – CCHS is a clinic site for University of Nevada, Reno medical residents, Advanced Practice Registered Nurses, and nursing students. The experience provides our future healthcare providers with knowledge and understanding of how Public Health impacts our community.
- vi. **Smoke and Vape Free Parks** – In an effort to create tobacco free environments for children, families, pets, and wildlife the Chronic Disease Prevention Program lead a joint regional effort and succeeded in designating parks in all jurisdictions (Reno, Sparks and Washoe County) as smoke and vape free locations. We joined nearly 1500 other municipalities with similar smoke free ordinances.

b. Data & Metrics







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

## 2. Program Reports – Outcomes and Activities

- a. **Sexual Health (Outreach and Disease Investigation)** – The HIV program has submitted a proposal to the Nevada Division of Public and Behavioral Health in hopes of continuing Ryan White Part B Early Intervention Services. These funds support expanded HIV testing focused on high-risk populations and communities of color due to the disproportionate impact of HIV infection among communities of color. The goal is to identify people living with HIV that are unaware of their status by offering testing in nonclinical settings. STD testing is also offered during offsite testing events. Additionally, the funds support efforts to identify people living with HIV that are not engaged in HIV care services. Staff perform extensive investigations to determine if: the client has moved out of the jurisdiction and if they are linked to care in their new location, is deceased, is living in the community and is out of HIV care, or is unable to locate after an exhaustive search. Staff work with the client and service providers to link and engage the client, addressing barriers and challenges, to set the stage for long-term engagement. When a person living with HIV is engaged in care, on medication and has achieved viral suppression through medication, the person will NOT transmit HIV through sexual contact. These activities support efforts to end new HIV infections in Washoe County.

Due to the high burden of syphilis infections and the comprehensive investigations that are required to address syphilis cases, the Sexual Health Program has prioritized disease investigations to focus on syphilis. Gonorrhea cases will no longer be offered Partner Services, traditional disease investigation to identify sexual contacts to a reported case, with the exception of disseminated gonococcal infection. Staff will ensure that each reported case is offered the appropriate treatment and notified of their infection. Disseminated gonococcal infection occurs when the infection

invades the bloodstream and spreads to distant sites in the body. This can manifest as septic arthritis, polyarthralgia, tenosynovitis, petechial/pustular skin lesions, bacteremia, or, on rare occasions, endocarditis or meningitis. Disseminated gonococcal cases will be offered Partner Services, further interviewing, and specimen collection to be submitted to the CDC for further analysis.

- b. **Immunizations** – Five School Located Vaccination Clinics (SLVCs) were held in December in partnership with Immunize Nevada and the Washoe County School District. Additionally, an outreach clinic was held at Salvation Army in collaboration with Immunize Nevada and Walmart Pharmacy provided vaccines for clients with private pay insurance. A total of 321 clients and 326 vaccine doses were given for the month of December.

Staff will be participating in a Point of Dispensing (POD) exercise providing flu vaccination in collaboration with EPHP on January 28<sup>th</sup> during Project Homeless Connect and will conduct a community flu clinic at Mariposa Academy Charter School on January 15<sup>th</sup> in partnership with Immunize Nevada.

Martha Casique, OA II Bilingual, joined the Immunization Program on December 23, 2019 replacing Alejandra Montoya-Adame who accepted a promotion at HSA as a Social Worker I.

- c. **Tuberculosis Prevention and Control Program** - In 2019, the TB Program had eight confirmed cases of active TB. Six of these active cases completed treatment and the other two will complete their treatment soon. All active disease treatment is by directly observed therapy. The TB program evaluated 46 B1 immigrants in 2019. These immigrants were either latent TB infections or not infected. All latent cases were offered treatment, and most have completed treatment.

Sonya Smith RN joined the TB program in 2019, when Holly McGee retired. She has already established herself as a very capable TB case manager. Diane Freedman (former TB case manager/coordinator) has also returned as a per diem nurse in the program. TB program continues to provide care for all active cases of TB, treatment of high-risk latent TB cases, TB support for primary providers, and TB education to the Washoe County community.

- d. **Reproductive and Sexual Health Services** – The Family Planning and Sexual Health Clinic is in the process of planning and modification to serve a larger number of ‘walk in’ clients and to provide those clients with recommended immunizations at the time of their visit. These services fall under a new State grant received in November funded by Senate Bill 94.

Nancy Ramirez-Partida, Community Health Aide, will transfer from WIC to the Reproductive and Sexual Health program on January 21, 2020. The program is in the process of hiring a Public Health Nurse to facilitate the new State grant.

- e. **Chronic Disease Prevention Program (CDPP)** – Esmeralda Chavez joined the Program in December and will be focusing on the Wolf Pack Coaches Challenge program, and PHHS grant efforts. Wolf Pack Coaches Challenge encourages physical activity and educates about healthy eating using lesson plans that match the Common Core Curriculum, Next Generation Science Standards and Social Emotional Learning.


CDPP staff facilitated a strategic planning session for the Youth Protective Factors Action Group who is working to prevent youth substance use in Washoe county. CDPP staff presented the results of the community assessment of Screening, Brief Intervention, and Referral to Treatment (SBIRT) practices in Washoe County to the CHIP – Behavioral Health Committee.

- f. **Maternal, Child and Adolescent Health (MCAH)** – Fetal Infant Mortality Review Program (FIMR) has submitted the block grant narrative report and is in the process of working on the quarterly report. The FIMR, Community Action Team (CAT) has expanded membership to include professionals from The Child Advocacy Center, insurance representatives, mental health counselors, and genetic counseling fields. WCHD continues to assist families with elevated blood lead levels and follows up with abnormal or missed metabolic screening tests.

Linda Gabor will join the FIMR team on January 21, 2020 as an Intermittent Hourly Registered Nurse.

- g. **Women, Infants and Children (WIC)** – A study published in the JAMA Network Open reviewed live birth certifications born to over 11 million women between 2011 and 2017 and found that WIC utilization reduces the risk of infant mortality by one third during the first year of life and reduced rates of premature birth.

Frank Cauble retired on December 20<sup>th</sup> after over two decades with the WIC program.

DD	CA
DHO	

**Environmental Health Services  
Division Director Staff Report  
Board Meeting Date: January 23, 2019**

**DATE:** January 10, 2020  
**TO:** District Board of Health  
**FROM:** Charlene Albee, Director  
775-328-2644; [calbee@washoecounty.us](mailto:calbee@washoecounty.us)  
**SUBJECT:** Environmental Health Services (EHS) Division Program Updates – **Consumer Protection** (Food, Food Safety, Permitted Facilities, Commercial Plans) and **Environmental Protection** (Land Development, Safe Drinking Water, Vector, Waste Management/UST), and Inspections.

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**Program Updates**

**A. Consumer Protection**

Food/Food Safety

- The Food Safety Program has finalized a new Allergen Awareness Poster in both English and Spanish that will be distributed to food establishments in Washoe County. During the baseline Risk Factor Study, over 50% of the food establishments in Washoe County were unable to identify allergen symptoms and identify foods that are major allergens. Demonstration of knowledge for the major allergens became a regulatory requirement for food establishments in the 2019 update.
- Staff completed and will start implementing a new Compliance and Enforcement Policy SOP that supports our conformance with FDA Standard 6 – Compliance and Enforcement. This document will assist staff in creating more uniformity with applying the regulations to all food establishments in Washoe County. Once staff begins applying the Compliance and Enforcement Policy, the Food Safety Program will begin procedures to assess the policy's effectiveness.
- The Food Safety Program started work on the NACCHO mentorship program and hosted a conference call with our mentee, Monongalia County, WV. The Food Safety Program discussed our work plans for the mentorship program and the goal of assisting Monongalia County in completing their first self-assessment of the FDA Voluntary National Retail Food Regulatory Program Standards and increase their overall knowledge of the Standards.



- Epidemiology - Staff worked with Communicable Disease (CD) Program staff on a gastrointestinal (GI) outbreak involving two separate groups of people who attended events at a local resort between Wednesday, December 5 and Sunday, December 8, 2019. The first series of complaints were received by Washoe County Health District on December 11, while the second group of complaints were reported on December 12. A total of 111 persons met the case definition for this GI outbreak and 3 stool sample test results were confirmed by the Nevada State Public Health Laboratory as positive for norovirus. Two separate types of norovirus were detected, both GI and GII. The resort staff implemented the recommended cleaning procedures for this type of illness and the outbreak has since been declared over. This was the first outbreak where EHS staff assessed a Validated Food Borne Disease Investigation Fee.
- Epidemiology staff is also updating program specific Standard Operating Procedures and forms and completing required Environmental Assessment Training in order to be able to contribute to the National Environmental Assessment Reporting System (NEARS). Southern Nevada Health District will be auditing the program later this month for compliance with Standard 5 – Foodborne Illness and Food Defense Preparedness and Response.
- Special Events – December was a quiet month for events with just 12 inspections. Staff fielded numerous calls and questions towards the end of the month regarding renewal of annual Sampling and Producer permits. New program staff attended the City of Reno Special Events meeting to make introductions and have been granted access on the City's special events platform, Wrike.

Commercial Plans

- Four staff members attended a Cross Connection course in Carson City during early December. This course provided staff members with a basic understanding of backflow devices that are used to protect water supply systems.

<b>Community Development</b>	<b>JAN 2019</b>	<b>FEB 2019</b>	<b>MAR 2019</b>	<b>APR 2019</b>	<b>MAY 2019</b>	<b>JUN 2019</b>	<b>JUL 2019</b>	<b>AUG 2019</b>	<b>SEP 2019</b>	<b>OCT 2019</b>	<b>NOV 2019</b>	<b>DEC 2019</b>	<b>2019 YTD</b>	<b>2018 TOTAL</b>
Development Reviews	25	26	52	48	35	23	23	27	25	35	19	35	373	436
Commercial Plans Received	118	103	143	149	123	117	135	118	112	82	44	81	1,325	1,272
Commercial Plan Inspections	30	42	25	30	30	27	55	32	37	27	14	46	395	339
Water Projects Received	5	3	14	10	2	12	5	12	5	4	3	12	87	224
Lots/Units Approved for Construction	40	287	0	29	286	12	141	167	289	0	86	0	1,337	5,067

Permitted Facilities

- Child Care – All child care inspections for calendar year 2019 were completed. Staff worked with social services licensing and fire inspectors to bring a facility into compliance that failed their inspection.
- Schools – All school inspections for the fall of 2019 were completed. EHS staff is currently working with the Communicable Disease Program, the District Health Officer and the Washoe County School District (WCSD) on a presentation to the WCSD Board of Trustees to follow up on recent outbreaks.
- Training – Program staff has been updating the Training Manual in preparation for three (3) new staff starting in January. All routine area inspection types have been updated to include new sections for Schools and Child Care facilities. Standard Operating Procedures for field inspections of all permit types are in the process of being drafted and will be included in the manual.

**B. Environmental Protection**

Land Development

- The Land Development team is preparing to bring in new trainees over the course of the first few months of 2020. The team is excited to begin the training process and has set a goal of having the new members generally independent within six months. Training will be more collaborative than in the past, as the team has several fully trained and knowledgeable inspectors. With the new resources, work can be distributed more widely which will be very helpful when the construction season begins to pick back up in the summer.
- December was a very quiet month both with inspections and plan intake. The group used the time to catch up on plans and finish up paperwork.
- Land Development celebrated some big accomplishments in 2019. The most important was becoming all electronic for property records. This was a huge effort that required participation from all levels of staff. Work will continue in 2020 to improve records, streamline processes and formalize procedures.

<b>Land Development</b>	<b>JAN 2019</b>	<b>FEB 2019</b>	<b>MAR 2019</b>	<b>APR 2019</b>	<b>MAY 2019</b>	<b>JUN 2019</b>	<b>JUL 2019</b>	<b>AUG 2019</b>	<b>SEP 2019</b>	<b>OCT 2019</b>	<b>NOV 2019</b>	<b>DEC 2019</b>	<b>2019 YTD</b>	<b>2018 TOTAL</b>
Plans Received (Residential/Septic)	85	43	80	85	88	107	69	92	91	79	55	39	913	890
Residential Septic/Well Inspections	71	20	77	100	98	114	114	105	111	92	86	63	1,051	987
Well Permits	11	3	4	4	6	9	5	10	10	5	3	3	72	108

Safe Drinking Water (SDW)

- The Safe Drinking Water team is bringing on a new REHS to replace the recently promoted senior. Once the new staff member has been trained, another REHS will be trained in the program to increase the breadth of Safe Drinking Water knowledge within the EHS Division. The program is not increasing resources allocated; work will simply be distributed across more staff members once the trainees are up to speed. This facilitates program growth and the ability to react to new situations as they arise.
- In addition to monthly tasks, the group is focused on catching up on the backlog of paperwork.

Vector-Borne Diseases (VBD)

- Vector requests have been transitioned to Accela and all requests will be routed and tracked using Accela going forward.
- Staff have been working with the Commercial Plan Review group to prepare for electronic plan review.

Waste Management (WM)/Underground Storage Tanks (UST)

- Luke Franklin has transitioned to overseeing the Waste Management, Underground Storage Tank and HazMat programs within the new management structure.
- Staff are currently training and developing SOP's to ensure consistency for the UST program.
- Additional staff resources are available to assist with inspections for the WM program.
- Staff continues to meet regularly with KTMB to evaluate recycling and pollution prevention in the region.

**EHS 2019 Inspections**

Date: January 10, 2019

Subject: EHS Division Director's Report

Page: 4 of 4

	JAN 2019	FEB 2019	MAR 2019	APR 2019	MAY 2019	JUN 2019	JUL 2019	AUG 2019	SEP 2019	OCT 2019	NOV 2019	DEC 2019	2019 YTD	2018 TOTAL
Child Care	16	6	8	5	12	12	12	9	13	20	10	6	129	116
Complaints	57	34	69	75	73	68	76	87	75	85	55	63	817	756
Food	477	596	863	409	464	626	277	344	430	543	479	311	5,819	5,810
General*	65	97	97	90	405	159	291	374	181	136	93	63	2,051	2,254
Temporary Foods/Special Events	9	16	17	32	103	222	154	565	249	138	24	12	1,541	1,630
Temporary IBD Events	0	4	0	76	0	0	0	0	6	0	0	0	86	99
Waste Management	10	25	16	13	4	13	7	8	13	6	7	14	136	141
<b>TOTAL</b>	<b>634</b>	<b>778</b>	<b>1,070</b>	<b>700</b>	<b>1,061</b>	<b>1,100</b>	<b>817</b>	<b>1,387</b>	<b>967</b>	<b>928</b>	<b>659</b>	<b>469</b>	<b>10,579</b>	<b>10,806</b>
EHS Public Record Requests	282	184	467	194	317	301	690	318	154	189	221	191	3,508	2,123

\* **General Inspections Include:** IBD; Mobile Home/RV; Public Accommodations; Pools/Spas; RV Dump Stations; and Sewage/Wastewater Pumping.

**Epidemiology and Public Health Preparedness  
Division Director Staff Report  
Board Meeting Date: January 23, 2020**

**DATE:** January 10, 2020  
**TO:** District Board of Health  
**FROM:** Randall Todd, DrPH, EPHP Director  
775-328-2443, [rtodd@washoecounty.us](mailto:rtodd@washoecounty.us)  
**SUBJECT:** Communicable Disease, Public Health Preparedness, Emergency Medical Services

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**Communicable Disease (CD)**

**Outbreaks** – Since the last District Board of Health meeting in December, the Communicable Disease (CD) Program has opened 8 outbreak investigations. Of these, three were respiratory syncytial virus (RSV) in daycares; one was hand, foot, and mouth disease in a daycare; two were influenza/influenza-like illness (ILI) in daycares; one was influenza B in one wing of the Washoe County Jail, and one was norovirus connected to a local Casino/Resort. As of December 10, 2020, one outbreak is still open and under investigation.

**Norovirus Outbreak** - Two separate groups of people were reported to have experienced gastrointestinal illness after attending events held at a Casino/Resort in Reno, Nevada. These events occurred between Wednesday, December 5 and Sunday, December 8. The first series of complaints were received by Washoe County Health District on December 11, while the second group of complaints were reported to Health District staff on December 12. A total of 111 persons met the case definition for this GI outbreak and 3 test results were confirmed by the Nevada State Public Health Laboratory as positive for norovirus. Two separate types of norovirus were detected, both G1 and G2. The Casino/Resort implemented the recommended cleaning procedures for this type of illness and the outbreak has since been declared over.

**Influenza** - For the week ending January 4, 2020 (CDC Week 1) 11 participating sentinel providers reported a total of 142 patients with influenza-like-illness (ILI). The percentage of persons seen with ILI by the 11 providers was 2.4% (142/5,849) which is above the regional baseline of 2.3%. By age group, ILI activity was highest among 0-4 years (14.7%) and lowest among 25-49 years (0.9%) and 65+ years (0.9%). During the previous week (CDC Week 52), the percentage of visits to U.S. sentinel providers due to ILI was 2.2%. This percentage is below the national baseline of 2.4%. On a regional level, the percentage of outpatient visits for ILI ranged from 3.8% to 13.9%.

Seven death certificates were received for week 1 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 1 was 125. This reflects a P&I ratio of 5.6%. The total P&I deaths registered to date in Washoe County for the 2019-2020 influenza surveillance season is 64. This reflects an overall P&I ratio of 4.7% (64/1366).

Botulism, Infant – The CD program investigated a case involving a 2-month-old baby who was admitted locally for dehydration and lethargy. The patient had an acute onset of symptoms and generalized hypotonia, leading to suspected botulism. A stool sample was collected, which confirmed botulism, and BabyBIG was infused. Three items from the household were collected and all tested negative as the source of the botulism.

Pertussis - The CD Program investigated a 4-month-old infant for pertussis who exhibited paroxysmal cough, whoop, apnea, cyanosis and post-tussive vomiting. The infant was admitted to a local hospital and tested positive for pertussis by PCR. Upon investigation, two younger household contacts were also found to be symptomatic. Post exposure prophylaxis was received by all household contacts. Although the mother had been vaccinated with Tdap, she had not been vaccinated with Tdap with this pregnancy. The provider has been followed-up with.

Carbapenemase Producing Organisms (CPO) - The CD team investigated two cases of CPOs in local healthcare facilities. Both were *Klebsiella pneumoniae*, however, one was dual mechanized with New Delhi Metallo- $\beta$ -Lactamase (NDM) and OXA-48-like enzymes, as well as pan resistant to antibiotics (further testing found three antibiotic susceptibilities). This case is also at high risk for *Candida auris* colonization and will be tested. The CD team has been coordinating with local hospitals, the Nevada State Public Health Lab, the Washington Regional Lab, and the CDC. As of January 10, 2020, both investigations are still ongoing.

### **Public Health Preparedness (PHP)**

Change in Staffing - The Preparedness & EMS Oversight Program Manager, Christina Conti, has submitted her resignation. Her last day with the Washoe County Health District will be Friday, January 24, 2020.

Healthcare Coalition Preparedness Conference - Two staff from HPP attended the Healthcare Coalition Preparedness Conference along with one person from IHCC leadership. The three-day conference was held in Houston at the beginning of December. Many of the topics focused on CMS Emergency Preparedness updates, mental health, pediatrics and burn capabilities during disasters. There was a lot of networking with peers and vendors with unique insight into emergency preparedness. A wealth of lessons was learned and shared.

Distribution of Trauma Supplies - The PHP program in coordination with IHCC and the McQueen High School JROTC has provided trauma supplies to be distributed into every classroom at Billingshurst and Clayton Middle Schools. The 'Bucket Project' was started by the McQueen HS JROTC last year. The objective of the project is to place emergency trauma supplies into each classroom and provide 'Stop the Bleed' training on how to use it at each school.

Psychological First Aid Training - PHP, in partnership with the American Red Cross, presented two individual sessions of Psychological First Aid training to Washoe County employees and community partners (e.g., REMSA). Each session was filled to capacity and post-program survey responses indicated a high level of satisfaction with the content of the training.

Inter-Hospital Coordinating Council (IHCC) - The IHCC Goals and Objectives for 2020 and the Resource & Gap Analysis were approved at the December meeting. They also approved the top 10 hazards, as noted by the Hazard Vulnerability Assessments (HVA) done by the agencies. The top ten include earthquake, internal fire, wildland fire, severe storms, unplanned power outage, IT system outage, external flood, active assailant, infectious disease outbreak and communication failure. Training and exercise opportunities were identified for the year and approved by the members.

The IHCC is reviewing and updating the Response Guide and Preparedness Plan which are expected to be approved by the Council at the end of February. These plans include the updated HVA results and grant requirements.

The Annual IHCC Survey was sent out to all members and data will be presented in the January IHCC meeting. This Survey gives members the opportunity to provide feedback regarding communications, training opportunities and exercises provided throughout the year.

Upcoming Exercises - The PHP program in coordination with Catholic Charities of Northern Nevada is conducting a Point of Dispensing exercise on January 28 at the Project Homeless and Family Connect event at the downtown Reno Events Center. Last year this event was able to vaccinate 131 individuals in a very difficult to reach population.

Receive, Stage, Store (RSS) Exercise - The PHP team is going to be coordinating with the Nevada Division of Public and Behavior Health on a Receive, Stage, Store training and exercise on February 3<sup>rd</sup> and 4<sup>th</sup>. This exercise is designed to maintain competencies on how to receive Medical Countermeasures (MCM) supplies and equipment in a public health emergency, such as an outbreak of pandemic influenza.

### **Emergency Medical Service (EMS)**

Interviews for the Statistician occurred on January 9-10, 2020. It is anticipated the successful candidate will begin in early February. The EMS Coordinator position recruitment closed on Monday, January 6, 2020. Applications are being reviewed and interviews will be conducted in late January.

**REMSA Percentage of Compliant Responses**

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2019	92%	96%	94%	100%	96%	92%
August 2019	90%	88%	96%	100%	91%	90%
September 2019	90%	90%	100%	100%	92%	90%
October 2019	90%	90%	94%	50%	91%	90%
November 2019	90%	93%	86%	100%	92%	90%
December 2019	90%	93%	96%	100%	94%	91%
<b>Year to Date</b>	90%	92%	94%	92%	93%	91%

**FY 2019-2020**

**REMSA 90<sup>th</sup> Percentile Responses**

Month	Zone A 8:59	Zone B 15:59	Zone C 20:59	Zone D 30:59
July 2019	8:37	14:00	16:46	N/A*
August 2019	8:52	16:19	16:52	N/A*
September 2019	8:56	15:55	18:09	N/A*
October 2019	8:57	15:11	19:25	N/A*
November 2019	8:57	15:48	20:45	N/A*
December 2019	8:54	14:11	18:16	N/A*

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

**Office of the District Health Officer  
District Health Officer Staff Report  
Board Meeting Date: January 23, 2020**

**DATE:** January 23, 2020  
**TO:** District Board of Health  
**FROM:** Kevin Dick, District Health Officer  
775-328-2416; [kdick@washoecounty.us](mailto:kdick@washoecounty.us)  
**SUBJECT:** District Health Officer Report – Community Health Improvement Plan, Quality Improvement, Workforce Development, Communications, Washoe Regional Behavioral Health Policy Board, Substance Abuse Task Force, Government Affairs Update, Other Events and Activities, and Health District Media Contacts

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Community Health Improvement Plan

Implementation of the 2018-2020 Community Health Improvement Plan (CHIP) continues. The 2019 CHIP Annual Report is being developed. The plan covers the progress of CHIP action items and achievements by the Washoe County Health District and community partners in 2019. The report will be shared in February.

Nutrition/Physical Activity - Within the Nutrition and Physical Activity focus area, progress has continued with implementation of the 5210 Healthy Washoe initiative. For the Washoe County worksite component of the initiative, the third 5210 training “How to Implement your Department’s Action Plan” was held in December. Washoe County Departments have developed action plans and will be launching the program in January. We partnered with the Reno + Sparks Chamber to select three Chamber businesses to pilot the program. The kickoff meeting is January 15<sup>th</sup>. For the healthcare components, Community Health Alliance and NN HOPES continue to implement the 5210 strategies during patient appointments. NN HOPES has experienced success since starting their pilot program and will be expanding 5210 efforts by launching the workplace program for employees in January. Renown’s Pediatric Ambulatory Clinics received toolkits and training to begin pilot program in January. For the school components, five pilot schools within the Washoe County School District were selected. The first training for school champions will be conducted at the end of January. In addition, Urban Roots continues to provide services which includes 5210 programming in five schools.

Quality Improvement

The 2020 QI survey is scheduled to be released on January 14<sup>th</sup>. The survey will provide key insights into the successes or limitations of the education efforts deployed over the last year to address the educational opportunities identified in the 2019 QI survey. A big QI project focused on improving employee travel and reimbursement is nearing completion. Progress continues on other QI projects across WCHD.



### Workforce Development

The 2019-2021 Workforce Development Plan and needs analysis was shared during the All Staff meeting on January 14<sup>th</sup>. The plan includes comparisons to the 2017 survey results, sharing areas of improvement in addition to areas of opportunity for further staff development. Health Equity is a topic area embedded into PHAB Accreditation standards and measures. To meet the needs of accreditation standards, an introductory training of health equity concepts is being developed for all staff in February. Additional trainings for 2020 are being planned to meet the needs and desires identified by WCHD staff to provide professional development opportunities to all staff across the Health District.

### Communications

Communications Manager Scott Oxarart is working on substantial upgrades to our website and social media channels. We've hired KPS3 to do a website navigation audit and homepage reorganization for the Health website. The goal is to create a better user experience so they can find what they need as easily as possible. We're also in the process of consolidating most of our Twitter and Facebook accounts. In the end, we'll have almost all of our outreach going through our main Washoe County Health District Twitter and Facebook accounts. Air Quality, given their niche audience, will continue to post on their own accounts. In terms of engagement, as of January 9 we have 525 Twitter followers on the main WCHD page which grew 10 percent in the last four months (+50 followers). We have 926 Facebook followers on our main WCHD account, which grew 14 percent (+133 followers) in the last four months. We gained 51 followers in one day after we sent messaging about the water main break on Lemmon Drive.

Recently, we received positive press about Public Service Announcements (PSA) that are being shown before all movies at the Galaxy Legends Sparks IMAX and Galaxy Victorian Sparks theatres. The Health District worked with Human Services Agency to develop and fund the campaign. Additionally, the Health District was mentioned in 108 articles/segments from local media, all of which were positive, in the last three months. We had three media requests for CCHS in January regarding updates to the Nevada Clean Indoor Air Act and about healthy habits in 2020 which resulted in three on-air interviews with Health Educator Nicole Alberti. Communications is working on disaster preparedness radio ads, the Health District 2019 annual report and a new Ozone Advance publication project.

### Washoe Regional Behavioral Health Policy Board

A meeting with the Chairs of the Regional Behavioral Health Policy Boards, Chairs of the State Behavioral Health Commission and the Regional Behavioral Health Coordinators and NDPBH representatives was held on January 8 to discuss activities of the bodies and mechanisms to coordinate and share information in an efficient manner.

The Washoe Regional Behavioral Health Policy Board met on January 13. Presentations were provided by Katherine Lowden on School District Safe School initiatives and the work of counselors, social workers and psychologists in the schools, as well as issues with State legislation, policies and staffing encountered by these programs. Amy Roukie presented on the services of the new Crisis Triage Center operated by Well Care Services.

### Substance Abuse Task Force

The Substance Abuse Task Force met on January 6 and heard presentations from Jolene Dalluhn on Quest's Neonatal Abstinence Syndrome Program and Ken Krater, a member of the Reno Mayor's Mental Health Committee, regarding efforts to establish a Crisis Stabilization Center for the community.

### Government Affairs Update

On December 16<sup>th</sup>, 2019 The House Appropriations Committee unveiled the text of two FY 2020 spending packages, the second of which contained the [Labor-Health and Human Services](#) (HHS) measure. The House passed the bill on December 16<sup>th</sup> and the Senate passed the bill on December 18<sup>th</sup>.

The [National Association of County and City Health Officials](#), representing the nation's nearly 3,000 local governmental health departments applauded congressional leaders for putting forward a funding package that supports public health priorities and the important work that local health departments do every day to keep people in communities across the country healthy and safe. "We are particularly pleased to see a strong increase in funding for the Centers for Disease Control and Prevention (CDC), which is critical to support efforts across the local-state-federal public health spectrum."

"Local health departments rely on federal funding to do their important work, and we have real challenges ahead. Life expectancy is going down, and over the last year we have seen a wide range of public health challenges—from measles outbreaks to skyrocketing youth vaping rates—that highlight the need for more resources and attention to public health and prevention. Local public health departments are up to the challenge, but they need more support to build the infrastructure and workforce necessary for the public health needs of tomorrow. We look forward to working with Congress and the administration to make sure these investments in public health reach local communities across the country."

The bill includes a total of \$8 billion for the CDC, \$636 million above the FY2019 level. This amount is above the \$7.8 billion FY2020 request by NACCHO and coalition partners and puts CDC on track to reach a 22% increase in CDC funding by 2022. The bill includes significant investments in our nation's public health infrastructure including:

- \$50 million for the first year of a multi-year effort to support modernization of public health data surveillance and analytics at CDC, State and local health departments. NACCHO advocated with coalition partners for \$1 billion for data modernization over 10 years. This is an initial investment toward that target.
- \$140 million to support CDC's efforts to reduce new HIV infections by 90% in 10 years.
- \$476 million for opioid abuse and overdose prevention, same as FY2019, with an instruction that funding should continue to flow partly to local communities, as advocated by NACCHO.
- \$616 million for the 317 Immunization program, a \$5 million increase, recognizing the threats posed by vaccine-preventable diseases including measles. In 2019 nearly 1,300 highly infectious measles cases were identified in 31 states.
- \$60 million, an increase of \$4 million for the Racial and Ethnic Approaches to Community Health program, rejecting the proposed elimination of the program requested in the President's budget.
- \$230 million, an increase of \$20 million, to address tobacco and e-cigarettes. The increase is targeted partly at state and local health departments to help stem the tide of e-cigarettes.

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- \$51 million for public health workforce programs at CDC, rejecting the \$6 million cut in the President's budget request.
- For the first time in more than 20 years, the bill includes funding – \$12.5 million – to specifically support firearm injury and mortality prevention research at CDC.
- \$276 million, an increase of \$11 million for the Hospital Preparedness Program (HPP), a longstanding NACCHO priority. Local health departments work closely with hospitals in the HPP program to prepare communities to respond to health-related disasters.
- \$6 million, rejecting the \$2 million cut proposed by the President's budget request for the Medical Reserve Corps (MRC). More than two-thirds of MRC units are operated by local health departments.

Included in the funding bill are also a few key policy changes, including:

- A provision to raise the tobacco purchasing age to 21, which NACCHO supports. However, a full ban on flavored tobacco products is still needed to move the needle on youth vaping rates.
- Authorization of the Kay Hagan Tick Act, endorsed by NACCHO, which calls for a national strategy on addressing vector-borne diseases, reauthorization for Regional Centers of Excellence in Vector-Borne Disease, and new grants to states and localities to improve data collection and analysis, support early detection and diagnosis, improve treatment, and raise awareness.

#### Other Events and Activities

12/12/19	EPHP DHO/DD/Board Member Meeting
12/13/19	NPHA Advocacy and Policy Committee Conference Call
12/18/19	Health Silver Crucible Exercise After-Action Review
12/19/19	CCHS DHO/DD/Board Member Meeting
1/2/20	Eric Brown/Dave Solaro Monthly Meeting
1/2/20	NV Health Authority Conference Call
1/6/20	Lands Bill - Potential I-80 Connector Meeting
1/6/20	Substance Abuse Task Force
1/8/20	Department Heads Meeting
1/8/20	Meeting of Chairs of Regional Behavioral Health Policy Boards and State Behavioral Health Commission
1/13/20	Reno Clean and Safe Meeting
1/13/20	Nevada Census 2020 Meeting
1/13/20	Washoe Regional Behavioral Health Policy Board Meeting
1/14/20	Health District General Staff Meeting
1/17/20	Nevada Association of Local Health Officials Call
1/21/20	Introduction to the Health District for New Staff
1/22/20	AQM DHO/DD/Board Member Meeting
1/22/20	EHS DHO/DD/Board Member Meeting

<u>DATE</u>	<u>OUTLET</u>	<u>REPORTER</u>	<u>STORY</u>	<u>WCHD INTERVIEWEE</u>
12/2/2019	RGJ	Marcella Corona	Flu update for 2019	Scott Oxarart
12/2/2019	Associated Press	N/A	Flu update for 2019	Scott Oxarart
12/2/2019	KOH	Ben Mock	Flu update for 2019	N/A
12/4/2019	RGJ	Ben Spillman	Truckee River Homeless Funding	N/A
12/4/2019	KOLO	Gurajpal Sangha	Truckee River Homeless Funding	N/A
12/4/2019	KRNV	Mile Buergin	Truckee River Homeless Funding	N/A
12/4/2019	This Is Reno	Bob Conrad	Truckee River Homeless Funding	N/A
12/5/2019	KOLO	Gurajpal Sangha	Flu related hospital visits up in Washoe	Lynnie Shore
12/5/2019	Reno News & Review	Luka Starmer	Cannabis-infused beverages hit the loca	Amber English
12/9/2019	KRNV	Jordan Hicks	Pile Burning Begins	N/A
12/9/2019	KOH	Shawn Daly	Flu hospitalizations up	Lynnie Shore
12/9/2019	KRNV	Ben Margiott	1 flu death in Washoe County	N/A
12/9/2019	This Is Reno	Carla O'Day	Data Health Snapshot	Kevin Dick
12/10/2019	KRNV	Tony Phan	Data Health Snapshot	Catrina Peters
12/10/2019	KOLO	Denise Wong	Data Health Snapshot	Catrina Peters
12/11/2019	KTVN	Chris Buckley	Open Burning to Start in January	N/A
12/20/2019	KTVN	N/A	Flu Hospitalizations & Deaths Rise	Kevin Dick
12/20/2019	KRNV	N/A	Flu Hospitalizations & Deaths Rise	Kevin Dick
12/23/2019	KOLO	Terri Russell	Flu Hospitalizations & Deaths Rise	Lynnie Shore
12/23/2019	KRNV	Tony Phan	Flu Hospitalizations & Deaths Rise	Lynnie Shore
12/23/2019	KOH	N/A	Flu Hospitalizations & Deaths Rise	Kevin Dick
12/26/2019	KOLO	Terri Russell	New Nevada State Public Health lab	N/A
12/27/2019	KOLO	Gurajpal Sangha	Nevada Clean Indoor Air Act - vaping	Nicole Alberti
12/27/2019	RGJ	Sam Gross	Nevada Clean Indoor Air Act - vaping	N/A
12/27/2019	RGJ	Marcella Corona	Immunize Nevada - protesting	N/A
12/27/2019	KTVN	Paul Nelson	Tobacco age raised to 21	Nicole Alberti

**Total: 26**

**Negative stories about WCHD: 0**

**Press Releases/Media Advisories**

- 12/9/2019 [Press Release: Health District Unveils Community Health Data Snapshot For Residents](#)
- 12/20/2019 [Seasonal Flu Hospitalizations, Deaths Rise in Washoe County](#)

**Social Media Postings**

<b>Facebook</b>	Total	93
		(CCHS 18, EHS 9, AQM 42, WCHD 19)
	<b>Likes on WCHD Page</b>	834 (+12)
<b>Twitter</b>	Total	122
		(AQM 68, CCHS 0, WCHD 24 )
	<b>Followers on WCHD</b>	1523 (+6)