

## **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, February 27, 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)**

February 27, 2020

**5. \*Recognitions**

**A. Retirements**

- i. Laura Rogers, 2/28/2020, Administrative Secretary - ODHO

**B. Resigned**

- i. Christina Conti Rodriguez, 1/25/2020, Preparedness and EMS Program Manager - EPHP

**C. Years of Service**

- i. Maria Magana, 25 years, Hired 2/13/1995 - CCHS  
ii. Paula Valentin, 20 years, Hired 2/3/2000 - EHS  
iii. Heather Kerwin, 5 years, Hired 2/17/2015 - EPHP

**D. New Hires**

- i. Anastasia Gunawan, 2/3/2020, Statistician, part time, EPHP  
ii. Susy Valdespin, 2/17/2020, Administrative Secretary - ODHO  
iii. Maricruz Schaefer, 2/18/2020, Public Health Nurse I - CCHS

- E. Shining Stars
  - i. Frank Cauble
  - ii. Christine Ballew
- 6. Presentation on Updates to the Air Quality Management Division Enforcement Process and Penalty Calculation Worksheet and possible direction from the Board. - **(For possible action)**  
Staff Representative: Francisco Vega
- 7. **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. January 23, 2020
  - B. Budget Amendments/Interlocal Agreements – **(For possible action)**
    - i. Recommendation to approve a Subaward Amendment totaling an increase of \$20,659 for a cumulative grant value of \$180,788 to the FY20 Epidemiology and Laboratory Capacity (ELC) grant retroactive to August 1, 2019 through July 31, 2020 in support of the Centers for Disease Control and Prevention (CDC); and if approved authorize the District Health Officer to execute the Subaward Amendment.  
Staff Representative: Jennifer Hoekstra
    - ii. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to February 1, 2020 through June 30, 2021 in the total amount of \$402,182.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Tobacco Control Program for youth tobacco and e-cigarette/vaping use and authorize the District Health Officer to execute the Notice of Subaward.  
Staff Representative: Nancy Kerns Cummins
  - C. Authorize the abolishment of vacant Community Health Aide PC# 70002123. - **(For possible action)**  
Staff Representative: Nancy Kerns Cummins
  - D. Authorize FY20 Purchase Order #7500003961 to Merck Sharp & Dohme Corporation in the amount of \$130,000.00 to purchase vaccines for the Immunization and Family Planning Programs. - **(For possible action)**  
Staff Representative: Nancy Kerns Cummins
  - E. 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. 5852Staff Representative: Francisco Vega
  - F. Acknowledge receipt of the Health Fund Financial Review for January, Fiscal Year 2020 – **(For possible action)**  
Staff Representative: Anna Heenan
- 8. **\*Inter-Hospital Coordinating Council (IHCC) Presentation of Accomplishments**  
Presented by: Tammy Oliver, IHCC Chair

**9. Regional Emergency Medical Services Authority**

Presented by: Dean Dow and Alexia Jobson

**A. Review and Acceptance of the REMSA Operations Report for January 2020 – (For possible action)**

**B. \*Update of REMSA’s Public Relations during January 2020**

**10. Presentation, discussion and possible action to affirm the recommendation by the Food Protection Hearing and Advisory Board to continue the hold order issued pursuant to Section 240.045 of the Regulations of the Washoe County District Board of Health Governing Food Establishments, permitting the secure storage of food product produced by Dorinda’s Chocolates and packaged by LiveKaya until such time as the State of Nevada Department of Health and Human Services (DHHS) adopts regulations relating to the testing and labeling of products containing hemp and certain other products containing cannabidiol (CBD) intended for human consumption. It is further recommended that entry of a final decision regarding disposition of the food product be stayed until after August 1, 2020 or when the State’s regulations have been adopted if that date is earlier. - (For possible action)**

Staff Representative: Charlene Albee

**11. Presentation and possible acceptance of the 2018-2020 Community Health Improvement Plan Annual Report – (For possible action)**

Staff Representative: Rayona LaVoie

**12. Approval of the Fiscal Year 2020-2021 Budget - (For possible action)**

Staff Representative: Kevin Dick

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

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

Program Update – Celebrating the Completion of Reno4, Divisional Update, Program Reports, Monitoring and Planning, Permitting and Enforcement

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

Divisional Update – WIC Program Update; 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 – COVID-19, Homelessness, Government Affairs Update, Community Health Improvement Plan, Quality Improvement, Workforce Development, Other Events and Activities, and Health District Media Contacts

#### 14. \*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)

#### 15. \*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.

#### 16. 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. Susy Valdespin, 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. Valdespin is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at [svaldespin@washoecounty.us](mailto:svaldespin@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.

DD	FV	-
DHO	<i>AD</i>	-

**Staff Report**  
**Board Meeting Date: February 27, 2020**

**TO:** District Board of Health  
**FROM:** Francisco Vega, AQM Division Director  
775-784-7211, [fvega@washoecounty.us](mailto:fvega@washoecounty.us)  
**SUBJECT:** Presentation on Updates to the Air Quality Management Division Enforcement Process and Penalty Calculation Worksheet and possible direction from the Board

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**SUMMARY**

The Washoe County Air Quality Management Division (AQMD) has recently conducted a complete review of our compliance and enforcement procedures and corresponding penalty calculation worksheet. As a result of that review, changes to the compliance and enforcement process are being implemented and the penalty calculation worksheet is being modified.

**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**

No previous action has been taken on this item.

**BACKGROUND**

The purpose of compliance and enforcement is to protect the health based National Ambient Air Quality Standards (NAAQS) by confirming that all sources operate in compliance with all Washoe County District Board of Health Regulations Governing Air Quality Management and any applicable Federal regulations.

Compliance and enforcement duties include unannounced inspections of regulated sources and investigation of air quality complaints to determine compliance with the applicable air quality regulations.

When it has been determined a source is out of compliance, the first priority is to protect public health by working with facilities to re-establish compliance. While inspectors are working on establishing compliance other staff reviews the non-compliance information and ensures that appropriate enforcement actions are taken. Enforcement actions include warnings, corrective action measures, stop orders, and notices of violations (NOV). When an NOV is determined to be the appropriate enforcement action, the AQMD uses the penalty calculation worksheet to arrive at a penalty amount to be used at a settlement conference with the facility. If the facility determines that the penalty amount is not warranted or inappropriate, it has the ability to appeal penalty amount to the Hearing Board.

**AIR QUALITY MANAGEMENT**

1001 East Ninth Street, Building B-171, Reno, Nevada 89512  
AQM Office: 775-784-7200 | Fax: 775-784-7225 | [OurCleanAir.com](http://OurCleanAir.com)  
Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



Recently, the AQMD conducted a complete review of our compliance and enforcement procedures and corresponding penalty calculation worksheet. This review of the compliance and enforcement procedures and corresponding penalty calculation worksheet was initiated based on concerns that the current worksheet was not consistently and appropriately being used in penalty determinations, and the penalties being recommended for approval to the District Board of Health did not serve as an effective deterrent to violations of the District Board of Health Regulations . As a result of this review, several changes are being made to the compliance and enforcement process and the penalty calculation worksheet has been modified. Changes to the process include the following:

1. Inspectors will now solely focus on conducting inspections, investigations and working with the facilities on any non-compliance issues;
2. An enforcement panel of other AQM personnel has been established that will review notice of violations and develop penalty recommendations;
3. An updated penalty calculation worksheet.
4. The new process will allow for a full 10-day appeal timeframe at the conclusion of the enforcement process;

These changes are improvements to the current compliance and enforcement procedures being followed by AQMD staff. With the new proposed process, the compliance inspectors will be able to focus on conducting inspections, investigations and working with the facilities on any non-compliance issues. This benefits the inspectors because it removes them from the enforcement penalty process and allows them to focus their work on compliance of the facilities they inspect. The establishment of the enforcement panel, made up of people from other branches of the division, allows them to be separated from the enforcement process and allows them to work more cooperatively with the facilities. The establishment of the enforcement panel has the added benefit of exposing AQMD staff to different parts of the division and increases their global knowledge of air quality management.

The penalty calculation worksheet is used in situations where a violation of District Board of Health Regulations Governing Air Quality Management has been discovered and the facility is being penalized for their violation of the regulations. In addition to minor formatting changes, the AQMD is making two updates to the penalty calculation worksheet. The first update involves the removal of the “Degree of Violation” under Section II.A.1 from the previously used penalty calculation worksheet. This section was confusing and was not being used effectively as staff were defaulting to the minor and major levels of penalties noted for violations in the District Board of Health Regulations Governing Air Quality Management Section 020.040. The second update changes the percentage of penalty adjustment in the compliance history section. The table below summarizes the update to the compliance history section of the penalty calculation worksheet. This update better reflects what is widely used at other air quality management agencies, including the Nevada Division of Environmental Protection, and communicates the importance that facilities learn from their mistakes and address any previous non-compliance. Overall, this update will have little effect on facilities that are in violation for the first time and incentivizes staying in compliance and addressing any previous non-compliance situations, so they are not repeated. As was noted above, the penalty calculation worksheet is used to develop a penalty that will be presented and discussed at a settlement conference.

	Previous	Updated
Similar Violation < 12 months	25 – 50%	300%
Similar Violation < 3 years	10 – 25%	200%
Similar Violation > 3 years		150%
Previous Unrelated Violations < 5 years	5 – 25%	5% x (# of Violations)

If the AQMD and facility do not agree on an appropriate penalty amount, the facility has the right to appeal the agencies decision to the Hearing Board for their review.

The final revision to the compliance and enforcement process involves the appeal process for facilities that are found to be in violation of District Board of Health Regulations Governing Air Quality Management. District Board of Health Regulations Governing Air Quality Management Section 020.0252 states that “All appeals to the Hearing Board shall be initiated by the filing of a petition on forms prepared by the Control Officer within ten (10) days after the person bringing the appeal has received any order or Notice of Violation”. Previously, facilities were given NOV’s on the same day of discovery. Often these NOV’s were given on-site and the facility was given verbal notification that their 10-day appeal timeframe would begin immediately. After review, it was determined that this process was overly restrictive and did not allow the facility the proper time to determine if an appeal was warranted. The proposed changes to the process include the following:

1. NOV’s will no longer be issued in the field.
2. Draft NOV’s will be written and presented to the facility prior to formal issuance.
3. A compliance meeting will be held conducted which allows the facility to present any information which disputes the issuance of a formal NOV.
4. If a formal NOV is warranted, a separate meeting will be held with the enforcement panel where the recommended penalty is discussed.
5. After both the compliance and enforcement panel meetings have been conducted, only then is the final NOV issued. The final NOV and corresponding recommended penalty will be delivered by certified mail to the facility. The 10-day appeal timeframe begins when the facility receives the correspondence.

Again, this process is far more structured and allows the facility with appropriate time to determine if an appeal of agency determinations is warranted.

In order to be transparent and communicate these changes to the regulated community, the AQMD will send a letter to each of our permittees. In this letter, the AQMD will communicate the changes to the compliance and enforcement process and update to the penalty calculation worksheet and that staff is available to discuss any questions or concerns regarding the changes. A draft of the cover letter is available in Attachment 3.

Since the penalty is calculated in response to a violation of District Board of Health regulations and is not a business activity for which plans are made, the changes to the compliance and enforcement process have been implemented, rather than being noticed for future implementation.

Subject: Update Enforcement Process and Penalty Calculation Worksheet

Date: February 27, 2020

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**FISCAL IMPACT**

There is no fiscal impact from these changes. All penalty 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 accept the presentation on updates to the Air Quality Management Division Enforcement Process and Penalty Calculation Worksheet

**POSSIBLE MOTION**

Should the Board accept staff's recommendation, a possible motion would be "move to approve the presentation on updates to the Air Quality Management Division Enforcement Process and Penalty Calculation Worksheet [and/or provide additional direction to staff]"



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

Company Name 0  
 Contact Name 0

Case 0 NOV 0 Violation 0

Violation of Section \_\_\_\_\_

**I. Base Penalty as specified in the Penalty Table** = \$ 0.00

**II. Severity of Violation**

**A. Public Health Impact**

**1. Degree of Violation**

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

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

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

**2. Toxicity of Release**

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

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

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

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

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

Total Adjustment Factors (1 x 2 x 3) = 0

**B. Adjusted Base Penalty**

Base Penalty \$ 0.00 x Adjustment Factor 0 = \$ 0.00

**C. Multiple Days or Units in Violation**

Adjusted Penalty \$ 0.00 x Number of Days or Units 1 = \$ 0.00

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

**D. Economic Benefit**

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

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

**Penalty Subtotal**

Adjusted Base Penalty \$ 0.00 + Economic Benefit \$ 0.00 = \$ 0.00

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

**III. Penalty Adjustment Consideration**

<b>A. Degree of Cooperation</b> (0 – 25%)	-	
<b>B. Mitigating Factors</b> (0 – 25%)	-	
1. Negotiated Settlement		
2. Ability to Pay		
3. Other (explain)		
<b>Comment</b> _____		
<b>C. Compliance History</b>		
No Previous Violations (0 – 10%)	-	
<b>Comment</b> _____		
Similar Violation in Past 12 months (25 - 50%)	+	
<b>Comment:</b> _____		
Similar Violation within past 3 year (10 - 25%)	+	
<b>Comment:</b> _____		
Previous Unrelated Violation (5 – 25%)	+	
<b>Comment:</b> _____		
<b>Total Penalty Adjustment Factors</b> – sum of A, B, & C		0%

**IV. Recommended/Negotiated Fine**

Penalty Adjustment:

\$ 0.00	x	0%	=	0.00
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)		Total Adjustment Value

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

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

Adjusted Penalty:

\$ 0.00	+/-	\$ 0.00	=	\$ 0
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Fine

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

Company Name \_\_\_\_\_  
Contact Name \_\_\_\_\_

Case \_\_\_\_\_ NOV \_\_\_\_\_ Violation \_\_\_\_\_

Violation of Section \_\_\_\_\_  
Permit Condition \_\_\_\_\_

**I. Base Penalty as specified in the Penalty Table** = \$ **0.00**

**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:** \_\_\_\_\_

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

Negligible – 1x Moderate – 1.5x Significant – 2x

**Adjustment Factor** **1**

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

Total Adjustment Factors (1 x 2) = 1

**B. Adjusted Base Penalty**

Base Penalty \$ 0.00 x Adjustment Factor 1 = \$ **0.00**

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

Adjusted Penalty \$ 0.00 x Number of Days/Weeks/Mor 1 = \$ **0.00**

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

**D. Economic Benefit**

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

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

**Penalty Subtotal**

Adjusted Base Penalty \$ 0.00 + Economic Benefit \$ 0.00 = \$ **0.00**

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

**III. Penalty Adjustment Consideration**

<b>A. Mitigating Factors</b> (0 +/- 25%)	<u>0%</u>
<b>Comment:</b> _____	
 <b>B. Compliance History</b>	
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>
<b>Comment:</b> _____	
<b>Total Penalty Adjustment Factors</b> – Sum of A & B	<b>0%</b>

**IV. Recommended/Negotiated Fine**

Penalty Adjustment:		
<u>\$ 0.00</u>	x	<u>0%</u>
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)
		= \$ <b>0.00</b>
		Total Adjustment Value
Additional Credit for Environmental Investment/Training		
		- <u>\$</u>
<b>Comment:</b> _____		
Adjusted Penalty:		
<u>\$ 0.00</u>	+/-	<u>\$ 0.00</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)
		= \$ <b>0.00</b>
		Recommended/Negotiated Penalty

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## Washoe County District Board of Health Meeting Minutes

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

Chair Novak called the meeting to order at 1:05 p.m.

The following members and staff were present:

Members present: Dr. John Novak, Chair

Michael Brown, Vice Chair

Marsha Berkbigler

Kristopher Dahir

Dr. Reka Danko (Departed from the meeting at 2:11 p.m.)

Oscar Delgado

Tom Young

Members absent: None

**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

Mr. Dow led the pledge to the flag.

### 3. \*Public Comment

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

Mr. Pitkin spoke of issues he has encountered with his health and healthcare in the Reno area. He stated that he experienced his health decline and opined it was due to medication that he takes for HIV which he had brought with him to the meeting, informing the cost of this medication was fifty thousand dollars. He detailed his symptoms and stated that his local healthcare providers would not prescribe medications that would not affect his kidneys. He informed that he had ceased taking his medications and altered his diet resulting in improvement in his symptoms, although he stated his condition was progressing into AIDS. Mr. Pitkin requested help from the Board.

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

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

January 23, 2020

Councilman Dahir moved to approve the agenda for the January 23, 2020, District Board of Health regular meeting. Dr. Danko seconded the motion which was approved unanimously.

#### **5. Recognitions**

##### **A. Retirements**

##### **i. Benjamin Frank Cauble, 12/21/2019, Community Health Aide – CCHS**

Mr. Dick informed that Mr. Cauble was not in attendance, but has retired after many years of service from his position as a Community Health Aid with WIC in CCHS. Mr. Dick thanked him for his service and congratulated him on his retirement.

##### **ii. Mike Ezell, 1/4/2020, Senior Environmental Health Specialist – EHS**

Mr. Ezell was also not in attendance. Mr. Dick informed he retired with twenty-five years of service from Environmental Health Services as a Senior Environmental Health Specialist with the Underground Storage Tank Program.

##### **iii. Molly Diaz, 1/14/2020, Office Assistant II – AHS**

Mr. Dick informed Ms. Diaz that she will be presented with a commemorative clock from the Health District for her sixteen-plus years of dedicated service from July 28, 2003 through January 14, 2020. Mr. Dick expressed that Ms. Diaz is already missed and congratulated her on her retirement.

##### **B. Years of Service**

##### **i. Irene Ramos-Hernandez, 25 years, Hired 12/5/1994 – CCHS**

Ms. Ramos-Hernandez was not in attendance.

##### **ii. Jessica Cabrales, 15 years, Hired 1/3/2005 – AQM**

Ms. Cabrales was not in attendance.

##### **iii. Jeff Jeppson, 10 years, Hired 12/7/2009 – AQM**

Mr. Dick congratulated Mr. Jeppson on ten years with the Air Quality Management Division and thanked him for his service.

##### **iv. Chantelle Batton, 5 years, Hired 12/1/2014 – EHS**

Ms. Batton was not in attendance.

- v. Victoria Nicolson-Hornblower, 5 years, Hired 12/15/2014 – CCHS

Mr. Dick expressed congratulations and thanked Ms. Nicolson-Hornblower for five years of service to the Health District

#### C. Promotion

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

Mr. Dick informed Mr. Lamun has been promoted from his position at Animal Services to Environmental Health Services Trainee. Although Mr. Lamun was not able to be in attendance, Mr. Dick congratulated him on his promotion.

#### D. New Hires

- i. Martha Casique, 12/23/2019, Office Assistant II – CCHS

Ms. Lottritz informed that Ms. Casique is the new Office Assistant II in CCHS' Immunization Program and stated she has over twenty years of service with the District Court. She expressed they are happy to have Ms. Casique on the Immunization team.

- ii. Josh Philpott, 1/21/2020, Environmental Health Services Trainee – EHS

Ms. Albee explained that Mr. Philpott was not in attendance due to the rigorous training schedule.

- iii. Kathryn Olson, 1/21/2020, Environmental Health Services Trainee – EHS

Ms. Albee introduced Ms. Olson, informing she received her Master's Degree in Environmental Studies from the University of Montana. Ms. Albee expressed EHS is happy that Ms. Olson has joined EHS.

- iv. Narcisa Perez-Zapata, 1/21/2020, Office Assistant II – EHS

- v. Heather Burris, 1/21/2020, Office Assistant II - EHS

Ms. Albee informed that Ms. Perez-Zapata and Ms. Burris will both be working at the EHS front counter and are very excited to have them on staff to support that busy area. They were not able to be in attendance.

#### E. Special Recognition

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

Mr. Dick stated Ms. Karlicek led the Health District's Adopt a Family for the Holidays Program again this past year. In this Program, the Health District adopts families from the Boys and Girls Club and works to provide them a happy holiday season.

Through Ms. Karlicek's efforts, Mr. Dick explained, the Health District donated two thousand ninety dollars and one hundred and eleven items; two hundred fourteen items were delivered to these families between the funds raised and the items donated, and each family received a one hundred dollar gift card from Winco. He informed that staff spent about twenty hours of their own time shopping, wrapping and delivering gifts.

Mr. Dick expressed thanks to Ms. Karlicek for the tremendous amount of effort she puts into this event every year, leading the Health District to provide a happy holiday season to these families.

#### D. 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

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 noted that, since the inception of the County's Shining Star Recognition Program in November 2017, the Health District has 647 Shining Star Awards.

Mr. Dick informed that Ms. Magana, Ms. Penny, Ms. Juskiw, Ms. Carral, Ms. Caballero and Ms. Bennet all had three or more Shining Stars, while Ms. Nicolson-Hornblower and Ms. Cabrales have ten or more.

Ms. Carral and Ms. Nicolson-Hornblower were in attendance. Mr. Dick congratulated them all on their excellent customer service.

#### 6. 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. December 12, 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 & 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. - **(Item tabled for review at the February 27, 2020 DBOH Meeting)**
- 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  
Staff Representative: Anna Heenan

**Chair Novak inquired if there were any items the Board wanted to pull from the Consent agenda. Councilman Dahir stated he would like to table item D for discussion at the February 27, 2020 District Board of Health meeting.**

**Councilman Dahir moved to accept Consent Agenda items A through C and E, and table item D. Commissioner Berkbigler seconded the motion which was approved unanimously.**

## **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**

### **B. Review and Acceptance of the REMSA Operations Report for December 2019**

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

**Vice Chair Brown moved to accept the REMSA Operations Reports for November and December, 2019. Dr. Danko seconded the motion which was approved unanimously.**

Mr. Dow introduced Mr. Abbott, the new REMSA Executive Director of EMS Operations. He stated REMSA is fortunate to have Mr. Abbot back with REMSA after his return from a relocation to California. He informed Mr. Abbot would oversee all ground operations and the 911 Communication Center.

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

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

Ms. Jobson stated REMSA continues to be a partner in initiatives to raise awareness about pedestrian safety and informed of an announcement by the Washoe County School District at the Academy of Arts, Careers and Technology about slowing down and paying attention to pedestrians.

In December, Ms. Jobson informed that Mr. Dow had participated in a statewide healthcare leader roundtable event with Nevada Business Magazine. She stated topics included access to care, funding and efficiency of delivering healthcare.

REMSA participated in several stories around the holidays about staying safe during celebrations or events outside and those that involve alcohol.

Ms. Jobson informed REMSA’s Special Events, Tactical and Communications Teams received news coverage related to staffing and responses for New Year’s Eve events.

Earlier that week, Ms. Jobson stated KOLO aired a feature story on the 911 misuse campaign on which REMSA and the Health District partnered. She informed the story stressed the importance of reserving 911 calls for life threatening emergencies only; the news story is available on REMSA’s website under the News and Updates sections.

**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.**

Staff Representative: Christina Conti for Brittany Dayton

Ms. Conti informed the presentation of this report will be her last duty as a Health District employee. She explained that the REMSA Franchise Compliance Report is not her body of work, but that of Ms. Dayton. She stated that it is staff's recommendation that the Board find REMSA in compliance with the Franchise Agreement. She detailed the sections of the report and noted that all supporting documentation is housed in binders at the Health District and is available for review.

**Mr. Brown moved to approve the Regional Emergency Medical Services Authority (REMSA) Franchise Compliance Report as presented. Commissioner Berkbigler seconded the motion which was approved unanimously.**

Chair Novak stated that Ms. Conti would be missed.

**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

Mr. Dick informed that this item had been requested by Councilman Dahir at the December DBOH meeting.

Ms. Albee opined there are not many people in the community that are unaware of the impacts of homelessness in Washoe County. She informed her presentation would provide information on what can be done from the Environmental Health Services (EHS) standpoint.

Ms. Albee stated that, in relation to homelessness, EHS is a regulatory agency that operates under the Regulations of the Washoe County District Board of Health Governing Solid Waste Management. She informed that Section 040.005, Solid Waste Storage, identifies issues concerning solid waste that, if present, would prompt response from EHS. Sections 040.010 and 050.115 state that it is ultimately the responsibility of the property owner to correct solid waste situations identified in 040.005, to include clean up, storage, transportation and disposal of the waste. Ms. Albee noted that there is no mention of authorizing, prohibiting, approving or any other action concerning camping in these regulations; EHS would only be involved regarding waste that may be generated on any property.

Ms. Albee explained the process followed by EHS in response to waste complaints and listed those that have received Notice of Violation (NOV). She informed that there has been success in the cleanup of sites that have been identified, but that the sites are quickly reoccupied once cleaned. She stressed that the current situation is not the solution to the issues around waste generated by homeless encampments, stating that they would continue to respond to complaints and will try to help property owners as resources allow.

Ms. Albee informed that One Truckee River became interested in the Portland Loo Project, a public restroom approach being used in a number of cities to improve sanitation, explaining they are working with Truckee Meadows Water Authority (TMWA) to provide restroom services along the river. She informed EHS Supervisor, Mr. English, is working on this project and that the Health District contribution from the tire fund was increased to include a bullet-proof sharps container. The Loo will be installed at Brodhead Park and will hopefully be completed by May.

Mr. Dick informed the Health District contribution toward the Portland Loo Project was

approximately sixteen thousand dollars toward operation and maintenance, and that the City of Reno contributed a larger amount toward that facility.

Councilman Delgado stated it was a shared opportunity toward improving health in the community, and informed that Brodhead Park is across from the Reno Police Department along the river.

Councilman Dahir informed that TMWA provided the largest contribution toward the restroom facility itself, but that their funding could not be used for maintenance. He stated that other entities, such as the Health District and City of Reno, provided funding for maintenance and that it is hoped that more of these facilities can be installed in conjunction with TMWA.

Commissioner Berkbigler inquired how many more of these facilities are planned to be installed. Councilman Dahir informed there is a possibility of two more, noting that One Truckee River would advocate for more than that for protection of the river. While previous restroom installations did not go well, he stated that the design of these units and other factors made him optimistic that these installations would be well accepted, noting the initial installation will provide opportunity to learn and address any issues that arise.

Commissioner Berkbigler stated she has noticed public restroom facilities in other cities, and they appear to be an asset to the community. She noted that another way to improve sanitation is to provide garbage cans in more locations.

Regarding the Portland Loo installations, Councilman Dahir reiterated that there may be a need for more partners to support maintenance and upkeep if more units are installed.

Commissioner Berkbigler inquired if an area in Sun Valley where there have been solid waste issues has received Notice of Violation. Ms. Albee informed the waste on that property is in the form of vehicles that are located on an easement of property that belongs to Washoe County. Commissioner Berkbigler explained the concern is around the old batteries in the vehicles that may pose a hazard to children walking to school by that property. She requested that EHS continue to issue NOVs as necessary to make sure the property is kept clean.

Commissioner Berkbigler inquired if County attorneys have provided information on the impact of the Boise decision that states persons who sleep on the streets have rights.

Mr. Dick stated that the Health District's authority is in regard to solid waste issues. He explained the Boise decision was about people who are camping, and the Health District does not take any action based on camping; the directive from the Health District to the property owners is to address the solid waste issue.

Commissioner Berkbigler explained they have not had a directive from the District Attorney and was concerned about issues arising from removing campers from sites. Mr. Dick stated his understanding is that as far as an NOV being sent to a property owner requiring clean up, they are to provide a notice to the people that are there to advise that the area will be cleaned up and they will need to move; there are no arrests made.

Mr. Dick stated there are other ways in which the Health District alone and with their partners are working toward solutions for some of the issues around homelessness. In the Community and Clinical Health Services (CCHS) Division, he informed they provide services through their Immunization Program, STD and HIV Testing Services, Family Planning Services, WIC and Tuberculosis (TB) Programs. For example, he stated CCHS provides vaccination clinics in partnership with the Salvation Army and will participate in the Project Homeless Connect during the week of January 27<sup>th</sup> to provide services to the homeless such as immunizations and STD and HIV testing services; the WIC Program will also participate in Project Homeless Connect. He informed part of the Health District's outreach is in partnership with the Northern Nevada Outreach Team who work with the population along the river in providing condoms, promoting safe sex, providing sharps containers and connecting persons

with the syringe exchange program. He stated CCHS also conducts STD testing at the jail on a weekly basis and family planning services are provided every two weeks at the jail, noting that when members of the homeless population are there, they can benefit from these services.

Mr. Dick informed that CCHS coordinates with the Eddy House and other agencies for promoting family planning and testing services, and provides TB testing at the Homeless Shelter.

Through the Community Health Needs Assessment (CHNA), community priorities were identified and addressed in the Community Health Improvement Plan (CHIP); these priorities were Housing and Homelessness, Behavioral Health and Physical Activity and Nutrition. Mr. Dick explained the CHIP is a plan based on the intention of bringing community partners together to work toward solutions to issues within these priorities. He informed that some of the initiatives in the CHIP include engagement with the Eddy House for youth homelessness, stating a contribution of one hundred thousand dollars had been provided by the Health District in 2019 toward the operation and maintenance of their new twenty-four-hour drop-in center. This facility will provide overnight shelter for these youth, as well as providing job skills training and employment assistance. Fortunately, Mr. Dick stated that the Pennington Foundation offered a matching grant to the Eddy House last year as well, doubling the amount toward assistance for homeless youth. He informed that part of the Health District's contribution is tied to their metrics on the population that they serve and outcomes produced; this will provide beneficial data to direct future steps.

Mr. Dick stated the Health District participates with the Reno Area Alliance for the Homeless (RAAH) which is the Housing and Urban Development (HUD) Continuum of Care Organization. He informed they work to identify priorities for utilization of HUD funding toward the homeless population, noting they are working on a new strategic plan. He informed they are the entity that conducts the Point-in-Time count of people experiencing homelessness that will be conducted at the end of January. Mr. Dick explained that Ms. Peters had joined the leadership council of this organization prior to taking her new position with the Human Services Agency; Mr. Dick informed the Health District will continue to be involved with the RAAH Youth Committee.

Mr. Dick opined it to be well known of the overlap in behavioral health and homeless issues, stating it is a very complex issue to solve and will require many organizations working together to make a difference. Regarding behavioral health, it was recognized that there are a number of case managers in the community that work through government funding that Washoe County receives, or they are in healthcare or other organizations and are somewhat siloed in the way they work with their clients. The Health District established a community case management initiative to bring those case managers together to develop a better way to serve clients while leveraging each other in the delivery of services. Mr. Dick informed the Good Grid software platform was implemented to connect service providers and make referrals for clients, track where clients are receiving services, and to locate them if they are admitted to an emergency room or booked into jail. This prevents persons from getting lost in the system; their case managers can be notified to allow them to continue providing services. The Good Grid program is being piloted in phase one implementation and the Human Services Agency is partnering to help lead this initiative in the community. The Health District is able to access this platform free of charge through the contract with the State for child support services.

Mr. Dick informed there is a Peer Recovery Support Service (PRSS) component of the CHIP which recognizes the value of peers in recovery. In this instance, people that have had substance misuse problems are helping those who are currently experiencing these issues. Mr.

Dick stated the Health District provided forty thousand dollars to the Foundation for Recovery to support outreach efforts to educate organizations about PRSS and to engage more support in delivering services in this manner, as well as providing these services to patients in the emergency room that present with drug overdoses.

Mr. Dick stated that another initiative within the CHIP is the Regional Strategy for Housing Affordability, noting that while there is a homelessness issue, there is also a lack of affordable housing in the area that causes low or fixed income residents to be forced out of the available housing infrastructure as prices increase. He explained the Strategy, developed in partnership with Truckee Meadows Regional Planning Agency (TMRPA) and Enterprise Community Partners, is complete and ready to be implemented by the Cities and County to provide housing across the spectrum needed in the community.

Other initiatives included in the CHIP that the Health District successfully supported in the legislature were Senator Ratti's bill for transferrable tax credits for affordable housing which provides ten million dollars per year over the next four years to increase the affordable housing stock, and an expansion of the State Medicaid program under 1915(i) that allows for reimbursement of services that are provided to the severely mentally ill. 1915(i) provides for support services for people that were able to be housed to maintain that housing.

Mr. Dick stated that he is the Vice Chair of the Washoe Regional Behavioral Health Policy Board whose focus was on Crisis Stabilization Services in the last session. He informed they were successful in getting AB66 enacted to provide for the regulation and licensing structure for short-term psychiatric hospitals that make crisis stabilization services reimbursable and provides market conditions that would allow these facilities to be established. He explained this is part of the Crisis Now model for delivering behavioral health services, noting the City of Reno has a committee that is working to get a Crisis Stabilization Center set up in the community. He informed a group of them will be traveling to Phoenix to learn how services are delivered in that area.

Mr. Dick informed he also serves as Vice Chair of the Washoe County Substance Abuse Task Force who held a Community Coalition Accelerator event in April 2019 for the purpose of bringing community organizations together to discuss more effective methods of addressing substance misuse issues. Out of that event, initiatives were developed and are moving forward, including the broadening of Peer Recovery Services, and Screening, Brief Intervention and Referral to Treatment (SBIRT), which is working to determine which screening tools are being used with the goal of agreeing on one to be used throughout the community for uniformity in reporting and the ability to compare and understand data as it is presented.

Mr. Dick stated this presentation is an overview of initiatives the Health District is involved in, but stressed there is much more work that needs to occur. He informed the Health District is not a direct service provider for the most part for the homeless issue, but it is in a position where it recognizes that homelessness is a significant issue that has public health impacts beyond just the sanitation issues around those encampments. He stated the Health District is in a position to help bring people together to look for solutions and ways to achieve solutions for those issues that are being presented.

Mr. Dahir informed that the Eddy House will opening the twenty-four-hour facility ahead of schedule on January 30<sup>th</sup>. Regarding information provided earlier about 1915(i) around services for the severely mentally ill, he inquired how that determination is made and by whom. Mr. Dick informed of the hearings being held around AB66 and 1915(i) in early February on the regulations being developed in response to that legislation, noting he did not have an answer to his question at this time.

## 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

Mr. Vega noted that he did not have anything to add to his report, but would be happy to answer any questions.

### 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

Ms. Lottritz informed that Ms. Howell was on Face the State over the previous weekend and spoke about sexually transmitted diseases and the increased rates of chlamydia, gonorrhea and syphilis in Washoe County.

Ms. Lottritz stated the teacher orientation for the Wolf Pack Coaches Challenge was held the previous evening and will be kicking off that program in February with elementary schools.

### 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.

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**

Communicable Disease, Public Health Preparedness, Emergency Medical Services

Dr. Todd highlighted the Norovirus outbreak in his report, noting it was a sizeable outbreak in a local resort property involving one hundred eleven persons. He informed the resort responded well to EPHP recommendations for control and the outbreak appears to be over now.

Dr. Todd informed that he had been on the same Face the State program with Ms. Howell to speak about influenza.

Dr. Todd stated that, fortunately, there have been no local cases of coronavirus to date and expressed hope it would stay that way. He informed there has been one confirmed case in the United States in Washington state.

Dr. Todd informed of an upcoming exercise on January 28<sup>th</sup> at the Project Homeless Family Connect event, located at the downtown Reno Event Center where flu shots will be provided. He stated that there were one hundred thirty one individuals vaccinated at the same event last year. He noted that doesn't sound like a big number, but he stressed that this is a difficult population to reach and hoped they would reach at least as many people this year.

Chair Novak inquired if the dominant strain of flu was shifting from B to A. Dr. Todd confirmed that it is.

Mr. Young applauded staff for handling the norovirus outbreak sensitively and efficiently, and expressed he was glad it came to a good conclusion.

#### **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

Mr. Dick reminded those present of the 5210 initiative's recommendation for five healthy servings of fruits and vegetables per day, two hours or less of recreational screen time, one hour of physical activity and zero sugary drinks. He informed the Health District is continuing to make progress with this initiative in the community and have been working with the Washoe County School District who have identified five elementary schools for piloting the roll-out of 5210 this spring. He opined the School District has taken a very thoughtful approach; he informed of a meeting with the Lead Area Superintendent who then set up a meeting with the Area Superintendents of each of the five areas within the School District. The Health District will work with the Area Superintendent and one elementary school from each area with the intention of using lessons learned from the pilot programs for Area Superintendents to expand 5210 further into their other schools.

Mr. Dick informed of a kick-off event with the Chamber of Commerce, explaining that Washoe County is a Chamber Member and is piloting the 5210 program for Washoe County employees. He noted there are now three other businesses that the Health District is working with to pilot the worksite 5210 program.

Mr. Dick stated Community Health Alliance continues to implement the 5210 program in their pediatric practice and have worked with Northern Nevada Hopes where the 5210 program is being implemented. CHA is also working with Renown for implementation of the program there. He stated he would continue to update the Board as the pilot programs progress and hopefully, as the pilot phase ends and the program is scaled out further into the community.

Mr. Dick stated the Health District will be presenting in conjunction with the School District staff at the Board of Trustees meeting on January 28<sup>th</sup> on the Health District's outbreak response to explain that process to them. He informed there are two outbreak responses the Health District will make; one is for a vaccine-preventable disease and the vaccines are required for school admission unless someone is claiming an exemption. He stated there had been such an outbreak recently with pertussis presenting in several schools, noting that had been the first time in over ten years that there had been an outbreak involving a vaccine-preventable disease where unvaccinated students had to be excluded from school. The other type of outbreak, he explained, would involve influenza-like-illness (ILI) and gastrointestinal-type outbreaks.

On Wednesday, January 29<sup>th</sup>, Mr. Dick informed there will be a ribbon cutting event for the new Reno4 Air Monitoring Station located at Libby Booth Elementary. He thanked Councilman Dahir for participating in that event as the Air Quality Management liaison from the District Board of Health.

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

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

Councilman Dahir inquired if there were funds available that could be used by the District Board of Health for an awareness program for pedestrian safety.

Chair Novak inquired how the Board would handle Consent Agenda Item 6D at the February District Board of Health Meeting. Councilman Dahir requested the item be agendaized for further discussion regarding Air Quality Management penalty structure and calculation and communication of such to those that are regulated. Mr. Dick stated he believed he was clear on what Councilman Dahir would like brought back to the Board.

**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 2:23 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: February 27, 2020**

**TO:** District Board of Health

**FROM:** Jennifer Hoekstra, Fiscal Compliance Officer  
775-328-2418, [jhoekstra@washoecounty.us](mailto:jhoekstra@washoecounty.us)

**SUBJECT:** Recommendation to approve a Subaward Amendment totaling an increase of \$20,659 for a cumulative grant value of \$180,788 to the FY20 Epidemiology and Laboratory Capacity (ELC) grant retroactive to August 1, 2019 through July 31, 2020 in support of the Centers for Disease Control and Prevention (CDC); and if approved authorize the District Health Officer to execute the Subaward Amendment.

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**SUMMARY**

The Washoe County Health District received the Subaward Amendment from the Division of Public and Behavioral Health for the period August 1, 2019 through July 31, 2020 in the total amount of \$20,659 in support of the CDC Epidemiology and Laboratory Capacity Grant Program, IO 11610. A copy of the Subaward Amendment is attached.

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

- 4. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
- 5. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

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

**PREVIOUS ACTION**

On September 26, 2019, the District Board of Health approved the District Health Officer to execute the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period August 1, 2019 through July 31, 2020 in the amount of \$160,129 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program.

## **BACKGROUND**

**Project/Program Name:** CDC Epidemiology and Laboratory Capacity (ELC) Program – Building and Strengthening Epidemiology, Laboratory and Health Information System.

**Scope of the Project:** The Subgrant Award scope of work addresses the following goals:

- Cross-Cutting Epidemiology
- Detect, Contain and Prevent Healthcare Associated Infections (HAI)

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

**On-Going Program Support:** These funds support on-going activities in the Epidemiology and Laboratory Capacity Program.

**Award Amount:** \$20,659 (\$17,216 direct/\$3,443 indirect)

**Grant Period:** August 1, 2019 – July 31, 2020

**Funding Source:** Centers for Disease Control and Prevention (CDC)

**Pass Through Entity:** State of Nevada, Department of Health and Human Services  
Division of Public & Behavioral Health

**CFDA Number:** 93.323(100%)

**Grant ID Number:** 1 NU50CK2019002443-00

**Match Amount and Type:** None

**Sub-Awards and Contracts:** No Sub-Awards are anticipated.

## **FISCAL IMPACT**

There is no additional fiscal impact should the Board approve the Subaward Amendment. As the FY20 adjusted budget was \$228,388 in revenue (includes \$37,832 of indirect) and \$190,556 in expenditure authority, no budget amendment is necessary.

## **RECOMMENDATION**

Staff recommends that the District Board of Health approve the Subaward Amendment from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, retroactive to August 1, 2019 through July 31, 2020; totaling an increase of \$20,659 for a cumulative grant value of \$180,788 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program; and if approved authorize the District Health Officer to execute the Subgrant Award.

Subject: Approval for ELC Subaward Amendment

Date: February 27, 2020

Page 3 of 3

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve the Subaward Amendment from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, retroactive to August 1, 2019 through July 31, 2020; totaling an increase of \$20,659 for a cumulative grant value of \$180,788 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program; and if approved authorize the District Health Officer to execute the Subgrant Award."



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

Agency Ref. #: HD 17317-1  
 Budget Account: 3219  
 Category: 16  
 GL: 8516  
9332320 &  
(EB)  
 Job Number: 9332320

## SUBAWARD AMENDMENT #1

<b>Program Name:</b> Epidemiology & Laboratory Capacity (ELC) Office of Public Health Investigations & Epidemiology	<b>Subrecipient Name:</b> Washoe County Health District (WCHD) Heather Kerwin		
<b>Address:</b> 4150 Technology Way, Suite 300 Carson City, NV 89706-2009	<b>Address:</b> 1001 East Ninth Street Reno, NV 89502		
<b>Subaward Period:</b> August 1, 2019 through July 31, 2020	<b>Amendment Effective Date:</b> Upon approval by all parties.		
<b>This amendment reflects a change to:</b> <input checked="" type="checkbox"/> Scope of Work <input type="checkbox"/> Term <input checked="" type="checkbox"/> Budget			
<b>Reason for Amendment:</b> This amendment is to add additional personnel funding.			
<b>Required Changes:</b> <b>Current Language:</b> Total reimbursement through this subaward will not exceed \$160,129.00. See Section B, C and D of the original subaward. <b>Amended Language:</b> Total reimbursement through this subaward will not exceed \$180,788.00. See attached Section B, C and D revised on 1/23/2020.			
Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$130,449.00	\$17,109.00	\$147,558.00
2. Travel	\$2,562.00	\$107.00	\$2,669.00
3. Operating	\$430.00	\$0.00	\$430.00
4. Equipment	\$0.00	\$0.00	\$0.00
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00
6. Training	\$0.00	\$0.00	\$0.00
7. Other	\$0.00	\$0.00	\$0.00
<b>TOTAL DIRECT COSTS</b>	<b>\$133,441.00</b>	<b>\$17,216.00</b>	<b>\$150,657.00</b>
8. Indirect Costs	\$26,688.00	\$3,443.00	\$30,131.00
<b>TOTAL APPROVED BUDGET</b>	<b>\$160,129.00</b>	<b>\$20,659.00</b>	<b>\$180,788.00</b>
<b>Incorporated Documents:</b> Section B: Description of Services, Scope of Work and Deliverables 1/23/2020. Section C: Budget and Financial Reporting Requirements 1/23/2020. Section D: Request for Reimbursement 1/23/2020. Exhibit A: Original Notice of Subaward and all previous amendments			

**By signing this Amendment, the Authorized Subrecipient Official or their designee, Bureau Chief and DPBH Administrator acknowledge the above as the new standard of practice for the above referenced subaward. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the original subaward and all of its attachments.**

Name	Signature	Date
Kevin Dick District Health Officer, WCHD		
Melissa Peek-Bullock State Epidemiologist		
for Lisa Sherych Administrator, DPBH		

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

**SECTION B**  
**Description of Services, Scope of Work and Deliverables**  
revised on 1/23/2020

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 Washoe County Health District**

**Goal 1: Provide Cross-cutting Epidemiology Capacity**

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
1. Epidemiology Program Manager will oversee the overall operation of ELC activities	1. Provide assistance in communicable disease reporting, investigating, follow-up and analysis. This position will also continue to work closely with the Division of Public and Behavioral Health (DPBH) to participate in testing activities when laboratories or hospitals are onboarding or involved in Electronic Laboratory Reporting (ELR) activities.	07/31/2020	Quarterly activity report
2. Epidemiology Program Manager will participate in quarterly ELC Governance Team meetings	1. Attend no less than 75% of quarterly ELC Governance Team meetings to include 1 annual meeting in Las Vegas, NV	01/31/2020	Quarterly activity report
3. Epidemiology Program Manager will attend the ELC annual grantee meeting as part of the ELC Governance Team	1. Attend the annual ELC grantee meeting in Atlanta, GA	06/01/2020	Annual activity report
4. One WCHD staff member will attend the West Coast Epidemiology conference	1. Attend the annual West Coast Epidemiology conference in Salt Lake City, UT, October 24-25 <sup>th</sup> , 2019	10/25/2019	Quarterly activity report

**Goal 2: Provide Healthcare Associated Infection (HAI) and Antibiotic Resistance (AR) Surveillance**

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
1. Epidemiologist to provide HAI and AR surveillance	1. Epidemiologist to provide HAI and AR surveillance, case investigation, outbreak investigation, case reporting, and data analysis.	07/31/2020	Quarterly activity report

**Goal 3: Provide Vector-borne Diseases identification, diagnoses, reporting, prevention and response**

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
1. Epidemiologist to provide Vectorborne disease surveillance	1. Provide vectorborne disease surveillance, case investigation, outbreak investigation, case reporting, and data analysis.	07/31/2020	Quarterly activity report
2. Purchase computer and office supplies	1. Purchase computer supplies for printer such as toner and purchase office supplies to support program activities.	07/31/2020	Quarterly activity report

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

**SECTION C  
Budget and Financial Reporting Requirements  
revised on 1/23/2020**

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 1 NU50CK000560-01 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 1 NU50CK000560-01 from the Centers for Disease Control and Prevention.

Subrecipient agrees to adhere to the following budget:

**BUDGET NARRATIVE**

<b>Total Personnel Costs</b>							<b>Total:</b>	<b>\$147,558</b>
including fringe								
	Annual Salary	Fringe Rate	% of Time	Months	Annual % of Months worked	Amount Requested		
Heather Kerwin Epidemiology Program Manager	\$105,015	20%	73.1%	12	100%	\$92,119		
Epidemiology Program Manager will oversee the overall operation of ELC activities to include communicable disease reporting, investigating, follow-up and analysis within project A and will assist the NBS Coordinator in enhancing the current disease surveillance system and implementation of eCR.								
	Annual Salary	Fringe Rate	% of Time	Months	Annual % of Months worked	Amount Requested		
Danika Williams Epidemiologist	\$89,263	20%	22%	12	100%	\$23,565		
Epidemiologist will provide HAI and AR surveillance, case investigation, outbreak investigation, case reporting, and data analysis.								
	Annual Salary	Fringe Rate	% of Time	Months	Annual % of Months worked	Amount Requested		
Epidemiologist	\$89,263	20%	29.757%	12	100%	\$31,874		
Epidemiologist will provide vectorborne disease surveillance, case investigation, outbreak investigation, case reporting, and data analysis.								
<b>Total Fringe Cost</b>		<b>\$24,592</b>		<b>Total Salary Cost:</b>			<b>\$122,966</b>	

<b>Travel</b>							<b>Total:</b>	<b>\$2,669</b>
<b>Out-of-State Travel</b>								<b>\$2,182</b>
	Cost	# of Trips	# of days	# of Staff	Total			
<i>Epidemiology Conference (Location to Be Determined (TBD))</i>								
Airfare: \$329 per trip (origin & designation) x 1 trip x 1 staff	\$329	1		1	\$329			
Per Diem: Estimated at \$42 per day x 3 days x 1 staff	\$42	1	3	1	\$126			
Lodging: \$125 per day + \$15 tax = total \$140 x 1 trip x 2 nights x 1 staff	\$140	1	2	1	\$280			
Ground Transportation: \$11 per trip x 1 trip x 3 days x 1 staff	\$11	1	3	1	\$33			
Parking: \$14 per day x 1 trip x 3 days x 1 staff	\$14	1	3	1	\$42			
<b>Justification:</b> One Epidemiologist from WCHD will attend and participate in an Epidemiology conference (location and date TBD).								
<b>2020 ELC Grantee Meeting - Atlanta, GA</b>								
	Cost	# of Trips	# of days	# of Staff	Total			
Airfare: \$400 per trip (Reno, NV & Atlanta, GA) x 1 trip x 1 staff	\$400	1		1	\$400			
Per Diem: Estimated at \$66 per day x 4 days x 1 staff	\$66	1	4	1	\$264			
Lodging: \$ 164 per day + \$20 tax = total \$170 x 1 trip x 3 nights x 1 staff	\$184	1	3	1	\$552			

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

Ground Transportation: \$25 per trip x 1 trip x 4 days x 1 staff	\$25	1	4	1	\$100
Parking: \$14 per day x trip x 4 days x 1 staff	\$14	1	4	1	\$56
<b>Justification:</b> WCHD's ELC Governance Team member will attend and participate in the annual ELC Grantee meeting in Atlanta, GA., March 10th through the 13 <sup>th</sup> , 2020.					
<b>In-State Travel</b>					<b>\$487</b>
<u>2020 Annual ELC Governance Team Meeting, Las Vegas, NV</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	<u>Total</u>
Airfare: \$400 per trip (Reno, NV & Atlanta, GA) x 1 trip x 1 staff	\$377	1		1	\$377
Per Diem: Estimated at \$49.50 per day x 4 days x 1 staff	\$61	1	1	1	\$61
Ground Transportation: \$35 per trip x 1 trip x 1 day x 1 staff	\$35	1	1	1	\$35
Parking: \$14 per day x 1 trip x 4 days x 1 staff	\$14	1	1	1	\$14
<b>Justification:</b> WCHD's ELC Governance Team member will attend and participate in the annual ELC Grantee meeting in Atlanta, GA., March 10th through the 13 <sup>th</sup> .					
<b>Operating</b>					<b>Total: \$430</b>
Office supplies: \$17.92 x 1 FTE staff x 12 mo.		\$215			
Printer/Copier Costs \$17.92 x 1 FTE staff x 12 mo.		\$215			
<b>Equipment</b>					<b>Total: \$0.00</b>
N/A					
<b>Contractual/Contractual and all Pass-thru Subawards</b>					<b>Total: \$0.00</b>
N/A					
<b>Training</b>					<b>Total: \$0.00</b>
N/A					
<b>Other</b>					<b>Total: \$0.00</b>
N/A					
<b>TOTAL DIRECT CHARGES</b>					<b>\$ 150,657</b>
<b>Indirect Charges</b>					<b>Indirect Rate: 20% \$30,131</b>
<b>Indirect Methodology:</b> Indirect is calculated at 20% of all direct costs per Federally approved indirect agreement.					
<b>TOTAL BUDGET</b>					<b>Total: \$180,788</b>

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

Form 2

Applicant Name: Washoe County Health District  
PROPOSED BUDGET SUMMARY - SFY20

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

FUNDING SOURCES	ELC	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$180,788	\$	-	\$	-	\$	-	\$	\$0

EXPENSE CATEGORY

Personnel	\$147,558								\$0
Travel	\$2,669								\$0
Operating	\$430								\$0
Equipment	\$0								\$0
Contractual/Consultant	\$0								\$0
Training	\$0								\$0
Other Expenses	\$0								\$0
Indirect	\$30,131								\$0

TOTAL EXPENSE	\$180,788	\$	-	\$	-	\$	-	\$	\$0
These boxes should equal 0	\$	-	\$	-	\$	-	\$	-	\$

Total Indirect Cost	\$30,131
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B. Explain any items noted as pending:


C. Program Income Calculation:


Total Agency Budget	\$	180,788
Percent of Subrecipient Budget		100%



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

- 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 \$180,788;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Activity Update Report will be included with each submission of Request for Reimbursement; 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:**

- 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 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 **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.

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD  
SECTION D  
Request for Reimbursement  
revised on 1/23/2020

Agency Ref #: **HD 17317-1**  
Budget Account: 3219  
GL: 8516  
Draw #: \_\_\_\_\_

<b>Program Name:</b> Epidemiology & Laboratory Capacity (ELC) Office of Public Health Investigations & Epidemiology	<b>Subrecipient Name:</b> Washoe County Health District (WCHD) Heather Kerwin
<b>Address:</b> 4150 Technology Way, Suite 300 Carson City, NV 89706-2009	<b>Address:</b> 1001 East Ninth Street Reno, NV 89502
<b>Subaward Period:</b> August 1, 2019 through July 31, 2020	<b>Subrecipient's:</b> EIN: 88-6000138 Vendor #: T-40283400

**FINANCIAL REPORT AND REQUEST FOR FUNDS**

(must be accompanied by expenditure report/back-up)

	Month(s)	Calendar year					
Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended	
1. Personnel	\$147,558.00	\$0.00	\$0.00	\$0.00	\$147,558.00	0.0%	
2. Travel	\$2,669.00	\$0.00	\$0.00	\$0.00	\$2,669.00	0.0%	
3. Operating	\$430.00	\$0.00	\$0.00	\$0.00	\$430.00	0.0%	
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%	
8. Indirect	\$30,131.00	\$0.00	\$0.00	\$0.00	\$30,131.00	0.0%	
<b>Total</b>	<b>\$180,788.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$180,788.00</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 DIVISION USE ONLY**

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

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

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

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

ASO or Bureau Chief (as required): \_\_\_\_\_ Date \_\_\_\_\_

**Staff Report**  
**Board Meeting Date: February 27, 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 February 1, 2020 through June 30, 2021 in the total amount of \$402,182.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Tobacco Control Program for youth tobacco and e-cigarette/vaping use 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 February 13, 2020 to support the Tobacco Control Program. The funding period is retroactive to February 1, 2020 through June 30, 2021. A copy of the Notice of Subaward is attached.

**Health District Strategic Priorities 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 Nevada Legislature passed Senate Bill 263 in the last legislative session. The Bill revises provisions relating to the regulation and taxation of certain vapor products, alternative nicotine products and tobacco products and appropriates \$2,500,000.00 annually for FY20 and FY21 from the State General Fund to the Department of Health and Human Services.

This funding will support the Washoe County Health District's comprehensive strategy to address e-cigarette use by youth and young adults and increased education, outreach and messaging about the health risks of e-cigarettes and exposure to secondhand smoke aerosols.

Subject: Approve Tobacco E-Cigarette Subaward

Date: February 27, 2020

Page 2 of 2

The Subaward provides funding for personnel, travel and training, operating supplies, professional and contractual services, advertising, other expenses, including funding specifically for community outreach and youth-lead interventions, and indirect expenses.

### **FISCAL IMPACT**

Should the Board approve this Subaward, the adopted FY20 budget will be increased by \$349,723.00 (\$52,459.00 indirect expense) in the following accounts:

<b>Account Number</b>	<b>Description</b>	<b>Amount of Increase</b>
2002-IO-XXXXXX -432100	State Grants	349,723.00
2002-IO-XXXXXX -701412	Salary Adjustment	114,516.00
2002-IO-XXXXXX -705360	Benefit Adjustment	51,667.00
2002-IO-XXXXXX -710100	Professional Services	115,450.00
2002-IO-XXXXXX -710300	Operating Supplies	1,105.00
2002-IO-XXXXXX -710335	Copier	340.00
2002-IO-XXXXXX -710350	Office Supplies	340.00
2002-IO-XXXXXX -710360	Postage	50.00
2002-IO-XXXXXX -710500	Other Expense	49,156.00
2002-IO-XXXXXX -710502	Printing	5,500.00
2002-IO-XXXXXX -711504	Equipment	5,749.00
2002-IO-XXXXXX -710508	Telephone	216.00
2002-IO-XXXXXX -710509	Seminars & Meetings	1,445.00
2002-IO-XXXXXX -710512	Auto Expense	425.00
2002-IO-XXXXXX -711210	Travel	3,764.00

### **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 February 1, 2020 through June 30, 2021 in the total amount of \$402,182.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Tobacco Control Program for youth tobacco and e-cigarette/vaping use 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 February 1, 2020 through June 30, 2021 in the total amount of \$402,182.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Tobacco Control Program for youth tobacco and e-cigarette/vaping use 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 17566**  
 Budget Account: **3220**  
 Category: **27**  
 GL: **8516**  
 Job Number: **GFUNDT20**

**NOTICE OF SUBAWARD**

<b>Program Name:</b> Tobacco Control Program Chronic Disease Prevention and Health Promotion (CDPHP) Bureau of Child, Family and Community Wellness (CFCW)	<b>Subrecipient's Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way, Suite #210 Carson City, NV 89706-2009	<b>Address:</b> P.O. Box 11130 Reno, NV 89520
<b>Subaward Period:</b> February 1, 2020 through June 30, 2021.	<b>Subrecipient's:</b> EIN: <b>88-6000138</b> Vendor #: <b>T40283400Q</b> Dun & Bradstreet: <b>073-786-998</b>

**Purpose of Award:** To support education, trainings, outreach, and messaging to decrease youth tobacco and e-cigarette/vaping use in Washoe County.

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

<b>Approved Budget Categories:</b>		<b>FEDERAL AWARD COMPUTATION:</b>	
1. Personnel	\$166,183.00	Total Obligated by this Action:	\$ 0.00
2. Travel	\$4,189.00	Cumulative Prior Awards this Budget Period:	\$ 0.00
3. Operating	\$7,194.00	Total Federal Funds Awarded to Date:	\$ 0.00
4. Equipment	\$0.00	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
5. Contractual/Consultant	\$115,450.00	Amount Required this Action:	\$ 0.00
6. Training	\$1,445.00	Amount Required Prior Awards:	\$ 0.00
7. Other	\$55,262.00	Total Match Amount Required:	\$ 0.00
<b>TOTAL DIRECT COSTS</b>	<b>\$349,723.00</b>	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
8. Indirect Costs	\$52,459.00		
<b>TOTAL APPROVED BUDGET</b>	<b>\$402,182.00</b>		

<b>Source of Funds:</b> State General Funds	<b>% Funds:</b> 100%	<b>CFDA:</b> N/A	<b>FAIN:</b> N/A	<b>Federal Grant #:</b> N/A	<b>Grant Award Date by Federal Agency:</b> N/A
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**Agency Approved Indirect Rate:** 7.9% **Subrecipient Approved Indirect Rate:** 15%

**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; and Section H: Staff Certification
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Name	Signature	Date
Kevin Dick District Health Officer, WCHD		
Candice McDaniel, MS Bureau Chief, CFCW		
for Lisa Sherych Administrator, DPBH		

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**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

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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**

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 WCHD**

**Year One Annual Scope of Work  
February 1, 2020 through June 30, 2020**

<b>Annual Objectives</b>	<b>Activities</b>	<b>Outputs</b>	<b>Timeline Begin/End</b>	<b>Evaluation Measure (Indicator)</b>	<b>Responsible Persons Evaluation Tools</b>
<b>1.1</b> Through June 30, 2020 assist with at least one (1) effort to improve policy implementation that will decrease youth tobacco and e-cigarette/vaping use in Washoe County.	1.1.1 Participate in at least 90% of state calls/meetings on initiatives impacting youth tobacco e-cig/vaping prevention policy	List of Meeting notes/agendas	Feb 2020 – June 2020	# of meetings held  # of meetings attended	Health Educator  Health Educator Coordinator (until HE hired/up to speed)  Meeting notes  Quarterly Reports
	1.1.2 Identify at least eight Washoe County schools or other youth-focused organizations to improve youth tobacco prevention policies, knowledge of current products and policies, and/or implementation of current policies.	List of organizations and schools identified  List of model policies  List of model policies to be shared  List of current school policies  Assessment survey tool identified	Feb 2020 – June 2020	# and list of orgs identified  # and list of schools identified  # of policies  # of policies including e-cig/vaping	Health Educator  Assessment notes  Quarterly reports
	1.1.3 Develop 1 (one) e-cig guidance toolkit for local K-12 schools and other youth-focused organizations on implementation of best practice policies and resources to prevent and decrease youth tobacco e-cig/vaping use in schools.  Distribution and presentations to occur in year two (Y2).	List of best practice toolkits and resources  K-12 school and youth focused prevention toolkit	Feb 2020 – June 2020	# of school toolkits drafted  # of school toolkits shared with DPBH  # and list of schools targeted for distribution	Health Educator  K-12 school tool kit  Quarterly Reports
1.1.4 Develop 1 (one) toolkit for other youth-focused organizations that provide guidance on implementation of best practice policies and resources to prevent	Youth focused prevention toolkit	Feb 2020 – June 2020	# of toolkits drafted  # of youth toolkits shared with DPBH	Health Educator  Youth-focused organizations toolkits	



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	and decrease youth tobacco e-cigs/vaping use in schools. Distribution and presentations to occur in Y2.		# and list of youth-focused organizations targeted for distribution	Quarterly reports
<p><b>Goal 1: First, Do No Harm</b> 1B. Provide consistent and evidenced based messages about the health risks of e-cigarettes and exposure to secondhand smoke aerosols.</p>	<p>1.2 Through June 30, 2020 participate in NTPC planning meetings to help guide the development and implementation of one (1) media and outreach plan which will provide consistent and evidence-based messages about youth health risks of e-cig use and aerosol exposure.</p>	<p>List of meetings Media and outreach plan</p>	<p># of NTPC media meetings scheduled # of NTPC media meetings attended</p>	<p>Health Educator Meeting notes Quarterly Reports Health Educator Quarterly Reports</p>
<p>1.3 Holding for media campaign</p>		<p>Washoe County specific components of the media and outreach plan</p>	<p>Feb 2020 – June 2020</p>	<p>Health Educator Quarterly Reports</p>

<b>Goal 2: Provide Information about the Dangers of E-Cigarette Use among Youth and Young Adult</b>					
2A. Educate parents, teachers, coaches, influencers of youth about the risks of e-cig use among youth/young adults					
<b>Annual Objectives</b>	<b>Activities</b>	<b>Outputs (Budget)</b>	<b>Timeline Begin/End</b>	<b>Evaluation Measure (Indicator)</b>	<b>Responsible Persons</b>
<p>2.1. Through June 30, 2020 establish relationships with at least three (3) key groups of youth influencers.</p>	<p>2.1.1 Develop at least 2 (two) presentations to educate and provide technical assistance to teachers, school nurses, counselors, and/or administrators about e-cigarette use, signs, symptoms of vaping related lung illness, and cessation resources.</p>	<p>School staff e-cigarette and vaping education messages and materials List of education resources List of key groups of youth influencers</p>	<p>Feb 2020 – June 2020</p>	<p># of meetings with school district # of educational opportunities identified # of presentations prepared # of technical assistance provided</p>	<p>Health Educator Quarterly Report</p>
<p>2.1.2 Hold initial planning meetings with the school district and other youth-focused organizations to identify effective messaging and venues for educational session for parents about harms of e-cigs, signs and symptoms of vaping related illness, and cessation resources.</p>	<p>2.1.2 Identify and begin recruitment efforts for at least 15 (fifteen) youth role models (i.e. coaches, club leaders, church youth staff, etc.) who could effectively provide youth</p>	<p>List of parent e-cigarette and vaping education messages, resources, and materials</p>	<p>Feb 2020 – June 2020</p>	<p># of materials identified/developed # of parent groups educated via schools (if any)</p>	<p>Health Educator Quarterly Report</p>
		<p>List of youth role models # recruitment strategies implemented # of youth role models contacted</p>	<p>Feb 2020 – June 2020</p>	<p># by type of youth role models identified</p>	<p>Health Educator Quarterly Report</p>



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**Goal 4: Programs and Policies to Prevent E-Cigarette Use among Youth and Young Adults**

Strategies:  
*Implement population-level strategies to reduce e-cig use. Coordinate, evaluate, and share best practices from state and local entities.*

<b>Annual Objectives</b>	<b>Activities</b>	<b>Outputs (Budget)</b>	<b>Timeline Begin/ End</b>	<b>Evaluation Measure (Indicator)</b>	<b>Responsible Persons</b>
4.1 Through June 30, 2020 identify population-level strategies to reduce e-cig use by collaborating with statewide partners on efforts to restrict youth access.	4.1.1 In collaboration with State TCP staff explore partnership opportunities with the AG's office to provide additional resources to retailers in Washoe County that are caught selling to minors.	Meeting notes	Feb 2020 – June 2020	# meetings # of partnership opportunities identified # of resources provided	Health Educator Health Educator Coordinator Quarterly Reports
	4.1.2 Research implementation of successful e-cigarette prevention measures for consideration in Washoe County.	One-page report on findings	Feb 2020 – June 2020	# of strategies /measures	Health Educator Quarterly Report

**Goal 5: Expand Surveillance, Research, and Evaluation Related to E-Cigarettes**

Strategies:  
*Improve the quality, timeliness, and scope of e-cig surveillance, research, and evaluation. Address surveillance, research, and evaluations gaps related to e-cigs.*

<b>Annual Objectives</b>	<b>Activities</b>	<b>Outputs (Budget)</b>	<b>Timeline Begin/ End</b>	<b>Evaluation Measure (Indicator)</b>	<b>Responsible Persons</b>
6.1 Through June 30, 2020 identify opportunities to improve a minimum of one e-cig surveillance, research, and evaluation tool.	6.1.1 Communicate with potential partners (DIR, WCSO principals, Department of Taxation) on the availability of data and ability to monitor local data on a regular basis.	Meeting notes/agendas	Feb 2020 – June 2020	# of meetings/interactions # of potential data sets	Health Educator

**Goal 6: Keep consistent communication with CDPHP and create SOW for upcoming FY**

<b>Annual Objectives</b>	<b>Activities</b>	<b>Outputs (Budget)</b>	<b>Timeline Begin/ End</b>	<b>Evaluation Measure (Indicator)</b>	<b>Responsible Persons</b>
7.1 Through June 30, 2020 participate in two (2) required TA/evaluation calls, two (2) required group calls, and submit two (2) progress reports.	7.1.1 Participate in all required one-on-one technical assistance calls with CDPHP and provide regular program updates.	TA Notes Action items	Feb 2020 – June 2020	# of calls scheduled # of calls attended	Health Educator
	7.1.2 Participate in all required quarterly group calls to collaborate with other partners and discuss progress.	Agenda Call notes	Feb 2020 – June 2020	# of group calls attended	Health Educator
	7.1.3 Provide quarterly progress reports (2 total in Y1) documenting barriers/challenges and any notable successes	Quarterly progress reports	Feb 2020 – June 2020	# of progress reports submitted	Health Educator
	7.1.4 Create a SOW for FY 2021. A formal amendment will be made to subaward to add Year 2 SOW.	Scope of work	March 2020 – May 2020	Signed scope of work	Health Educator

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**Year Two Annual Scope of Work Guidelines  
July 1, 2020 to June 30, 2021**

**Goal 1: First, Do No Harm**

1A. Implement a comprehensive strategy to address e-cigarettes that will avoid adverse consequences and give careful consideration to the risks for youth and young adults.

<b>Annual Objectives</b>	<b>Activities</b>	<b>Outputs</b>	<b>Timeline Begin/End</b>	<b>Evaluation Measure (Indicator)</b>	<b>Responsible Persons Evaluation Tools</b>
1.1 Through June 30, 2021 assist with at least one effort to improve policy implementation that will decrease youth tobacco and e-cigarette/vaping use.	1.1.1 Participate in at least 90% of state calls/meetings on initiatives impacting youth tobacco e-cig/vaping prevention policy.	Meetings	July 2020 – June 2021	# of meetings held  # of meetings attended	Health Educator Health Educator Coordinator Quarterly Reports
	1.1.2 Assess the school district and/or selected youth organizations to determine if 1) they have a youth tobacco prevention policy 2) if so, does it include e-cig/vaping or only traditional tobacco 3) assess the policy content 4) assess organization knowledge of policy 5) assess implementation efforts of the policy 6) if feasible, survey staff	Assessment tracking <ul style="list-style-type: none"> <li>• School district policy</li> <li>• Knowledge of policy</li> <li>• Implementation of policy</li> </ul> Survey results (as applicable)	July 2020 – June 2021	# of organizations assessed  # of policies assessed  Results of organizational survey policy results  # of policy dissemination efforts	Health educator  Quarterly reports
	1.1.3 Provide recommendations, TA, and resources to school district and youth organizations to strengthen tobacco prevention policies and enforcement	TA provided  Resources provided	July 2020 – June 2021	# of TA opportunities  # policy changes  # of enforcement procedure changes	Health educator  Quarterly reports
	1.1.4 Distribute e-cig guidance toolkits to at least six local K-12 schools and other youth-focused organizations on implementation of best practice policies and resources to prevent and decrease youth tobacco e-cig/vaping use in schools.	List school toolkit distribution  TA provided	July 2020 – June 2021	# and list of schools targeted for distribution  # of toolkits delivered	Health Educator  Quarterly Reports
	1.1.5 Distribute youth prevention toolkit to at least 2 non-school youth-focused organizations that provide guidance on implementation of best practice policies and resources to prevent and decrease youth tobacco e-cig/vaping use.	Youth-focused organizations toolkits	July 2020 to June 2021	# and list of youth-focused organizations targeted for distribution  # of toolkits delivered	Health Educator  Quarterly reports



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<p>2.1.4 Recruit a minimum of 10 (ten) youth to serve on the youth advisory council.</p>	<p>Youth advisory council</p>	<p>July 2020 - June 2021</p>	<p># of advisory council members</p>	<p>Health Educator Quarterly Report Youth Advisory Council Roster Health Educator Quarterly Report</p>
<p>2.1.5 Coordinate and facilitate at least 4 (four) youth advisory council meetings</p>	<p>Meeting agendas Youth strategies for local efforts</p>	<p>July 2020 – June 2021</p>	<p># of meetings # of local youth strategies identified</p>	<p>Health Educator Quarterly Report</p>
<p>2.2 Through June 30, 2021 develop a plan to reach Washoe County health care providers with education and resources about the risks of tobacco e-cigarette use among youth/young adults.</p>	<p>2.2.1 Educate 50% of pediatric health care providers serving youth and young adults about e-cigarette use, signs and symptoms of vaping related illness and cessation resources.</p>	<p>July 2020 - June 2021</p>	<p># of materials /message provided % of pediatric health care providers reached</p>	<p>Health Educator Quarterly Report Meeting notes</p>

**Goal 3: Continue to Regulate E-Cigarettes at the Federal Level to Protect Public Health**

Strategies:

*Implement FDA regulatory authority over manufacturing, marketing, and distribution of e-cigs. Reinforce other federal agencies as they implement programs and policies to address e-cigs.*

<b>Annual Objectives</b>	<b>Activities</b>	<b>Outputs</b>	<b>Timeline Begin/End</b>	<b>Evaluation Measure (Indicator)</b>	<b>Responsible Persons</b>
<p>3.1 Through June 30, 2021 work with statewide partners on at least one (1) regulation to reduce youth use.</p>	<p>3.1.1 Participate in planning and decision making related to regulations proven to reduce youth use.</p>	<p>Planning notes</p>	<p>July 2020 – June 2021</p>	<p># of statewide strategies identified # of meetings/calls</p>	<p>Meeting notes Quarterly Reports</p>
<p>3.1.2 Develop at least two WCHD position statements relevant to regulation priorities to reduce youth use (i.e. tax parity). Share statement with community stakeholders</p>	<p>3.1.3 Continue collaboration with substance abuse prevention partners through participation in established groups (i.e., JTNN Prevention Committee, Washoe County's Youth Protective Factors Workgroup) to coordinate efforts to decrease youth use</p>	<p>Youth-related policy position statement</p>	<p>July 2020 – June 2021</p>	<p># of position statements written</p>	<p>Quarterly Reports Health Educator</p>
<p>3.1.4 Continue expanded education on the updated NCIAA to include the exclusion of e-cigarette use in non-exempt indoor locations.</p>	<p>NCIAA educational materials</p>	<p>Meeting notes</p>	<p>July 2020 – June 2021</p>	<p># and type of meetings attended # of activities collaborated on with partners # of educational materials shared</p>	<p>Health Educator Quarterly Report Health Educator Quarterly Report</p>

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<b>Goal 4: Programs and Policies to Prevent E-Cigarette Use among Youth and Young Adults</b> <b>Strategies: Implement population-level strategies to reduce e-cig use. Coordinate, evaluate, and share best practices from state and local entities.</b>					
<b>Annual Objectives</b>	<b>Activities</b>	<b>Outputs</b>	<b>Timeline Begin/End</b>	<b>Evaluation Measure (indicator)</b>	<b>Responsible Persons</b>
4.1 Through June 30, 2021 identify population-level strategies to reduce e-cig use by collaborating with statewide partners on efforts to restrict youth access.	4.1.1 In collaboration with State TCP staff continue partnership with the AG's office to provide additional resources to retailers in Washoe County that are caught selling to minors. 4.1.2 Implement identified e-cigarette prevention measures in Washoe County.	Communication notes  Implementation report	July 2020 – June 2021  July 2020 – June 2021	# meetings # of partnership opportunities identified  # of strategies implemented	Health Educator Health Educator Coordinator Quarterly Reports  Health Educator Quarterly Report

**Goal 5: Curb Advertising and Marketing that Encourages Youth and Young Adults to Use E-Cigarettes: Not addressed by Washoe in Year One.**  
**Strategies:**  
*Curb e-cig advertising/marketing that are likely to attract youth and young adults*  
*Urge the e-cigarette companies to stop advertising/marketing that encourages/glorifies e-cig use among youth/young adults*  
**Goal 5 not addressed by Washoe County Health District**

<b>Goal 6: Expand Surveillance, Research, and Evaluation Related to E-Cigarettes</b> <b>Strategies:</b> <i>Improve the quality, timeliness, and scope of e-cig surveillance, research, and evaluation. Address surveillance, research, and evaluations gaps related to e-cigs.</i>					
<b>Annual Objectives</b>	<b>Activities</b>	<b>Outputs</b>	<b>Timeline Begin/End</b>	<b>Evaluation Measure (indicator)</b>	<b>Responsible Persons</b>
6.1 Through June 30, 2021 identify opportunities to improve a minimum of one e-cig surveillance, research, and evaluation tool.	6.1.1 Identify surveillance opportunities to monitor trends in product use, risk factors/behaviors and public health outcomes. 6.1.2 Identify a minimum of one data monitoring system. 6.1.3 Identify measures to include in a data report utilizing acquired data.	Report on available data and best practices  Raw data acquired  Data report	July 2020 – June 2021  July 2020 – June 2021  Jan 2021 – June 2021	# of surveillance opportunities identified  # of data monitoring systems established  # of reports developed and distributed	Health Educator Quarterly Report  Health Educator Quarterly Report Health Educator Quarterly Report

<b>Goal 6: Keep consistent communication with CDPHP and create SOW for upcoming FY</b>					
<b>Annual Objectives</b>	<b>Activities</b>	<b>Outputs</b>	<b>Timeline Begin/End</b>	<b>Evaluation Measure (indicator)</b>	<b>Responsible Persons</b>
7.1 Through June 30, 2021 participate in eight required TA/Evaluation calls, four required group calls, and submit four progress reports.	7.1.1 Participate in eight technical assistance calls with CDPHP and provide regular program updates. 7.1.2 Participate in four quarterly group calls to collaborate with other partners on discussion about collaboration and progress.	TA Notes Action items Agenda Call notes	July 2020 – June 2021  July 2020 – June 2021	# of calls scheduled # of calls attended # of group calls attended	Health Educator Quarterly Report Health Educator Quarterly Report

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7.1.3 Provide progress reports on quarterly basis (four total) documenting any barriers or challenges 7.1.4 Create a SOW for FY 2022	Quarterly progress reports Scope of work	July 2020 – June 2021 March 2021 – May 2021	# of progress reports submitted Signed scope of work	Health Educator Quarterly Report Health Educator Quarterly Report
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Awardee shall submit quarterly and annual reports electronically to the CDPHP Tobacco Control Program Coordinator or Section designee. Reports must include Communications and Media reporting that align with the approved activities and objectives.

**Deliverables:**

- 1) Compile/complete reports outlined throughout the Scope of Work's objectives and activities by target deadlines, including but not limited to:
  - 7.1.3- Progress Reports on quarterly basis documenting any barriers, successes, progress and TA Requests.
- 2) Technical Assistance Calls
  - TA calls will be held on Fourth Thursday day of April and July, and Group calls will be held on Last Friday of every three months. **Participation on all calls is required.** Calls can be rescheduled with the Tobacco Control Program Coordinator. Specific conference call number and passcode will be provided on the agenda, 24-48 hours in advance.
- 3) Reporting Schedule:
  - Awardee shall provide to the Chronic Disease Prevention & Health Promotion (CDPHP) Section an annual Work Plan within 30 days of receiving Notice of Subgrant Award and scope of work.
  - Submit quarterly and annual reports electronically to the CDPHP Tobacco Control Program Coordinator or Section designee. Reports must include Communications and Media reporting that align with the approved activities and objectives. Toolkits and products to be reviewed and discussed with CDPHP Program Coordinator.
- 4) Quarterly Reports
  - o Q1 Report (Feb 1, 2020- March 31, 2020) due April 15, 2020
  - o Q2 Report (April 1, 2020- June 30, 2020) due July 15, 2020
  - o Reporting Dates for July 1, 2020 – June 30, 2021 will be after July 1, 2020

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



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

**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 State General Funds. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department"

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by State General Funds.

Subrecipient agrees to adhere to the following budget:

**BUDGET NARRATIVE**

**Budget Year 1 – February 1, 2020 through June 30, 2020**

<b>Total Personnel Costs</b>	including fringe	<b>Total:</b>	<b>\$46,864</b>
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	<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>
<u>Health Educator Coordinator</u>	\$86,739.00	46.06%	15.00%	5	41.67%	\$7,918
Full time Health Educator Coordinator will provide technical assistance to the Health Educator and ensure necessary reports/documents are submitted to the State of Nevada Division of Public and Behavioral Health. Staff will also assist in coordination of vendors. Supervision of staff performance will be provided by Erin Dixon, Public Health Supervisor (cash contribution)						

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Vacant, Health Educator I/II</u>	\$65,000.00	43.80%	100.00%	5	41.67%	\$38,946
Full time Health Educator will be responsible for deliverables. Staff may also assist in coordination of vendors. Supervision of staff performance will be provided by Erin Dixon, Public Health Program Supervisor (cash contribution).						

<b>Total Fringe Cost</b>	<b>\$14,359</b>	<b>Total Salary Cost:</b>	<b>\$32,505</b>
<b>Total Budgeted FTE</b>	1.15000		

<b>Travel</b>	<b>Total:</b>	<b>\$1,785</b>
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**Out-of-State Travel** **\$1,660**

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
<u>The e-cigarette summit science, regulation &amp; public health, DC May 4</u>					
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$650	1		1	\$650
Baggage fee: \$ amount per person x # of trips x # of staff	\$60	1		1	\$60
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$76	1	3	1	\$228
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$256	1	2	1	\$512
Ground Transportation: \$ per r/trip x # of trips x # of staff	\$168	1	1	1	\$168
Parking: \$ per day x # of trips x # of days x # of staff	\$14	1	3	1	\$42

**Justification:**  
Health educator will be traveling to national conference on e-cigarettes.

**In-State Travel** **\$125**

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
<u>Origin &amp; Destination</u>					
Mileage: (\$0.575/mile x 43.48 miles per r/trip) x 5 of trips x 1 staff	\$25.000	5		1	\$125

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

**Justification:**

Mileage supports staff driving to meetings and events within the Washoe county and Carson City region to support grant deliverables. Rate used is set by the federal government on an annual basis. Estimate is \$25 a month for 5 months.

<b>Operating</b>	<b>Total:</b>	<b>\$5,849</b>
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Office supplies \$20 x 1 of FTE staff x 5 of mo.	\$100.00	
Desktop computer, monitors, telephone	\$2,250.00	
Desk, office chair, filing system	\$3,499.00	

Justification: Day to day operations and initial office set up.

<b>Equipment</b>	<b>Total:</b>	<b>\$0</b>
<b>Contractual</b>		<b>\$34,750</b>

<b>Name of Contractor: TBD Graphic Designer</b>	<b>Total</b>	<b>\$10,500</b>
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Method of Selection: Washoe County purchasing policy and guidelines

Period of Performance: March 1, 2020 - June 30, 2020

Scope of Work: Graphic design for youth toolkit and for school toolkit

Budget

Personnel: 140 hours x \$75/hour	\$10,500.00	
Travel	\$0.00	
<b>Total Budget</b>	<b>\$10,500.00</b>	

Method of Accountability:

With guidance from the Health Educator Coordinator, the Health Educator working on the specific activities will develop scopes of work and will ensure all components are completed.

<b>Name of Contractor: TBD,</b>	<b>Total</b>	<b>\$24,250</b>
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Method of Selection: Washoe County purchasing policy and guidelines

Period of Performance: March 1, 2020 - June 30 2020

Scope of Work: Education of the community about updated NCIAA. Content will be guided by the Health Educator

Budget

Personnel: 485 hours x 50/hour	\$24,250.00	
Travel	\$0.00	
<b>Total Budget</b>	<b>\$24,250.00</b>	

Method of Accountability:

With guidance from the Health Educator Coordinator, the Health Educator working on the specific activities will develop scopes of work and will ensure all components are completed.

<b>Training</b>	<b>Total:</b>	<b>\$695</b>
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Registration for national e-cigarette conference "The e-cigarette summit, science, regulation & Public Health" in Washington DC: \$695/conference x 1 conference	\$695.00	
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<b>Other</b>	<b>Total:</b>	<b>\$9,570</b>
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Copier & Printing: \$20/mo. X 5 months	\$100	
Postage: \$2/mo. X 5 months	\$10	
Phone line: \$12/mo. X 5 months	\$60	

Paid outreach for parent education/youth leaders/health care providers \$200/provider x 47 providers	\$9,400	
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Justification: Day to day support included, in addition, outreach to target audiences. Outreach and education support the recruitment and potential education of target audiences.

<b>TOTAL DIRECT CHARGES</b>		<b>\$99,513</b>
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<b>Indirect Charges</b>	<b>Indirect Rate:</b>	<b>15.000%</b>	<b>\$14,927</b>
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**Indirect Methodology:** Washoe County Health District prepares an annual indirect cost rate (ICR) proposal. The ICR for FY20 is 20.97 for the Community and Clinical Health Services Division. For the purpose of this grant 15% will be charged.

<b>TOTAL BUDGET</b>	<b>Total:</b>	<b>\$114,440</b>
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**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Budget Year 2 – July 1, 2020 through June 30, 2021

<b>Total Personnel Costs</b>	including fringe	<b>Total:</b>	<b>\$119,319</b>
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	<u>Annual</u> <u>Salary</u>	<u>Fringe</u> <u>Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of</u> <u>Months</u> <u>worked</u> <u>Annual</u>	<u>Amount</u> <u>Requested</u>
<u>Health Educator Coordinator</u>	\$86,738.00	46.060%	15.000%	12	100.00%	\$19,003

Full time Health Educator Coordinator will provide technical assistance to the Health Educator and ensure necessary reports/documents are submitted to the State of Nevada Division of Public and Behavioral Health. Staff will also assist in coordination of vendors. Supervision of staff performance will be provided by Erin Dixon, Public Health Supervisor (cash contribution)

	<u>Annual</u> <u>Salary</u>	<u>Fringe</u> <u>Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of</u> <u>Annual</u>	<u>Amount</u> <u>Requested</u>
<u>Vacant, Health Educator I/II</u>	\$69,000.00	45.385%	100.000%	12	100.00%	\$100,316

Full time Health Educator will be responsible for deliverables. Staff may also assist in coordination of vendors. Supervision of staff performance will be provided by Erin Dixon, Public Health Program Supervisor (cash contribution).

	<b>Total Fringe Cost</b>	<b>\$37,308</b>		<b>Total Salary Cost:</b>	<b>\$82,011</b>
	<b>Total Budgeted FTE</b>	<b>1.15000</b>			

<b>Travel</b>		<b>Total:</b>	<b>\$2,404</b>
<b>Out-of-State Travel</b>			<b>\$2,152</b>

	<u>Cost</u>	<u># of</u> <u>Trips</u>	<u># of days</u>	<u># of Staff</u>	
<u>The e-cigarette summit science, regulation &amp; public health, DC May 4</u>					
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$590	1		1	\$590
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$76	1	5	1	\$380
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$256	1	4	1	\$1,024
Ground Transportation: \$ per r/trip x # of trips x # of staff	\$21.67	1	5	1	\$108
Parking: \$ per day x # of trips x # of days x # of staff	\$10	1	5	1	\$50

**Justification:**  
Attendance at a national tobacco conference ensures staff knowledge of best practices.

<b>In-State Travel</b>		<b>Total:</b>	<b>\$252</b>
<u>Origin &amp; Destination</u>	<u>Cost</u>	<u># of</u> <u>Trips</u>	<u># of days</u>
Mileage: (\$.575/mile x 36 miles per r/trip) x 12 of trips x 1 staff	\$21.000	12	1
			\$252

**Justification:**  
Mileage supports staff driving to meetings and events within the Washoe County and Carson City region to support grant deliverables. Rate used is set by the federal government on an annual basis.

<b>Operating</b>		<b>Total:</b>	<b>\$1,345</b>
Office supplies: \$20 x 1 of FTE staff x 12 of mo.			\$240.00
Promotional materials relevant to youth e-cig/vaping prevention: \$92.10/month x 12 months			\$1,105.00
Justification: General office supplies and promotional materials will be used by staff members to carry out daily activities of the program.			

<b>Equipment</b>		<b>Total:</b>	<b>\$0</b>
<b>Contractual</b>			<b>\$80,700</b>

<b>Name of Contractor: TBD, Data systems owners</b>	<b>Total</b>	<b>\$45,000</b>
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**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**Method of Selection:** Competitive Bid through Washoe County purchasing

**Period of Performance:** July 1, 2020 - June 30, 2021

**Scope of Work:** Implementation of new data systems for target populations (\$27,000) and Oversampling target populations of existing data collection systems (\$18,000) to enhance local data surveillance efforts to ultimately inform intervention efforts

**Budget**

Contractual	\$45,000.00
<b>Total Budget</b>	<b>\$45,000.00</b>

**Method of Accountability:**

The Health Educator Coordinator will ensure all components of the agreed-upon scope of work are completed.

**Name of Contractor: TBD** **Total \$6,000**

**Method of Selection:** Competitive Bid through Washoe County purchasing

**Period of Performance:** July 1, 2020 - June 30 2021

**Scope of Work:** Legal research and consulting to provide guidance on vaping related T21 implementation and other new and emerging trends impacting tobacco electronic cigarettes policy

**Budget**

Contractual	\$6,000.00
<b>Total Budget</b>	<b>\$6,000.00</b>

**Method of Accountability:**

The Health Educator Coordinator will ensure all components of the agreed-upon scope of work are completed.

**Name of Contractor: TBD** **Total \$20,700**

**Method of Selection:** Competitive Bid through Washoe County purchasing

**Period of Performance:** July 1, 2020 - June 30, 2021

**Scope of Work:** Coordinate logistics of trainings, including meeting locations, securing speakers, promotion, etc. Topics include:

Retailer enforcement education and training (\$13,000), Youth advisory council Training day (\$3,200), Training for pediatricians and other medical providers (\$4,500), This may be one or more vendors.

**Budget**

Contractual	\$20,700.00
<b>Total Budget</b>	<b>\$20,700.00</b>

**Method of Accountability:**

With guidance from the Health Educator Coordinator, the Health Educators working on the specific activities will develop scopes of work and will ensure all components are completed.

**Name of Contractor: TBD Graphic Designer** **Total \$9,000**

**Method of Selection:** Competitive Bid through Washoe County purchasing

**Period of Performance:** July 1, 2020 - June 30, 2021

**Scope of Work:** Graphic design for electronic mediums including websites and other digital platforms

**Budget**

Contractual	\$9,000.00
<b>Total Budget</b>	<b>\$9,000.00</b>

**Method of Accountability:**

With guidance from the Health Educator Coordinator, the Health Educators working on the specific activities will develop scopes of work and will ensure all components are completed.

<b>Training</b>	<b>Total:</b>	<b>\$750</b>
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Registration for national e-cigarette conference "The e-cigarette summit, science, regulation & Public Health" in Washington DC: \$750/conference x 1 conference

\$750.00

<b>Other</b>	<b>Total:</b>	<b>\$45,692</b>
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Printing Services: \$458.34/mo. X 12 months

\$5,500

Copier: \$20/mo. x 12 months

\$240

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

Postage: \$3.34/mo. 12 months	\$40
Phone line: \$13/mo. x 12 months	\$156
Resources for school district policy implementation & enforcement	\$32,356
Support for 3-4 trainings for youth role models, room rental, materials	\$2,400
Stipends for Youth Advisory Council members	\$4,000
Product samples for presentations	\$1,000

Justification: Day to day support included, in addition, outreach to target audiences. Outreach and education support the recruitment and potential education of target audiences. Our intent is to pay youth members for their time and engagement. By providing stipends of up to \$10 an hour per youth we anticipate providing a minimum of 10 fully engaged youth the opportunity to receive compensation for their valuable input and guidance as we move forward with youth lead interventions. We do not want to make them employees as it leads to complications on our end, and then they have to go through all of our Health District employee training, which would take our entire budget.

<b>TOTAL DIRECT CHARGES</b>		<b>\$250,210</b>
<b>Indirect Charges</b>	<b>Indirect Rate: 15.000%</b>	<b>\$37,532</b>
<b>Indirect Methodology:</b> Washoe County Health District prepares an annual indirect cost rate (ICR) proposal. The ICR for FY20 is 20.97 for the Community and clinical Health Services Division. For the purpose of this grant 15% will be charged.		
<b>TOTAL YEAR 2 BUDGET</b>	<b>Total:</b>	<b>\$287,742</b>

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

Form 2

Applicant Name: Washoe County Health District  
YEAR 1 PROPOSED BUDGET SUMMARY

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

<b>FUNDING SOURCES</b>	<b>GMU</b>	<b>Other Funding</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									
ENTER TOTAL REQUEST	\$114,440								\$114,440

**EXPENSE CATEGORY**

Personnel	\$46,864								\$46,864
Travel	\$1,785								\$1,785
Operating	\$5,849								\$5,849
Equipment	\$0								\$0
Contractual/Consultant	\$34,750								\$34,750
Training	\$695								\$695
Other Expenses	\$9,570								\$9,570
Indirect	\$14,927								\$14,927

<b>TOTAL EXPENSE</b>	\$114,440	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$114,440
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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	\$14,927
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Total Agency Budget	\$114,440
Percent of Subrecipient Budget	100%

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

**C. Program Income Calculation:**

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

Form 2

Applicant Name: Washoe County Health District  
PROPOSED BUDGET SUMMARY

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

FUNDING SOURCES	GMU	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$287,742								\$287,742

EXPENSE CATEGORY

Personnel	\$119,319								\$119,319
Travel	\$2,404								\$2,404
Operating	\$1,345								\$1,345
Equipment	\$0								\$0
Contractual/Consultant	\$80,700								\$80,700
Training	\$750								\$750
Other Expenses	\$45,692								\$45,692
Indirect	\$37,532								\$37,532

TOTAL EXPENSE	\$287,742	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$287,742
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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	\$37,532
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Total Agency Budget	\$287,742
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

C. Program Income Calculation:

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

- 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.

- Reimbursement may be requested monthly for expenses incurred in the implementation of the Scope of Work, within 15 days of the end of the previous month and no later than 15 days from the end of the subaward period which is **Year 1 - June 30, 2020 and which is Year 2 - June 30, 2021**;
- Total reimbursement through this subaward will not exceed \$402,182.00;
- Per SB263, any funds not used in year one (1), can be rolled into the year two (2) budget;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Invoices may not be approved for payment until the program coordinator receives the appropriately timed progress reports;
- The Department reserves the right to conduct a site visit regarding this subaward and deliverables. If deliverables are not met for this subaward period, then the Department is not obligated to issue continuation funding; 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 15 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 30-day closing period, the Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 30-day closing period, the funds must be returned to the Department within 30 days of identification.

**The Department agrees:**

- To provide technical assistance as needed and upon request;
- To provide prior approval of reports/documents to be developed per the Scope of Work;
- To forward necessary reports to stakeholders;
- 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:**

- A site visit may be conducted during the subaward period.
- 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 monthly, 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.



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

**CDPHP and Nevada Wellness Attribution Requirements:**

Subrecipients are required to include two key attributions to any publication, promotional item, or media paid for through this subaward: 1) Funding attribution and 2) Nevada Wellness Logo.

**Funding Attribution**

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 State General Funds. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by State General Funds.

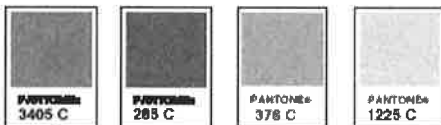
**Nevada Wellness Logo**

Use of this logo may not be for any other commercial purpose without permission from the Chronic Disease Prevention and Health Promotion Section within the Nevada Division of Public and Behavioral Health. User groups may not use the Nevada Wellness logo to profit and must comply with usage guidelines. Nevada Wellness is a registered trademark of the CDPHP Section within the Nevada Division of Public and Behavioral Health. Derivative versions of the Nevada Wellness logo are generally prohibited, as they dilute the Nevada Wellness brand identity. Please contact Health Promotions for any questions regarding usage guidelines at [cdphp@health.nv.gov](mailto:cdphp@health.nv.gov).

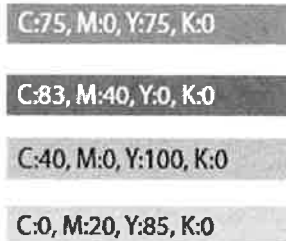
**Usage Guidelines**

- **Logo Elements:** The logo consists of two figures with a background of a mountain and sun, with the words "Nevada Wellness" below. These elements cannot be used separately.
- **Size Elements:** The size specifications for the logo are as follows: 303px width x 432px height or 4.208in width x 6in height. Resolution should be set at 72 or higher.
- **Spatial Elements:** The logo should appear unaltered in every application and should not be stretched or have a drop shadow or any other effect applied. Any secondary logos or images surrounding the logo should be of sufficient contrast so that the logo is not crowded or obscured. There must be a minimum of one quarter inch (1/4) clear space around the logo. The logo should be proportional to the size of your publication, promotional item, or website.
- **Font:** Industria LT Std
- **Logo Color:** The printed logo should always appear in the colors listed below or in black & white. When printing or placing the logo on a field that is low contrast, the logo should have a white outline.

○ **PMS Colors:**



○ **CMYK Colors:**



○ **RGB Colors:**

**RGB Colors**

Green: R: 43 G: 182 B: 115

Blue: R: 2 G: 130 B: 198

Lime Green: R: 166 G: 206 B: 57

Yellow: R: 255 G: 200 B: 67

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

Agency Ref. #: HD 17566  
Budget Account: 3220  
GL: 8516  
Draw #: \_\_\_\_\_

**Request for Reimbursement**

<b>Program Name:</b> Tobacco Control Program Chronic Disease Prevention and Health Promotion (CDPHP) Bureau of Child, Family and Community Wellness (CFCW)	<b>Subrecipient's Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way, Suite #210 Carson City, NV 89706-2009	<b>Address:</b> P.O. Box 11130 Reno, NV 89520
<b>Subaward Period:</b> February 1, 2020 through June 30, 2021.	<b>Subrecipient's:</b> EIN: 88-6000138 Vendor #: T40283400Q

**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	\$166,183.00	\$0.00	\$0.00	\$0.00	\$166,183.00	0.0%
2. Travel	\$4,189.00	\$0.00	\$0.00	\$0.00	\$4,189.00	0.0%
3. Operating	\$7,194.00	\$0.00	\$0.00	\$0.00	\$7,194.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$115,450.00	\$0.00	\$0.00	\$0.00	\$115,450.00	0.0%
6. Training	\$1,445.00	\$0.00	\$0.00	\$0.00	\$1,445.00	0.0%
7. Other	\$55,262.00	\$0.00	\$0.00	\$0.00	\$55,262.00	0.0%
8. Indirect	\$52,459.00	\$0.00	\$0.00	\$0.00	\$52,459.00	0.0%
<b>Total</b>	<b>\$402,182.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$402,182.00</b>	<b>0.0%</b>
<b>MATCH REPORTING</b>	<b>Approved Match Budget</b>	<b>Total Prior Reported Match</b>	<b>Current Match Reported</b>	<b>Year to Date Total</b>	<b>Match Balance</b>	<b>Percent Completed</b>
INSERT MONTH/QUARTER	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

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 \_\_\_\_\_

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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.

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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.**



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SECTION H  
Staff Certification

Washoe County Health District  
**STAFF CERTIFICATION ATTESTING TO TIME (Level of Effort) SPENT ON DUTIES**  
For the Period February 1, 2020 through June 30, 2021

Employee Name	Title	HD XXXXX	% time (level of effort) spent on duties related to	% time (level of effort) spent on	% time (level of effort) spent on	% time (level of effort) spent on	Total must equal 100%	I certify that the % of time have stated is true and correct	Employee Signature	Date Certified
							0.00%			

Note: The Notice of Subgrant Award received from the State of Nevada provides funding for the employees above. All duties performed by these employees support the objectives/deliverables of the federal award.

--	--

Authorized Official Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

These certification forms must be prepared at least Quarterly and signed by the employee and an authorized official having firsthand knowledge of the work performed by the employee.

**Note: Add columns as needed to reflect % allocation across all funding sources.**

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

**Staff Report**  
**Board Meeting Date: February 27, 2020**

**TO:** District Board of Health  
**FROM:** Nancy Kerns Cummins, Fiscal Compliance Officer  
775-328-2419; nkcummins@washoecounty.us  
**SUBJECT:** Authorize the abolishment of vacant Community Health Aide PC# 70002123.

---

**SUMMARY**

The Community and Clinical Health Services (CCHS) Division is requesting to abolish vacant Community Health Aide PC# 70002123.

**Health District 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**

On December 12, 2019, the Board approved the 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 in support of the Community and Clinical Health Services Division's Women, Infants and Children (WIC Program).

**BACKGROUND**

The WIC Program has a Community Health Aide position, PC# 70002123 that is currently vacant. The current grant budget does not support full funding of this position; therefore, the Division is requesting the position be abolished.

**FISCAL IMPACT**

This request has no fiscal impact to the FY20 adopted budget.

**RECOMMENDATION**

Authorize the abolishment of vacant Community Health Aide PC# 70002123.

Subject: Abolish WIC CHA position

Date: February 27, 2020

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**POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to authorize the abolishment of vacant Community Health Aide PC# 70002123."

**Staff Report**  
**Board Meeting Date: February 27, 2020**

**TO:** District Board of Health  
**FROM:** Nancy Kerns Cummins, Fiscal Compliance Officer  
775-328-2419; nkcummins@washoecounty.us  
**SUBJECT:** Authorize FY20 Purchase Order #7500003961 to Merck Sharp & Dohme Corporation in the amount of \$130,000.00 to purchase vaccines for the Immunization and Family Planning Programs.

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**SUMMARY**

The Washoe County District Board of Health must approve purchases in excess of \$100,000.00.

**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**

No previous action this fiscal year.

**BACKGROUND**

The Immunization (IZ) Program has purchased vaccines through Merck Sharp & Dohme Corporation (Merck) for many years. Merck is a vaccine manufacturer and provides better pricing when purchases are made directly. The IZ program anticipates needing to purchase vaccines totaling approximately \$95,000.00 this fiscal year. In addition, the Family Planning Program is implementing expanded services to include the administration of certain vaccines. The Family Planning Program may need up to \$35,000.00 in vaccines this fiscal year. As such, the Division is requesting approval for the total purchase order amount to be \$130,000.00.

**FISCAL IMPACT**

This request has no fiscal impact to the FY20 adopted budget as the Immunization and Family Planning Programs have sufficient expenditure authority to support this request.

**RECOMMENDATION**

Authorize FY20 Purchase Order #7500003961 to Merck Sharp & Dohme Corporation in the amount of \$130,000.00 to purchase vaccines for the Immunization and Family Planning Programs.

Subject: Approve Merck PO

Date: February 27, 2020

Page 2 of 2

**POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "move to authorize FY20 Purchase Order #7500003961 to Merck Sharp & Dohme Corporation in the amount of \$130,000.00 to purchase vaccines for the Immunization and Family Planning Programs."

**Staff Report**  
**Board Meeting Date: February 27, 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 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: February 27, 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: February 27, 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 McCarran Mart, Inc. Case No. 1221, Notice of Violation Citation No. 5780 with a \$10,300.00 negotiated fine.

**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 part 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;">6,200.00</span>
	Total Adjustment Factors (From Section III)	Total Adjustment Value

Additional Credit for Environmental Investment/Training	-	<u>\$</u>
<b>Comment:</b> _____		
<b>Adjusted Penalty:</b>		

<u>\$ 3,100.00</u>	+/-	<u>\$ 6,200.00</u>	=	<u>\$ <span style="border: 1px solid black; background-color: yellow;">9,300.00</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: February 27, 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.

---

**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

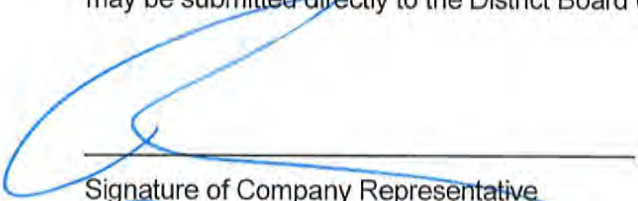
Address: 5400 Equity Avenue Reno, Nevada 89502

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 = \$ \_\_\_\_\_

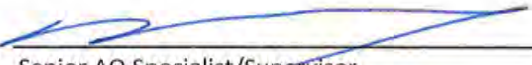
V. Violation of Section \_\_\_\_\_

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:

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

  
 \_\_\_\_\_  
 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

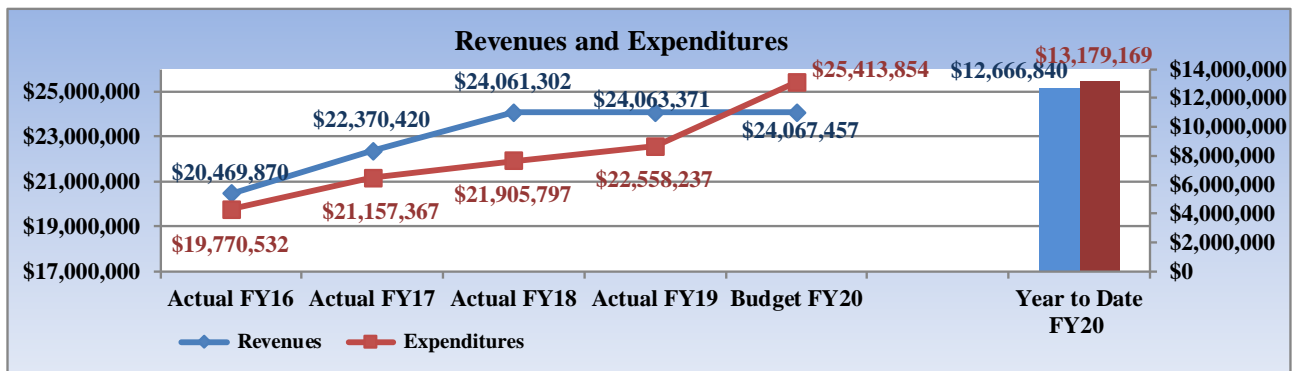
DD	NA	—
DHO	—	—
DA	NA	—
Risk	NA	—

**Staff Report**  
**Board Meeting Date: February 27, 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 January, Fiscal Year 2020

**SUMMARY**

The seven months of fiscal year 2020, (FY20) ended with a cash balance of \$7,389,160. Total revenues of \$12,666,840 were 52.6% of budget and a decrease of \$459,447 over FY19. The expenditures totaled \$13,179,169 or 51.9% of budget and up \$402,127 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.

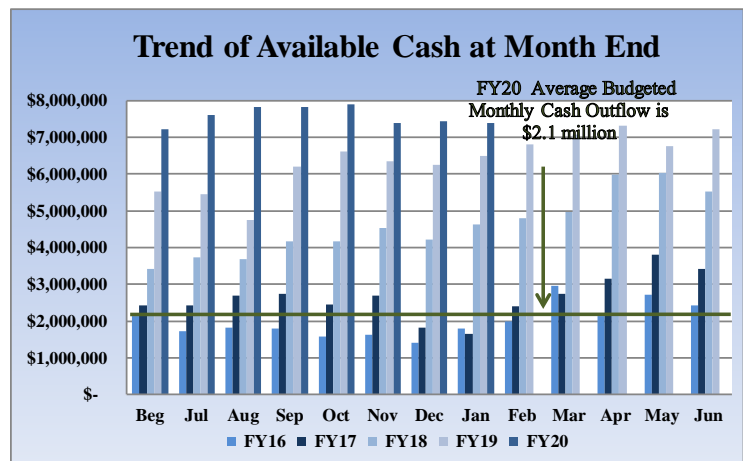
**PREVIOUS ACTION**

Fiscal Year 2020 Budget was adopted May 21, 2019.

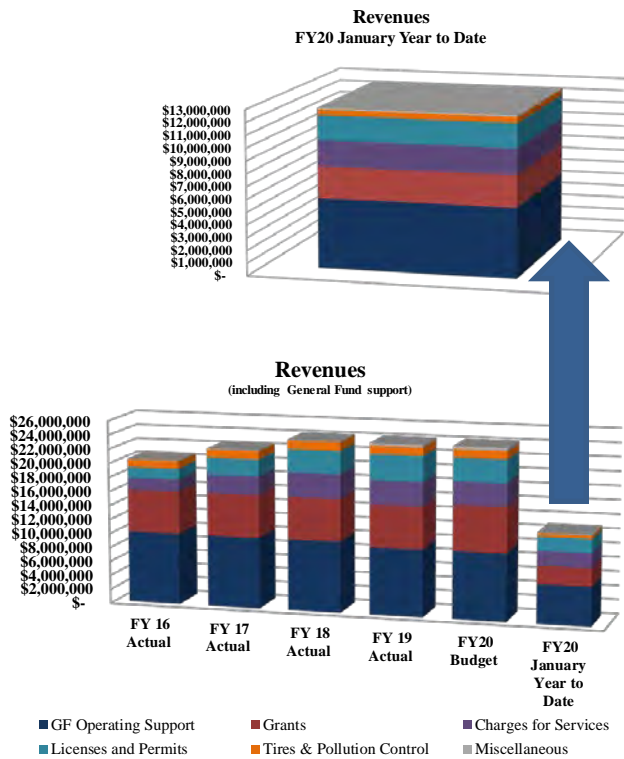
**BACKGROUND**

**Review of Cash**

The available cash at the end of January, FY20, was \$7,389,160 which is enough to cover approximately 3.5 months of expenditures. The encumbrances and other liability portion of the cash balance totals \$1.6 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 \$4.4 million.

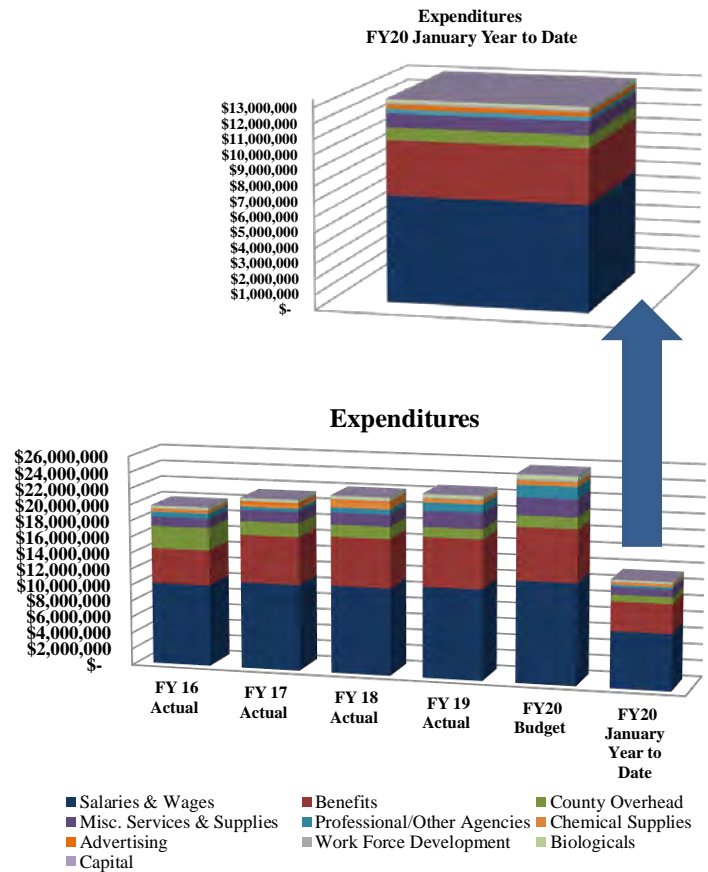


**Review of Revenues (including transfers from General Fund) and Expenditures by category**



The total **revenues** year to date were \$12,666,840 down \$459,447 or 3.5% compared to January FY19. The revenue categories up over FY19 were: licenses and permits of \$1,956,235 up \$39,695; and charges for services of \$2,063,082 up \$94,752. The revenue categories down compared to FY19 were: tire and pollution control funding of \$476,822 down \$351,931; Federal and State grants of \$2,536,407 down \$181,620; and, miscellaneous revenues of \$82,794 down \$60,342. The County General Fund support of \$5,551,499 is level at the FY19 funding.

The total year to date **expenditures** of \$13,179,169 increased by \$402,127 or 3.1% compared to FY19. Salaries and benefits expenditures for the fiscal year were \$10,542,820 up \$208,946 or 2.0% over the prior year and 55.5% of budget. The total services and supplies of \$2,601,058 up \$161,055 or 6.6% compared to FY19 and 41.8% of budget. The major expenditures included in the services and supplies were; the professional services, which totaled \$278,992 up \$7,074 over FY19; chemical supplies of \$294,450 up \$63,472; the biologicals of \$159,446, were down \$9,356; and, County overhead charges of \$817,129 were up \$106,582. There has been \$35,290 in capital expenditures up \$32,125 compared to FY19.



**Review of Revenues and Expenditures by Division**

**ODHO** has spent \$670,121 down \$14,395 or 2.1% over FY19 and includes funding for public service announcements for suicide awareness and funding for workforce development in leadership training.

**AHS** has spent \$731,378 up \$86,672 or 13.4% compared to FY19 mainly due to County overhead charges, safety expenditures and increased utilities costs for the District.

**AQM** revenues were \$1,704,013 down \$255,832 or 13.1% mainly due to the delay in receiving the DMV excess reserve funds, estimated at \$290,277; the revenue was received in January of 2019 and has yet to be distributed for FY20. The Division spent \$1,736,307 up \$28,933 or 1.7% over FY19.

**CCHS** revenues were \$2,010,143 down \$62,301 or 3.0% over FY19 mainly due to a decline in federal and state grants over FY19. The division spent \$4,666,136 or \$268,159 or 6.1% 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 \$2,480,317 down \$100,799 or 3.9% over FY19. EHS spent \$3,905,647 an increase of \$71,214 over last year mainly due to temporary staff for a digital scanning project for historical records and chemical supplies for the Vector program.

**EPHP** revenues were \$920,868 down \$40,513 or 4.2% over last year mainly due to vacant positions that are on grants so there are lower reimbursements. The division spent \$1,469,581 down \$38,455 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 January 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	January Year to Date	Adjusted Budget	January 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>1,959,846</b>	3,581,031	<b>1,704,013</b>	47.6%	-13.1%
CCHS	3,506,968	3,872,898	4,179,750	4,104,874	<b>2,072,444</b>	4,390,137	<b>2,010,143</b>	45.8%	-3.0%
EHS	2,209,259	3,436,951	4,428,294	4,871,791	<b>2,581,117</b>	4,379,323	<b>2,480,317</b>	56.6%	-3.9%
EPHP	2,141,334	2,027,242	1,854,862	2,126,580	<b>961,381</b>	2,200,110	<b>920,868</b>	41.9%	-4.2%
GF support	10,076,856	10,002,381	10,051,691	9,516,856	<b>5,551,499</b>	9,516,856	<b>5,551,499</b>	58.3%	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>\$ 13,126,286</b>	<b>\$ 24,067,457</b>	<b>\$ 12,666,840</b>	52.6%	-3.5%
<b>Expenditures (all uses of funds)</b>									
ODHO	594,672	904,268	826,325	1,336,494	<b>684,516</b>	1,570,329	<b>670,121</b>	42.7%	-2.1%
AHS	996,021	1,119,366	1,016,660	1,059,669	<b>644,706</b>	1,312,474	<b>731,378</b>	55.7%	13.4%
AQM	2,670,636	2,856,957	2,936,261	2,935,843	<b>1,707,373</b>	3,842,317	<b>1,736,307</b>	45.2%	1.7%
CCHS	6,880,583	7,294,144	7,538,728	7,700,440	<b>4,397,977</b>	8,449,993	<b>4,666,136</b>	55.2%	6.1%
EHS	5,939,960	6,366,220	7,030,470	6,669,768	<b>3,834,433</b>	7,148,095	<b>3,905,647</b>	54.6%	1.9%
EPHP	2,688,659	2,616,411	2,557,352	2,856,024	<b>1,508,035</b>	3,090,647	<b>1,469,581</b>	47.5%	-2.5%
<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>\$ 12,777,040</b>	<b>\$ 25,413,854</b>	<b>\$ 13,179,169</b>	51.9%	3.1%
<b>Revenues (sources of funds) less Expenditures (uses of funds):</b>									
ODHO	(579,672)	(853,040)	(822,960)	(1,336,494)	<b>(684,516)</b>	(1,570,329)	<b>(670,121)</b>		
AHS	(996,021)	(1,119,366)	(1,016,660)	(1,059,669)	<b>(644,706)</b>	(1,312,474)	<b>(731,378)</b>		
AQM	(150,184)	122,763	607,078	507,427	<b>252,472</b>	(261,286)	<b>(32,294)</b>		
CCHS	(3,373,615)	(3,421,246)	(3,358,978)	(3,595,566)	<b>(2,325,533)</b>	(4,059,856)	<b>(2,655,993)</b>		
EHS	(3,730,701)	(2,929,269)	(2,602,177)	(1,797,977)	<b>(1,253,317)</b>	(2,768,772)	<b>(1,425,329)</b>		
EPHP	(547,325)	(589,169)	(702,490)	(729,444)	<b>(546,655)</b>	(890,537)	<b>(548,713)</b>		
GF Operating	10,076,856	10,002,381	10,051,691	9,516,856	<b>5,551,499</b>	9,516,856	<b>5,551,499</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>\$ 349,245</b>	<b>\$ (1,346,397)</b>	<b>\$ (512,329)</b>		
Fund Balance (FB)	\$ 2,967,844	\$ 4,180,897	\$ 6,336,402	\$ 7,841,536		\$ 6,495,139			
FB as a % of Expenditures	15.0%	19.8%	28.9%	34.8%		25.6%			

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

**FISCAL IMPACT**

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

**RECOMMENDATION**

Staff recommends that the District Board of Health acknowledge receipt of the Health Fund financial review for January, Fiscal Year 2020.

**POSSIBLE MOTION**

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

Attachment:  
Health District Fund financial system summary report



Period: 1 thru 7 2020  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*

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

Accounts	2020 Plan	2020 Actuals	Balance	Act%	2019 Plan	2019 Actual	Balance	Act%
460529 Assessments-AOM	132,000-	52,360-	79,640-	40	111,765-	72,069-	39,696-	64
460530 Inspector Registr-AQ	3,328-	963-	2,365-	29	4,175-	4,175-	4,175-	100
460531 Dust Plan-Air Quality	659,365-	358,811-	300,554-	54	362,521-	363,024-	503	
460532 Plan Rvw Hotel/Motel		3,948-	3,948			6,507-	6,507	
460534 Child Care Inspection	23,234-	15,141-	8,093-	65	22,470-	14,130-	8,340-	63
460535 Pub Accomod Inspectn	29,345-	17,644-	11,701-	60	28,380-	27,132-	1,248-	96
460570 Education Revenue		140,825-	67,359-	68	193,032-	116,123-	76,909-	60
460723 Other Fees	3,228,052-	2,063,082-	1,164,970-	64	2,906,932-	1,968,331-	938,601-	68
* Charges for Services								
481150 Interest-Non Pooled		4,500-		100	10-	10-		100
484000 Donations,Contributions	6,721-	3,048-	3,673-	45	6,500-	4,392-	2,108-	68
484050 Donation Fed Pgm Inc	195,438-	33,170-	162,268-	17	143,838-	143,838-	143,838-	13
484195 Non-Govt'l Grants	30,604-	9,944-	20,660-	32	26,311-	3,473-	22,838-	13
484197 Non-Govt. Grants-Ind.	48,854-	32,009-	16,844-	66	48,283-	26,823-	21,460-	56
485100 Reimbursements	150,000-	123-	149,877-	0	258,426-	108,426-	150,000-	42
485300 Other Misc Govt Rev	436,116-	82,794-	353,322-	19	483,368-	143,128-	340,241-	30
** Miscellaneous	14,550,601-	7,115,341-	7,435,260-	49	13,908,338-	7,574,780-	6,333,558-	54
701110 Base Salaries	10,815,100	6,001,886	4,813,214	55	10,335,661	5,927,778	4,407,883	57
701120 Part Time	351,414	260,947	90,468	74	245,924	200,564	45,360	82
701130 Pooled Positions	445,526	259,469	186,057	58	546,723	264,114	282,609	48
701140 Holiday Work	4,319	935	3,383	22	4,319	1,868	2,451	43
701150 xcContractual Wages								
701199 Lab Cost Sav-Wages	157,065	72,222	84,843	46	160,607	76,533	84,074	48
701200 Incentive Longevity	63,517	39,923	23,594	63	114,569	53,162	61,407	46
701300 Overtime	300	152	148	51	300	140	160	47
701403 Shift Differential	38,000	22,933	15,067	60	38,000	18,960	19,040	50
701406 Standby Pay	5,000	642	4,358	13	5,000	1,203	3,797	24
701408 Call Back	377,314	3,709	373,605	1	526,768	78,124	526,768	115
701412 Salary Adjustment	199,393	222,438	23,045-	112	67,722	78,124	10,403-	115
701413 Vac Payoff Sick Term	1,226	16,398	15,171-	1,337				
701414 Vacation Denied-Payoff	28,350	30,527	2,177-	108	16,320	20,141	3,822-	123
701417 Comp Time								
701419 Comp Time - Transfer								
701500 Merit Awards								
* Salaries and Wages	12,486,526	6,932,181	5,554,345	56	12,061,912	6,642,588	5,419,324	55
705110 Group Insurance	1,477,850	804,977	672,873	54	1,611,044	886,767	724,277	55
705115 ER HSA Contribs	149,160	160,733	11,573-	108	85,200	156,363	71,163-	184
705190 OP2B Contribution	1,118,614	652,525	466,089	58	1,286,542	750,483	536,059	58
705199 Lab Cost Sav-Benef								
705210 Retirement	3,303,746	1,850,125	1,453,621	56	3,016,966	1,742,677	1,274,289	58
705215 Retirement Calculation								
705230 Medicare April 1986	157,625	95,721	61,904	61	147,346	91,825	55,521	62



Period: 1 thru 7 2020 P&L Accounts  
 Accounts: GO-P-L Health Fund  
 Business Area: \* Default Washoe County  
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2020 Plan	2020 Actuals	Balance	Act%	2019 Plan	2019 Actual	Balance	Act%
705240 Insur Budgeted Incr	36,465		36,465		47,094		47,094	
705320 Workmens Comp	77,087	41,816	35,271	54	97,909	59,018	38,891	60
705330 Unemploy Comp	9,982	4,703	5,279	47	9,361	4,153	5,209	44
705360 Benefit Adjustment	179,302	39	179,262	0	229,230		229,230	
* Employee Benefits	6,509,830	3,610,639	2,899,191	55	6,530,691	3,691,286	2,839,405	57
710100 Professional Services	546,994	91,651	455,343	17	604,188	79,153	525,035	13
710101 Lab Testing Services		277-	277-					
710103 Radiology		37	37-					
710105 Medical Services	12,948	2,760	10,188	21	10,421	5,150	5,271	49
710108 MD Consultants	51,211	27,921	23,290	55	54,311	28,921	25,390	53
710110 Contracted/Temp Svcs	271,145	74,088	197,057	27	128,538	16,631	111,907	13
710119 Subrecipient Payments								
710155 Lobbying Services	600		600		600	600		100
710200 Laundry Services	80,047	37,222	42,826	46	92,962	36,603	56,359	39
710201 Repairs and Maintenance	1,850	852	998	46	650	1,029	379-	158
710205 Software Maintenance	13,450	5,285	8,165	39	9,145	6,499	2,646	71
710210 Operating Contracts	11,151	7,496	3,655	67	3,000	1,698	1,302	57
710300 Operating Supplies	177,284	67,286	109,999	38	216,000	80,181	135,819	37
710302 Small Tools & Allow	1,300	1,053	247	81	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	99	392,700	230,977	161,723	59
710323 Asphalt					16,000		16,000	
710325 Signs and Markers								
710334 Copy Machine Expense	26,848	12,770	14,078	48	23,175	10,311	12,864	44
710335 Copy Mach-Copies	10,215	5,189	5,026	51	7,642	4,161	3,481	54
710350 Office Supplies	32,780	19,482	13,298	59	52,476	29,854	22,622	57
710355 Books and Subscriptions	6,940	6,264	676	90	7,508	8,667	1,159-	115
710360 Postage	18,169	9,414	8,755	52	16,656	7,084	9,572	43
710361 Express and Courier	100		100		100		100	
710391 Fuel & Lube					125		125	
710400 Pmts to O Agencies	606,085	82,258	523,827	14	743,421	142,063	601,358	19
710412 Do Not Use								
710500 Other Expense	107,210	38,611	68,599	36	186,491	41,465	145,027	22
710502 Printing	36,525	13,461	23,064	37	30,484	13,161	17,322	43
710503 Licenses & Permits	8,480	2,099	6,381	25	7,195	7,802	607-	108
710504 Registration		706	706-			750	750-	
710505 Rental Equipment	200		124	38	200		200	
710506 Dept Inseductible	150	650	500-	433		600	600-	
710507 Network and Data Lines	12,730	10,394	2,336	82	6,540	4,558	1,982	70
710508 Telephone Land Lines	35,023	21,105	13,918	60	34,645	21,148	13,497	61
710509 Seminars and Meetings	78,814	33,144	45,670	42	72,883	41,676	31,207	57
710512 Auto Expense	11,728	3,634	8,094	31	11,346	3,348	7,998	30

Period: 1 thru 7 2020  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*  
 Fund: 202  
 Fund Center: 000  
 Functional Area: 000  
 Health Fund  
 Default Washoe County  
 Standard Functional Area Hiera

Accounts	2020 Plan	2020 Actuals	Balance	Act%	2019 Plan	2019 Actual	Balance	Act%
710513 Property Losses		299	299-					
710514 Regulatory Assessments	25,000	11,696	13,304	47	20,000	18,395	1,605	92
710519 Cellular Phone	15,279	9,747	5,532	64	14,697	7,830	6,867	53
710529 dues	25,080	14,608	10,472	58	20,855	12,623	8,232	61
710535 Credit Card Fees	67,640	36,326	31,314	54	51,981	36,765	15,215	71
710546 Advertising	194,481	34,325	160,156	18	174,637	29,711	144,926	17
710551 Cash Discounts Lost						48	48-	
710563 Recruitment		978	978-					
710571 Safety Expense	74,611	56,883	17,728	76	56,279	28,186	28,093	50
710577 Uniforms & Special C	3,200	1,704	1,496	53	2,700	1,653	1,047	61
710585 Undesignated Budget	553,436	553,436	553,436		543,923	543,923		
710594 Insurance Premium	5,815		5,815		5,815	5,605	210	96
710600 LT Lease-Office Space	70,532	41,902	28,630	59	75,813	44,687	31,126	59
710620 LT Lease-Equipment		159,446	212,494	43	325,190	168,802	156,387	52
710703 Biologicals	371,940							
710713 Post Adoption Refer		4,520	2,260	67	9,068	5,424	3,644	60
710714 Referral Services	6,780	66,894	24,381	73	99,424	64,106	35,318	64
710721 Outpatient	91,275	882	882-					
710852 Investigation	7,910	2,832	5,078	36	3,170	1,458	1,712	46
710872 Food Purchases	105,282	61,415	43,868	58	71,118	41,486	29,633	58
711010 Utilities		28,720	16,260	64	50,274	29,412	20,862	59
711100 ESD Asset Management	44,980	27,966	30,463	48	60,891	27,240	33,651	45
711113 Equip Srv Replace	58,429	32,202	20,406	61	61,103	34,429	26,674	56
711114 Equip Srv O & M	52,608	5,469	469-	109	5,000		5,000	
711115 Equip Srv Motor Pool	5,000							
711116 ESD Vehicle Lease		16,812	12,381	58	31,839	18,096	13,743	57
711117 ESD Fuel Charge	29,193	55,909	39,936	58	79,274	47,838	31,436	60
711119 Prop & Liab Billings	95,845	74,536	115,132	39	186,847	49,120	137,727	26
711210 Travel	189,668							
711212 Meals and Lodging	15,827	5,017	10,810	32	32,500	1,706	30,794	5
711213 Travel-Non Cnty Pers						0-	0	
711300 Cash Over Short								
711399 ProCard in Process								
711400 Overhead - General Fund	1,400,792	817,129	583,663	58	1,218,080	710,546	507,534	58
711410 Overhead - Admin								
711502 Build Imp nonCapital		598	598-					
711504 Equipment nonCapital	113,799	71,349	42,449	63	155,459	85,934	69,524	55
711508 Computers nonCapital	56,517	11,988	44,529	21	220,130	76,958	143,172	35
711509 Comp Sfw nonCap	9,281	24,912	15,631-	268	4,281	15,710	11,429-	367
* Services and Supplies	6,148,962	2,546,698	3,602,264	41	6,312,759	2,388,788	3,923,971	38
781001 Land Imprv Capital		12,383	12,383-					
781002 Build Imprv Capital	16,000		16,000		35,000		35,000	

Period: 1 thru 7 2020  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*  
 Fund: 202  
 Fund Center: 000  
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 Health Fund  
 Default Washoe County  
 Standard Functional Area Hiera

Accounts	2020 Plan	2020 Actuals	Balance	Act's	2019 Plan	2019 Actual	Balance	Act's
781004 Equipment Capital	154,413	22,907	131,506	15	100,000		100,000	
781007 Vehicles Capital								
781009 Comp Sftw Capital	25,000	35,290	25,000	18	45,000	3,165	41,836	7
* Capital Outlay	195,413		160,123		180,000	3,165	176,836	2
** Expenses	25,340,731	13,124,809	12,215,923	52	25,085,362	12,725,827	12,359,535	51
485192 Surplus Equipment Sales								
* Other Fin. Sources								
621001 Transfer From General	9,516,856-	5,551,499-	3,965,357-	58	9,516,856-	5,551,499-	3,965,357-	58
* Transfers In	9,516,856-	5,551,499-	3,965,357-	58	9,516,856-	5,551,499-	3,965,357-	58
812230 To Reg Permits-230	73,123	54,360	18,763	74	73,123	51,215	21,908	70
814430 To Reg Permits Capit								
* Transfers Out	73,123	54,360	18,763	74	73,123	51,215	21,908	70
** Other Financing Src/Use	9,443,733-	5,497,139-	3,946,594-	58	9,443,733-	5,500,293-	3,943,440-	58
*** Total	1,346,397	512,329	834,068	38	1,733,291	349,245-	2,082,537	20-

DBOH AGENDA ITEM NO. 8

***IHCC***  
**Inter-Hospital Coordinating Council**

DATE: February 27, 2019

TO: Washoe County District Board of Health

FROM: Tammy Oliver, Chairman  
Dennis Nolan, Vice Chair  
Sabrina Brasuell, Member-at-Large

SUBJECT: Inter-Hospital Coordinating Council (IHCC) Presentation of Accomplishments

In preparation for our annual review of achievements, Jessie Latchaw reviewed the IHCC 2019 meeting minutes and compiled a list of IHCC's major accomplishments. It is very important that we take the time to recognize the strides this group has made and the impact it has on the community. The IHCC achieved and/or began working on all the annual goals and trainings established for 2019. The goals for this year were quite ambitious and required multi-month and multi-agency coordination, which is why a few have not been fully completed. IHCC leadership appreciates the support from the District Health Officer and the District Board of Health, along with the hard work that the Inter-Hospital Coordinating council does to provide the best health care possible, even during times of disaster.

**I. REAL WORLD RESPONSES**

**University of Reno Explosion:** On July 5, 2019 a gas leak led to 2 explosions at the University of Reno Campus in the basement of Argenta Hall. Fire, Police, EMS and hospitals worked together based on regional plans to provide effective patient assessment/triage, treatment and transportation to appropriate care facilities.

**II. ACCOMPLISHMENTS**

**IHCC Hazard Vulnerability Assessment:** The IHCC completed a hazard vulnerability assessment among healthcare members. The data was compiled and weighted to identify the top ten hazards/risks to healthcare. The top ten are listed below:

- |                                |                                      |
|--------------------------------|--------------------------------------|
| 1. Earthquake -50%             | 6. IT System Outage – 36%            |
| 2. Wildland Fire – 41%         | 7. External Flood – 32%              |
| 3. Internal Fire – 38%         | 8. Active Assailant – 32%            |
| 4. Severe Storms – 37%         | 9. Infectious Disease Outbreak – 30% |
| 5. Unplanned Power Outage- 37% | 10. Communication Failure- 30%       |

Washoe County has thirteen identified hazards that impact our region. The IHCC hazard vulnerability assessment aligns with those hazards in the following way.

- |                                       |  |
|---------------------------------------|--|
| • Earthquake                          | • Severe Storms – IT System Outage & Communication Failure |
| • Wildland Fire – Internal & External | • Flooding - External Flood                                |

- Terrorism & Crime – Active Assailant
- Infectious Disease Outbreak
- Energy Emergency- Unplanned Power Outage

**IHCC Resource and Gap Analysis:** The purpose of the resource and gap analysis is to assist the coalition in developing a common understanding of its resources and gaps and to assist in prioritizing activities to mitigate gaps. The resource and gap analysis identified gaps required to respond during an emergency. The top planning gaps, as identified through the coalition’s resource and gap analysis are as follows:

#### **EMS/FIRE**

1. Active Shooter/Armed Assailant/Active Threat Response
2. Evacuation Plan
3. Specialty Mass Casualty Plan

#### **CLINIC**

1. COOP, Recovery/Business Continuity Plan
2. Emergency Operations Plan/ Information Sharing Plan & Communications Plan
3. Security Plan

#### **HOSPITAL**

1. Hospital Behavioral Health Plan
2. Hospital Blood Bank Plan
3. Surgical/Burn MCI Plan

#### **HOME HEALTH/HOSPICE**

1. Information Sharing Plan/Communication Plan
2. Security Plan
3. Surge Capacity Plan

#### **PUBLIC HEALTH**

1. Shelter Support Plan (medical services)
2. Public Health Behavioral Health Plan

#### **AMBULATORY SURGERY CENTER**

1. Crisis Care/Service Prioritization Plan
2. Care Staff and Resources Sharing Plan

#### **SKILLED NURSING**

1. Security Plan
2. Communications Plan
3. Emergency Operations Plan

#### **MEMORY CARE/ASSISTED LIVING**

1. COOP, Recovery/Business Continuity Plan
2. Emergency Operations Plan
3. Evacuation Plan

#### **NEW PREPAREDNESS ACTIVITIES:**

- No notice/low notice medical surge exercise
- Communications Exercise
- Emergency Credentialing Exercise
- Regional triggers
- Assets/Resources – supply chain
- Workshops/Trainings:
  - Active Shooter Training
  - Burn Training
  - Behavioral/Resiliency Training
  - Evacuation Training
  - Crisis Standards of Care

#### **REOCCURRING PREPAREDNESS ACTIVITIES:**

- MAEA training/revisions
- MCIP training/revisions
- Coalition HVA and Resource & Gap Analysis
- Coalition plans/guides updates
- WebEOC training (Patient Tracking)
- Healthcare Requesting Form Training
- ICS training
- Annual evaluation

**Response Guide:** The response guide was approved in January 2019. It describes the roles and responsibilities of the IHCC in responding to a health care emergency primarily within Washoe County. It is based on the development of regional healthcare response plans with regional coordination through the Medical Services Unit (MSU). It provides the structure for multi-facility responses within the region and coordinates response to events that exceed the capabilities of individual healthcare entities.

**Command Kits & Alpha Kits:** Alpha and Command kits have been placed around the county in order to increase our capability to respond to a mass casualty. Local Fire Departments, Law Enforcement, Hospitals, REMSA, Washoe County School District and Emergency Management have all received kits.

**Alternate Care Site Plan:** A major disaster could significantly impact the ability of a community to meet its health and medical needs. In this situation, it may be necessary to identify, convert, and activate alternative locations to administer such services. The Alternate Care Site (ACS) plan is the foundation document that provides the information to establish an ACS and alleviate the burden caused by a surge of patients entering the healthcare system.

**National Association of County and City Health Officials (NACCHO) Award:** The IHCC received a national award from NACCHO in the category of “Building Regional Disaster Health Response Capabilities.” NACCHO partners with the Office of the Assistant Secretary for Preparedness and Response (ASPR) to recognize local health departments that have demonstrated significant accomplishments in implementing health security-related initiatives within their jurisdiction. There are only four of these awards around the country. They were impressed with the WCHD’s focused and innovative efforts to conduct emergency planning for pre-hospital medical responses and the extensive partnerships that were developed over the past 33 years.

### III. EXERCISES

**No-Notice CMS Data Collection Exercise:** On January 8, the HPP Program facilitated a community-based exercise for seventeen of the nineteen dialysis, home health and hospice agencies. The purpose of the exercise was to test their ability to submit patient data to the county, per protocol, for regional situational awareness of possible evacuation assistance.

**No-Notice Coalition Surge:** On March 5, the Inter-Hospital Coordinating Council (IHCC) participated in a No-Notice Coalition Surge Exercise. Through the activation of the Mutual Aid Evacuation Annex, 308 fictitious patients were evacuated from Northern Nevada Medical Center, Tahoe Pacific Hospital (North) and Saint Mary’s Regional Medical Center and received by six hospitals, ten skilled nursing, and one memory care facility. REMSA provided the transportation coordination and support. This exercise met two federal grant requirements, the annual coalition surge exercise and the annual hospital surge exercise.

**Alternate Care Site (ACS):** April 25-May 3, the IHCC conducted an ACS Exercise. The exercise started with a tabletop exercise, testing the ACS evaluation committee, followed by the activation of a Joint Information Center. This led into four days of training and setup of the mobile medical facility, concluding with a full-scale exercise. Northern Nevada Medical Center, REMSA, Reno Fire Department, Renown Regional Medical Center, and Saint Mary’s Regional Medical Center, participated in the full-scale exercise on May 2 which included the implementation of three disaster medical facilities and an inter-facility transport capability. The exercise was supported by WCHD staff, CERT, volunteers from UNR, Image Perspectives and two DBOH board members participating as patients. The region worked together and tear down of the three facilities took one day, rather than the anticipated three. Training was facilitated by REMSA for the regional hospitals and Community Emergency Response Team (CERT).

**Silver Crucible Full Scale Exercise:** On November 13-14, 2019, the IHCC participated in the Complex Coordinated Terrorist Attack exercise. It was a three-day Statewide FEMA sponsored full-scale exercise designed to stress all agencies and individual regions. The main part of the exercise for the coalition was the multi-casualty exercise component, which yielded approximately 190 patients surging into the healthcare system. The third day, the community Family Assistance Center (FAC) was set up and one

regional hospital coordinated their own FAC with the community FAC. The purpose of the Family Assistance Center is to achieve the objectives of the Medical Examiner's office and bring resolution to the families affiliated with the incident.

**IHCC POD Notification** – January 29

**Community (CareMeridian) Earthquake TTX:** February 19

**Alternate Care Site (ACS) TTX:** April 25

**American Home Companion Flood TTX:** May 14

**MCI TTX:** May 21, 22, 23

**Ebola Infectious Disease Exercise:** June 19

**Reno Balloon Races TTX:** July 17

**Cascades of the Sierra Evacuation TTX:** August 6

**Northern Nevada State VA Home Evacuation TTX:** September 18

**IHCC Redundant Communications Exercise:** September 25

**NHA exercise:** October 17

#### **IV. TRAININGS & MEETINGS**

**Weekly Hospital Net:** The Healthcare PHERC continues to participate in the weekly Hospital Net, an amateur radio communications test among hospital in Northern Nevada and Eastern California. The purpose of the net is to improve redundant communications during a disaster.

**WebEOC Training:** January 21-25

**MAEA Training:** February 4 and 6

**Ham Cram:** February 16

**ICS 300 & 400:** February 25-28

**Hospital Burn Surge Training:** March 13

**Chempack Training:** March 19 & April 16

**800 MHz Training:** May 13-15

**Hospital Burn Care and Mass Casualty Training:** June 5

**Alpha and Command Kits Training:** June 27

**MAEA and Alternate Care Site Training:** July 18

**MCI Workshop:** July 31

**Alpha Plan & Family Assistance Center (FAC) Workshop:** July 31

**LEPC Meeting:** August 15

**Ham Cram:** August 17

**Radiation Training:** September 30 to October 3

**MCIP Workshop:** October 17

**ICS 300 & 400:** October 14-17

**Hearthstone Emergency Preparedness Training:** November 4

**Ham Cram:** November 16

**Psychological First Aid Training:** December 4 and 10

**MCIP Workshop:** December 5

**TEPW:** Dec 19

**LEPC Meeting:** December 19

## **V. GRANT ACTIVITIES**

Through the Assistant Secretary for Preparedness and Response (ASPR) grant, the Washoe County Health District was able to work on several projects and provide equipment to the IHCC partners. Planning projects included IHCC Response Planning Guidelines, Alternate Care Site plan, multiple community-based exercise, identification of Federal Medical Stations, Hospital Incident Command Center training and IHCC Resource and Gap Analysis.

The following grant was secured during 2019:

ASPR Base Subgrant: July 1, 2019 – June 30, 2020



# Inter-Hospital Coordinating Council

February 27, 2020

Washoe County District Board of  
Health

# HCCs: Coordinating a Regional Approach to Healthcare and Medical Response



# Accomplishments

- Coalition Response Guide
- Alpha & Command Kits
- Alternate Care Site Plan
- National Association of County & City Health Officials (NACCHO) Award
- Clinical Advisor position
- Coalition Member's Resource & Gap Analysis provider plan updates



# Coalition Exercises

- Alternate Care Site (ACS) Full-Scale Exercise & Tabletop (TTX)
- Silver Crucible (State-wide) Full-Scale Exercise
- No-Notice Coalition Surge
- Reno Balloon Races TTX
- Ebola Infectious Disease Full Scale Exercise
- MCI (Alpha Plan) TTX
- 8 additional exercises and 20 training courses



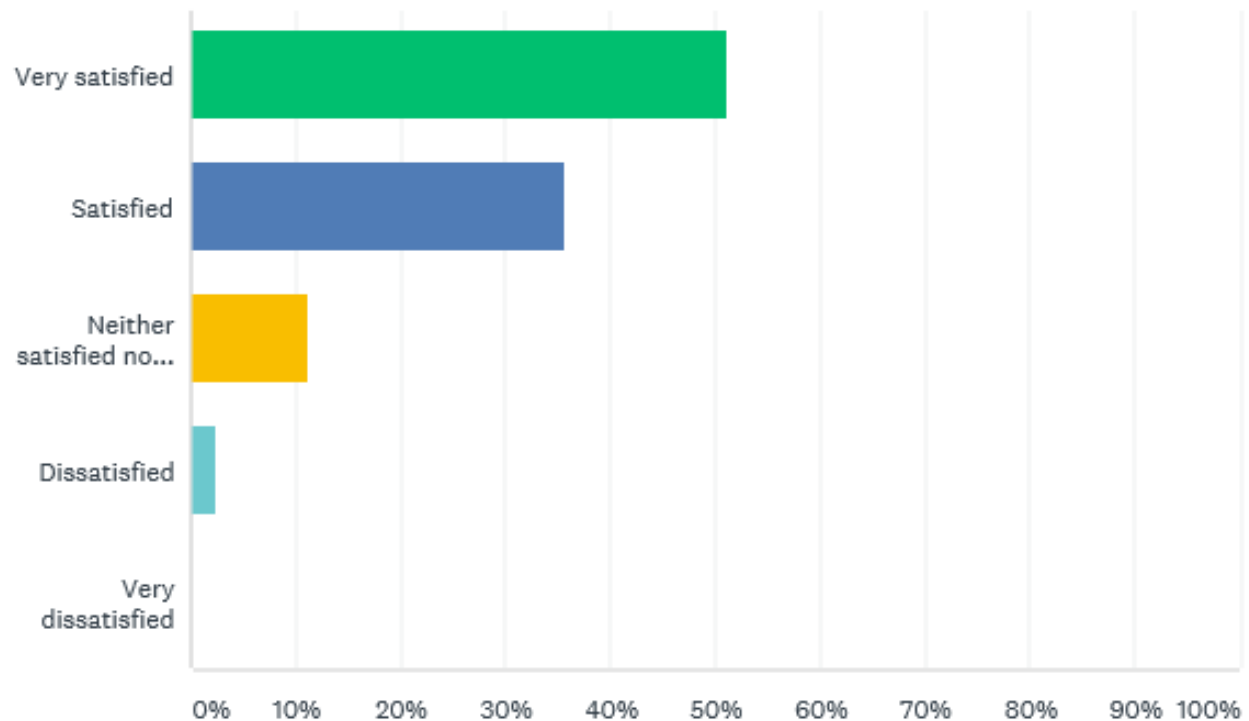
# IHCC Partner Evaluation Survey

- 47 Responses
- 80.85% Members
- 73.91% Healthcare Facility/agency
  - Hospital, EMS/Fire, skilled nursing, assisted living, home health/hospice, dialysis, ambulatory surgery center, FQHC, & clinic



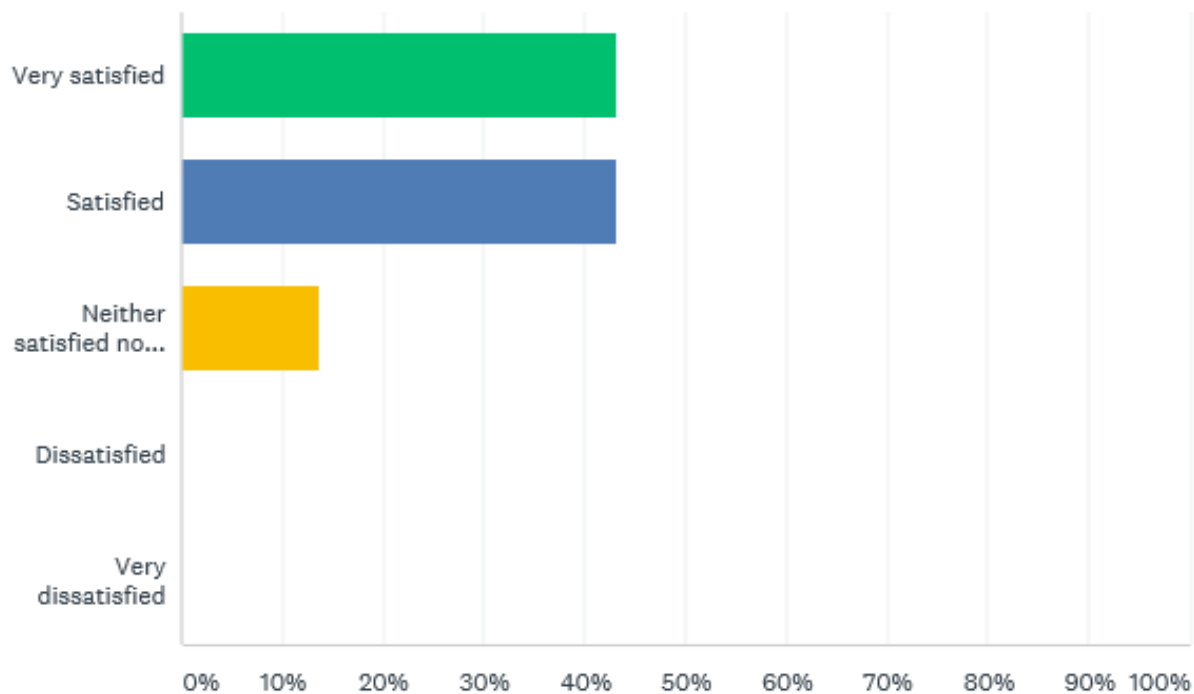
# How satisfied are you with your overall interaction with the IHCC?

Answered: 45 Skipped: 2



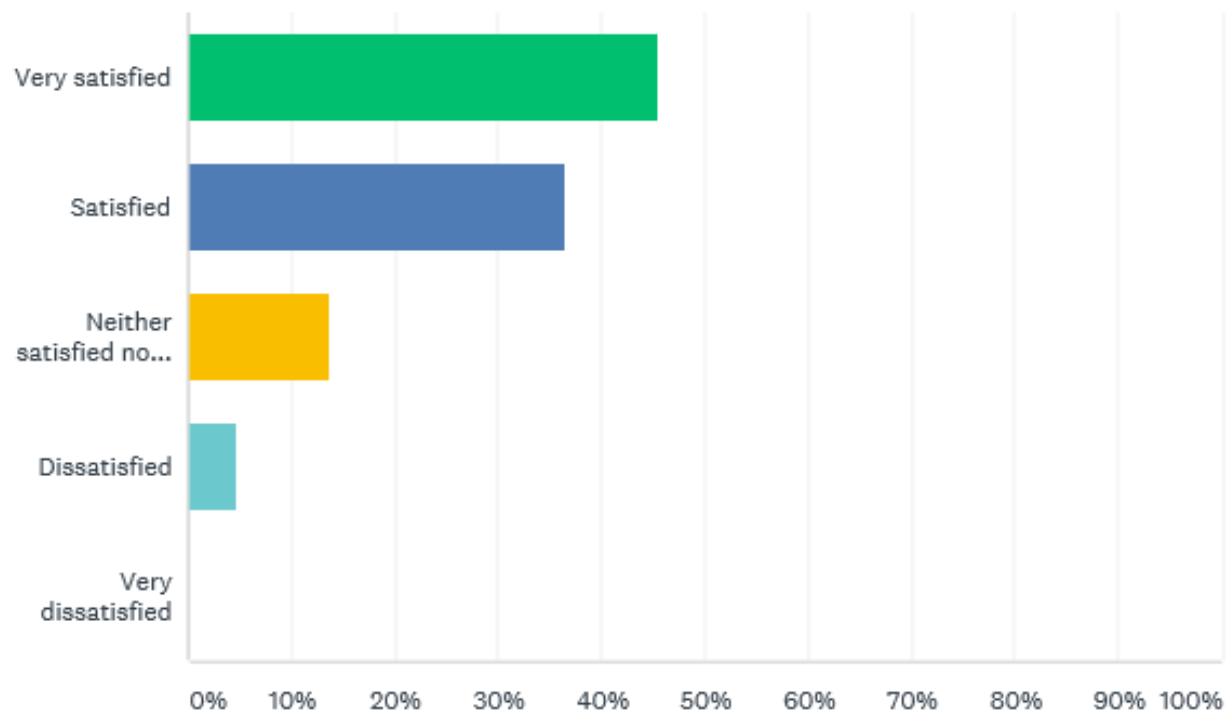
## How satisfied are you with trainings promoted or provided by the IHCC?

Answered: 44 Skipped: 3



# How satisfied are you with the exercises facilitated by the IHCC?

Answered: 44 Skipped: 3





# Partner Feedback

*“The IHCC is vital to our healthcare community. This group has proven time and again how we can come together to solve a problem or disaster. We must continue to push our plans and exercises to include realistic situations and innovative solutions. The passion of our members drive our outcome.”*

*“Since my involvement with IHCC I have been able to bring a lot of good information, resources, and support to the facilities I have worked at. This is one of the best resources our county has.”*

*“This IHCC has been a constant resource and guiding light as my organization, and I, navigate emergency management and all its associated requirements. Everyone is eager to help and offer support and understanding.”*

*“I think IHCC is very helpful and willing to assist w/ our individual challenges. We greatly appreciate the exercises and increased availability for HH/Hospice/outpatient facilities to participate.”*

*“Great team. I cannot imagine keeping my EM plan current and solid without IHCC”*

Thank you



# **REMSA**

# **FRANCHISE COMPLIANCE REPORT**

## **JANUARY 2020**



**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	4301	\$5,582,149.20	\$1,297.87	\$1,295.02	\$ 453.26
January	4375	\$5,981,206.80	\$1,367.13	\$1,367.13	\$ 478.50
February					
March					
April					
May					
June					
<b>Totals</b>	<b>29,502</b>	<b>\$38,521,103.20</b>	<b>\$1,305.33</b>		

Current Allowable Average Bill: \$1,294.87

**Year to Date: January 2020**

<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	5 Minutes 44 Seconds	91%	94%
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 57 Seconds	91%	93%

**Year to Date: January 2020**

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	5:11	5:55	8:11
	P-2	5:32	6:36	8:29
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: January 2020**

Priority	Reno	Sparks	Washoe County
P1	0:05:18	0:06:05	0:08:23
P2	0:05:32	0:06:29	0:08:32



**REMSA OCU INCIDENT DETAIL REPORT  
PERIOD: 01/01/2020 THRU 01/31/2020**

<b>CORRECTIONS REQUESTED</b>					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	1/2/20 20:19	1/2/20 20:24	1W05	04:49	19:23
Zone C	1/3/20 17:17	1/3/20 17:44	1C31	26:33	05:34
Zone A	1/5/20 23:48	1/5/20 23:55	1C17	06:38	09:58
Zone A	1/11/20 17:28	1/11/20 17:32	1C08	04:21	06:59
Zone A	1/17/20 17:53	1/17/20 17:54	1C17	00:19	50:52
Zone A	1/17/20 20:37	1/17/20 20:39	1C45	01:46	50:47
Zone A	1/23/20 14:57	1/23/20 14:59	1C30	01:52	50:55
Zone A	1/24/20 19:04	1/24/20 19:05	1C17	01:01	50:56
Zone A	1/24/20 19:14	1/24/20 19:15	1C29	00:44	49:45
Zone A	1/25/20 2:20	1/25/20 2:21	1C44	00:24	50:15
Zone A	1/26/20 16:01	1/26/20 16:01	1C29	00:17	50:09
Zone A	1/28/20 9:00	1/28/20 9:01	1C35	00:24	50:49
Zone A	1/28/20 20:35	1/28/20 20:35	1C02	00:18	50:40
Zone A	1/30/20 3:42	1/30/20 3:48	1C17	05:16	10:03
Zone A	1/30/20 10:17	1/30/20 10:26	1C43	08:38	12:08
Zone A	1/31/20 11:16	1/31/20 11:16	1C44	00:19	50:35

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

<b>EXEMPTIONS REQUESTED</b>					
Incident Date	Approval	Exemption Reason	Zone	Response Time	Overage
NONE					



## GROUND AMBULANCE OPERATIONS REPORT JANUARY 2020

### 1. Overall Statics

- a) Total number of system responses: 6833
- b) Total number of responses in which no transports resulted: 2365
- c) Total number of system transports (including transports to out of county):  
4468

### 2. Call Classification

- a) Cardiopulmonary Arrests: 1.4%
- b) Medical: 57.7%
- c) Obstetrics (OB): 0.6%
- d) Psychiatric/Behavioral: 10.1%
- e) Transfers: 12.8%
- f) Trauma – MVA: 7.7%
- g) Trauma – Non MVA: 5.8%
- h) Unknown: 4.1%

### 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: 1,924

Total number of above calls receiving QA Reviews: 152

Percentage of charts reviewed from the above transports: 7.9%



## JANUARY 2020 MONTHLY REMSA EDUCATION REPORT

DISCIPLINE	CLASSES	STUDENTS
ACLS	14	96
BLS (CPR)	73	343
Heartsaver (CPR)	62	485
ITLS	3	3
PALS	13	80

## COMMUNITY OUTREACH JANUARY 2020

Point of Impact		
01/1-31/2020	No office appointment for January	
01/18/20	POI Checkpoint at Renown`s Car Seat Fitting Station in Reno. 18 cars and 21 seats inspected.	8 volunteers; 2 staff
Cribs for Kids/Community		
01/08/20	C4K held a Train- the-Trainer class at REMSA	6 participants
01/09/19	Attended the Northern Nevada Maternal Child Health Coalition.	
1/23 & 30/2020	Meet with 2 Cribs for Kids Partners to ensure compliance	





REMSA

Reno, NV  
Client 7299



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

## EMS System Report

January 1, 2020 to January 31, 2020

Your Score

**98.08**

Number of Your Patients in this Report

**150**

Number of Patients in this Report

**7,534**

Number of Transport Services in All EMS DB

**160**



REMSA  
**January 1, 2020 to January 31, 2020**



### Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **01/01/2020** and **01/31/2020**.

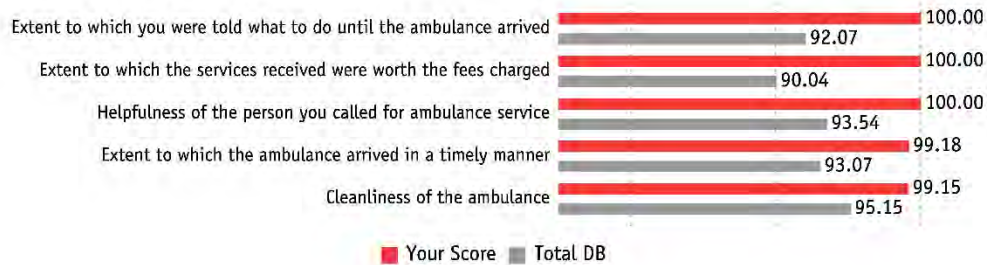
The overall mean score for the standard questions was **98.08**; this is a difference of **4.63** points from the overall EMS database score of **93.45**.

The current score of **98.08** is a change of **2.74** points from last period's score of **95.34**. This was the **9th** highest overall score for all companies in the database.

You are ranked **3rd** for comparably sized companies in the system.

**94.41%** of responses to standard questions had a rating of Very Good, the highest rating. **99.43%** of all responses were positive.

#### 5 Highest Scores



#### 5 Lowest Scores

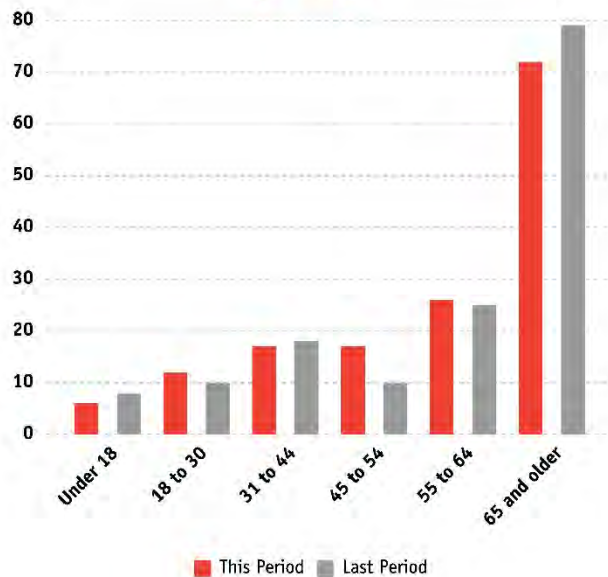




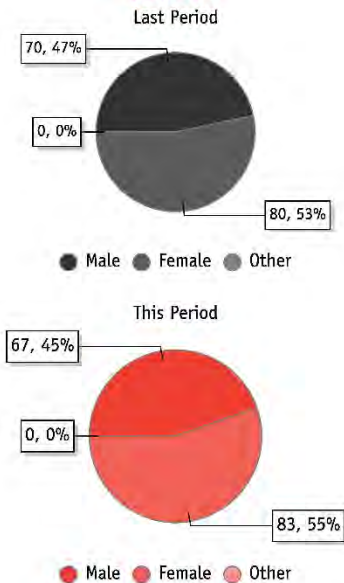
**Demographics** — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will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

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	8	4	4	0	6	2	4	0
18 to 30	10	3	7	0	12	7	5	0
31 to 44	18	9	9	0	17	10	7	0
45 to 54	10	4	6	0	17	9	8	0
55 to 64	25	16	9	0	26	14	12	0
65 and older	79	34	45	0	72	25	47	0
<b>Total</b>	<b>150</b>	<b>70</b>	<b>80</b>	<b>0</b>	<b>150</b>	<b>67</b>	<b>83</b>	<b>0</b>

**Age Ranges**



**Gender**





REMSA  
**January 1, 2020 to January 31, 2020**

**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.

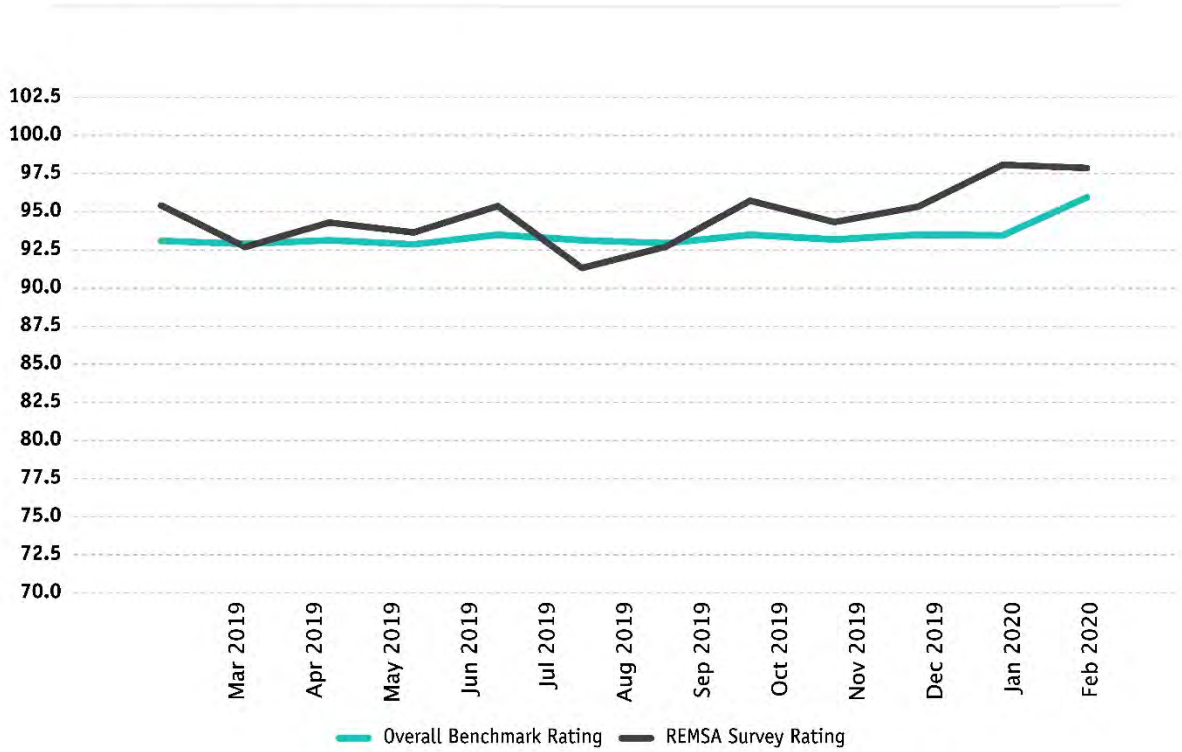
	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020
Helpfulness of the person you called for ambulance service	96.88	96.20	88.46	92.73	93.60	93.55	87.76	95.41	95.59	94.64	92.19	100.00
Extent to which you were told what to do until the ambulance arrived	97.28	95.56	88.78	91.83	92.86	94.35	87.27	95.21	94.12	94.64	90.63	100.00
Extent to which the ambulance arrived in a timely manner	94.23	94.26	91.49	93.18	92.41	95.40	90.72	92.94	96.99	94.27	95.89	99.18
Cleanliness of the ambulance	96.50	95.51	94.32	94.02	93.45	96.51	91.05	93.42	96.58	95.83	95.95	99.15
Skill of the person driving the ambulance	96.39	94.55	93.29	94.02	93.43	94.44	90.61	92.63	95.83	92.08	90.48	98.96
Care shown by the medics who arrived with the ambulance	96.60	97.22	93.18	94.67	94.67	95.33	92.02	93.29	97.07	94.22	95.81	96.63
Degree to which the medics took your problem seriously	95.61	96.83	93.87	94.77	94.62	97.54	92.88	93.04	96.94	96.26	97.20	98.85
Degree to which the medics listened to you and/or your family	95.11	96.74	93.52	94.36	93.80	96.12	92.42	92.36	94.97	95.26	96.54	97.97
Extent to which the medics kept you informed about your treatment	94.54	93.60	92.19	94.26	93.53	94.79	90.78	91.89	95.27	94.05	92.61	99.00
Extent to which medics included you in the treatment decisions (if	93.94	94.28	92.43	94.63	92.83	94.01	89.25	91.48	94.93	93.25	91.86	99.00
Degree to which the medics relieved your pain or discomfort	93.21	91.68	91.78	93.11	92.19	93.12	89.61	90.77	95.22	92.74	91.28	99.00
Medics' concern for your privacy	96.05	95.38	94.19	94.51	94.08	94.18	92.19	92.54	96.23	93.46	93.02	99.04
Extent to which medics cared for you as a person	97.20	96.07	93.93	95.37	94.28	95.95	91.93	93.38	95.95	93.94	94.19	99.04
Professionalism of the staff in our ambulance service billing office	96.59	99.24	91.00	96.30	94.68	95.69	93.55	92.14	95.41	94.58	97.26	97.07
Willingness of the staff in our billing office to address your needs	96.46	99.22	90.06	96.30	95.11	95.40	92.74	96.09	95.07	94.90	97.26	96.68
How well did our staff work together to care for you	97.60	96.40	94.02	95.00	94.28	95.77	92.37	92.87	95.83	94.23	95.00	99.04
Extent to which the services received were worth the fees charged	82.86	87.54	82.16	90.94	75.05	92.65	85.23	86.25	80.94	81.31	96.15	100.00
Overall rating of the care provided by our Emergency Medical Transportation	96.75	95.70	93.08	95.80	94.75	96.01	92.82	92.93	95.49	95.00	95.93	99.04
Likelihood of recommending this ambulance service to others	95.39	95.59	92.79	93.80	94.33	94.86	92.18	92.64	96.18	93.56	93.60	99.04
Your Master Score	95.59	95.41	92.70	94.29	93.64	95.37	91.32	92.72	95.72	94.32	95.34	98.08
Your Total Responses	150	150	150	150	150	150	150	150	150	150	150	150



REMSA  
January 1, 2020 to January 31, 2020



Monthly tracking of Overall Survey Score





## REMSA GROUND AMBULANCE JANUARY 2020 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	11/14/2019	"VERY CARING. MADE SURE THEY GOT IN RIGHT AWAY TO TAKE CARE OF ME. I WASN'T IN GREAT SHAPE, SO THEY TOOK VERY GOOD CARE OF ME AND PICKED ME UP. I HAD FALLEN."	"THEY WERE JUST VERY CARING AND SMOOTH. THEY GOT ME TO THE HOSPITAL IN A TIMLY MANNER."	"I DON'T REALLY THINK ANYTHING COULD HAVE BEEN BETTER. IT WAS AN OVERALL GOOD EXPERIENCE AND THEY WERE VERY GOOD AT WHAT THEY DID TO HELP ME AND GET ME INTO THE HOSPITAL."		
2	11/14/2019	"WONDERFUL MEDICS. VERY CARING AND POLITE. THEY WERE THE BEST."	"I'LL TELL YOU ONE THING. IT WAS ABSOLUTLY AMAZING CARE."	"NOTHING. LIKE I SAID, THEY WERE ABSOLUTELY AMAZING, I HAD NO ISSUES WITH ANY OF THE STAFF."		
3	11/14/2019		"UH EVERYTHING WENT REALLY WELL WITH REMSA, THEY TOOK CARE OF ME AND GOT ME TO THE HOSPITAL. EVERYTHING WENT FINE."			
4	11/14/2019	"THEY DID THE BEST THEY COULD WITH COMFORT"	"EVERYTHING WAS DONE WELL. THEY TAKE THEIR JOB VERY SERIOUSLY AND IT SHOWS."	"NO, I CANT THINK OF A THING. THE MEDICS ARE TRULY AMAZING."		
5	11/15/2019		"I WAS VERY HAPPY WITH THE SERVICE. THE MEDICS DID A GREAT JOB WITH CARE."	"NO, AGAIN I WAS VERY SATISFIED."		
6	11/15/2019		"THEY ARE VERY HELPFUL, AND TAKE EXTREEMLY GOOD CARE OF ME."			
7	11/17/2019		"EVERYTHING YOU DID THAT DAY WAS			



	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
			PERFECT IN TAKING CARE OF MY MOTHER, YOU REALLY WORK WELL AS A TEAM, AND YOU ALL ARE VERY GOOD AT YOUR JOBS."			
8	11/19/2019	"THEY WERE VERY EFFICIENT. THEY WERE VERY HELPFUL TO BOTH ME AND MY WIFE."				
9	11/19/2019	"WAS A WONDERFUL EXPERIENCE EXCEPT FOR THE HOSPITAL."	"THEY ARE THE BEST AT WHAT THEY DO."	"JUST KEEP DOING WHAT YOU ARE DOING."		
10	11/19/2019	"THEY DID AN AWESOME JOB. "MY BROTHER CALLED AND THEY WERE WONDERFUL TO HIM ON THE PHONE.""	"THEY MADE ME FEEL SAFE."	"JUST KEEP BEING AS GOOD AS YOU ARE."		
11	11/19/2019	"THEY DID A GREAT JOB."	"THEY WERE JUST AWESOME!!!"			
12	11/19/2019	"THEY WERE AWESOME THANK YOU FOR YOUR SERVICE."				
13	11/19/2019		"THEY WERE VERY KIND TO ME."			
14	11/19/2019	"PATIENT STATED EVERYTHING WAS VERY GOOD."				
15	11/20/2019		"REMSA WAS GREAT. EVERYTHING ABOUT THEM WAS GREAT. I THOUGHT THE MEDICS WERE KIND AND CARING. EVERYONE AT THE HOSPITAL WAS SUPPORTIVE TOO. I FELT A LOT OF LOVE THAT DAY. AND WANT TO THANK EVERYONE FOR THEIR	"I DON'T THINK THERE IS ANYTHING BETTER THEY COULD HAVE POSSIBLY DONE."		



	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
			SUPPORT."			
16	11/20/2019		"PATIENT'S MOTHER SAID THE DRIVER WAS VERY DETAILED IN KEEPING HER INFORMED REGARDING WHAT WAS HAPPENING WITH HER DAUGHTER. THAT INFORMATION REALLY HELPED HER TO STAY CALM AND FOCUSED. SHE IS ALSO VERY PLEASED WITH THE AMBULANCE ARRIVAL TIME AND PROMPTNESS."			
17	11/20/2019		"PATIENT STATED EVERYTHING WAS TOP-NOTCH AND CLEAN, PLUS HE WAS ALSO PROVIDED WITH BLANKETS."			
18	11/20/2019		"PATIENT STATED THE NEARLY IMMEDIATE ARRIVAL TIME AND THE MEDICS WERE KNOWLEDGABLE IN BOTH THEIR INTERPERSONAL AND THEIR PROFESSIONAL SKILLS. SHE STATED THE SERVICE WAS SIMPLY EXCELLENT."			
19	11/21/2019		"PATIENT STATED THAT EVERYTHING WAS DONE WELL, FROM THEIR PROFESSIONALISM TO THEIR BEDSIDE			





	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
			MANNER AND EVERYTHING IN BETWEEN. HE SAID HE WAS IN A BAD WAY WHEN HE WAS PICKED UP AND HIS CARE WAS ABSOLUTELY EXCELLENT."			
20	11/21/2019		"PATIENT STATED THE PROFESSIONALISM AND KNOWLEDGE OF THE PARAMEDICS BLEW HIM AWAY."			
21	11/22/2019		"PATIENT'S MOTHER IS EXTREMELY PLEASED WITH THE CARE HER DAUGHTER RECEIVED. SHE SAID THE MEDICS WERE REALLY IN TUNE WITH HER DAUGHTER AND WERE ABLE TO HELP HER THROUGH THE SITUATION. THE MOTHER WISHES TO EXTEND A THANK YOU TO THE MEDICS WHO CARED FOR HER DAUGHTER."			
22	11/22/2019		"PATIENT STATED THE MEDICS WERE PROFESSIONAL AND ALERT. THIS WAS A SHORT TRANSPORT FROM THE HELICOPTER, SO IT WAS A VERY SHORT TRIP BUT THE PATIENT NOTED THE AMBULANCE WAS CLEAN AND HE FELT			



	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
			SAFE."			
23	11/22/2019		"PATIENT STATED EVERYTHING WAS DONE WELL."			
24	11/22/2019		"PATIENT'S FATHER STATED THAT THE MEDICS LOADED AND BROUGHT HIS SON'S BICYCLE ALONG WITH THEM. HE SAID THAT MADE HIS SON HAPPY AND PUT HIM MORE AT EASE. THE FATHER WAS IMPRESSED WITH THE PROFESSIONALISM."			
25	11/23/2019		"PATIENT'S MOTHER STATED SHE FELT THE PARAMEDICS DID AN EXCELLENT JOB OF KEEPING HER INFORMED ON EVERYTHING REGARDING HER DAUGHTER. SHE SAID SHE WAS VERY PLEASED WITH ALL OF THE COMMUNICATION."			
26	11/23/2019		"SHE WAS ASKED/REMINDED TO UNLOCK THE DOOR AND PUT AWAY ANY ANIMALS BEFORE THE MEDICS ARRIVED TO EXPEDITE HER DEPARTURE TIME. SHE SAID THIS WAS GOOD PLANNING."			
27	11/23/2019		"PATIENT STATED THE MEDICS WERE VERY GENTLE AND KIND TO HER DOG,			



	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
			THEY ALSO LAUGHED AND JOKED WITH HER WHICH WAS EXACTLY WHAT SHE NEEDED AT THAT TIME."			
28	11/25/2019		"PATIENT STATED THE MEDICS WERE VERY KIND AND DID A GREAT JOB OVERALL."			
29	11/25/2019		"PATIENT'S MOTHER STATED IT WAS A SMOOTH TRANSFER BETWEEN HOSPITALS AND HE WAS APPROPRIATELY CHECKED IN AS WELL."			
30	11/26/2019		"PATIENT STATED HE FELT THEY ATTENDED TO HIS NEEDS QUITE WELL."			
31	11/26/2019		"THEY TOOK THE PATIENT TO THE HOSPITAL."			
32	11/26/2019		"PATIENT STATED HE WAS WELL CARED FOR FROM THE MOMENT THE AMBULANCE ARRIVED UNTIL THEY GOT HIM TO THE HOSPITAL."			
33	11/26/2019		"PATIENT STATED EVERYTHING WAS GENERALLY DONE WELL."			
34	11/27/2019		"PATIENT NOTED THE SKILLFUL DRIVING BECAUSE OF THE BLIZZARD CONDITIONS."			
35	11/27/2019		"PATIENT STATED			



	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
			EVERYTHING WAS DONE WELL AND IN HIS EYES IT WAS PERFECT BECAUSE HE REALLY NEEDED THE HELP THAT DAY."			
36	12/01/2019	"THEY LISTEN TO HER MEDICAL HISTORY AND THEY GAVE HER MEDS WHICH REALLY HELPED HER DISCOMFORT. WE CALLED FOR HER. VERY HAPPY."	"JUST THEIR PERSONAL TOUCH. THEY WERE VERY KIND WITH MY MOTHER BECAUSE OF HER AGE. THE MEDICS WERE VERY KIND AND VERY PROFESSIONAL. WE ARE HAPPY WITH THE SERVICE."			
37	12/01/2019		"REMSA HAS ALWAYS BEEN GREAT TO ME. AND I WILL ALWAYS USE THEM IF I HAVE THE CHOICE."	"NOTHING COULD BE DONE BETTER. IT WAS ALL GREAT."		
38	12/01/2019		"JUST NICE PEOPLE."	"DID EVERYTHING JUST FINE. I WAS VERY SATISFIED WITH THE SERVICE."		
39	12/02/2019		"THEY MADE SURE TO MAKE ME FEEL COMFORTABLE. AND KEPT CHECKING UP ON ME AND MY HUSBAND."	"NOTHING ANYONE COULD HAVE DONE BETTER."		
40	12/02/2019	"THEY DID AN EXCELLENT JOB. I WAS SO PROUD OF THEM. WE HAD TO WAIT IN THE HOSPITAL FOR AN HOUR AND THEY WAITED THERE WITH ME THE WHOLE TIME. THEY REALLY SHOWED THEY CARED THAT DAY."	"I THINK THEY WERE WONDERFUL AND WERE LETTING ME KNOW WHAT WAS HAPPENING AT MY HOME UNTIL THE HOSPITAL AND STILL ANSWERING AND TRYING TO GET INFO AT THE HOSPITAL. THEY REALLY CARED	"THE ONLY THING I WAS UNHAPPY ABOUT IS THAT SHE HAD TO STICK MY ARM A COUPLE TIMES TO GET THAT DARN IV IN."		



	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 IT SHOWED."			
41	12/02/2019	"I CALLED."	"CUSTOMER SERVICE."	"WARM MY AMBULANCE BEFOREHAND."		
42	12/02/2019		"I DON'T KNOW. THEY ARRIVED IN A TIMELY MANNER AND SHOWED A LOT OF CONCERN FOR WHAT WAS WRONG WITH ME. THEY JUST TOOK GOOD CARE OF ME UNTIL I GOT TO THE HOSPITAL."	"I DONT THINK THERES ANYTHING. EVERYTHING WAS WONDERFUL."		
43	12/02/2019		"EVERYTHING. THE OVERAL COMPASSION FOR ME. THEY ACTUALLY LISTENED TO ME AND UNDERSTOOD WHAT WAS GOING WRONG."	"THEY DID A GREAT JOB."		
44	12/02/2019	"SOMEONE CALLED 911 FOR ME. I THINK I HAD OVERDOSED THAT TIME. BUT IT WAS ALL GOOD MY BUDDY SAID."	"5'S ALL AROUND. THEY ARE THE ONLY REASON I AM ALIVE. THEY WERE AMAZING REALLY."	NO, EVERYTHING WAS ALL GOOD."		
45	12/03/2019	"I DONT THINK THERE WAS ANY TREATMENT - BLOOD SUGAR WAS OFF THE WALL THOUGH, SO MAYBE THEY TRIED TO. SOMEONE ELSE CALLED FOR HIM, I THINK ANOTHER FAMILY MEMBER (POA)."	"THEY ARRIVED ON TIME. THEY KNEW WHAT THEY WERE DOING AND IT WAS FAST. THEY DID A WONDERFUL JOB. THEY LISTENED TO US VERY WELL, CONCENRATED, RESPECTFUL, AND VERY PROFESSIONAL."	"I DONT KNOW. OUR EXPRIENCE HAS ALWAYS BEEN REALLY GOOD. I DONT KNOW WHAT COULD BE BETTER!"		
46	12/03/2019	"SUPER- I MEAN I WAS VERY UPSET BUT THEY CALMED ME DOWN."	"EVERYTHING. I MEAN EVERYTHING THEY DO IS VERY HELPFUL AND PRFOESSIONAL- 5 EXCELLENT."	"JUST DO THE SAME AS LAST TIME. THEY WERE EXCELLENT. 5 STARS."		



	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	12/03/2019	"THANK YOU FOR YOUR SERVICE."	"EVERYONE TREATED US SO GOOD- THE DISPATCHER WAS FANTASTIC- I PANICKED AND THEY STAY ON THE PHONE WITH ME AND CALMED ME DOWN UNTIL THE AMBULANCE GOT HERE. THE FIRE DEPARTMENT CAME AND WAS VERY HELPFUL AS WELL."	"I DONT THINK ANYTHING- EVERYTHING WENT REALLY SMOOTH AND NICE."		
48	12/03/2019		"MADE SURE I WAS COMFORTABLE IN A VERY UNCOMFORTABLE SITUATION. AND STAYED PROFESSIONAL."	"I DIDN'T THINK ANYTHING WAS WRONG WITH TREATMENT. THEY WERE SOME GOOD GUYS."		
49	12/04/2019		"PATIENT STATED AS FAR AS SHE WAS CONCERNED EVERYTHING WAS DONE WELL."			
50	12/04/2019		"PATIENT STATED THE MEDICS SPOKE SLOWLY, CLEARLY AND MADE SURE SHE UNDERSTOOD EVERYTHING AS ENGLISH IS HER SECOND LANGUAGE."			
51	12/04/2019		"PATIENT STATED THE MEDICS WERE PROFESSIONAL AND THEY MADE HER FEEL PROTECTED AND SAFE. SHE NOTED THAT IN HER EYES, THEY WERE PERFECT."			
52	12/04/2019		"PATIENT SAID HE			



	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
			WOULDN'T BE ABLE TO SAY ENOUGH GOOD THINGS ABOUT THE MEDICS, HE CREDITS THEM WITH SAVING HIS LIFE."			
53	12/04/2019		"TIMELINESS OF ARRIVAL AND THE PARAMEDICS TEAMWORK TOGETHER."			
54	12/04/2019		"PATIENT STATED HE WOKE UP AND THE MEDICS WERE THERE. FROM THE POINT THAT HE CAN REMEMBER, THE MEDICS DID A GREAT JOB AND WERE VERY THOROUGH."			
55	12/04/2019		"PATINT SAID THEY GOT HER TO THE HOSPITAL QUICKLY."			
56	12/05/2019		"THE SKILL OF THE AMBULANCE DRIVER."			
57	12/04/2019		"EVERYTHING WAS EXCELLENT, FROM THE INITIAL CARE RECEIVED UPON ARRIVAL ALL THE WAY THROUGH. EVERYTHING WAS VERY THOROUGH."			
58	12/05/2019		"PATIENT STATED, ""EVERYTHING, EVERYTHING, EVERYTHING!"" HE SAID HIS LIFE WAS SAVED AND HE IS VERY THANKFUL."			
59	12/04/2019		"THE PARAMEDICS KNEW THEIR PROCEDURES WELL."			
60	12/04/2019		"THE			



	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
			PROFESSIONALISM, KINDNESS AND CARE RECEIVED."			
61	12/04/2019		"PATIENT STATED THE MEDICS TREATED HER KINDLY AND HELPED HER GET HER BEARINGS. SHE IS ALSO THANKFUL THE MEDICS WERE QUIET AND DIDN'T UPSET HER YOUNG CHILDREN, SHE APPRECIATED THE THOUGHTFULNESS."			
62	12/06/2019		"PATIENT STATED THAT OVERALL EVERYTHING WAS DONE WITH EXCELLENCE."			
63	12/05/2019		"PATIENT STATED THE MEDICS WERE VERY INTUITIVE TO HER NEEDS."			
64	12/05/2019		"IT WAS A QUICK RIDE TO THE HOSPITAL."			
65	12/06/2019		"PATIENT NOTED THEY PARAMEDICS GOT HIM SAFELY INTO HIS HOSPITAL ROOM."			
66	12/05/2019		"PATIENT STATED THE MEDICS WERE KIND, FUNNY AND TRANSPORTED HER QUICKLY TO THE HOSPITAL."			
67	12/05/2019		"PATIENT STATED THE MEDICS TEAMWORK WAS EXCEPTIONAL, HE GOT THE FEELING THAT THEY HAD			





	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
			BEEN WORKING TOGETHER FOR AWHILE. HE THOUGHT THE EXPERIENCE OVERALL WAS VERY PROFESSIONAL."			
68	12/05/2019		"PATIENT'S MOTHER STATED HER DAUGHTER IS NON-VERBAL AND THE MEDICS TOOK THE TIME TO LET HER COMMUNICATE WHAT HER ISSUE WAS AND WORKED WITH HER. THE MOTHER IS VERY PLEASED WITH THE CARE HER DAUGHTER RECEIVED."			
69	12/07/2019		"PATIENT STATED EVERYTHING WAS DONE WELL AND SHE HAD ABSOLUTELY NO COMPLAINTS."			
70	12/07/2019		"EVERYTHING WAS DONE WELL."			
71	12/07/2019		"QUICK ARRIVAL TIME AND HOW FAST THE MEDICS JUMPED IN TO PROVIDE CARE."			
72	12/07/2019		"PATIENT STATED THE KINDNESS AND CONSIDERATION THAT SHE WAS SHOWN SPEAKS TO THEIR PROFESSIONALISM."			



# JANUARY 2020

## 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



Industry News, Spotlight

### REMSA Announces New Executive Director of EMS Operations

2.10.20



#### **REMSA ADDS AARON ABBOTT TO THE TEAM**

Aaron Abbott joins REMSA as the new Executive Director of EMS Operations. Aaron will be overseeing all aspects of ground operations and 911 communications.

#### **INFECTIONS DISEASE EXERCISE**

Renown and REMSA joined together for infectious disease training. The purpose of the training was to be sure both entities are fully prepared for any possible airborne disease outbreak in the community.

Renown, REMSA practice exercise for highly infectious diseases





## PUBLIC & COMMUNITY RELATIONS

### Medical professionals warn of dangers of mixing cold weather and alcohol

by News 4-Fox 11 Digital Team | Saturday, December 28th 2019

AA



#### COLD WEATHER & ALCOHOL

Adam Heinz shared with the community the possible dangers when mixing cold weather with alcohol and ways to stay safe when celebrating during this winter season.



#### PARAMEDIC GRADUATION

REMSA was pleased to congratulate the 12 students of REMSA's January 2019 Paramedic Cohort who graduated on January 10, 2020.



## PUBLIC & COMMUNITY RELATIONS

### USE 911 FOR EMERGENCIES ONLY CAMPAIGN

REMSA receives about 20% of non-emergent calls per year (14,000 calls). To combat this to keep resources open for actual emergencies, REMSA is trying to educate the community on when the proper time is to call 911.

### Non-emergency calls posing a problem for REMSA





## SOCIAL MEDIA HIGHLIGHTS

January website referral sessions from social media had a decrease of 21% from last year (January 2019). Social media drove 533 visitors to the REMSA website. Facebook, LinkedIn and Instagram drove the majority of the traffic to [remsahealth.com](http://remsahealth.com).

### Facebook

Page Likes to-date: 3,485 (+41 Page Likes this month)  
Followers to-date: 3,643 (+44 Page Followers this month)  
January posts: 24  
January post reactions: 2.16k  
January post comments: 237  
January post shares: 99



# SOCIAL MEDIA HIGHLIGHTS

## Top Posts by Reach

1.

**1/3/2020 - Mickey M. Dispatcher Story**

3,085 people reached; 955 engagements (post clicks, likes, shares and comments).



## SOCIAL MEDIA HIGHLIGHTS

2.

**1/27/2020 - Mike H. and Samantha L. Patient and Dr. Jenny Wilson Testimonial**

2,444 people reached; 1,173 engagements (post clicks, likes, shares and comments)



Regional Emergency Medical Services Authority - REMSA  
 Published by Megan Duggan · January 27 at 11:03 AM

REMSA Medical Director, Dr. Jenny Wilson, recently reached out to Mike H. and Samantha L. to express her appreciation for taking care of a patient with Parkinson's during a transport. Dr. Wilson was on duty at the hospital when the patient arrived. The patient's wife said that Mike and Samantha thoroughly collected information about her husband's condition and symptoms and researched all side effects of the new medication he was taking.

From REMSA's Medical Director and from the patient's family, thank you for your care and attention to detail. #AlwaysReady #WhenItMattersMost



Get More Likes, Comments and Shares  
 Boost this post for \$20 to reach up to 4,500 people.

2,444 People Reached      1,173 Engagements      [Boost Post](#)

132      10 Comments      6 Shares

Like      Comment      Share



## SOCIAL MEDIA HIGHLIGHTS

3.

**1/25/2020 - January 2019 Paramedic Cohort Graduation**

2,437 people reached; 1,082 engagements  
(post clicks, likes, shares and comments)



Regional Emergency Medical Services Authority - REMSA  
Published by Megan Duggan (7) January 25 at 9:23 AM

Please join us in congratulating the REMSA January 2019 Paramedic Cohort! The following students graduated in January 2020 after completing a year-long paramedic training program:

- Kolby Arendse
- Chandler Curry
- Matthew Gallagher... See More

2,437 People Reached | 1,082 Engagements | 9 Comments, 7 Shares

Get More Likes, Comments and Shares  
Boost this post for \$20 to reach up to 4,500 people.

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: 17

**REMSA/Care Flight**  
16 subscribers

**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



January 2020 sessions vs January 2019 sessions

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

- Sessions: 11,886 **15% increase**
- Users: 8,457 **22% increase**
- New Users: 7,729 **32% increase**
- Pageviews: 29,212 **3% increase**
- Avg. Session Duration: 01:58 **17% decrease**
- Bounce Rate: 49% **0.40% increase**

### Traffic Sources

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

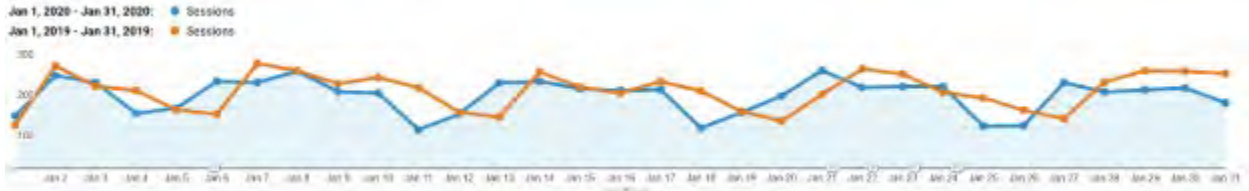
- **Organic search** is a natural ranking determined by search engine algorithms that can be optimized throughout the year.
- **Direct traffic** is users who directly type your URL or visit through a bookmarked mechanism. Direct traffic can be related to strong brand awareness, as well.
- **Referral 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:

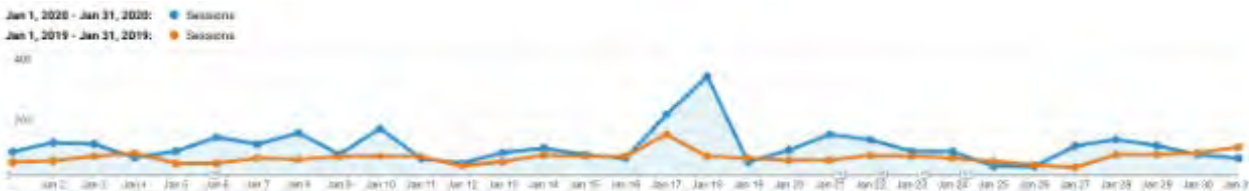
- Organic search sessions: 5,538 **6% decrease**
- Direct traffic sessions: 2,846 **65% increase**
- Referral traffic sessions: 2,192 **7% increase**
- Paid search sessions: 758 (no comparison) - Paramedic, EMT, AEMT recruitment
- Email traffic sessions: 8 (no email sent in January)



## Organic Sessions



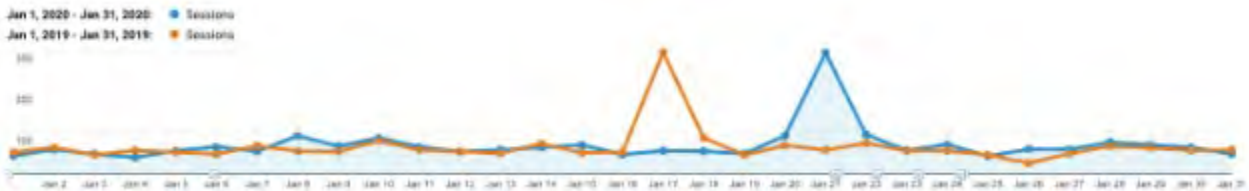
## Direct Sessions



## Paid Search Sessions



## Referral Sessions



### Top 3 Referral Sites:

1. REMSA Enrollware
2. ADP
3. AHA Instructor Network ([Ahainstructornetwork.americanheart.org](http://Ahainstructornetwork.americanheart.org))

### Top 5 Page Views:

1. Education - 3,750 views
2. Homepage - 2,410 views
3. Careers - 1,538 views
4. Air - 949 views
5. Membership - 874 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: 167 website visitors clicked the external link to fill out the Flight Plan Membership form
  - Silver Saver Membership: 130 website visitors clicked the external link to fill out the Silver Saver Membership form
  - Sierra Saver Membership: 14 website visitors clicked the external link to fill out the Sierra Saver Membership form
  
- Website visitors who clicked to pay their bill online: 210
  
- Top 5 phone numbers that visitors clicked on (87 total phone call clicks in Dec):
  - 775-858-5700 - Main Phone Number - 80 clicks
  - 775-353-0739 - Private Insurance - 18 clicks
  - 775-858-5745 - Membership Questions - 7 clicks
  - 775-353-0768 - Membership Billing - 4 clicks
  - 775-353-0765 - Medicare/Medicaid - 2 clicks



**REMSA 2019-20 Penalty Fund Reconciliation as of  
December 31, 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	10,025.76
January 2020	
February 2020	
March 2020	
April 2020	
May 2020	
June 2020	
<b>Total Penalty Fund Dollars Accrued</b>	<b>\$56,075.76</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**           **\$56,075.76**

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**REMSA INQUIRIES  
January 2020**

No inquiries for January 2020

DD	CA
DHO	KD
DDA	

**Staff Report**  
**Board Meeting Date: February 27, 2020**

**TO:** District Board of Health

**FROM:** Charlene Albee, EHS Division Director  
775-328-2644 , [calbee@washoecounty.us](mailto:calbee@washoecounty.us)

**THROUGH:** Kevin Dick, District Health Officer  
775-328-2615, [kdick@washoecounty.us](mailto:kdick@washoecounty.us)

**SUBJECT:** Presentation, discussion and possible action to affirm the recommendation by the Food Protection Hearing and Advisory Board to continue the hold order issued pursuant to Section 240.045 of the Regulations of the Washoe County District Board of Health Governing Food Establishments, permitting the secure storage of food product produced by Dorinda's Chocolates and packaged by LiveKaya until such time as the State of Nevada Department of Health and Human Services (DHHS) adopts regulations relating to the testing and labeling of products containing hemp and certain other products containing cannabidiol (CBD) intended for human consumption. It is further recommended that entry of a final decision regarding disposition of the food product be stayed until after August 1, 2020 or when the State's regulations have been adopted if that date is earlier.

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**SUMMARY**

The District Board of Health has the authority to affirm the recommendation by the Food Protection Hearing and Advisory Board (FPHAB) to continue the hold order, issued pursuant to Section 240.045 of the Regulations of the Washoe County District Board of Health Governing Food Establishments, permitting the secure storage of food product produced by Dorinda's Chocolates and packaged by LiveKaya until such time as the State of Nevada Department of Health and Human Services (DHHS) adopts regulations relating to the testing and labeling of products containing hemp and certain other products containing cannabidiol (CBD) intended for human consumption. It is further recommended that entry of a final decision regarding disposition of the food product be stayed until after August 1, 2020 or when the State's regulation have been adopted if that date is earlier.

**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**

On May 30, 2019, WCHD staff conducted an inspection at a local coffee shop and observed CBD oil being added to food products. The establishment voluntarily discontinued adding CBD to food products and on June 3, 2019, WCHD staff issued an official cease and desist for adding any CBD products as an ingredient in food. The establishment mentioned the names of several other local food establishments that are also adding CBD oil to food products. Complaints were generated and investigated for each of the mentioned establishments including Dorinda's Chocolates.

On June 11, 2019, WCHD staff conducted a compliant investigation at Dorinda's Chocolates located at 300 S. Wells Ave, Suite #14, Reno, Nevada, WCHD permit# H18-1029FOOD. WCHD staff met with Dorinda Vance, owner of Dorinda's Chocolates and LiveKaya, as well as employees Dillion Vance and Dustin Vance. WCHD staff explained that a complaint had been received stating the facility is adding CBD oil to chocolate. Dorinda's Chocolate and LiveKaya staff stated that hemp oil is only added to LiveKaya brand chocolates; however, no hemp oil was onsite to determine if the ingredients contained CBD and the LiveKaya chocolate bars only list "hemp oil" as an ingredient. During the meeting, Dustin Vance emailed the hemp oil supplier (CBD Hemp Experts) information to WCHD for review. Dorinda Vance also provided the WCHD with an official cannalysis report from GreenLeaf Lab- see attached GreenLeaf Lab report. When asked if Dorinda's Chocolate's/LiveKaya representatives consulted with the WCHD regarding the use of CBD in food products prior to manufacturing the LiveKaya chocolates, Dorinda Vance confirmed that the WCHD was not consulted prior to production and sale of the product. WCHD staff advised Dorinda's Chocolates/LiveKaya employees that CBD products are considered an unapproved food additive and any food found to contain CBD would be considered adulterated per NRS 585.310. WCHD staff agreed to conduct traceback activities on the hemp oil ingredients and inform Dorinda's Chocolates/LiveKaya of the findings. See attached inspection report documenting the June 11, 2019 investigation.

On June 12, 2019, WCHD staff conducted a review of CBD Hemp Expert's website and the laboratory analysis from GreenLeaf Lab. Both the hemp products listed on the supplier's website and the laboratory analysis indicate the hemp oil contains high amount of CBD. WCHD staff sent an email to Dustin Vance informing him the hemp oil in the LiveKaya chocolates appears to contain CBD which is an unapproved food additive. In the email, WCHD staff stated that all LiveKaya chocolates containing CBD are considered adulterated and would need to be discarded. The WCHD requested a meeting time between 1pm and 3pm on June 13, 2019 to inventory the adulterated product and witness destruction. No response from Dustin Vance or representatives of Dorinda's Chocolates was received. See attached email correspondence dated June 12, 2019.

On June 13, 2019, WCHD staff conducted a site visit at Dorinda's Chocolates and met with Dorinda Vance and Dillon Vance. Dorinda Vance confirmed LiveKaya chocolates are manufactured in Dorinda's Chocolates kitchen located at 300 S. Wells Ave, Suite #14, Reno, Nevada where CBD Hemp Expert's CBD distillate 80% - 90% is added to the chocolates. The LiveKaya chocolates are then packaged at the Dorinda's Chocolate location and transported to Crystal Creek Logistics, a third party warehouse located at 9250 Red Rock Road, Reno, Nevada for further distribution. WCHD staff issued a notice of violation and informed Dorinda and

Dillon Vance that per Section 050.050 of the Washoe County Food Regulations, foods may not contain unapproved food additives, are considered adulterated per NRS 585.310 (Section 010.015 of the Washoe County Food Regulations), and must be discarded. Dorinda Vance refused to discard the product. WCHD staff informed Dorinda and Dillon Vance that all LiveKaya chocolates stored at Crystal Creek Logistics will be put on hold pending a request to appeal the notice of violation. See attached notice of violation.

WCHD staff conducted a site visit at Crystal Creek Logistics and placed a hold order on 2,697 units (270 grams/unit) of Classic LiveKaya products and 500 (270 grams/unit) of Zero LiveKaya products. WCHD staff reviewed the hold order requirements with Crystal Creek Logistics representatives. See attached hold order and photographs of product placed on hold.

On July 9, 2019, the FPHAB conducted a public meeting to consider an appeal of the Health District's decision to place food produced by Dorinda's Chocolates and packaged by LiveKaya on a hold order according to Section 240.045(B) of the Regulations of the Washoe County District Board of Health Governing Food Establishments. Following extensive testimony, the FPHAB acknowledged CBD is not approved by the FDA as a food additive, however, they also recognized the DHHS was directed by the State Legislature to develop regulations governing the labeling and testing of CBD products for human consumption by July 1, 2020. Based on this, the FPHAB agreed to continue the hold order placed on the CBD product pending the issuance of the regulations from DHHS.

On July 27, 2019, the Regulations of the Washoe County District Board of Health Governing Food Establishments were amended, specifically Section 240.105 Hearings, appeals. Prior to the adoption of the amended regulations, recommendations from the FPHAB were submitted to the District Health Officer for a final determination. According to Section 240.105(D) as adopted, the FPHAB must now make recommendations to the District Board of Health to affirm, modify or reverse the decision of the FPHAB or refer the appeal back to the FPHAB for additional consideration.

## **BACKGROUND**

The FDA has concluded that under the federal Food Drug and Cosmetic Act (FD&C), it is illegal to add any product containing THC or CBD in food. The Washoe County Food Regulations incorporate federal law regarding food additives, dietary use products and food labeling. Therefore, the use of industrial hemp as the source of CBD to be added to food products is prohibited. Until the FDA rules that industrial hemp-derived CBD oil and CBD products can be used in food, or the State of Nevada makes a determination that they are safe to use for human consumption, CBD products are not an approved food, food ingredient, food additive, or dietary supplement. More information on the regulation of products containing cannabis and cannabis derived compounds can be found on the FDA website: <https://www.fda.gov/news-events/press-announcements/statement-fda-commissioner-scott-gottliebmd-signing-agriculture-improvement-act-and-agencys>

Additionally, the FDA has recently voiced perspectives of FDA leadership and experts regarding the FDA's recent public hearing on May 31, 2019 and the use of products containing CBD. More information on FDA's science-based policy on CBD can be found here: <https://www.fda.gov/news-events/fda-voices-perspectives-fda-leadership-and-experts/fda-committed-sound-science-based-policy-cbd>

### **FISCAL IMPACT**

There are no fiscal impacts to the Health District resulting from the Board deciding to ratify the recommendation by the Food Protection Hearing and Advisory Board to continue the hold order until entry of a final decision regarding disposition of the food product after August 1, 2020 or when the State's regulations have been adopted if that date is earlier.

### **RECOMMENDATION**

Staff recommends the Board affirm the recommendation by the Food Protection Hearing and Advisory Board (FPHAB) to continue the hold order, issued pursuant to Section 240.045 of the Regulations of the Washoe County District Board of Health Governing Food Establishments, permitting the secure storage of food product produced by Dorinda's Chocolates and packaged by LiveKaya until such time as the State of Nevada Department of Health and Human Services (DHHS) adopts regulations relating to the testing and labeling of products containing hemp and certain other products containing cannabidiol (CBD) intended for human consumption. It is further recommended that entry of a final decision regarding disposition of the food product be stayed until after August 1, 2020 or when the State's regulations have been adopted if that date is earlier.

### **POSSIBLE MOTION**

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

“Move to affirm the recommendation by the Food Protection Hearing and Advisory Board (FPHAB) to continue the hold order, issued pursuant to Section 240.045 of the Regulations of the Washoe County District Board of Health Governing Food Establishments, permitting the secure storage of food product produced by Dorinda's Chocolates and packaged by LiveKaya until such time as the State of Nevada Department of Health and Human Services (DHHS) adopts regulations relating to the testing and labeling of products containing hemp and certain other products containing cannabidiol (CBD) intended for human consumption. It is further recommended that entry of a final decision regarding disposition of the food product be stayed until after August 1, 2020 or when the State's regulations have been adopted if that date is earlier.”

Or, should the Board wish to consider an alternative, a possible motion may be:

“Move to refer the appeal back to the Food Protection Hearing and Advisory Board for rehearing within 30 days and a final recommendation regarding the disposition of the food product, unless good cause exists to delay the rehearing until after August 1, 2020 or when the State's regulations have been adopted if that date is earlier.”

**Staff Report**  
**Board Meeting Date: July 9, 2019**

**TO:** Food Safety Hearing and Advisory Board

**FROM:** Amber English, Senior Environmental Health Specialist  
775-328-2629, [aeenglish@washoecounty.us](mailto:aeenglish@washoecounty.us)

**SUBJECT:** Public Hearing to consider the appeal of the Health District's decision to place food produced by Dorinda's Chocolate's and packaged as LiveKaya on a hold order according to Section 240.045 (B) of the Regulations of the Washoe County District Board of Health Governing Food Establishments. **Case #1-19FP**

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**Authority to hold hearing on variance requests:**

Pursuant to Section 240.105 (A) of the regulations of the Washoe County District Board of Health Governing Food Establishments, the Food Protection Hearing and Advisory Board (Hearing Board) shall hold hearings to consider appeals to staff decisions which adversely affect said person in any manner.

**District Health Strategic Objective supported by this item: Healthy Environment** – Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

**APPLICABLE REGULATIONS:**

**010.015 “Adulterated food” defined.** “Adulterated food” has the meaning ascribed in Nevada Revised Statutes (NRS) 585.300 through 585.310. A food shall be deemed adulterated if:

- A. It bears or contains any poisonous or deleterious substance which may render it injurious to health unless the substance is not an added substance and the quantity of the substance does not ordinarily render it injurious to health;
- B. It consists in whole or in part of a diseased, contaminated, filthy or decomposed substance, or if it is otherwise unfit for food;
- C. It has been produced, prepared, packed or held under unsanitary conditions whereby it may have become contaminated with filth or rendered diseased, unwholesome or injurious to health;
- D. It is the product of an animal which is diseased, died otherwise than by slaughter or was fed upon the uncooked offal from a slaughterhouse;

- E. Its container is composed, in whole or in part, of any poisonous or deleterious substance, which may render the contents injurious to health;
- F. It bears or contains any color additive, which is unsafe within the meaning of the Federal Act;
- G. Any valuable constituent has been in whole or in part omitted or abstracted there from;
- H. Any substance has been substituted wholly or in part therefore;
- I. Damage or inferiority has been concealed in any manner; or
- J. Any substance has been added thereto or mixed or packed therewith so as to increase bulk or weight or reduce its quality or strength, or make it appear better or of greater value than it is.

#### **050.050 Additives**

Food may not contain unapproved food additives or additives that exceed amounts specified in law. Food ingredients and sources of radiation, or pesticide residues shall not exceed provisions specified in law.

#### **050.370 Discarding or reconditioning unsafe, adulterated, or contaminated food**

- A. A food that is unsafe, adulterated, or not honestly presented must be discarded or reconditioned according to an approved procedure.
- B. Food that is not from an approved source must be discarded.
- C. Ready-to-eat food that may have been contaminated by an employee who has been restricted or excluded must be discarded.
- D. Food that is contaminated by food employees, consumers, or other persons through contact with their hands, bodily discharges, such as nasal or oral discharges, or other means must be discarded.

#### **240.045 Examination and condemnation of food, hold orders**

- A. Food may be examined or sampled by the Health Authority as often as necessary to determine freedom from adulteration or misbranding.
- B. The Health Authority, may, upon written notice to the owner, operator or person-in-charge, place a hold order on any food which he determines is or has probable cause to believe to be unwholesome or otherwise adulterated or misbranded.
- C. Under a hold order, food shall be permitted to be suitably stored. It shall be unlawful for any person to remove or alter a hold order, notice or tag placed on the food by the Health Authority. Neither such food nor the containers thereof shall be relabeled, repacked, reprocessed, altered, disposed of or destroyed

without permission from the Health Authority, except by order of a court of competent jurisdiction.

- D. After the owner, operator or person-in-charge has had a hearing as provided in NRS 446.895, and on the basis of evidence produced at such hearing or on the basis of his examination in the event a written request for a hearing is not received within ten (10) days, the Health Authority may vacate the hold order, or may, by written order direct the owner or person-in-charge of the food which was placed under the hold order to denature or destroy such food or to bring it into compliance with the provisions of NRS 446. Such order of the Health Authority to denature or destroy such food or bring it into compliance with the provisions of NRS 446 shall be stayed if the order is appealed to a court of competent jurisdiction within three (3) days.

### **PREVIOUS ACTION**

The use of industrial hemp as the source of cannabidiol (CBD) to be added to food is prohibited in all food establishments regulated by the Washoe County Health District. Over the last year, the WCHD has received an increase in questions from food establishment operators who are interested in adding industrial hemp-derived CBD products in food. The WCHD continues to inform these establishments that CBD is not approved for use in human food.

On January 3, 2019, WCHD staff participated in a state-wide conference call regarding the increase in questions from food establishment operators interested in adding industrial hemp-derived CBD products in food. In addition to WCHD staff, conference call participants included staff from Nevada Division of Public and Behavioral Health, Southern Nevada Health District, Carson City Health District, and the Nevada Department of Agriculture. The purpose of this call was to ensure health jurisdictions within the State are consistently addressing CBD in food products. During this call, all parties agreed that pursuant to the U.S Food and Drug Administration's (FDA) determination that CBD products are not approved additives in food, CBD will continue to be considered an unapproved food additive in the State of Nevada as well. All parties agreed that food establishments in their respective jurisdictions found to be selling or manufacturing food with CBD as an ingredient in food will be issued a cease and desist order. Additionally, all parties agreed that these establishments would be addressed on a complaint basis.

Additional information on CBD in food products including Frequently Asked Questions can be found on the WCHD website: <https://www.washoecounty.us/health/>

On May 30, 2019, WCHD staff conducted an inspection at a local coffee shop and observed CBD oil being added to food products. The establishment voluntarily discontinued adding CBD to food products and on June 3, 2019, WCHD staff issued an official cease and desists for adding any CBD products as an ingredient in food. The establishment mentioned the names of several other local food establishments that are also adding CBD oil to food products. Complaints were generated and investigated for each of the mentioned establishments including Dorinda's Chocolates.

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On June 11, 2019, WCHD staff conducted a compliant investigation at Dorinda's Chocolates located at 300 S. Wells Ave, Suite #14, Reno, Nevada, WCHD permit# H18-1029FOOD. WCHD staff met with Dorinda Vance, owner of Dorinda's Chocolates and LiveKaya, as well as employees Dillion Vance and Dustin Vance. WCHD staff explained that a complaint had been received stating the facility is adding CBD oil to chocolate. Dorinda's Chocolate and LiveKaya staff stated that hemp oil is only added to LiveKaya brand chocolates; however, no hemp oil was onsite to determine if the ingredients contained CBD and the LiveKaya chocolate bars only list "hemp oil" as an ingredient. During the meeting, Dustin Vance emailed the hemp oil supplier (CBD Hemp Experts) information to WCHD for review. Dorinda Vance also provided the WCHD with an official cannalysis report from GreenLeaf Lab- see attached GreenLeaf Lab report. When asked if Dorinda's Chocolate's/LiveKaya representatives consulted with the WCHD regarding the use of CBD in food products prior to manufacturing the LiveKaya chocolates, Dorinda Vance confirmed that the WCHD was not consulted prior to production and sale of the product. WCHD staff advised Dorinda's Chocolates/LiveKaya employees that CBD products are considered an unapproved food additive and any food found to contain CBD would be considered adulterated per NRS 585.310. WCHD staff agreed to conduct traceback activities on the hemp oil ingredients and inform Dorinda's Chocolates/LiveKaya of the findings. See attached inspection report documenting the June 11, 2019 investigation.

On June 12, 2019, WCHD staff conducted a review of CBD Hemp Expert's website and the laboratory analysis from GreenLeaf Lab. Both the hemp products listed on the supplier's website and the laboratory analysis indicate the hemp oil contains high amount of CBD. WCHD staff sent an email to Dustin Vance informing him the hemp oil in the LiveKaya chocolates appears to contain CBD which is an unapproved food additive. In the email, WCHD staff stated that all LiveKaya chocolates containing CBD are considered adulterated and would need to be discarded. The WCHD requested a meeting time between 1pm and 3pm on June 13, 2019 to inventory the adulterated product and witness destruction. No response from Dustin Vance or representatives of Dorinda's Chocolates was received. See attached email correspondence dated June 12, 2019.

On June 13, 2019, WCHD staff conducted a site visit at Dorinda's Chocolates and met with Dorinda Vance and Dillion Vance. Dorinda Vance confirmed LiveKaya chocolates are manufactured in Dorinda's Chocolates kitchen located at 300 S. Wells Ave, Suite #14, Reno, Nevada where CBD Hemp Expert's CBD distillate 80% - 90% is added to the chocolates. The LiveKaya chocolates are then packaged at the Dorinda's Chocolate location and transported to Crystal Creek Logistics, a third party warehouse located at 9250 Red Rock Road, Reno, Nevada for further distribution. WCHD staff issued a notice of violation and informed Dorinda and Dillion Vance that per Section 050.050 of the Washoe County Food Regulations, foods may not contain unapproved food additives, are considered adulterated per NRS 585.310 (Section 010.015 of the Washoe County Food Regulations), and must be discarded. Dorinda Vance refused to discard the product. WCHD staff informed Dorinda and Dillion Vance that all LiveKaya chocolates stored at Crystal Creek Logistics will be put on hold pending a request to appeal the notice of violation. See attached notice of violation.

WCHD staff conducted a site visit at Crystal Creek Logistics and placed a hold order on 2,697 units (270 grams/unit) of Classic LiveKaya products and 500 (270 grams/unit) of Zero LiveKaya

products. WCHD staff reviewed the hold order requirements with Crystal Creek Logistics representatives. See attached hold order and photographs of product placed on hold.

## **BACKGROUND**

The FDA has concluded that under the federal Food Drug and Cosmetic Act (FD&C), it is illegal to add any product containing THC or CBD in food. The Washoe County Food Regulations incorporate federal law regarding food additives, dietary use products and food labeling. Therefore, the use of industrial hemp as the source of CBD to be added to food products is prohibited. Until the FDA rules that industrial hemp-derived CBD oil and CBD products can be used in food, or the State of Nevada makes a determination that they are safe to use for human consumption, CBD products are not an approved food, food ingredient, food additive, or dietary supplement. More information on the regulation of products containing cannabis and cannabis derived compounds can be found on the FDA website: <https://www.fda.gov/news-events/press-announcements/statement-fda-commissioner-scott-gottliebmd-signing-agriculture-improvement-act-and-agencys>

Additionally, the FDA has recently voiced perspectives of FDA leadership and experts regarding the FDA's recent public hearing on May 31, 2019 and the use of products containing CBD. More information on FDA's science-based policy on CBD can be found here: <https://www.fda.gov/news-events/fda-voices-perspectives-fda-leadership-and-experts/fda-committed-sound-science-based-policy-cbd>

## **FINDINGS OF FACT:**

The Hearing Board may recommend approval of the appeal only if, after a hearing on due and proper notice, it determines by a preponderance of evidence the following:

- 1. The food that is currently on hold can be released without endangering the health and safety of the persons living in the Washoe County Health District.**

## **RECOMMENDATION**

Based on information presented, staff recommends: the Hearing Board deny the appeal request and uphold EHS staff's decision to discard the food products placed under the hold order.

## **ALTERNATIVES:**

1. The Hearing Board members could recommend that the District Health Officer approve staff's recommendation with amended or additional conditions.



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2. The Hearing Board members could recommend to the District Health Officer to approve Dorinda Vance's appeal to staff's decision and allow her to keep the product which has been placed on hold.

### **POSSIBLE MOTION**

Should the Hearing Board agree with staff's recommendation, a possible motion would be "move to deny the appeal of the Health District's hold order placed on food produced by Dorinda's Chocolates and subsequently packaged as LiveKaya and order the owner or person-in-charge of the food which was placed under the hold order to discard the food."

## Food Protection Hearing and Advisory Board Meeting Minutes

### Members

Christopher Romm, Chair  
Sergio Guzman  
Michael Chaump  
David DeMars  
J.P. Pinocchio  
George Heinemann  
Christopher Thompson

Tuesday, July 9, 2019  
1:00 p.m.

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

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

Chair Romm called the meeting to order at 1:12 pm.

The following members and staff were present:

Members present: Christopher Romm  
Sergio Guzman  
George Heinemann  
Christopher Thompson

Members absent: Michael Chaump  
David DeMars  
J.P. Pinocchio

### Ms. Valentin verified a quorum was present

Staff present: Charlene Albee, Environmental Health Division Director  
Tony Macaluso, Environmental Health Specialist Supervisor  
Amber English, Senior Environmental Health Specialist  
Michael Lupan, Environmental Health Specialist  
Christabell Sotelo-Zecena, Environmental Health Specialist Trainee

### 2. \*Pledge of Allegiance

Those present pledged allegiance to the flag.

### 3. \*Public Comment

Lisa Metzger – Stated she has been a self-practitioner for the last 25 years, 20 years in Reno. She partnered with Dorinda's LiveKAYA business because she feels it is important to have good products to refer to her clients. She likes that Dorinda is conscientious where she sources all her materials, 3<sup>rd</sup> party testing coming into her company as well as 3<sup>rd</sup> party testing coming out of her property. She has been referring products to clients. She stated she has lost considerable income since of the shutdown. Opined this is something that is naturally

occurring product in our bodies as in other plants as well and that in her view it is a non-harm thing that she can refer to her clients and would like to be able to move forward with referring products to her clients.

All others choose to speak during agenda item 6.

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

July 9, 2019

Chair Romm moved to approve the agenda for the July 9, 2019, Food Protection Hearing and Advisory Board meeting. Mr. Thompson seconded the motion which was approved four in favor and none against.

#### **5. Approval of Draft Minutes**

March 19, 2018

Chair Romm moved to approve the minutes for the March 19, 2018, Food Protection Hearing and Advisory Board meeting. Mr. Thompson seconded the motion which was approved four in favor and none against.

#### **6. Public Hearing to consider the appeal of the Health District's decision to place food produced by Dorinda's Chocolates and packaged as LiveKAYA on a hold order according to Section 240.045 (B) of the Regulations of the Washoe County District Board of Health Governing Food Establishments and order the owner or person-in-charge of the food which was placed under the hold order to discard the food. Case #1-19FP**

Staff Representative: Amber English

Ms. English stated that Board Member's packets contained staff recommendations, and documentation outlining the circumstances leading to this request for appeal. She provided a brief background on agenda item and offered to answer questions.

Mr. Thompson requested clarification that this additive is an unapproved product established by the Food and Drug Administration (FDA) and would declare this product to be adulterated. Ms. English confirmed that was correct.

Chris Romm inquired how this is different from how items are sold in cannabis. Ms. English responded that CBD only has trace amounts of THC and can be sold legally in the dispensaries. It is just not the correct license to approve it as food is regulated under FDA and State license is under tax regulation.

Chair Romm inquired about state guidance. Ms. English confirmed State Health regulations follow the same FDA guidelines. Chair Romm asked about Clark County and received confirmation the FDA guidelines are federal so they apply statewide and Clark County has the same regulations regarding food additives. Ms. English confirmed there have been statewide conference calls with the other Health Agencies to confirm the regulations are being applied consistently across the state.

Mr. Thompson asked to clarify THC edibles. Ms. English stated CBD in edibles is allowed in dispensaries and these are not under our jurisdiction. Anything manufactured under state taxation department is approved for dispensaries but not outside dispensaries.

Ms. English confirmed Denver, Colorado just approved additives but that California does not allow it. Dispensaries are completely different than approved food sources. Ms. English clarified there are different CBD products available. Oils and lotions not intended for consumption are allowed and not overseen by the WCHD because they are not intended for

human consumption. A consumer can buy the oil and choose what to do with it. A food establishment cannot add the oil into a food product as an ingredient.

Chris Thompson inquired about the difference between products sold at a dispensary, wondering if it was based on the regulated CO2 extraction process. Ms. Albee stated that in Nevada, all marijuana regulation is done at the state taxation dept. When Taxation took over the program, the State Health Registered Environmental Health Specialist transferred to Taxation to oversee the cultivation, processing and manufacturing of THC containing products. They oversee the licensing of the production of those food items, under the NRS. When you get outside of taxation, there is no oversight. It falls under the FDA nationwide for food standards for food preparation and sale. The production and extraction (of THC oils) in Washoe County AQM actually oversees the processing and production of the oils.

Mr. Thompson asked if they had a dispensary license would they be able to continue to sell their product. Ms. Albee confirmed that yes, that was an option presented to them.

Will Adler introduced himself as a Silver State Government Relations representing Dorinda's Chocolates and inquired when the CBD seizure occurred. Ms. English stated the timelines were in the agenda packet. The Washoe County Health District (WCHD) has received several calls and inquiries in the last year. Recognizing this is a growing national issue, Washoe did participate in the statewide call in January 2019. Our intent was not to search out violations but to respond to complaints or take an action if an inspector identified CBD during an inspection. In May, EHS staff noticed an advertisement for a business providing CBD products. Staff conducted an investigation, found the CBD product, and ordered it removed from the facility. As a result of that investigation, we have since received multiple complaints and each one was of those was addressed.

Mr. Thompson inquired on the initial business that was out compliance and asked if their product was seized. Ms. English stated the product was removed but was unsure as she was not the inspector who investigated that facility. Mr. Thompson added that on June 3, the food establishment volunteered to cease production.

Chair Romm asked if their product had CBD and a cease and desist order was issued, and if anybody followed up. Ms. English replied we could follow up with the inspector. Mr. Thompson inquired if that was that other coffee shop selling direct or shipping. Ms. English confirmed the product was being added on-site.

Mr. Heinemann inquired about how the complaint system worked (e.g., written, anonymous calls, emails etc.) Ms. English answered that typically the complaints have been verbal, as a result of the inspection, the facilities will point out they aren't the only ones selling CBD products and provide names of other facilities. As names are provided or WCHD staff have identified the products, a complaint is generated and staff follow up. Ms. English included we have also received information from other Health Departments in the state. Ms. English explained that once a Cease & Desist is issued, there are follow up inspections if it is deemed necessary. Most facilities do comply and it is very rare to have someone disregard the notice.

Chair Romm asked if the farm bill contained any guidance or information. Ms. English responded that was a separately different bill. Farm bill has to do with the farming and production of the hemp product while the FDA has the authority over the ingredients added into food. These are totally different and separate processes. The WCHD included the Department of Agriculture (Ag) in the statewide decision so everyone would have the answers to questions regarding the two programs. Chair Romm confirmed the State and

County are following FDA guidelines for food. There are no Federal regulations for cannabis so the State developed regulations. Dispensaries are following State regulations. Washoe County is following federal FDA regulations for food safety and the State has regulations on the cannabis side.

Mr. Thompson commented directly to Chair Romm stating that THC is still federally illegal so the State developed regulations since it was voted in. Since it is being used as a food additive, it would fall under USDA.

Ms. English stated the WCHD regulates all food additives and receives a lot of calls regarding essential oils or CBD. Staff references the Generally Recognized as Safe list to determine if products can be approved.

Chair Romm inquired if the County was inspecting the chocolates. Ms. English responded no, that all inspections are done by the State Department of Taxation.

Mr. Adler inquired when the CBD FAQ was posted on the website and if notification was sent to facilities identifying CBD as an unapproved additive. Stated it seemed this is a new interpretation of the regulations and all commercial kitchens should have been notified. Ms. English responded the WCHD didn't have the exact date. It was after the initial facility was identified and the Dorinda's Chocolates issue resulted in an influx of complaints. A food advisory was sent via the ServSafe email blast. A postcard will also be sent to all food permit holders. The postcard was delayed due to the end of the fiscal year spending limitations.

Mr. Thompson inquired when a new food establishment opens up an ingredient list must be provided, was the CBD included in the list of ingredients? Ms. English responded that Mr. Lupan, REHS, opened the facility but did not see the CBD on the initial ingredient list. Staff did meet with Dorinda's Chocolates representatives and asked if they had consulted with WCHD prior to starting to use the CBD and they indicated they had not.

Mr. Adler stated his understanding is that Dorinda's did contact Ag in April before starting to use CBD. He opined Ag is the agency responsible for regulating hemp products in Nevada. This seems to be a new enforcement policy, why did WCHD start enforcing this all of a sudden? Had a notice been sent out? How were they supposed to know it was an unapproved additive ahead of time? They went to Ag and thought they went to the right spot before. Dorinda's Chocolates did the best they could. They had their distillates tested before they brought it into the State of Nevada. They tested again locally in a marijuana lab to ensure there were 30mg of CBD oil without THC. Dorinda's Chocolates thought they were operating in compliance because they had never heard from the WCHD before that CBD oil was not approved. Mr. Adler requested policy or ordinances be passed to allow for the use of CBD. Give us a notice and give us a time to respond.

Mr. Thompson asked if CBD oil is found in hemp oil. Mr. Adler responded that cannabis sativa is both hemp and marijuana, hemp oil is produced from hemp which by definition contains less than 3% THC. Through concentration and extraction, CBD isolate is produced.

Mr. Thompson stated he understood going to Ag for hemp oil, but why wasn't CBD addressed. Mr. Adler stated CBD is only derived from hemp and can be shipped across state line. Hemp is a lack a THC so it is not a marijuana product.

Chair Romm inquired if all hemp oil contained CBD. Mr. Adler responded that it does to some degree. Even if it is a product from the protein for the seeds, it will still have a trace of CBD because it is in the plant unless it is purposely taken out.

Chair Romm inquired if hemp based oil is legal to transport across state lines. Mr. Adler responded that yes, you can go online and order a thousand products right now.

Mr. Thompson inquired if you could order chocolates with hemp oil, CBD chocolates. Mr. Adler responded yes, since 2015 FDA issued warning letters to companies with CBD products that claim a medical benefit. To his knowledge, they have never seized or stopped the production. FDA does have CBD medical drug plans in the process for approval which takes 10 – 15 years.

Mr. Thompson inquired if Lisa Metzger prescribed/recommended CBD oil for patients. Mr. Adler responded physicians in Nevada cannot prescribe CBD oil but they can recommend anything that can be purchased legally, similar to recommending jogging because you need to lose a little weight. Asked why a CBD tablet at a gas station or oil legal but not in a food product. Stated Assembly Bill 209 was passed in order to address these supplements that are claiming medical benefits. State of Nevada is working on regulations that are supposed to be done by July 2020. Nevada needs time to address this. They are asking to enforce by policy and provide notice loudly across the board, not just picking on small business without advance notice. Whole Foods, Sprouts, smoke shops, etc. all have the product on their shelves. Is that an additive or finished food product? Requested these rules need to be written down.

Mr. Thompson inquired what other ingredients were listed in those tablets that can be bought at 7-11. Mr. Adler responded they may use some other fillers, MCT Oil (like coconut oil), like triglyceride. He stated if this is a new ruling, they need advance process. They want notification ahead of time, not just enforcement.

Chair Romm inquired if any of these were made and sold in Nevada or all shipped in from other states. Mr. Adler responded that there are products made in the State, hemp farmers are growing and selling a variety of hemp products. Hemp production has been allowed since 2015. The first product produced in 2012 was meant to be eaten.

Chair Romm inquired if food products contain hemp oil, are they considered adulterated. Mr. Macaluso responded that it depends because generally speaking FDA does allow three things that are safe (hemp seed oil, powder or protein).

Chair Romm inquired if to the best of Mr. Macaluso's knowledge did that include CBD (trace amounts). Mr. Macaluso responded it was unknown, but he did believe it contained trace amount. He confirmed Dorinda's did due diligence by enlisting a lab for testing and contacting Ag, but failed to contact us. While Dorinda's has been in business for years making chocolates, this is something new and different. The focus of this issue is looking at food additives and the product that Dorinda's Chocolates is putting in their product is not on the safe list. As we come across other products like essential oils, we check to see if they are on the FDA list. Whether any products that are sold as CBD oil or how people use them is not the issue. Using CBD as an additive does not fit in FDA guidelines. Another product considered as adulterated is kratom which is being used in teas and we are also not allowing that product. Any product being put into food has to be on the safe list.

Mr. Thompson stated the issue is really about keeping people safe, making sure the general public is safe and knows what they are putting into their bodies. If you are buying a THC pill, it is sold as such. There's no mention of CBD on the packaging is there? It says hemp oil and there's no mention of CBD on the box. It says hemp derived isolate.

Mr. Adler responded that a vast variety of hemp oil waters/chocolates, CBD oil, distillate or isolate is without the THC. Posed the questions “If you have the perception it is allowable all around you, why would you think you have to contact WCHD? Why would you not allow a local business to use it? If it is unsafe we need to stop using it but did all these other businesses contact WCHD to make sure they are allowed to sell CBD products?” Ms. English responded the WCHD has received calls from business owners. When we get those calls we tell them it is not allowed. As soon as we became aware of the issue, we did send out a notice to our list serve, posted on social media and posted the FAQ on our website. It has also been in the news and FDA has identified it as not allowed so the businesses contacting us were doing their due diligence before they started using it.

Mr. Thompson inquired if Hemp Seed Oil is allowed. Ms. English responded that only the items listed as deriving from the hemp seed is allowed, hemp seed oil, powder, and protein. They have only trace amounts of CBD and are not marketed as CBD products. She stated the WCHD did provide these products as an alternative additive to Dorinda’s Chocolates.

Mr. Heinemann inquired is the full spectrum hemp another way of saying it contains CBD? Ms. English responded that the WCHD looks at the ingredients. If it says hemp oil, we have to ask for additional information to be able to determine if it contains CBD.

Chair Romm inquired if someone purchases hemp oil and adds it there is no issue with that? Ms. English responded if a food establishment buys Hemp Seed Oil, they can add it to food products. If they buy hemp oil that contains CBD, they are not allowed to use it.

Mr. Adler stated it all contains some CBD. The stalk and roots contain less than around all the buds and seeds at the top that have the higher concentration. My question is this, if FDA does have a position on this, then why are there companies selling this all over the U.S? The FDA should take a stance on it. The only warning or notice is that you cannot claim medical benefits. How are business supposed to know what to do since it’s not written down anywhere? What should people do, just order it online for themselves and be done? There is due diligence for local business to be allowed to get rid of this product line rather than destroy it all now.

Chair Romm inquired if the product that Dorinda’s is using, if there was any backup information on the product. Mr. Adler responded the lab results showed there was no THC in the CBD product before they purchased it from the supplier in Oregon.

Chair Romm inquired when the product was supplied to Dorinda’s, if there was information provided with the product packaging. Do we have access to that information? Mr. Adler responded that information can be looked up on line as well.

Mr. Thompson asked Mr. Adler if there were side effects that people could be affected by from CBD. Mr. Adler responded no. Mr. Thompson offered a quick Google search that mentioned drowsiness from a Harvard School of Medicine paper. Mr. Adler responded those symptoms have not been classified as impairment.

Mr. Guzman inquired what the purpose of adding CBD to this recipe was. Mr. Adler responded it was because of the calming effects. There is a lag in research regarding the medical benefits but there are many research projects in process. Dustin Vance – COO of Dorinda’s Chocolates responded every product has information on each package for allergy warning, who should not use the product, and product not intended to diagnose, treat or

prevent disease. Additional warning that the FDA has not evaluated this product for safety or effectiveness.

Chair Romm requested to stop the meeting as he had an appointment and requested to obtain more information from Dorinda's Chocolates. Ms. Vance stated this was costing her lots of money and is going to cost her even more money in legal fees. She stated her attorney has not even been able to speak yet. Agrees things need to be regulated but she makes over a 100 different truffles and did not know she needed to contact the WCHD to ask them about a new ingredient. Her product is on hold at Crystal Creek Distribution Center which is not a temperature controlled facility that is charging storage fees and with a wholesale cost of \$60,000 it needs to be in a safe place. Since this cease and desist occurred, they have lost their contract and need to move the product. This has cost Washoe County lost taxes of over \$3,000. Additionally, the CBD product would have purchased in-state but Nevada does not have an FDA approved facility.

Chair Romm reiterated he was asking for information sheets on the CBD product from the vendor. Dustin Vance responded they provided the REHS staff with all the information requested. Dorinda Vance added they also spent a lot of money on attorneys to get the labeling correct and were advised not to put CBD on the label.

Five Minute Recess while Chair Romm adjusted his schedule to continue the meeting.

Mr. Macaluso requested to bring the attention back to the main point. He recognized the topics are confusing and it does not matter to WCHD whether the product comes from the roots, buds or whatever, it doesn't matter. It doesn't matter to WCHD if there is THC in it. If there is THC in it, it's our obligation is to call the Department of Taxation to let them know there is a marijuana product that is being sold outside of a dispensary. The main point is there is chocolate being sold containing CBD. CBD oil is an unapproved additive and is not on the approved safe product list from the FDA. It doesn't matter if it is CBD or olive oil being added in a product if it is an unapproved source in a product that is being sold. Our duty as the WCHD is to put the product on hold with a cease and desist and they have the ability to appeal as they have done. We have asked them to have the product destroyed. The main point is that regardless of where the product came from or the test results, the product is not on the GRAS list (generally recognized as safe).

Mr. Heinemann asked one question. Can they submit to the department of taxation to try to legalize this product? Mr. Macaluso stated that was one of the recommendations.

Mr. Thompson confirmed the Department of Taxation regulates the sale of CBD products and they would be the ones to regulate. Ms. English added that WCHD did suggest they partner with a Nevada licensed dispensary to produce the product if they want to produce the product in the future. Ms. Vance spoke out that it was after they seized the product they recommended it.

Chair Romm asked what if the product was labeled strictly as hemp oil or as a distillate? Ms. English offered it was already determined to contain CBD which is an unapproved additive, rendering the product adulterated.

Ms. English reiterated again the labeling was not the issue, that it includes an unapproved food additive. Regulations state that if a food source is adulterated, the corrective action is that it needs to be discarded. The labeling was not an issue.



Mr. Adler inquired if all food additives were on a list along with non-approved additives. Ms. English stated the FDA database is used to identify approved additives. If an additive is not on the list, it has not been determined to be safe through FDA testing.

Mr. Adler offered the 2018 Farm Bill took hemp products off the Schedule 1 list and will be legal. Every state was directed to submit a plan for testing and regulation of production of hemp products. FDA acknowledged there would be a lag in regulations as they had not been allowed to research hemp products in the past.

Mr. Adler opined that hemp and its derivatives will become legal. CBD products have been on shelves for several years and this was not previously being enforced, but it is today. Inquired when did the notice get sent out to inform businesses? The Farm Bill legalized hemp products, FDA has a lag in regulations, State of Nevada will have regulations in July 2020 so with CBD containing products everywhere a business could assume it's legal.

Mr. Thompson stated as a business you shouldn't assume. Are others selling the CBD product or as oils? Mr. Adler offered there are oils and a variety of products at local stores and smoke shops. Inquired why Dorinda's can't finish selling this product line and stop afterwards before coming up with new product once the regulations are developed. Opined WCHD should have provided prior notice.

Mr. Thompson inquired if there was a disconnect between Ag, Farm Bill and FDA. Mr. Adler stated the Ag governs what can be grown and FDA approves products that are intended to be consumed. This way anything that goes into your body is supposed to be safe. For over 5 years he knows of CBD products sold and being consumed in Washoe County, so how is this not a change of enforcement.

Chair Romm inquired if the products Mr. Adler was talking about are manufactured in Washoe County. Mr. Adler stated a few products were made in Nevada and sold in Nevada, but most products are produced and shipped in from other countries.

Chair Romm asked if no other company was producing CBD food products in Washoe County. Mr. Adler offered he knows of other products being manufactured in Washoe County with CBD but does not know the WCHD permitting any other than commercial kitchens. Ms. English stated they were not aware of any other facility that is manufacturing any food products that contain CBD. As we become aware, action will be taken.

Chair Romm inquired on items that contain CBD in convenience stores, vape shops, etc. that are permitted by WCHD, were they in violation? Ms. English stated if the product is advertised that it is for consumption, WCHD does challenge. As inspectors see the products they are investigating including where it is made. Denver has developed regulations to allow for CBD production and use in some products, but not all. This creates a problem when products are provided online even though it is not approved outside of the area. It is a resource issue in finding all these suppliers. It is just that it has not been caught and enforced. Just because it is happening does not mean it is legal.

Mr. Adler – Argues it is not illegal because of the Farm Bill but the FDA simply needs to update policy in mass before enforcement hits. There are hundreds of businesses that are carrying CBD. The State Farm Bill took it on in February and addressed State Bill of Pharmacy as a Schedule 5 product that it is safe. There is legality of gray area that needs to be addressed before enforcement actions are taken by WCHD. We are asking for leniency that this is coming and provide notice of an enforcement change. WCHD is citing Federal law even though State law will be allowing for sale of all CBD products when regulations are

completed in 2020. Mr. Adler offered he has met with Nevada Legislators and this will be addressed within the next year.

Mr. Thompson stated they have done your due diligence in testing to provide a safe product in the community, yet WCHD does not allow CBD as an additive. When you went to Ag, did you tell them that you were planning to put 86% CBD into chocolate? Who gave you that information? It is my understanding that the Ag cannot approve the use of a product that the FDA has not yet approved. The confusion over this information is where my decision is hinging.

Attorney Miller referenced the Consolidated Appropriations Act of 2018 stating FDA does not have the ability to regulate hemp. Took it off a controlled substance list and it has its own specific subsection, 21 U.S. Code 802.16B. Mr. Thompson reiterated the FDA states CBD is an unapproved additive so it is illegal to put in food.

Attorney Miller opined CBD comes from hemp and marijuana. He stated Nevada law allows CBD products per the definition provided in NRS 557.270, allowing hemp products that contain less than 0.3% THC. Mr. Thompson shared there are different types of CBD (hemp and marijuana). He questioned Attorney Miller by asking if FDA says CBD from hemp plant is okay but not allowed to be put in food from a marijuana plant?

Attorney Miller stated the Appropriations Act prevents the FDA from limiting CBD from the hemp plant. Marijuana is still Schedule 1 so they do have ability to prevent interstate transport of that product. Hemp has different laws as a result of SB209 becoming effective in a year, cannot prohibit the CBD but will need to establish regulations and testing which was already done in this case. The big issue is we are looking at all the derivatives from the hemp plant are legal and able to be used. Offered Ms. Vance went to the Department of Agriculture as agency slated to manage hemp. Attorney Miller referenced new laws coming down, other than the WCHD rules and protocols, containing common themes that CBD products are legal and intended to be used and sold outside of dispensaries. Department of Taxation would allow CBD in products sold in a dispensary then WCHD would not have any jurisdiction. Considering a standalone food item, not just an additive, hemp products are allowed for consumption after testing. Under the Ag regulations, regarding hemp it is allowed to be consumed after it has been tested.

Mr. Thompson stated that you can buy it stand alone and asked where does it say it can put it in chocolate? Ms. English referred to approved food additives list. Mr. Thompson inquired if it had anything dangerous in it. Ms. English referenced District Regulation 050.050 and reiterated that it is not an approved food additive in our food regulations which refers to the federally approved list. She stated the WCHD is not arguing the legal ability to produce CBD, but since it is not in the approved additive list or the generally recognized as safe list, it is not allowed to be added to food.

Mr. Thompson asked how items become part of the list. Ms. English answered that extensive testing includes dosage as part of it and needs to be approved through FDA.

Chair Romm expressed everybody who uses this product is in a gray area with the exception that is made under the auspices of the Department of Taxation. Ms. English confirmed it is not a gray area for a food establishment as it is not an approved additive. Even though the production of the crop is legal, the addition of the ingredient is not approved. Chair Romm questioned if State superseded Washoe County code by allowing production for dispensaries. Ms. English responded these items are regulated by a completely different authority being Department of Taxation instead of WCHD.

Mr. Adler stated that being an unapproved food additive does not mean it is a dangerous food additive that should not be allowed. He has known about CBD for years and this is a drastic change in enforcement policy. It makes no sense that a product can be an unapproved food additive but that you can take it on its own. When added to chocolate, there is no change in chemical composition, seems like a very gray, petty area. Enforcement is very inconsistent and not noticed in advance. Mr. Adler offered in one year's time this will be an approved substance. Opined it was not clear what was or was not legal before confining and declaring product destruction. The request was made to formalize regulations and avoid harassment of small business by the WCHD. They requested to please allow them to continue their business until this can be legalized. Request was made for equal enforcement to all and not just a single business. Whether it is an additive or standalone product, these have been sold in mass for several years. We did due diligence and had lab testing and we have gone above and beyond. Destruction of product is too much.

Chair Romm inquired how long the chocolate has been sold with CBD. Mr. Adler responded since April of 2019. Chair Romm restated that Dorinda's has been selling chocolates for 9 years prior. Mr. Adler opined this is a single additive which has created a huge overreaction from WCHD.

Ms. Albee offered this is a new issue and only recently found CBD being put in food products. The WCHD office has been contacted by other businesses in the last six months as a result of the actions taken by the Legislature. She opined they will be getting direction from FDA in the next year or so in response to the hearing in D.C. last month where over 140 people provided testimony. She restated that Ms. English referred to the FDA basing decisions on scientific data and it is currently being studied. The REHS staff took action as soon as we were notified. This is when the FAQ was developed and staff got together to form a task force so we had a consistent message. We tried to do the best that we could with the tools we had at the time. We follow the FDA regulations and the Regulations adopted by the District Board of Health.

Chair Romm inquired if any company would be able to apply for a waiver. Ms. Albee responded anyone could apply for a waiver; however, the WCHD would not support it unless so directed by the District Board of Health.

Attorney Miller stated statutes have been taken out of the federal level. He opined regulations under what the division is operating under are taken out of the law. The law says hemp is legal. The regulations have to change. To wait a year or two to have the FDA respond is too long. The WCHD is operating under the state law that says hemp can and will be allowed. Law requires hemp be regulated through testing, labels, etc. We have to work with the law and not promulgated separately. Mr. Miller requested the hold order be lifted to allow for the product to be moved to a different location. They are no longer contracted for this location and are not able to safely store the product long term during litigation process. The security of the \$60k wholesale product value is of concern.

Chair Romm inquired how long the chocolate product could be stored if that was possible to be held quality wise. Mr. Adler responded one year in the appropriate place.

Mr. Heinemann asked if they had a facility to store it. Mr. Vance answered Dorinda's has a new facility on Wells Avenue where it would be safe. Ms. Vance added the product could be wrapped.

Mr. Adler asked for a time lag between notice and enforcement. Would like to have a more friendly approach and is willing to work with the WCHD. Stated this is someone's

livelihood. Washoe County's lack of notice was heavy handed issuing a cease and desist with an order to destroy. Opined that in the year 2020, there will be fully fleshed out regulations on all CBD products.

Mr. Heinemann inquired to the WCHD staff that in their due diligence, had they met any resistance with other companies or had it been complete compliance? Ms. English answered the WCHD has not had any other facility refuse to discard product.

Mr. Thompson asked if anyone had this quantity or on this scale of \$60,000 wholesale value. Ms. English stated they did not have a way to quantify.

Chair Romm inquired if it would be a tremendous hardship to secure the product to their satisfaction. If that did occur and they were able to hold the product until this issue could be resolved, would the County approve? Ms. English identified there was no temperature requirement, so it would be possible to secure the product and ensure it was not made available to the public.

Mr. Macaluso stated it was his understanding that the law that was passed has to come up with clarifying language regarding these types of products. There is no guarantee that it will be allowed to be input into food products.

Mr. Adler read from Assembly Bill 209, "Unless federal law or regulation otherwise requires a person shall not sell... a product intended for human consumption...", the State of Nevada has addressed the issue. He opined Dorinda has gone above and beyond what the State of Nevada has required. There are testing results to ensure safety of CBD. CBD is being eaten right now. That is the intent of the bill.

Ms. Albee requested Mr. Adler to read it again and stopped him when he stated "FDA is the federal regulator for food products".

Mr. Adler stated a case for continuing to make chocolates inside and outside of Washoe County. He opined this CBD issue is literally in the works for the State of Nevada and asked to allow this business to continue operations.

#### **Public Comment on Agenda Item #6**

Aaron Lewis stated a marijuana seed was a felony when he was a kid and there is a difference between hemp and marijuana. As an active member in the Naval reserve, he was introduced to Dorinda's chocolates eight years ago. This is world class and is manufactured right here. Dorinda does change her product all the time and keeps some lines as well. His wife told me about a CBD product and talked him into checking into it. As an Engineer by trade he looked into the reports and testing. Dorinda's uses local labs and is paying taxes. He would hate to see them lose \$60,000 in product and not be able to move forward in business if this goes to litigation.

Jaci Goodman, editor of Edible Reno-Tahoe Magazine, which contained the advertisement for the original coffee shot that started this CBD issue. Ms. Goodman expressed that when the WCHD stops Dorinda from doing business it hurts her business. Great Basin Co-op could not be here, but they have also lost serious income from selling their product. Stated she personally consumes the product and wants to continue. The original coffee shop is now providing the CBD oil separately and customers are allowed to add it themselves.

Sean Devlin – Local physician, bio-chemist in the cannabidiol industry for years. CBD has medicinal properties and has used it on 12-14,000 patients. With testing before and after,

he has not seen any ill effects or negative lab reports. Offers it is one of the safest things he has ever recommended to any patients. Patients die from opiates, aspirin and Tylenol. One of the biggest issues today is opiates have been taken out of the hand of doctors because they over-prescribed them leading to many deaths. Patients now have no other options and seek relief from CBD. CBD has strong components as a pain reliever, muscle relaxant and reduces anxiety. It would be sad if customers could not continue to rely on this product.

### **BOARD DISCUSSION**

Mr. Thompson claimed CBD oils helped people in his family get off medications for depression and are used for cancer patients and understands what Dorinda's was trying to do. According to the Farm Act he thinks Dorinda's Chocolates did what they were supposed to do. The board members are charged with keeping Washoe County safe and regulations need to be upheld. He acknowledged the financial hardship and asked if they were able to keep the product safe and promise it would not disappear, continue with their business which has been successful for 9 years, they could they keep it until such future time as regulations may allow? His recommendation would be to allow for the safe storage of the product for the next year until the regulations are established to allow for the legal sale of the product.

Chair Romm agreed with Mr. Thompson and said as a small business himself, he sees Dorinda's Chocolates side and understands WCHD stance on this. It is a difficult position as they enforce code based on Federal Food Code and couldn't afford to lose \$60,000 either. Asked if they could hold the product until this can be clarified, it would not be an unreasonable outcome for this situation. He does understand the challenge of not being able to receive the income for it too. He stated everyone wants to be fair and also have the County enforce codes they are mandated to do. My suggestion would be to hold the product until such time as the State or FDA can clarify this.

Mr. Heinemann agreed with Chair Romm and suggested possibly running through the state run Department of Taxation outlet in case they can move the product through them. Mr. Vance informed him the dispensaries can only sell marijuana produced in Nevada. Mr. Adler confirmed only marijuana products made at a licensed marijuana facility can be sold. His one comment again was that the first violator is still selling CBD oils, just separately. Deputy District Attorney Admirand stopped the conversation.

Mr. Guzman stated this has been tough as I have been listening to both sides. This is the future and we have to lead with these changes. I agree we have to put this product on hold but we have to abide with the laws of the County. If the law says no CBD in food items, that is how it is going to be for now. Hopefully next year it will change and then we see. I know that is a lot of money and did everything in good faith. Made your product for a good consumption, but right now that is how it is going to be. I agree we should put the product in a safe place and go from there.

### **MOTION**

**Chair Romm made a motion to amend the appeal and be modified so Dorinda's Chocolates would be able to hold the product in a secure location until such time as State, Federal and County Government clarifies regulations until such time as that occurs, modifying the destruction order. Mr. Heinemann seconded the motion which carried four in favor and none against.**

Deputy District Attorney Admirand added that for clarification she informed Chair Romm that the recommendation will go before the WCHD Health Officer for final decision.

Dorinda Vance requested a time frame for the decision. Ms. Albee responded WCHD would try to get it out by the end of the month.

Chair Romm thanked everyone for their assistance.

**7. \*Board Comment**

**There was no Board Comment.**

**8. \*Public Comment**

**As there was no one wishing to speak, Chair Romm closed the Public Comment period.**

**9. Adjournment –**

**Chair Romm adjourned the meeting at 3:40 p.m.**

Facility Status:

- Pass N/A  
 Conditional Pass  
 Closed

FOOD ESTABLISHMENT OFFICIAL  
INSPECTION REPORT NOTES

DBA/Name: Risk Category Type: Address: Person In Charge:	Dorinda's Chocolates 300 S. Wells Ave #14 Dorinda Vance	City/Zip: Reno, NV 89502	Date: 6/11/19 Permit #: H18-1029FOOD
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Observations and Corrective Actions Continued:

Met with Owner, Dorinda Vance regarding LiveKaya chocolate products containing hemp oil. Facility will send hemp oil label and manufacturer information to verify hemp oil is a product that FDA has determined to be generally recognized as safe (GRAS). WCHD will conduct traceback of ingredients to verify the product is GRAS.

Please be advised that CBD products are considered unapproved food additives and are not permitted for use in human food. If ingredient traceback indicates hemp oil in use is a CBD product, the product will be considered adulterated per NRS 595.310 and would need to be discarded.

The WCHD will perform traceback procedures to verify source and approval & once complete, issue either approval, or cease & desist for current LiveKaya chocolates.

Failure to abate violation required in this notice may result in immediate suspension of the Permit to Operate. An opportunity for an appeal will be provided if a written request for a hearing is filed with the Health Authority within the period of time established in this notice for the correction of violations. (Reference: NRS 446.895)

Re-Inspection Date (on or after):	N/A
Environmental Health Specialist:	Alan Erceg #731
Received By:	[Signature]

**From:** English, Amber E.  
**To:** [dustinwilliamvance@gmail.com](mailto:dustinwilliamvance@gmail.com)  
**Cc:** Lupan, Michael; Macaluso, Tony; McNinch, Dave  
**Subject:** RE: LiveKAYA & Dorinda's Chocolates  
**Date:** Wednesday, June 12, 2019 4:18:00 PM

Good Afternoon Dustin and Dorinda,

We have completed our research on the source of the hemp oil used in the LiveKaya chocolate products. Unfortunately, it appears that the oils advertised on the website you provided (<https://cbdhempexperts.com>) contain high amounts of CBD which is not approved as an additive in food. Based on the test results you provided (CBD at 86.94%), it looks like you're using the CBD Distillate, but please confirm:



**CBD DISTILLATE 80% - 90% (NON-DETECTABLE THC)**

Distillate refers to the finished product achieved after distillation and post processing of our crude oil. CBD Distillate is a much purer product than crude. The majority of waxes, lipids and plant material are removed during the distillation processes resulting in an amber colored viscous oil prized by formulators for it's ease of use. Our Distillate typically ranges in CBD potency from 80% to 90%. During the extraction process we strive to maintain rich levels of **CBC, CBN, CBG and CBDV**. 80% - 90% cannabidiol (CBD) in oil form.

- Hemp-derived
- Sourced from Federal Farm Bill compliant hemp grown without chemical fertilizers or pesticides
- Appearance - Light Amber Oil
- Smell/Taste - Sweet, Hemp/Nutty

Our bulk CBD Distillate is 80% to 90% potency so one gram of CBD crude will contain 800 to 900 milligrams of CBD. In other words, for each milligram of distillate, you have approximately .8 to .9 milligrams of CBD.

I realize the hemp in this product may be sourced from a facility that is compliant with the 2018 Farm Bill; however, your food manufacturing facility must still comply with other applicable laws including the Federal Food, Drug and Cosmetic Act (FD&C Act), Nevada Revised Statute, and the Regulations of the Washoe County District Board of Health Governing Food Establishments. **As we discussed during our meeting on 6/11/19, products containing CBD cannot be added to food or dietary supplements and any food or dietary supplement found to contain CBD will be considered adulterated per NRS 585.310 and must be discarded. Mike and I would like to come by the Wells Ave location tomorrow to document and inventory any CBD containing products and witness destruction. Please let me know if you can be available anytime between 1pm and 3pm or propose an alternate time.**

Ingredients that are derived from parts of the cannabis plant that do not contain CBD, such as hemp seed derived products (hulled hemp seed, hemp seed protein powder, and hemp seed oil) may be allowed as ingredients in food if they meet the FDA Generally Recognized as Safe (GRAS) conditions for use.

As requested, I contacted the Nevada Department of Agriculture to enquire about facilities that have been issued approval to produce hemp seed derived products and received confirmation that Nevada does not have any facilities registered for hemp seed oil. I did not receive information about any out of state facilities with approval. However, it appears this product can be found at many grocery stores and has been in use as a food ingredient for many years. We can discuss these options in more detail tomorrow.

Please let me know your available at the time specified above.

Thank you,

**Amber English, REHS**

Senior Environmental Health Specialist | Environmental Health Services Division | Washoe County Health District  
[aeenglish@washoecounty.us](mailto:aeenglish@washoecounty.us) | (775) 328-2629 | 1001 E. Ninth St., Bldg. B, Reno, NV 89512



[WashoeEats.com](http://WashoeEats.com)

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**From:** Lupan, Michael  
**Sent:** Tuesday, June 11, 2019 12:04 PM  
**To:** English, Amber E.  
**Subject:** FW: LiveKAYA & Dorinda's Chocolates

**Michael D. Lupan, REHS, BSPH**

Public Health Environmentalist | Environmental Health Services | Washoe County Health District  
[mlupan@washoecounty.us](mailto:mlupan@washoecounty.us) | (775) 328-2639 | 1001 E. Ninth St., Bldg. B, Reno, NV 89512



[WashoeEats.com](http://WashoeEats.com)

**From:** Dustin Vance [<mailto:dustinwilliamvance@gmail.com>]  
**Sent:** Tuesday, June 11, 2019 11:10 AM  
**To:** Lupan, Michael  
**Subject:** LiveKAYA & Dorinda's Chocolates

**[NOTICE: This message originated outside of Washoe County -- DO NOT CLICK on links or open attachments unless you are sure the content is safe.]**

Hey Mike,

Here is where we order the oil from.



<https://cbdhempeexperts.com/>

My contact there is Gregg Sturz

Email: [Gregg@CBDHempExperts.com](mailto:Gregg@CBDHempExperts.com)

Office: 904-900-4747 Ext. 9004

Website: [CBDHempExperts.com](http://CBDHempExperts.com)

Our website is

<https://livekaya.com/>

Let me know if you have any questions

Dustin Vance

COO

Dorinda's Chocolates

300 S Wells, Suite 14, Nv 89502

Office: 775-432-2024

Cell: 775-737-3472

[dustin@dorindaschocolates.com](mailto:dustin@dorindaschocolates.com)

**FOOD ESTABLISHMENT OFFICIAL INSPECTION REPORT NOTES**

DBA/Name: Risk Category Type: Address: Person In Charge:	Dorinda's Chocolates 300 S. Wells Ave #14 Dillon Vance	City/Zip: Reno, NV 89502	Date: 6/13/19 Permit #: H18-1029 Food
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**Observations and Corrective Actions Continued:** Notice of Violation:  
On-site at Dorinda's Chocolate to discuss LiveKaya chocolates. Per Dorinda Vance (owner), LiveKaya products are manufactured in Dorinda's Chocolate kitchen at 300 S Wells where, crockpot Extracts CBD distillate 8970-9090 is added to chocolates. Chocolates are then packaged at 300 S Wells Ave #14 in the LiveKaya packaging. Product is then transported to warehouse facility located at 9250 Red Rock Road Crystal Creek Logistics. Per Dillon Vance, VP of LiveKaya approx. 1500 units of LiveKaya product is stored at Crystal Creek Logistics & no product is currently stored at Dorinda's Chocolate locations.

Per the US. FDA, CBD products are considered unapproved food additives and are not permitted for use in human food or beverages. Per section 050.050 of the Regulations of the Washoe County District Board of Health Governing Food Establishments, food may not contain unapproved food additives or additives that exceed amounts specified in law. Therefore, all food products containing CBD are considered adulterated per NRS 585.310 (010.015 WCHD regulations) and must be discarded. Operators, Dillon Vance, and Dorinda Vance, refuse to discard product, WCHD staff will place hold order on LiveKaya products at Crystal Creek Logistics facility.

An opportunity to appeal this notice of violation will be provided if a written request for a hearing is filed with the Health Authority within the time period noted in Section 240.105 of the WCHD regulations and NRS 446.095.

Failure to abate violation required in this notice may result in immediate suspension of the Permit to Operate. An opportunity for an appeal will be provided if a written request for a hearing is filed with the Health Authority within the period of time established in this notice for the correction of violations. (Reference: NRS 446.895)

Re-Inspection Date (on or after):	submit appeal request per above.
Environmental Health Specialist:	Received By:

H. LUPAN 7/7

**FOOD ESTABLISHMENT OFFICIAL INSPECTION REPORT NOTES**

Facility Status:

- Pass 1/NA  
 Conditional Pass  
 Closed

DBA/Name: Risk Category Type: Address: Person In Charge:	Crystal Creek Logistics 9250 Red Rock Rd suite C Mike Contos	City/Zip: Reno, NV 89506	Date: 6/13/19 Permit #: H18-0969/FOOD
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**Observations and Corrective Actions Continued:**

Hold ORDER FOR LIVEKAYA products.

The WCHD has determined that all LiveKaya products contain an unapproved food additive. Manufacturer of product - Darinda's Chocolate & VP of LiveKaya refuse to discard product. Therefore, the WCHD has placed a hold order on the following products stored at Crystal Creek Logistics: 2,697 units of Classic Live Kaya (270 grams/unit) and 500 units (270 grams/unit). Per Section 210.045 of the Regulations of the Washoe County District Board of Health Governing Food Establishments, it is unlawful for any person to remove or alter a hold order, notice, or tag placed on the food by the Health Authority. The food, the food containers shall be relabeled, repackaged, repressed, altered, disposed of, or destroyed without permission from the Health Authority, except by order of a court of competent jurisdiction. After the owner, operator or person-in-charge has had a hearing as provided in NRS 446.095, and on the basis of evidence provided at such hearings or on the basis of his examination in the event a written request for a hearing is not received within 10 days, the Health Authority may vacate the hold order, or may, ~~without~~ with by written order direct the owner or person-in-charge of the food which was placed under the hold order to depature or destroy such food or bring it into compliance with the provisions of NRS 446. Such order of the Health Authority, to depature or destroy such food or bring it into compliance with the provisions of NRS 446, shall be stayed if the order is appealed to a court of competent jurisdiction within <sup>the</sup> (3) days.

Food containing unapproved additives are considered adulterated. Facility must cease accepting ~~and~~ storing foods containing unapproved additives.

Failure to abate violation required in this notice may result in immediate suspension of the Permit to Operate. An opportunity for an appeal will be provided if a written request for a hearing is filed with the Health Authority within the period of time established in this notice for the correction of violations. (Reference: NRS 446.895)

Re-Inspection Date (on or after):	<u>N/A - Until further notice by WCHD.</u>
Environmental Health Specialist:	<u>[Signature] English #701</u>
Received By:	<u>[Signature]</u>



To: Washoe County Health Department (WCHD)

Reference: Permit #H18-1029 FOOD

Today's Date: 17 June 2019

Dorinda's Chocolates is formally appealing the decision referenced above made on 13 June 2019 by Environmental Health Specialist Amber English #781. This appeal is regarding WCHD claiming unapproved additives being found in Dorinda's Chocolates (for wholesale to LiveKAYA LLC). This decision made by WCHD is considered by Dorinda's Chocolates to be both arbitrary and capricious.

A handwritten signature in black ink, appearing to read "Dorinda Vance", with a long horizontal flourish extending to the right.

Dorinda Vance  
CEO, Dorinda's Chocolates  
17 June 2019

DD	___	___
DHO	___	___

**Staff Report**  
**Board Meeting Date: February 27, 2020**

**TO:** District Board of Health  
**FROM:** Rayona LaVoie, Health Educator II  
775-328-2404, rlavoie@washoecounty.us  
**SUBJECT:** Presentation and possible acceptance of the 2018-2020 Community Health Improvement Plan Annual Report

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**SUMMARY**

The 2019 Community Health Improvement Plan (CHIP) Annual Report summarizes the progress of objectives included in the plan from January 1<sup>st</sup>, 2019 to December 31<sup>st</sup>, 2019.

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

- 1. Healthy Lives:** Improve the health of our community by empowering individuals to live healthier lives.
- 2. Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
- 3. Local Culture of Health:** Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.
- 4. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
- 5. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.
- 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**

- The second version of CHIP (2018-2020) was presented to the board and accepted on September 26, 2019
- The current CHIP (2018-2020) was presented to the board and accepted on June 28, 2018.
- The 2017 and 2018 CHIP annual reports have been presented to the board and accepted.
- The previous CHIP (2016-2018) was presented to the board and accepted on January 28, 2016.

## **BACKGROUND**

The 2019 Community Health Improvement Plan (CHIP) Annual Report summarizes the progress of objectives included in the plan from January 1<sup>st</sup>, 2019 to December 31<sup>st</sup>, 2019. The Annual report provides a progress review of the activities and collaborative efforts completed by the Washoe County Health District, CHIP workgroups, and community partners and agencies in 2019. The 2018-2020 CHIP addresses three priorities; Housing and Homelessness, Behavioral Health, and Physical Activity and Nutrition. While the CHIP is a community driven and collectively owned health improvement plan, WCHD is charged with providing administrative support, tracking and collecting data, and preparing the annual report. Successes were seen across all three priorities due to the community wide engagement and collaborative work. The successes demonstrate the evolution and progress accomplished by CHIP workgroups and community partners.

## **FISCAL IMPACT**

*Should the Board accept the 2019 Community Health Improvement Plan Annual Report, there will be no fiscal impact to the adopted FY20 budget.*

## **RECOMMENDATION**

Staff recommends the DBOH review and accept the 2019 Community Health Improvement Plan Annual Report as presented.

## **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the 2019 Community Health Improvement Plan Annual Report as presented."

WASHOE  
COUNTY  
HEALTH  
DISTRICT

ENHANCING  
QUALITY OF LIFE

2019  
Community Health Improvement Plan  
ANNUAL REPORT



# 2019 Community Health Improvement Plan Annual Report

This annual report was prepared by the Washoe County Health District (WCHD). We would like to thank our community partners for dedicating their time and expertise to the CHIP committees.

Access to Health Care Network	Reno Area Alliance for the Homeless
ACTIONN	Reno Housing Authority
Boys and Girls Club of Truckee Meadows	Reno Initiative for Shelter and Equality
Catholic Charities of Northern Nevada	Reno Police Department
Children's Cabinet	Reno + Sparks Chamber of Commerce
City of Reno	Renown Health
City of Sparks	Restart Reno
Communities in Schools, Western Nevada	Safe Embrace
Community Foundation of Northern Nevada	Salvation Army
Community Health Alliance	Social Entrepreneurs, Inc.
Community Services Agency	The Eddy House
Food Bank of Northern Nevada	The Life Change Center
Health Plan of Nevada	Truckee Meadows Healthy Communities
High Sierra AHEC	Truckee Meadows Regional Planning Authority
Immunize Nevada	United Health Care
JTNN	University of Nevada, Reno Cooperative Extension
Liberty Dental Plan	University of Nevada, Reno School of Community Health Sciences
Nevada Division of Public and Behavioral Health, Chronic Disease Prevention & Health Promotion	Urban Roots
Nevada Division of Public and Behavioral Health, Community Services	Volunteers of America Northern Nevada
Nevada Division of Public and Behavioral Health, Office of Suicide Prevention	Washoe County Courts Division
Nevada Division of Public and Behavioral Health, Primary Care Office	Washoe County Chronic Disease Coalition
Nevada Interagency Council on Homelessness	Washoe County Health District
Northern Nevada HOPES	Washoe County Regional Behavioral Health Board
Nevada on the Move	Washoe County Human Services Agency
Nevada Primary Care Association	Washoe County School District
	Washoe County Sheriff's Office

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

1001 East Ninth Street  
Reno, NV 89512  
(775) 328-2400

[www.washoecounty.us/health](http://www.washoecounty.us/health)

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## Letter from the District Health Officer

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Dear Partners, Residents, Community Leaders, and Colleagues,

The purpose of the Community Health Improvement Plan (CHIP) Annual Report is to celebrate progress made in implementing strategies in the 2018-2020 CHIP. The CHIP is a living document created to address the top health issues identified in our Community Health Needs Assessment and prioritized by our partners and community members. I continue to be impressed by the ingenuity, passion, and commitment of our partners who have come together as change agents to promote the health and well-being of our community.

Working together to address the factors that affect health – such as housing, behavioral health, and chronic disease prevention – has strengthened our capacity to tackle challenging public health issues. The many accomplishments we have achieved together are a testament to the power of community partnerships. The strategies noted in this report will continue to be used as a framework for identifying and linking community assets, leveraging expertise and resources, and enhancing initiatives already underway to create neighborhoods which are healthy, prosperous and have a clear vision for a better future.

We gratefully acknowledge the contributions and support of our partners who assisted in the implementation of the 2018-2020 CHIP. As we continue our efforts to make Washoe County the healthiest county in Nevada, we are confident that our collective efforts will garner greater change than any one individual or organization working alone. We invite and encourage all members of the community to join us as we continue to improve the health and well-being of all who live Washoe County.

Kevin Dick  
Washoe County District Health Officer

## Letter from the Board of Health Chair

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Dear Washoe County Community,

We are pleased to present the 2019 Washoe County Community Health Improvement Plan (CHIP) Annual Report. The 2018-2020 CHIP is part of a community effort to have a shared vision for tackling important health issues that are affecting the health and wellbeing of our community's residents: 1) Housing and Homelessness 2) Behavioral Health 3) Physical Activity and Nutrition.

Achieving health requires more than just controlling disease. It requires us to assure conditions in which people can be healthy. Proper health results from the choices people make based on the options that are available. Conditions in the social and physical environments determine the range of options that are available, how attractive they are and if they're easy or difficult to use.

Local organizations and community leaders came together regularly over the last two years to implement the strategies outlined in the 2018-2020 Washoe County CHIP. Through the CHIP, partners diligently tracked and measured processes and outcomes to evaluate and improve planning efforts. Data-driven targets and timely policies based on evidence-based interventions supported by research and/or practice were also established to measure the impact of lives changed within Washoe County. As you read through this report, you'll learn more about the accomplishments made by working together.

This has been a remarkable journey for the Washoe County Health District, and we are grateful to the array of community partners who contributed to the progress of this collaborative initiative. Together we will make Washoe County a healthier place to live, learn, work, and play as we continue to cultivate a culture of health here in our community.

Dr. John Novak  
Chair, Washoe County District Board of Health

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## Introduction

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The 2019 Community Health Improvement Plan (CHIP) Annual Report is a progress review of the strategies implemented this year. While the CHIP is a community driven and collectively owned health improvement plan, the Washoe County Health District (WCHD) is charged with providing administrative support, tracking, collecting data, and preparing the annual report. We are excited to share an update on the initiatives that have been accomplished by working together to positively impact the community's health.

A community health improvement process looks at the whole of the community, analyzing how a network of organizations providing various programs and services, some focused at diverse sectors of a community, contribute to community health improvement. As part of the ongoing process of community health improvement, a community health needs assessment (CHNA) is conducted every three years through the evaluation of primary (information gathered from first-hand sources) and secondary (county, state and national statistics) health data. Following the CHNA, Truckee Meadows Healthy Communities (TMHC), a cross-sectorial coalition representing stakeholders in Washoe County, selected three focus areas that were most critical to improving our community's health:

	Priority	Goal
<b>1</b>	Housing and Homelessness	<ol style="list-style-type: none"><li>1. To stabilize and improve housing security for people spending more than 50% of their income on housing.</li><li>2. To stabilize and improve housing security for people spending more than 50% of their income on housing.</li></ol>
<b>2</b>	Behavioral Health	<ol style="list-style-type: none"><li>1. To stabilize and improve housing security for the severely mentally ill (SMI).</li><li>2. Assess and address current status and need for behavioral health services in Washoe County.</li><li>3. Reduce depression and suicidal behaviors in adolescents and seniors age 65+.</li></ol>
<b>3</b>	Nutrition and Physical Activity	<ol style="list-style-type: none"><li>1. To increase physical activity and nutrition among adults and youth using the 5210 Let's Go Framework</li></ol>

The CHIP was then developed by committees made up of community partners, to give structure to addressing the selected focus areas. Community engagement is key to the CHIP process so that the resulting plan reflects not only the shared commitment to focus areas, but also considers the full community's assets, strengths, resources and needs for bringing about positive change. In order to maximize health impact and gain widespread support for improvement, the CHIP shares action plans, goals, and objectives, and strategies that can be used to reach identified targets. The committees

report their progress related to the identified strategies quarterly which allows WCHD to report data outcomes.

### How to Read this Report

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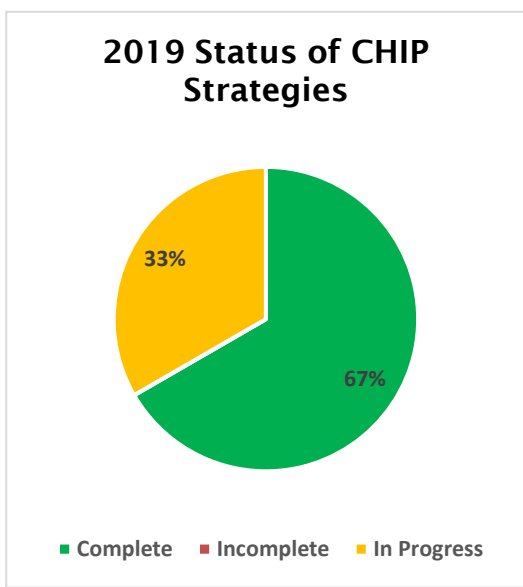
The CHIP strategies are presented in the following tables, with notations of activities performed and information reported by community partners throughout the first six months of implementation from January 1, 2019 to December 31, 2019.

A color-coding system to indicate the completion status of each strategy within the three focus areas was created. The number of completed tactics in a strategy was divided by the total number of tactics in that strategy, to yield a percentage indicator of completion. A score of 70 to 100 percent complete was given a green indicator. A score of 50 to 69 percent complete was given a yellow indicator. A score of below 50 percent completion was given a red indicator.

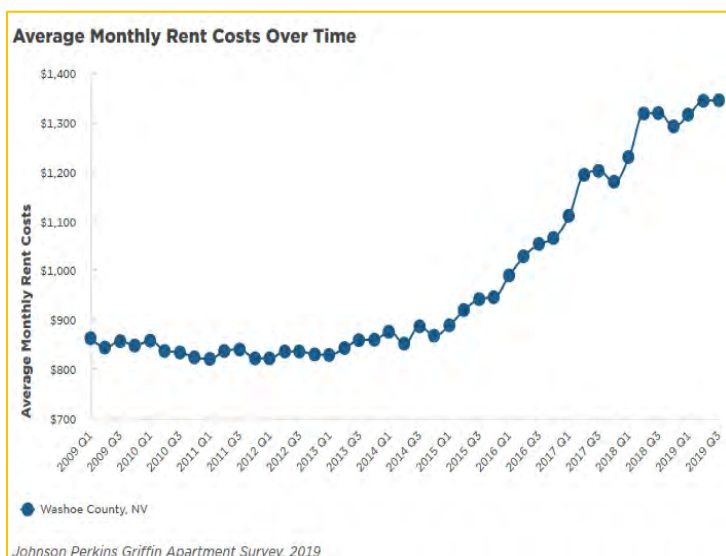
	A score of 70 to 100 percent indicates significant progress, in that the measurement has met or surpassed the target objective.
	A score of 50 to 69 percent indicates ongoing activities or progress toward the target objective.
	A score of below 49 percent indicates little to no progress has been made toward the target objective.
	Items not yet due for completion

# Housing and Homelessness

Finding affordable housing of good quality is a significant problem facing our community. The population in Washoe County has grown and wages have stagnated, resulting in a significant shortage of affordable housing. The cost of housing is outpacing the increase in wages. More than half of American households are spending more than 30% of their income on housing, including 79% of low-income Nevada renters. These trends make it difficult for residents to afford necessities such as food, clothing, transportation and medical care, causing those to be more vulnerable to displacement.



Quality, affordable housing is central to individual and community health. To reduce the burden of housing costs Truckee Meadows Healthy Communities developed a Regional Affordable Housing Strategy to inform public and private entities of the housing supply, trends, and affordability issues in the region. The Strategy provides a toolkit of different policies and approaches that can be implemented by our local governments to foster the preservation of existing affordable and workforce housing, and the creation of additional housing that meets our regions needs. The Reno Housing Authority was proposed as the agency to lead implementation of the strategy. The strategy is available at: [www.TMAffordableHousing.org](http://www.TMAffordableHousing.org).



Given the scope of the problem, other interventions are underway to provide families and homeless youth with stability services. The Youth Homelessness Roadmap that was previously published will continue to be implemented by the Reno Area Alliance for the Homeless. In addition, housing strategies to improve affordable housing availability and quality housing conditions will continue to be explored to improve the health of residents in our community.

## Housing and Homelessness: How did we measure up?

<b>Goal 1: To stabilize and improve housing security for people spending more than 50% of their income on housing.</b>					
Objective 1.4 – By July 1, 2020 implement Enterprise Affordable Housing Regional Strategy as indicated in plan implementation schedule.					
Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Advocate for and work to identify or establish an organization or coalition that can accomplish the implementation plan and advocacy mission of phase IV of the Regional Strategy for Housing Affordability	Identify or establish organization to lead implementation	Organization identified/established	Truckee Meadows Healthy Communities	Reno Housing Authority was proposed as the agency to lead implementation of the strategy.
		Organization identified in strategy one to complete implementation plan	Activities and strategies outlined in implementation plan completed		
<b>Goal 2: To stabilize and improve housing security for people spending more than 50% of their income on housing.</b>					
Objective 2.1: By September 1, 2018 identify and support alternative funding models for housing severely mentally ill (SMI).					
Status	Strategy	Tactic	Performance Measure	Lead Organizations	Progress narrative
	Identify alternative funding models for housing SMI	Map out options for utilizing Medicaid waivers or state plan revisions for cost savings to fund housing for homeless individuals with SMI	Document that lists options for utilizing Medicaid waivers or cost savings to fund housing	Washoe County Human Services, RAAH, ACTIONN (to be verified by all groups)	RAAH Advocacy Policy document reflects the options for funding and outlines the priorities at both the state and local level. Also see Guinn center housing matrix.
		Document steps needed to pursue Medicaid state plan revisions for cost savings to fund housing for SMI	Document that outlines steps needed to implement funding models identified (i.e., State Medicaid Administrator approval/letter of support, legislative action needed, etc.)		See Guinn center housing matrix

		Determine if non-federal match funds are required for funding options identified and if so, initiate communication to determine if state or local funding could be utilized to meet matching requirement	Meetings conducted to explore possible sources of matching funds		Main options outlined in RAAH policy priorities do not require match funding other than the 1915(i) which would require state funds
			A memorandum of understanding to provide match funds if needed		Bill passed, state identified funding source
	Support alternative funding models identified	Coordinate advocacy efforts needed to support funding models identified	Central point of contact identified for disseminating information		JD Klippenstein main point of contact, new WCHD Government Affairs Liason will also be main point of contact for legislative efforts identified.
	Work with State Medicaid agency to revise state plan to include expansion of 1915(i) subpopulations to include homeless people who are severely mentally ill.	Document steps needed to revise state plan to expand 1915(i) subpopulations.	Document that outlines steps needed to revise state plan	Nevada Interagency Council on Homelessness	From the 2017 interim housing committee recommendations, a BDR was submitted for the 1915(i) expansion to the state medicad plan, bill passed.
		Identify steps for implementation of revised state plan.	Action plan for implementation activities.		State is working with SEI to implement bill



**Objective: 2.2: By September 1, 2018 identify best practices for incorporating community case management for people receiving housing assistance.**

Status	Strategy	Tactic	Performance Measure	Lead Organizations	Progress narrative
	Survey and identify all existing case managers in the community across non-profit and government agencies and the general scope of the case management provided.	Each agency will list their case managers, and identify their duties and responsibilities	Completed list of case managers and the scope of the case management and the resources the case manager has available to contribute	Washoe County Human Services Division, Housing Specialist	Complete
		Convene a case management specific meeting(s) to facilitate collaboration of case management and sharing of best practices	Meetings convened, best practices shared		Complete and ongoing
	Document experiences and results from Washoe County's Community Case Managers.	Work with Shelia Leslie and Community Case Managers to document experiences and results to date.	Completion of report on Washoe County Community Case Management experiences and results.	Washoe County Human Services	Complete, results have been shared with the broader case management community
	Compile and share best practices examples from other communities.	Conduct internet research.	Creation of a report presenting options used successfully in other communities.	Anne Cory Supporter: UNR MPH Intern	Complete, results have been shared. Need to identify staff (MPH intern) who may be able to implement all steps but training and sharing of resources are occurring at WCHSA community case manager meeting
		Develop a timeline for implementation of best practices identified for incorporating collaborative case management for those receiving rental assistance.	Completed document reflecting a timeline and implementation steps for best practices identified, may be combined with report on experiences and best practices identified.	Anne Cory Supporter: UNR MPH Intern	

	<p>Create diversion case managers at the Community Assistance Center (CAC). Working directly with the individuals and families at the CAC that are NOT in the shelters and are on the waiting list. Provide supportive services and crisis management prior to entering the shelter.</p>	<p>Identify a case manager who can be solely dedicated to working with families on the waiting list for the family shelter to identify housing opportunities to prevent them from needing to be housed at the family shelter.</p>	<p>Document reflecting roles and responsibilities of existing case managers at the CAC.</p>	<p>Owner: Washoe County Human Services Division, Housing Specialist Supporter: City of Reno, Volunteers of America</p>	<p>Complete and working well at family shelter.</p>
			<p>No families on the wait list at the CAC.</p>		
	<p>Support implementation of objectives/strategies outlines in the HID Youth Demonstration grant.</p>	<p>Identify a timeline to implement grant objectives</p>	<p>Document reflecting implementation timeline</p>	<p>Owner: Eddy House, RAAH Youth Subcommittee</p>	<p>Complete and youth homelessness roadmap has detailed steps</p>
		<p>Gather key stakeholders to determine lead agencies on grant objective implementation. Establish process for training, agency communication and service delivery that include best practices for homeless youth.</p>	<p>Meetings conducted to determine lead agencies that specifically serve homeless youth.</p>		<p>RAAH youth committee active and meeting monthly to implement youth homelessness roadmap.</p>
		<p>Explore best practices and establish a process for training, agency communication and service delivery for entities that encounter homeless youth.</p>	<p>Document reflecting training best practices and the process identified for providing training for entities encountering homeless youth.</p>		<p>More work needs to be done to complete this item, but it is included in the youth homelessness roadmap.</p>

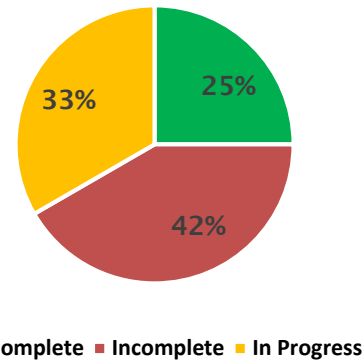
Complete/Obsolete				
Objective 1.1-1.3- By June 15, 2018 complete Phase I of the Enterprise Affordable Housing Regional Strategy.				
Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
Facilitate local leadership meetings for Enterprise and provide any requested information	Conduct meetings needed and requested, Enterprise to develop roadmap	Phase I of roadmap complete	Project Director, Truckee Meadows Healthy Communities, TMPRA	Complete
Facilitate local leadership meetings for Enterprise and provide any requested information	Conduct meetings needed and requested, Enterprise to develop roadmap	Phase II of Regional Strategy complete	Project Director, Truckee Meadows Healthy Communities, TMPRA	Complete
Facilitate local leadership meetings for Enterprise and provide any requested information	Conduct meetings needed and requested, Enterprise to develop roadmap	Phase III of regional strategy complete	Project Director, Truckee Meadows Healthy Communities, TMPRA	Complete

## Behavioral Health

**B**ehavioral health is the scientific study of the emotions, behaviors and biology relating to a person's mental well-being, their ability to function in everyday life and their concept of self. Mental illnesses are one of the leading causes of disability in the United States.

To complicate matters, people with mental health disorders are more likely than people without mental health disorders to experience an alcohol or substance use disorder. When an individual is impacted by both, these are referred to as co-occurring disorders, and treatment is complicated since both disorders can have psychological, social, and biological components. The 2018 National Survey on Drug Use and Health by the Substance Abuse and Mental Health Services Administration reports that approximately 9.2 million adults in the United States had co-occurring disorders. Individuals with these disorders are at higher risk for other illnesses and early death, suicide, homelessness, and incarceration. Suicide is one of the leading causes of death in Nevada and is among the top ten states with the highest suicide rate in the Country.<sup>1</sup> In 2017, Washoe County led the state in suicide prevalence with 20.3 suicide deaths per 100,000 people. This rate is substantially higher than the national average of 14.0 suicide deaths per 100,000 people.<sup>2</sup>

**2019 Status of CHIP Strategies**



**Suicide is the  
8<sup>th</sup>  
leading cause  
of death in  
Nevada**

Like many illnesses, early detection and access to care as well as consistent ongoing treatment for those with mental health and substance use disorders can improve health outcomes as well as an individual's quality of life. GoodGrid a case management system was implemented with pilot partners to address the critical need for a more collaborative approach in tracking referrals to provide better case management across the community. Increased collaboration and the development of partnerships has enabled the community's ability to quickly identify needs and link individuals to available services in Washoe County. The behavioral health committee conducted two

surveys to identify opportunities in utilizing a universal screening tool, [SBIRT](#), and to identify providers who are employing supports through Peer Recovery Support Specialists (PRSS). The committee accomplished most activities in the action plan and identified additional efforts focused on the expansion of services to improve the quality of care in Washoe County.

<sup>1</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. Accessed from: <https://wonder.cdc.gov/ucd-icd10.html>

<sup>2</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. Accessed from: <https://wonder.cdc.gov/ucd-icd10.html>

Behavioral Health: How did we measure up?

<b>Goal 1: To stabilize and improve housing security for people experiencing homelessness.</b>					
<b>Objective 2: By April 1, 2020 identify best practices for incorporating collaborative case management for people experiencing homelessness.</b>					
<b>Status</b>	<b>Strategy</b>	<b>Tactic</b>	<b>Performance Measure</b>	<b>Lead Organization</b>	<b>Progress narrative</b>
	Support implementation of the GoodGrid case management software system	Implement Good Grid with Phase I pilot partners	Phase I pilot agencies have all fully implemented the GoodGrid case management software system for all homeless individuals and families	<u>Due Date:</u> Jan. 1, 2020 <u>Owner:</u> Washoe County Human Services Division, HSA Coordinator	Sherriff's Office, CHA, Family Shelter and MOST team went live with the system in December 2019
		Implement Good Grid with Phase II pilot partners	Phase II pilot agencies have all fully implemented the GoodGrid case management software system for all chronically homeless clients	<u>Due Date:</u> April 1, 2020 <u>Owner:</u> Same as above	In progress
<b>Objective 3: By February 1, 2020 expand implementation of Peer Recovery Support Specialists (PRSS) in Washoe County.</b>					
<b>Status</b>	<b>Strategy</b>	<b>Tactic</b>	<b>Performance Measure</b>	<b>Lead Organization</b>	<b>Progress narrative</b>
	Collect and dissemination information on the number of certified PRSS in Washoe County	Develop a one page fact sheet on PRSS certification process and benefits of providers utilizing/hiring PRSS	Fact sheet developed and distributed	<u>Due Date:</u> Jan. 1, 2020 <u>Owner:</u> Foundation for Recovery	Fact sheet completed on certification process, further materials may be developed by UNR MPH intern based on the results of the PRSS statewide survey
		Determine number of currently certified PRSS being utilized by Behavioral Health providers to include Substance Use treatment facilities, CCBHCs and FQHCs	Conduct an annual survey of the number of certified PRSS in Washoe County	<u>Due Date:</u> April 1, 2020 <u>Owner:</u> Foundation for Recovery	Survey will close Jan 1, 2020 and results will be analyzed

	Implement trainings for providers on PRSS	Provide (3) Behavioral health providers with free trainings on PRSS certification process and how to appropriately incorporate them into current practices	Trainings conducted		
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**Goal 2: Assess and address current status and need for Behavioral Health services in Washoe County**

**Objective 2: By October 1 each year identify gaps in service and access for those needing behavioral health services in Washoe County.**

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Publish Washoe county Behavioral Health Data profile	Collect needed information and oversee UNR MPH intern in the revision of the data profile from the previous year.	Needed data collected and evaluated, report compiled and reviewed	<u>Due Date:</u> Oct. 1, 2020 <u>Owner:</u> Washoe County Health District, UNR MPH Intern	Will be conducted in Summer of 2020
		Share the data profile with appropriate audiences	Data profile shared with Washoe County Regional Behavioral Health Board		

**Objective 3: By October 1 each year, develop a strategy to collect and disseminate information related to the annual statistics on Behavioral Health providers in Washoe County.**

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Collect and disseminate information related to the annual statistics on the number of Psychiatrist and other Behavioral Health Providers in Washoe County, FTEs, sliding fee scale utilization and Medicaid	Collect existing information from NV DHHS Primary Care Office	Needed information is collected	<u>Due Date:</u> Aug. 1, 2020 <u>Owner:</u> WCHD, NV DHHS Primary Care Office, NV Primary Care Association	
		Determine optimal format of information sharing, i.e. one-page handout	Information materials are developed.	<u>Due Date:</u> Sept. 1, 2020 <u>Owner:</u> WCHD, NV DHHS	

	acceptance in Washoe County.	Distribute information amongst state and local officials, board, etc.	Information distributed to appropriate contacts.	Primary Care Office, NV Primary Care Association	
		Conduct a year over year comparison on number of providers.	Analysis conducted and findings disseminated.		
		Gather information available on the number of Behavioral Health employers who offer/participate in student loan repayment programs.	Information collected and distributed to appropriate contacts.		
Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	By Feb. 1, 2020 asses the viability of utilizing Medicaid claim data to determine provider availability/ accessibility.	Determine what data would need to be collected and submit a corresponding data request to NV DHHS, DPBH.	Data request formulated and submitted.	<u>Due Date:</u> Oct. 1, 2019 <u>Owner:</u> WCHD, NV DHHS Primary Care Office, NV Primary Care Association	
		Analyze data to determine if Medicaid claims data is sufficient to determine if sufficient providers exist to meet the current/projected need.	Data analysis complete and findings shared.	<u>Due Date:</u> Feb. 1, 2019 <u>Owner:</u> WCHD, NV DHHS Primary Care Office, NV Primary Care Association	
<b>Objective 4: By Feb. 1, 2020, develop strategies and advocate for policies to address gaps and needs identified.</b>					
Status	Strategy 1	Tactic	Performance Measure	Lead Organization	Progress narrative

	Collect and disseminate basic information on current status of Behavioral Health Board modernization	Gather information about Behavioral Health Boards and on degree of modernization, current wait times for license to be processed, etc.	Document reflecting information gathered.	<u>Due Date:</u> Feb. 1, 2020 <u>Owner:</u> WCHD, Nevada DHHS Primary Care Office, NV Primary Care Association	
		Identify potential opportunities to revise policies that would allow for expedited licensure.	Document outlining policies and potential revisions and historical efforts.	<u>Due Date:</u> Feb. 1, 2020 <u>Owner:</u> WCHD, Nevada DHHS Primary Care Office, NV Primary Care Association	

**Objective 5: By Feb 1, 2020 expand training and education to providers on SBIRT.**

Status	Strategy 1	Tactic	Performance Measure	Lead Organization	Progress narrative
	Collect and disseminate basic information on current status of SBIRT.	Mapping settings/populations where SBIRT is used in Washoe County.	Document reflecting information gathered.	<u>Due Date:</u> Feb. 1, 2020 <u>Owner:</u> CASAT	
		Identify target agencies/organizations to provide SBIRT awareness and training.	Document outlining target organizations to provide with SBIRT training.		
		Promote SBIRT expansion through completion of live, on-line SBIRT implementation class and self-paced SBIRT class.	2 on-line trainings provided.		



	Conduct in-person SBIRT implementation training.	1 face to face training provided.		
		2 online trainings provided		
	Promote SBIRT expansion through completion of live, online SBIRT implementation class and self-paced SBIRT class	1 face to face training provided		

**Goal 3: Reduce depression and suicidal behaviors in adolescents and seniors (age 65+).**

**Objective 1- By April 1, 2020 increase mental health screening of 7th grade students in Washoe County using a standardized screening tool and provide appropriate referral to care.**

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Implement Signs of Suicide education and screening program for all 7th grade students in Washoe County	Identify stable funding sources for Signs of Suicide education and screening program.	Funding sources secured for 3 years of programming.	<u>Due Date:</u> April 1, 2020 <u>Owners:</u> Washoe County School District, Children’s Cabinet	Funding has been secured.
		Identify strategies to build support for consent for screening	Document reflecting strategies that could be employed to build support for screening consent		
Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Identify a means for the school district to provide space and allow outside behavioral health providers on school	Meet with Washoe County School District administration to determine what the barriers are to facilitating space sharing	Pilot behavioral health provider workspace at 2 elementary, middle and high schools in the district	<u>Due Date:</u> April 1, 2020 <u>Owners:</u> Washoe County School District,	Information gathered from sources on current barriers including mental health providers, community non-profits and WCSD.

	site to provide care to students.	Work with stakeholders to identify ways to overcome barriers		Children's Cabinet	Barrier: source of reimbursement for provider. Need to find a funding source for the to provide services to students without having to sort out insurance, billing, etc.
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**Objective 2: By December 15th, 2020 implement BUILD Health Challenge Year 1 Strategies**

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Support implementation of objectives/strategies outlined in the BUILD Health Challenge grant collaborative.	Identify funding source	Funding for year one of implementation identified	<u>Due Date:</u> Dec. 15. 2020 <u>Owners:</u> Renown Institutes, TMHC, NNBHLC, CHA	Funding identified
		Assemble working groups, determine governance structure and leadership	Working group identified		Workgroup identified
		Develop implementation plans to align with available funding	Implementation plan developed and shared with all working group members		Implementation plan being developed

**COMPLETE/OBSOLETE**

Objective 1.1-By September 1, 2018 identify and support alternative funding models for housing SMI. (See Housing Objective 2.1)

Objectives 1.2- By September 1, 2018 identify best practices for incorporating community case management for SMI receiving housing assistance. (See Housing Objective 2.2)

Objective 2.1- By October 1, 2018 develop a strategy to collect and disseminate information related to the annual statistics on Behavioral Health providers in Washoe County.

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Collect and disseminate information related to the annual statistics on the number of	Collect existing information from NV DHHS Primary Care Office	Needed information is collected	Washoe County Health District, Nevada DHHS Primary Care Office, NV	
		Determine optimal format of information sharing, ie, one page handout,	Informational materials are developed		Committee developed one page handout

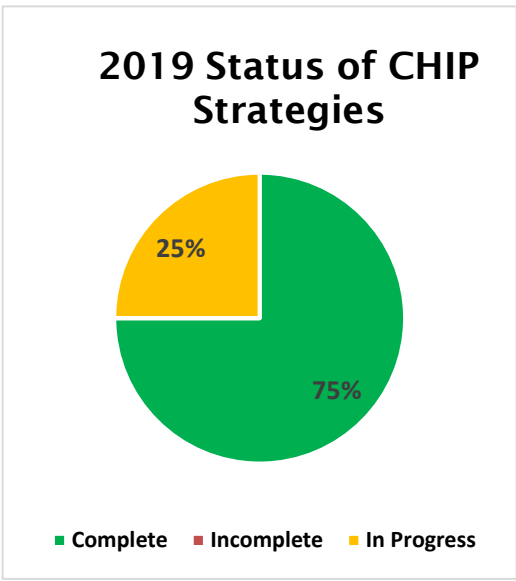
	Psychiatrist in Washoe County, FTEs, sliding fee scale utilization and Medicaid acceptance in Washoe County.	Distribute information amongst state and local elected officials, board, etc	Information distributed to appropriate contacts	Primary Care Association	Scheduled to be completed before the start of the legislative session.
	Publish report outlining gaps in service and access for those needing behavioral health in Washoe County	Collect needed information and oversee UNR MPH intern in the development of the report.	Needed data collected and evaluated	Shelia Leslie, Washoe County Regional Health Board Supporter:	Behavioral health data profile completed and distributed
		Complete draft of report and distribute to Regional Behavioral Health Board for review and feedback.	Report completed	WCHD MPH Intern	Complete

## Nutrition and Physical Activity

Obesity is a nationwide issue because the prevalence among children and adults alike is still too high. According to the CDC, obesity is impacting one-third of adults, and 18.9% of children 2-9 years of age in the United States. These figures reflect a significant increase in trend since early 2000s, creating a cause for concern in our country. In 2015-2016, surveys found 31.2% of fourth grade students and 62.8% of adults in Washoe County were overweight or obese.

Childhood obesity increases the risk for several chronic diseases including type II diabetes, high blood pressure, liver disease and depression during childhood as well as adulthood. Adults who are physically active and maintain a healthy diet are healthier and less likely to develop many chronic diseases than adults who are inactive. A person's access to healthy foods, safe areas to exercise and education on healthy living can have a large impact on their health. Lifestyle and behavioral changes in the US over the past several decades (increased sedentariness, increased screen time, lack of walkability in neighborhoods, larger portion sizes, processed foods, etc.), have led to substantial increases in obesity and lack of physical activity.

In 2019, ongoing efforts from a variety of organizations, both health care and community related, will continue to increase awareness in the community about healthy habits and expand access to programming that encourages physical activity and good nutrition. 5210 Healthy Washoe worked with pilot sites to improve environments that encourage healthy behaviors in schools, pediatric offices and workplaces in Washoe



County. Family Health Festivals were also held in different neighborhoods across the community to increase access to basic services that families would otherwise not have or need to travel long distances to receive care. In addition, healthy vending, concessions and park revitalization efforts were implemented to help create environments for families where the healthy choices is the easy choice.



Nutrition and Physical Activity: How did we measure up?

<b>Goal 1: To increase physical activity and improve nitration among adults and youth using the 5210 Let's Go framework.</b>					
<b>Objectives 1.1 – By July 2019, increase the number of community organizations implementing aspects of the 5210 program from 1 to 11.</b>					
<b>Status</b>	<b>Strategy</b>	<b>Tactic</b>	<b>Performance Measure</b>	<b>Lead Organization</b>	<b>Progress narrative</b>
	Develop 5210 Let's Go! infrastructure to support program implementation	Organize a 5210 Let's Go! Advisory Board	Advisory Board established	Community Health Alliance Supporter: PA/N CHIP Committee  (Note: In 2020 the lead organization is transitioning to the WCHD. CHA will play a lead role in implementation of the pediatric practice 5210 initiative.	Advisory Board established and had targeted discussions regarding additional personnel to expand program and WCSD representation.
		Determine branding of local 5210 efforts	Local brand approved by advisory board		5210 Healthy Washoe website was created. Organizations can now register through the registration page.
		Identify a minimum of three ways to market and educate the public on the 5210 program efforts	Number of marketing strategies identified		Complete
		Identify and develop appropriate and consistent evaluation measures for use by organizations that implement 5210	Evaluation measures/ toolkit developed		Workgroup will utilize Let's Go's survey tools. Surveys will be sent to pilot sites in the Spring of 2020.

	Educate community organizations and health care providers about Let's Go 5210 program and how to implement it.	Coordinate with Let's Go 5210 staff in Maine to plan a learning opportunity	Number of learning opportunities planned	Community Health Alliance (CHA), Supporters: WCHD, Advisory Board	Complete. Dr. Steven Shane and Sierra worked with Let's Go! HQ in Maine to plan a 3-day training in November, 2018.
		Offer at least one Let's Go 5210 learning opportunity for the community to increase knowledge and understanding of the Let's Go 5210 program	Number of 5210 learning opportunities offered and number of health care practices educated		Completed. Dr. Tory Rogers from Let's Go Maine provided training which covered structure of Let's Go! team, program implementation and Let's Go! evaluation system.
	Build a financial support system for 5210 efforts by securing at least two financial supporters in year one.	Identify funding sources to support 5210 program efforts	Two funding sources identified	Community Health Alliance (CHA), Supporters: WCHD, Advisory Board	Committee continues to track program needs and technical assistance provided to pilot sites. Program successes are required to demonstrate value of program to potential funders.
	Increase the number of businesses, community organizations, and health care providers	Recruit a minimum of 5 youth organizations to implement 5210! program	Number of organizations implementing 5210. Number of youth impacted by 5210	Washoe County Health District Supporters: CHA	WCSD selected five pilot schools to begin implementing program in 2020.

	that are implementing the 5210 program in Reno/Sparks.	Recruit 1 health care provider to implement 5210 program	Number of health care providers implementing 5210 Number of families impacted by 5210		Renown Ambulatory Clinic and NN HOPES are implementing the program. Other clinics are interested but lack of personnel is a barrier to providing TA.
		Coordinate with Reno/Sparks Chamber of Commerce (Chamber) to reach 100% of their member organizations (~1500) with information about Let's Go 5210	Number of organizations reached		The Reno + Sparks Chamber continues to be a champion and has hosted 5210 focus groups. Businesses will be invited to kick off on 1/15. A community kickoff event will be planned for Spring 2020.
		Recruit a minimum of 5 organizations from the Chamber to participate in the implementation of Let's Go 5210 with their employees.	Number of organizations implementing 5210. Number of employees impacted by 5210		5210 Workplace survey was distributed to WC employees in Feb 2019. Washoe County employees will launch program in January.
		Educate and provide technical assistance (TA) to organizations about 5210 and how to implement	Number of organizations reached with education and TA about 5210 components		The workgroup continues to provide TA to pilot sites.

**Objective 1.2: By July 2019, improve the nutrition environment in the community by improving the nutritional offerings in vending machines and concession stands in schools, workplaces, and community settings.**

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Develop a toolkit for implementing healthy vending and concessions in	Work with the Business Enterprises of Nevada (BEN) Program to implement healthy vending per the BEN Nutrition Standards Policy	Number of BEN locations successfully implementing the Nutrition Standards Policy	WCHD Supporters: Renown Health, FBNN	Vending Committee received product list.

	Washoe County.	Communicate with vendors and identify those in the community that have the capacity and willingness to work with businesses on healthy vending	List of vendors available for healthy vending and concessions		Changing/providing healthier options through vending and concessions was one of the top wellness initiatives that employees said they wanted through the 5210-community survey and 5210 WC survey.
		Work with businesses to provide healthy food options at concessions located in Washoe County	List of healthy concession sites		Partnered with Renown to provide "mini grants" to organizations interested in starting healthy vending/concessions.
		Compile key information on process of healthy vending and concession implementation into a comprehensive toolkit	Number of toolkits and informational documents developed		Committee developed toolkit.
	Identify strategies to increase healthy vending and concessions in Washoe County.	Form a healthy vending and concessions committee to lead implementation of healthy vending and concessions initiative	Healthy vending and concessions committee formed	Renown Health and WCHD	Complete
		Develop a plan to increase the number of healthy vending and concession locations in Washoe County and evaluate impacts	Plan developed		Partnered with Renown to provide "mini grants" to organizations interested in starting healthy vending/concessions.
<b>Objectives 1.3– By July 2019, improve access and availability of nutrition and physical activity opportunities by implementing three Family Health Festivals in zip codes with high Community Needs Index (CNI) scores.</b>					
Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Implement three Family Health Festivals (FHF) located in zip codes with	Secure/apply for monies to support FHF efforts	Funds secured	FHF sub-committee Supporters:	Washoe County Health District, Silver Summit, and NV Energy generously provided funds to support events



	high Community Needs Index (CNI) scores.	Coordinate three FHF/year with at least 100 attendees at each event	Number of FHFs	FBNN, WCHD, Renown Health, Community Health Alliance, United Way of Northern Nevada and the Sierra	Four FHFs were hosted. March- Sparks Middle School, May- Sparks Christian Fellowship, July, Sun Valley Neighborhood Center, October- North Valleys Middle School.
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**Objective 1.4- By July 2019, improve the nutrition environment in targeted parks by increasing the number of environmental cues related to healthy food and beverage consumption by at least 3.**

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Increase knowledge of healthy behaviors among populations at greatest risk.	Complete a series of pre/post assessments to measure one's knowledge and skills to engage in physical activity	Number of assessments completed	FHF sub-committee Supporters: FBNN, WCHD, Renown Health, United Way of Northern Nevada and the Sierra	During triage at the FHFs, participants are asked about physical activity and nutrition. If an individual expresses inability to exercise daily or access fruits and vegetables, a handout of resources is provided, and encouraged to visit the physical activity and nutrition services.
		Complete a series of pre/post assessments to measure one's knowledge and skills to prepare nutritious foods.	Number of assessments completed		Individuals completed FHF exit interview

## Conclusion

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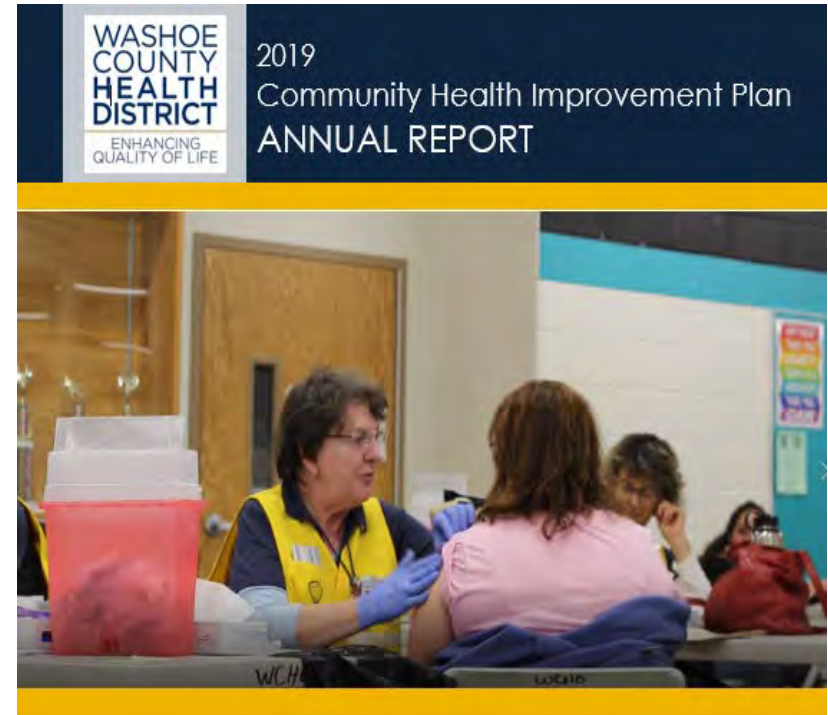
The 2019 annual report celebrates the progress and collaborative efforts between the Washoe County Health District and community partners. The CHIP will continue to give us future direction by providing a framework to improve the three focus areas—1) Housing and Homelessness 2) Behavioral Health and 3) Physical Activity and Nutrition. Progress of CHIP strategies will be evaluated on an ongoing basis to identify areas for possible improvement or revision. The CHIP will also continue to change and evolve over time as new information and insight emerge. By working together, we can have a significant impact on the community's health, improving where we live, work and play and realize the vision of a healthier Washoe County.

# 2019 Community Health Improvement Plan Annual Report

Rayona LaVoie, Health Educator  
February 27, 2020

# 2019 CHIP Annual Report

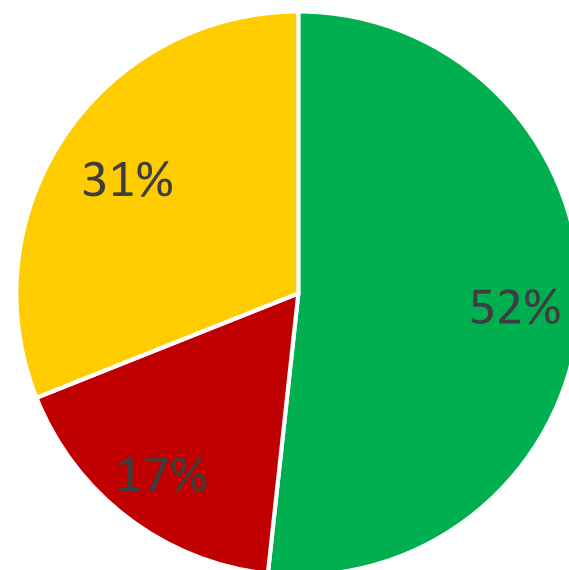
- Details progress made in 2019
- Achievements over the year
- Goals moving forward



# 2019 CHIP Annual Report

- 2018-2020 CHIP Focus Areas
  1. Housing and Homelessness
  2. Behavioral Health
  3. Physical Activity and Nutrition
- Objectives, strategies and tactics correspond with each focus area

2019 Status of CHIP Strategies

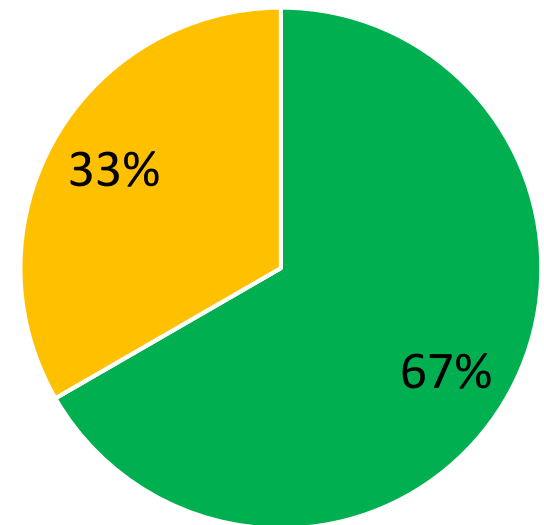


■ Complete ■ Incomplete ■ In progress

# 2019 CHIP Annual Report

- Housing and Homelessness
  - **9 out of 9** strategies were met or progress was made
  - The Regional Strategy for Housing Affordability has been completed
  - Reno Housing Authority proposed to lead implementation of the strategy
  - Youth Homeless Roadmap was adopted by RAAH leadership

2019 Status of Housing and Homelessness CHIP Strategies

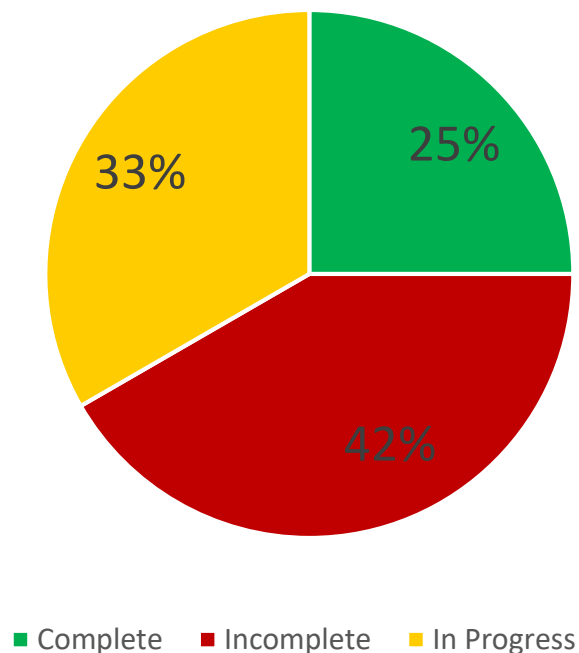


■ Complete ■ Incomplete ■ In Progress

# 2019 CHIP Annual Report

- Behavioral Health
  - **7 out of 12 strategies** were met or progress was made
  - Good Grid was implemented with Phase 1 pilot partners
  - Signs of Suicide was implemented in 10 more middle schools than 2018
    - Total of 14 middle schools
  - Over 4,000 students watched the DVD
    - 1,000 students were screened after the presentation.
    - 30% had a positive screen

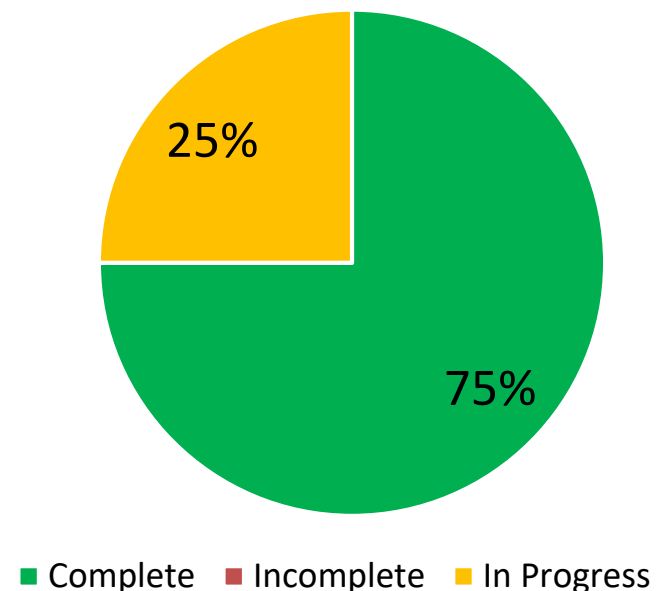
2019 Status of Behavioral Health CHIP Strategies



# 2019 CHIP Annual Report

- Physical Activity and Nutrition
  - **8 out of 8** strategies were met or progress was made
  - The committee offered a training series to selected pilot sites
  - 12 pilot sites are implementing the 5210 Healthy Washoe program
    - 5 Schools
    - 3 Healthcare offices
    - 4 Reno + Sparks Chamber members
  - 4 Family Health Festivals were held serving just under 2,000 residents
  - 42% of families are attending the FHF's to receive more than 1 service

2019 Status of Physical Activity and Nutrition CHIP Strategies





# Looking ahead in 2020

- Continue to implement the strategies and tactics outlined in the CHIP
- Continue to meet with our CHIP committees quarterly

**Thank you to our  
community partners**

# Questions?

**Staff Report**

**Board Meeting Date: February 27, 2020**

DHO\_  \_

**TO:** District Board of Health  
**FROM:** Anna Heenan, Administrative Health Services Officer  
328-2417, [ahenan@washoecounty.us](mailto:ahenan@washoecounty.us)  
**THROUGH:** Kevin Dick, District Health Officer  
328-2416, [kdick@washoecounty.us](mailto:kdick@washoecounty.us)  
**SUBJECT:** Approval of the Fiscal Year 2020-2021 Budget

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**SUMMARY**

Presented in this staff report is the recommended budget for Fiscal Year 2020-2021 (FY21). The budget includes the anticipated revenues and expenditures for twenty-two programs within the Health District with 165.27 full-time equivalents (FTEs) authorized to provide the services. The total revenues and County General Fund transfer are \$23,988,918 for a 2.5% increase over fiscal year 2020 (FY20) adopted budget of \$23,414,271. The budgeted revenues include the board approved fees increase for the consumer price index of 2.6% for Environmental Health Services, Air Quality Management, and Community and Clinical Health Services. Total FY21 projected expenditures are \$25,855,192, which is a 7.1% increase over FY20, adopted budget of \$24,146,380. The FY20 estimated ending fund balance is \$7,552,452 or 31.1% of expenditures. FY21 reflects a decrease in fund balance by \$1,866,275 leaving a budgeted fund balance for FY21 of \$5,686,177 or 22.0% of total expenditures well above the policy guidelines of a 10% - 17% fund balance for special revenue funds.

The following above base requests are included in the FY21 recommended budget:

- New Health Educator Coordinator, Health Educator II position and programing costs needed for Behavioral Health/Injury Prevention
- New Public Health Nurse Supervisor for Community and Clinical Health Services
- New Epidemiologist position for Epidemiological Surveillance & Disease Investigation program
- Remove the Public Health Communications Program Manager from grant and restricted funds
- Shift staff from grant funding to local funding in the Immunization program
- Increase biologicals in the Immunization program local support due to loss of grant funding
- Reclassification of a vacant Office Assistant II to an Office Support Specialist
- Review of the Statistician position by County Human Resources
- Appropriation for the 4% Regional Technology Fee revenue currently in the fund balance
- Shift STD grant lab costs to local funding to allow for the grant to cover salaries and benefits
- One-time budget for computers and desk set-up for new positions
- Elimination of a vacant unfunded intermittent hourly Office Assistant I position #70008831

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

## **BACKGROUND**

### ***Health District Mission***

To protect and enhance the well-being and quality of life for all in Washoe County

### ***Health District Recent Accomplishments***

- Achieved National Public Health Accreditation
- Delivery of core and traditional public health services (Public Health 2.0)
- Updated and continued to improve our Community Health Needs Assessment and Community Health Improvement Plans
- Participated in the three-day statewide emergency preparedness exercise known as Silver Crucible 2019
- Financially supported:
  - “5-2-1-0 Goes to School Through Garden-Based Education”,
  - Washoe County School District Nutrition Services education on healthy eating,
  - Continued support for Wolf Pack Coaches Challenge,
  - Rescue organization for the youth prevention campaign focusing on education and prevention of use of e-cigarettes,
  - Eddy House to provide 24/7 youth drop in center program for transitional age youth
  - Keep Truckee Meadows Beautiful for the continual efforts to provide a clean and beautiful community for the citizens of the Truckee Meadows
- Awarded the Washoe County Impact Award for Effective Communication for the WashoeEats Mobile App
- Building of the new Air Quality Management Monitoring Station Reno 4
- Attainment of the ozone standard

### ***Health District Emerging Strategic Considerations for the Future***

- Social determinants of health – housing and homelessness
- Behavioral Health – substance abuse, suicide, access to care
- Environmental Health Impacts of growth and climate change
- Ability to maintain current service levels with the increased community growth
- Uncertainty of the availability of federal grants
- State’s lack of local investment in public health

### ***Interlocal Agreement establishing the Washoe County Health District***

As outlined in the Health District Interlocal agreement, the Washoe County Health District is a Special Revenue Fund within the books of Washoe County. The Special Revenue Funds account for revenue sources which are legally restricted for specified purposes. All revenues and expenditures associated with the health function of the Washoe County Health District are accounted and budgeted for within the Health Fund.

The Interlocal Agreement concerning the Washoe County Health District requires the Board of County Commissioners to adopt a final budget for the Health District, which must be prepared using the same time frames and format used by other County Departments.

The Interlocal Agreement requires a preliminary budget be transmitted to the Managers of the City of Reno, City of Sparks and Washoe County for their review and comment. The meeting with the Managers will be on March 6, 2020. The District Health Officer will present the Managers' comments to the District Board of Health at the regularly scheduled meeting in March 2020.

The Division Directors and Program staff met with Health Administration to review projected revenues and expenditures for the remainder of the Fiscal Year 2020 and to identify budget requirements for Fiscal Year 2021. The proposed budget reflects the discussion of the Program Manager's, Division Director's, and direction by the District Health Officer.

### ***Fiscal Year 2020-2021 (FY21) Proposed Budget***

The FY21 proposed budget includes anticipated revenues and expenditures for all services provided by the Health District as outlined below.

<b>Washoe County Health District</b>
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**Office of the District Health Officer**

Office of the District Health Officer Program

**Air Quality Management Division**

Air Quality Management Program

**Community and Clinical Health Services Division**

Chronic Disease Prevention Program  
Community & Clinical Health Admin and Patient Billing Program  
Family Planning Program  
Immunizations Program  
Maternal, Child & Adolescent Health Program  
Sexual Health – HIV Program  
Sexual Health – STD Program  
Tuberculosis Program  
Women, Infants and Children Program

**Administrative Health Services Office**

Administrative Health Services Program

**Environmental Health Services Division**

General Environmental  
Food Safety  
Institutions/Facilities  
Plan Review  
Waste Management  
Vector Borne Diseases Control

**Epidemiology and Public Health Preparedness Division**

Emergency Medical Services Program  
Epidemiological Surveillance & Disease Investigation  
Public Health Preparedness Program  
Vital Statistics Program

The Office of the District Health Officer, Administrative Health Services Office and the Division budgets are summarized below. The details of the budgets within the Health District are located in Appendix A. A summary report by revenue category and total expenditures is found in Appendix B. The budgeted FTE history and classifications are in Appendix C and the Health District Organization Chart is in Appendix D.

### Office of the District Health Officer

Chapter 439 of the Nevada Revised Statutes prescribes the organization and functions of the Health District. The Health District operates through four divisions, Administrative Health Services Office and the Office of the District Health Officer.

Total program full-time equivalents:	7.33
Total FY21 Program Revenues:	\$0
Total FY21 Program Expenditures:	\$1,835,629

#### Above base requests for FY21

- Full local funding of the Public Health Communications Program Manager position. During the recession funding for the position was shifted to grants and restricted funds with 30% of the position currently supported by program specific funds. Communications to the public will guide the community needs for information to preserve, promote, and protect public health without restricted funding constraints. Total estimated cost of this shift to local funds is \$35,239.

### Administrative Health Services Office

Administrative Health Services Office provides administrative guidance and oversight for financial activities, human resources, and information technology for the District.

Total program full-time equivalents:	9.0
Total FY21 Program Revenues:	\$0
Total FY21 Program Expenditures:	\$1,467,892

#### Above base requests for FY21

- Reclassification of a vacant Office Assistant II position to an Office Support Specialist position will provide a paraprofessional level administrative support to the Office to respond to public and staff inquiries and provide information and resolve problems associated with Health District, County, and Programs rules, policies and contracts. Anticipated cost of the reclassification is \$11,871.

### Air Quality Management Division

The Air Quality Management Division implements clean air solutions that protect the quality of life for the citizens of Washoe County through community partnerships along with programs and services such as air monitoring, permitting and enforcement, planning, and public education.

Total program full-time equivalents:	19.50
Total FY21 Division Revenues:	\$3,498,067
Total FY21 Division Expenditures:	\$3,494,963

**Above base requests for FY21**

- \$75,000 budget authority is being requested for the funding that is in the fund balance associated with the 4% Regional Technology fee. The revenue is specific for the Accela Regional Permitting system and without the budget authority in place the funds can not be spent. The calendar year 2019 year-end balance is \$149,616. The budget will cover the Accela Regional Permitting subscription cost of \$14,960 and other technology advancements for the system.

**Community and Clinical Health Services Division**

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

Total program full-time equivalents:	65.61
Total FY21 Division Revenues:	\$4,194,540
Total FY21 Division Expenditures:	\$8,629,208

**Above base requests for FY21**

- New Health Educator Coordinator position and a new Health Educator II position that will address long term and structural changes to behavioral health and injury prevention and it is anticipated that these positions will have a positive impact on the public at large, and specifically those within target populations with the most burden. Total estimated cost for the Coordinator position is \$110,877 and the Health Educator II is \$105,666. \$15,000 is anticipated for programing costs, and one-time cost for computer and desk set up of \$6,920 for a total request of \$238,463.
- New Public Health Nurse Supervisor that will allow for program development, improving service delivery for the public. Total estimated cost for the position is \$130,787, programing costs of \$2,932, and one-time cost for computer and desk set up of \$6,920 for a total cost of \$140,639.
- Additional \$20,000 for biologicals and \$47,408 for staffing in the Immunization program related to grant shortfall and reoccurring deficit in biological funds. Additional immunization for the community is a crucial component of a healthy community. The higher the immunization rates are for a specific disease the less likely an outbreak can occur due to “herd” immunity.
- Lab/outpatient budget of \$5,058 in the Sexual Health program is shifting from grant funding to local funding. This is the result of Family Planning and Sexual Health clinic services being integrated in order to provide more comprehensive services.



## Environmental Health Services Division

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

Total program full-time equivalents:	45.30
Total FY21 Division Revenues:	\$4,590,307
Total FY21 Division Expenditures:	\$7,341,281

### Above base requests for FY21

- \$75,000 of budget authority is being requested for the funding that is in the fund balance associated with the 4% regional technology fee. The revenue is specific for the Accela Regional Permitting system and without the budget authority in place the funds cannot be spent. The calendar year 2019 year-end balance of regional technology funds is \$127,370. The budget will cover the Accela Regional Permitting subscription cost of \$54,896 and other technology advancements for the system.
- Due to a FY20 mid-year creation of a full-time Office Assistant II position the intermittent hourly Office Assistant I position #70008831 will be eliminated due to the funding of \$17,429 going towards the cost of the new full-time position.

## Epidemiology and Public Health Preparedness

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

Total program full-time equivalents:	18.53
Total FY21 Division Revenues:	\$2,189,148
Total FY21 Division Expenditures:	\$3,086,219

### Above base requests for FY21

- New Epidemiologist position that will benefit the public with increased workflow and provide more timely communicable disease follow-up and intervention and therefore, protect the community. The total cost of the position is \$116,785 and a one-time request for a computer and software budgeted at \$2,420. Given the current workload the County Manager has given approval for this position to start before July 1, 2020. Funding for FY20 costs will be managed with the existing budget from salary savings from previous vacant positions.
  - An evaluation of the job classification of Statistician is being requested of the County Human Resources Department. No additional funding is in the budget, if the classification is upgraded in pay it will be managed in the existing budget.
-

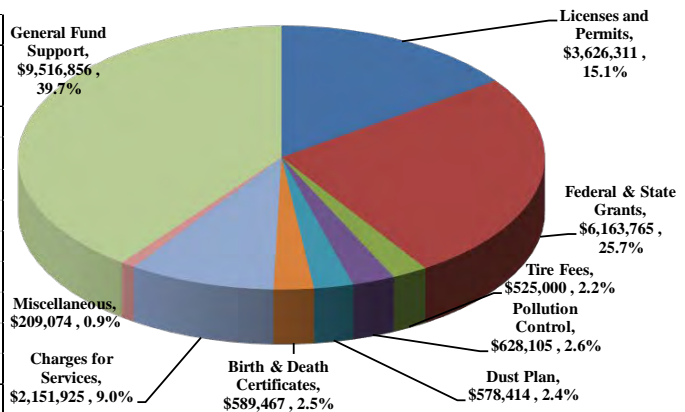
Total Health Fund revenues are budgeted to be \$23,988,918 and the expenditures are budgeted at \$25,855,192. The expenditures exceed the revenues by \$1,866,275 but still provide a fund balance of 22.0% which is well above the policy level of 10%-17%. The total full-time equivalents (FTEs) for the Health District are budgeted at 165.27, which is the existing authorized staffing level plus the additional positions requested in the FY21 budget.

Total budgeted revenues of \$23,988,918 are up \$574,646 or 2.5% over the FY20 adopted budget and includes:

- **Licenses and Permits - \$3,626,311 up \$331,716 or 10.1% over FY20 and 15.1% of total revenues anticipated for FY21**
  - Includes the annual CPI increase in fees approved by the board in FY16
  - Includes anticipated changes in work activities associated with the fees
- **Grant funding - \$6,163,765 up \$123,645 or 2.0% over FY20 and 25.7% of total revenues anticipated for FY21**
  - Increase is due to additional funding in Family Planning
- **Restricted intergovernmental funds - \$1,153,105 up \$39,000 or 3.5% and 4.8% of total revenues anticipated for FY21**
  - \$628,105 restricted for the Air Quality Management program
  - \$525,000 restricted for the Solid Waste Management program
- **Charges for services - \$3,319,807 up \$91,755 or 2.8% over FY20 and 13.8% of total revenues anticipated for FY21**
  - Includes the annual CPI increase in fees approved by the board in FY16
- **Miscellaneous Revenue - \$209,074 down \$11,469 or 5.2% over FY20 and 0.9% of total revenues anticipated for FY21 with the major revenue sources from:**
  - \$135,249 non-governmental grant funds for Chronic Disease
  - \$63,825 support from REMSA for the EMS program
- **County General Fund Support - \$9,516,856 no change from FY20 and 39.7% of total revenues anticipated for FY21**

**Washoe County Health District  
 FY 21 Adopted Budget - Revenues \$24.0 million**  
 (excludes opening fund balance)

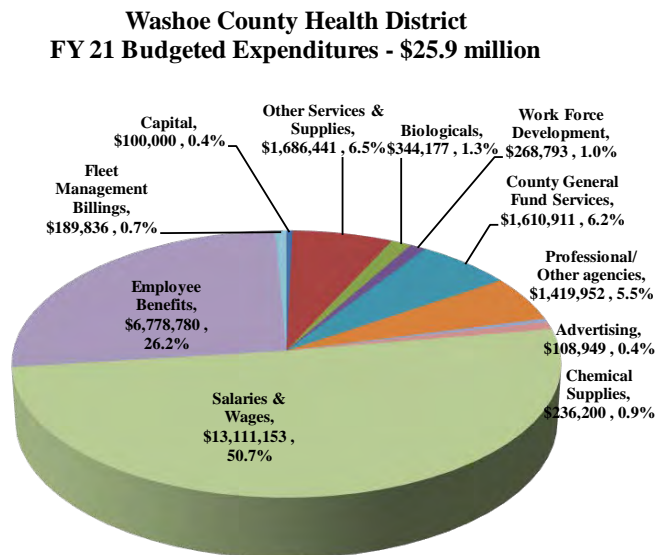
FY2020 - 2021 Budgeted Revenues		
		% of Total Revenue
Licenses and Permits	\$ 3,626,311	15.1%
Federal & State Grants	\$ 6,163,765	25.7%
Tire Fees	\$ 525,000	2.2%
Pollution Control	\$ 628,105	2.6%
Dust Plan	\$ 578,414	2.4%
Birth & Death Certificates	\$ 589,467	2.5%
Charges for Services	\$ 2,151,925	9.0%
Miscellaneous	\$ 209,074	0.9%
General Fund Support	\$ 9,516,856	39.7%
<b>Total Revenue</b>	<b>\$ 23,988,918</b>	<b>100.0%</b>



Total budgeted expenditures are \$25,855,192 up \$1,708,812 or 7.1% over FY20 adopted budget due to the increased use of restricted funds and an increase in one-time spending for community support on Public Health initiatives and includes:

- **Salaries and Wages - \$13,111,153 up \$856,899 or 7.0% over FY20 and 50.7% of FY21 expenditures**
  - 165.27 FTEs up 8.98 from 156.29 budgeted in FY20 due to adjustments in the intermittent hourly staff and new positions for the Health District
  - Includes employee merit increases for those not at the top of the pay range
  - Includes a 2.5% cost of living increase that was negotiated by the County, estimated cost is \$299,689
- **Employee Benefits - \$6,778,780 up \$378,338 or 5.9% over FY20 and 26.2% of FY21 expenditures**
  - PERS of \$3,599,449 remains at 29.25% and is up \$295,703 over FY20
  - Health Insurance for existing and retired staff is \$2,920,161 and is up \$137,272 or 4.9% over FY20
- **Services and Supplies are budgeted at \$5,865,259 up \$498,575 or 9.3% over FY20 and is 22.7% of FY21 expenditures and the major increases include:**
  - Increase of \$210,119 for County overhead costs, total cost is budgeted at \$1,610,911
  - Professional Services and payments to other agencies increased by \$191,344 due to increases in grants and the allocations for restricted funds
- **Capital - \$100,000 down \$25,000 or 20.0% over FY20 and 0.4% of FY21 expenditures**
  - \$25,000 decline is due to a software maintenance contract moving to services and supplies
  - \$100,000 is for equipment related to air monitoring systems

FY2020 - 2021 Budgeted Expenditures		
		% of Total Expenditures
Salaries & Wages	\$ 13,111,153	50.7%
Employee Benefits	\$ 6,778,780	26.2%
County General Fund Services	\$ 1,610,911	6.2%
Other Services & Supplies	\$ 1,686,441	6.5%
Professional/ Other agencies	\$ 1,419,952	5.5%
Advertising	\$ 108,949	0.4%
Work Force Development	\$ 268,793	1.0%
Biologicals	\$ 344,177	1.3%
Fleet Management Billings	\$ 189,836	0.7%
Chemical Supplies	\$ 236,200	0.9%
Capital	\$ 100,000	0.4%
<b>Total Expenditures</b>	<b>\$25,855,192</b>	<b>100.0%</b>



With calculating in the fund balance from FY19 of \$7,841,536 and combining the anticipated resources and uses for fiscal year 2020 the ending fund balance for FY20 is projected to be \$7,552,452 which will be available for the budget in FY21 and includes operating budget for the Health District twenty-two programs, \$767,883 of above the base expenditures, \$500,000 for community public health projects, \$228,970 for anticipated retirement payouts, \$45,000 for temporary help if unusual work activities increase, and \$50,000 to continue security and facility enhancements. The total resources and uses for FY21 are generating a fund balance of \$5,686,177 which is 22.0% of annual expenditures which is well above the policy guidelines of a 10%-17% fund balance for special revenue funds.

The detail of the sources and uses are as follows:

	Actual					Estimated	Proposed
	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021
<b>SOURCES OF FUNDS:</b>							
<b>Opening Fund Balance</b>	\$ 2,155,799	\$ 2,268,506	\$ 2,967,844	\$ 4,180,897	\$ 6,336,402	\$ 7,841,536	\$ 7,552,452
<b>Revenues:</b>							
Licenses and Permits	1,410,276	1,559,740	2,422,926	3,252,242	3,603,814	3,610,780	3,626,311
Federal & State Grants	5,369,889	5,571,322	5,557,814	5,413,067	5,436,829	5,542,810	5,615,455
Federal & State Indirect Rev.	288,770	415,541	507,118	532,608	545,551	577,837	548,311
Tire Fees (NRS 444A.090)	446,463	465,345	562,745	504,990	522,233	540,064	525,000
Pollution Control (NRS 445B.830)	541,626	599,290	573,910	745,724	650,382	628,105	628,105
Dust Plan	187,763	271,308	504,360	536,722	594,133	572,234	578,414
Birth & Death Certificates	465,052	521,837	548,064	532,982	541,301	568,467	589,467
Other Charges for Services	744,250	907,373	1,574,436	2,412,565	2,280,892	2,190,289	2,151,925
Miscellaneous	58,286	81,259	116,665	78,712	371,381	227,067	209,074
<b>Total Revenues</b>	<b>9,512,374</b>	<b>10,393,014</b>	<b>12,368,039</b>	<b>14,009,611</b>	<b>14,546,516</b>	<b>14,457,653</b>	<b>14,472,062</b>
Total General Fund transfer	10,000,192	10,076,856	10,002,381	10,051,691	9,516,856	9,516,856	9,516,856
Total Revenues & General Fund transfer	19,512,566	20,469,870	22,370,420	24,061,302	24,063,372	23,974,509	23,988,918
<b>Total Sources of Funds</b>	<b>21,668,365</b>	<b>22,738,376</b>	<b>25,338,263</b>	<b>28,242,199</b>	<b>30,399,773</b>	<b>31,816,044</b>	<b>31,541,370</b>
<b>USES OF FUNDS:</b>							
<b>Expenditures:</b>							
Salaries & Wages	10,186,634	10,052,614	10,644,057	10,774,122	11,199,593	12,080,993	13,111,153
Group Insurance	1,430,834	1,480,594	1,682,564	1,655,278	1,611,235	1,636,184	1,806,389
OPEB Contribution	1,085,690	1,011,161	1,181,460	1,305,189	1,286,542	1,118,614	1,113,772
Retirement	2,435,635	2,654,379	2,793,067	2,812,595	2,921,733	3,235,176	3,599,449
Other Employee Benefits	222,327	222,140	252,901	258,593	269,338	246,460	259,171
Professional/Other agencies	630,642	627,111	393,044	640,362	1,027,608	1,426,874	1,419,952
Advertising	210,171	108,627	263,000	180,955	79,619	183,898	108,949
Chemical Supplies	231,437	250,088	403,041	767,031	392,702	297,250	236,200
Biologicals	211,580	227,771	247,083	281,701	325,000	305,134	344,177
Fleet Management billings	180,112	182,379	175,525	195,899	190,311	190,209	189,836
Workforce training & development	126,307	128,749	129,825	149,608	164,849	274,459	268,793
Other Services and Supplies	767,593	978,196	1,230,288	1,268,436	1,783,461	1,703,094	1,686,441
Indirect cost allocation	1,655,371	1,784,721	1,700,797	1,520,621	1,218,079	1,400,792	1,610,911
Capital	25,527	62,001	60,714	95,406	88,167	164,455	100,000
<b>Total Uses of Funds</b>	<b>19,399,859</b>	<b>19,770,532</b>	<b>21,157,367</b>	<b>21,905,797</b>	<b>22,558,237</b>	<b>24,263,593</b>	<b>25,855,192</b>
Net Change in Fund Balance	112,707	699,338	1,213,053	2,155,505	1,505,134	(289,084)	(1,866,275)
<b>Ending Fund Balance (FB)</b>	<b>\$ 2,268,506</b>	<b>\$ 2,967,844</b>	<b>\$ 4,180,897</b>	<b>\$ 6,336,402</b>	<b>\$ 7,841,536</b>	<b>\$ 7,552,452</b>	<b>\$ 5,686,177</b>
<b>FB as a percent of Uses of Funds</b>	<b>11.7%</b>	<b>15.0%</b>	<b>19.8%</b>	<b>28.9%</b>	<b>34.8%</b>	<b>31.1%</b>	<b>22.0%</b>

**Three- year projection**

The increase in revenues for FY24 compared to estimated FY20 is \$999,988 or a 4.2% increase. The transfer from the County General Fund, the single largest source of revenue, is projected to be flat due to enough fund balance. The expenditures increase in FY24 compared to estimated FY20 is \$1,856,724 or an increase of 7.7%. This increase in expenditures is supported by the ample Health Fund balance that is available to meet community needs. The expenditures are projected to be greater than the revenues by \$623,836 in FY22, \$899,381 for FY23, and \$1,145,821 in FY24. If needed in FY24, to manage the progressive decline in fund balance examples of adjustments that can be made in the budget includes: \$500,000 for community special projects; \$228,970 for retiree payouts (hold position vacant to recover the cost of retirement); \$45,000 for temporary help when there are increases in work activities; and \$50,000 for safety and facility funding. The details for the projections are as follows:

	Estimated	Proposed	Projected Based on Historical Trends		
	FY 2019-2020	FY 2020-2021	FY 2021-2022	FY 2022-2023	FY 2023-2024
<b>SOURCES OF FUNDS:</b>					
<b>Opening Fund Balance</b>	\$ 7,841,536	\$ 7,552,452	\$ 5,686,177	\$ 5,062,341	\$ 4,162,960
<b>Revenues:</b>					
Licenses and Permits	3,610,780	3,626,311	3,708,628	3,801,344	3,915,384
Federal & State Grants	5,542,810	5,615,455	5,730,884	5,829,469	5,923,321
Federal & State Indirect Rev.	577,837	548,311	559,614	569,303	578,542
Tire Fees (NRS 444A.090)	540,064	525,000	537,782	550,876	564,288
Pollution Control (NRS 445B.830)	628,105	628,105	642,363	658,422	678,174
Dust Plan	572,234	578,414	591,544	606,333	624,523
Birth & Death Certificates	568,467	589,467	601,256	613,281	631,680
Other Charges for Services	2,190,289	2,151,925	2,200,774	2,255,793	2,323,467
Miscellaneous	227,067	209,074	210,582	214,483	218,260
<b>Total Revenues</b>	<b>14,457,653</b>	<b>14,472,062</b>	<b>14,783,428</b>	<b>15,099,304</b>	<b>15,457,640</b>
<b>Total General Fund transfer</b>	<b>9,516,856</b>	<b>9,516,856</b>	<b>9,516,856</b>	<b>9,516,856</b>	<b>9,516,856</b>
<b>Total Revenues &amp; General Fund transfer</b>	<b>23,974,509</b>	<b>23,988,918</b>	<b>24,300,284</b>	<b>24,616,160</b>	<b>24,974,496</b>
<b>Total Sources of Funds</b>	<b>31,816,044</b>	<b>31,541,370</b>	<b>29,986,461</b>	<b>29,678,501</b>	<b>29,137,456</b>
<b>USES OF FUNDS:</b>					
<b>Expenditures:</b>					
Salaries & Wages	12,080,993	13,111,153	12,671,222	12,979,728	13,295,745
Group Insurance	1,636,184	1,806,389	1,809,661	1,886,381	1,966,353
OPEB Contribution	1,118,614	1,113,772	1,168,222	1,217,748	1,269,374
Retirement	3,235,176	3,599,449	3,481,898	3,566,672	3,653,509
Other Employee Benefits	246,460	259,171	258,250	269,199	280,611
Professional/Other agencies	1,426,874	1,419,952	1,369,269	1,390,069	1,409,191
Advertising	183,898	108,949	61,118	62,046	62,900
Chemical Supplies	297,250	236,200	236,200	236,791	237,382
Biologicals	305,134	344,177	350,886	356,216	361,116
Fleet Management billings	190,209	189,836	191,736	193,573	196,949
Workforce training & development	274,459	268,793	270,137	272,163	274,204
Other Services and Supplies	1,703,094	1,686,441	1,389,241	1,410,344	1,429,745
Indirect cost allocation	1,400,792	1,610,911	1,616,281	1,624,362	1,632,484
Capital	164,455	100,000	50,000	50,250	50,753
<b>Total Uses of Funds</b>	<b>24,263,593</b>	<b>25,855,192</b>	<b>24,924,120</b>	<b>25,515,541</b>	<b>26,120,317</b>
Net Change in Fund Balance	(289,084)	(1,866,275)	(623,836)	(899,381)	(1,145,821)
<b>Ending Fund Balance (FB)</b>	<b>\$ 7,552,452</b>	<b>\$ 5,686,177</b>	<b>\$ 5,062,341</b>	<b>\$ 4,162,960</b>	<b>\$ 3,017,139</b>
<b>FB as a percent of Uses of Funds</b>	<b>31.1%</b>	<b>22.0%</b>	<b>20.3%</b>	<b>16.3%</b>	<b>11.6%</b>

***Next Steps***

- **March 3<sup>rd</sup>**, Budget presentation to the County Senior Management
- **March 6<sup>th</sup>**, District Health Officer delivers FY21 budget to the County Manager and Cities Manager
- **March 26<sup>th</sup>**, DBOH update on the Managers meeting for FY21 Budget
- **April 21<sup>st</sup>**, BCC meeting, County Manager’s recommendations for FY21 budget, General Fund support should be finalized
- **May 19<sup>th</sup>**, BCC Public Hearing and possible adoption of the FY21 Budget
- **June 1<sup>st</sup>**, County delivers Final Budget to the Department of Taxation

**FISCAL IMPACT**

Approval of the FY21 proposed budget would provide an expenditure budget of \$25,855,192. Resources include \$14,472,062 in Health District revenues, \$9,516,856 in a transfer from the County General Fund, and \$7,552,452 from unspent funding in FY20. With total resources at \$31,541,370 and the expenditures at \$25,855,192, the fund balance anticipated for FY21 is \$5,686,177, which is 22.0% of the total expenditures. Approval of this budget does not prevent adjustments that may be necessary prior to the final adoption of the budget by the Board of County Commissioners in May 2020. Any material changes by the County will be reported to the District Board of Health.

**RECOMMENDATION**

Staff recommends that the District Board of Health approve the Fiscal Year 2020-2021 Budget.

**POSSIBLE MOTION**

Should the Board agree with staff’s recommendation, a possible motion would be: “Move to approve the Washoe County Health District Fiscal Year 2021 budget as outlined by staff.”

Should the Board amend staff’s recommendation, a possible motion would be: “Move to approve the Washoe County Health District Fiscal 2021 budget as outlined by staff with the following adjustments.....”

- Attachments:
- Appendix A - History, Current Estimates, FY21 Recommended Budget & Projections to FY24
  - Appendix B - FY21 Recommended Budget
  - Appendix C - History of Budgeted Full-time equivalents (FTEs)
  - Appendix D - Health District Organization Chart

**Appendix A**

**Washoe County Health District Fund  
History, Current Estimates, FY21 Proposed Budget and Projections to FY24**

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**Washoe County Health District  
History, Current Estimates for FY20, FY21 Proposed Budget and Projections to FY24**

	Actual					Estimated FY 2019- 2020	Proposed FY 2020- 2021	Projected Based on Historical Trends		
	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019			FY 2021- 2022	FY 2022- 2023	FY 2023- 2024
<b>SOURCES OF FUNDS:</b>										
<b>Opening Fund Balance</b>	\$ 2,155,799	\$ 2,268,506	\$ 2,967,844	\$ 4,180,897	\$ 6,336,402	\$ 7,841,536	\$ 7,552,452	\$ 5,686,177	\$ 5,062,341	\$ 4,162,960
<b>Revenues:</b>										
Licenses and Permits	1,410,276	1,559,740	2,422,926	3,252,242	3,603,814	3,610,780	3,626,311	3,708,628	3,801,344	3,915,384
Federal & State Grants	5,369,889	5,571,322	5,557,814	5,413,067	5,436,829	5,542,810	5,615,455	5,730,884	5,829,469	5,923,321
Federal & State Indirect Rev.	288,770	415,541	507,118	532,608	545,551	577,837	548,311	559,614	569,303	578,542
Tire Fees (NRS 444A.090)	446,463	465,345	562,745	504,990	522,233	540,064	525,000	537,782	550,876	564,288
Pollution Control (NRS 445B.830)	541,626	599,290	573,910	745,724	650,382	672,105	628,105	642,363	658,422	678,174
Dust Plan	187,763	271,308	504,360	536,722	594,133	572,234	578,414	591,544	606,333	624,523
Birth & Death Certificates	465,052	521,837	548,064	532,982	541,301	568,467	589,467	601,256	613,281	631,680
Other Charges for Services	744,250	907,373	1,574,436	2,412,565	2,280,892	2,190,289	2,151,925	2,200,774	2,255,793	2,323,467
Miscellaneous	58,286	81,259	116,665	78,712	371,381	227,067	209,074	210,582	214,483	218,260
<b>Total Revenues</b>	9,512,374	10,393,014	12,368,039	14,009,611	14,546,516	14,457,653	14,472,062	14,783,428	15,099,304	15,457,640
<b>Total General Fund transfer</b>	10,000,192	10,076,856	10,002,381	10,051,691	9,516,856	9,516,856	9,516,856	9,516,856	9,516,856	9,516,856
<b>Total Revenues &amp; General Fund transfer</b>	19,512,566	20,469,870	22,370,420	24,061,302	24,063,372	23,974,509	23,988,918	24,300,284	24,616,160	24,974,496
<b>Total Sources of Funds</b>	21,668,365	22,738,376	25,338,263	28,242,199	30,399,773	31,816,044	31,541,370	29,986,461	29,678,501	29,137,456
<b>USES OF FUNDS:</b>										
<b>Expenditures:</b>										
Salaries & Wages	10,186,634	10,052,614	10,644,057	10,774,122	11,199,593	12,080,993	13,111,153	12,671,222	12,979,728	13,295,745
Group Insurance	1,430,834	1,480,594	1,682,564	1,655,278	1,611,235	1,636,184	1,806,389	1,809,661	1,886,381	1,966,353
OPEB Contribution	1,085,690	1,011,161	1,181,460	1,305,189	1,286,542	1,118,614	1,113,772	1,168,222	1,217,748	1,269,374
Retirement	2,435,635	2,654,379	2,793,067	2,812,595	2,921,733	3,235,176	3,599,449	3,481,898	3,566,672	3,653,509
Other Employee Benefits	222,327	222,140	252,901	258,593	269,338	246,460	259,171	258,250	269,199	280,611
Professional/Other agencies	630,642	627,111	393,044	640,362	1,027,608	1,426,874	1,419,952	1,369,269	1,390,069	1,409,191
Advertising	210,171	108,627	263,000	180,955	79,619	183,898	108,949	61,118	62,046	62,900
Chemical Supplies	231,437	250,088	403,041	767,031	392,702	297,250	236,200	236,200	236,791	237,382
Biologicals	211,580	227,771	247,083	281,701	325,000	305,134	344,177	350,886	356,216	361,116
Fleet Management billings	180,112	182,379	175,525	195,899	190,311	190,209	189,836	191,736	193,573	196,949
Workforce training & development	126,307	128,749	129,825	149,608	164,849	274,459	268,793	270,137	272,163	274,204
Other Services and Supplies	767,593	978,196	1,230,288	1,268,436	1,783,461	1,703,094	1,686,441	1,389,241	1,410,344	1,429,745
Indirect cost allocation	1,655,371	1,784,721	1,700,797	1,520,621	1,218,079	1,400,792	1,610,911	1,616,281	1,624,362	1,632,484
Capital	25,527	62,001	60,714	95,406	88,167	164,455	100,000	50,000	50,250	50,753
<b>Total Uses of Funds</b>	19,399,859	19,770,532	21,157,367	21,905,797	22,558,237	24,263,593	25,855,192	24,924,120	25,515,541	26,120,317
Net Change in Fund Balance	112,707	699,338	1,213,053	2,155,505	1,505,134	(289,084)	(1,866,275)	(623,836)	(899,381)	(1,145,821)
<b>Ending Fund Balance (FB)</b>	\$ 2,268,506	\$ 2,967,844	\$ 4,180,897	\$ 6,336,402	\$ 7,841,536	\$ 7,552,452	\$ 5,686,177	\$ 5,062,341	\$ 4,162,960	\$ 3,017,139
<b>FB as a percent of Uses of Funds</b>	11.7%	15.0%	19.8%	28.9%	34.8%	31.1%	22.0%	20.3%	16.3%	11.6%

FY20 & FY21 deficit is due to an attempt to spend down fund balance, the policy is a balance between 10%-17% of expenditures. Also included is \$952,218 of restricted funds from prior years assumed to be spent out between FY20 and FY21. Funding in FY21-FY24 that can be managed if fund balance drops below 10%. \$500,000 special projects; \$228,970 for retiree payouts (hold position vacant to recover cost), surge capacity of \$45,000 and \$50,000 for safety and facility funding.



Washoe County Health District

History, Current Estimates for FY20, FY21 Proposed Budget and Projections to FY24

	Actual					Estimated FY 2019- 2020	Proposed FY 2020- 2021	Projected Based on Historical Trends	
	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019			FY 2021- 2022	FY 2022- 2023
<b>Revenues and Expenditures by Program:</b>									
<b><u>Office of the District Health Officer</u></b>									
<b>Revenues:</b>									
Federal & State Grants	-	15,000	14,111	2,796	-	-	-	-	-
Federal & State Indirect Rev.	-	-	2,117	419	-	-	-	-	-
Miscellaneous	-	-	35,000	150	-	-	-	-	-
Sub-total Revenues	-	15,000	51,228	3,365	-	-	-	-	-
<b>Expenditures:</b>									
Salaries & Wages	281,710	328,280	448,896	428,437	502,945	632,054	700,086	675,946	709,261
Group Insurance	29,921	38,760	60,761	55,983	58,761	66,896	78,445	78,108	84,871
OPEB Contribution	27,276	27,874	43,491	63,169	68,187	62,123	61,854	64,878	70,495
Retirement	72,212	91,351	124,784	94,929	124,006	173,209	189,508	182,973	191,991
Other Employee Benefits	3,994	6,672	10,113	11,189	12,557	10,603	11,463	11,361	12,344
Professional/Other agencies	15,189	29,199	51,655	45,462	184,203	296,536	551,396	552,398	568,504
Advertising	-	-	5,029	750	1,000	50,000	-	-	-
Workforce training & development	3,103	9,369	10,448	10,536	12,254	25,477	14,500	14,573	14,792
Other Services and Supplies	6,894	14,794	102,708	74,401	304,824	141,730	115,536	117,788	121,222
Indirect cost allocation	41,587	48,371	46,382	41,468	33,218	98,122	112,840	113,216	114,351
Capital	-	-	-	-	34,538	-	-	-	-
Sub-total Expenditures	\$ 481,886	\$ 594,672	\$ 904,267	\$ 826,325	\$ 1,336,494	\$ 1,556,749	\$ 1,835,629	\$ 1,811,242	\$ 1,887,833
<b>Revenues Less Expenditures</b>	\$ (481,886)	\$ (579,672)	\$ (853,040)	\$ (822,960)	\$ (1,336,494)	\$ (1,556,749)	\$ (1,835,629)	\$ (1,811,242)	\$ (1,887,833)
FY21 increase in professional/other agencies is the \$500,000 base funding approved in FY20 for one-time projects - funding will be transferred to the appropriate program in FY21 once allocations are approved by the DHO.									
FY21 also includes the above the base funding for the Public Health Communications Manager to be removed from grant funding (\$35,239).									
<b><u>Administrative Health Services Office</u></b>									
<b>Revenues:</b>									
Miscellaneous	151	-	-	-	-	-	-	-	-
Sub-total Revenues	151	-	-	-	-	-	-	-	-
<b>Expenditures:</b>									
Salaries & Wages	707,651	640,045	631,475	574,274	576,597	658,276	848,905	819,634	860,031
Group Insurance	84,388	91,131	99,880	98,208	92,583	99,374	98,869	98,444	102,618
OPEB Contribution	23,125	19,879	81,163	81,735	80,787	66,792	66,504	69,755	72,712
Retirement	161,834	178,097	176,752	128,217	150,683	190,549	201,090	194,156	198,883
Other Employee Benefits	17,080	14,200	14,973	15,292	14,630	12,891	13,525	13,404	13,972
Professional/Other agencies	35,405	3,241	3,000	3,150	3,540	4,000	3,000	3,058	3,148
Workforce training & development	12,998	-	-	6,348	7,352	5,700	9,830	9,879	9,953
Other Services and Supplies	18,830	14,933	79,046	79,863	89,808	134,456	140,825	143,570	147,756
Indirect cost allocation	35,258	34,497	33,077	29,573	23,689	74,213	85,345	85,629	86,488
Capital	-	-	-	-	20,000	-	-	-	-
Sub-total Expenditures	1,096,568	996,022	1,119,366	1,016,660	1,059,669	1,246,252	1,467,892	1,437,530	1,508,503
<b>Revenues Less Expenditures</b>	\$ (1,096,417)	\$ (996,022)	\$ (1,119,366)	\$ (1,016,660)	\$ (1,059,669)	\$ (1,246,252)	\$ (1,467,892)	\$ (1,437,530)	\$ (1,508,503)
FY20 Other Svcs increase is due to \$50,000 safety budget moving from ODHO to AHS; FY21 increase in Salaries is due to the \$228,970 retiree accrued benefits payout budgeted in AHS, it will move to divisions when retirements occur.									
FY21 also includes the above the base request to reclassify a vacant Office Assistant II to an Office Support Specialist - impact to budget is \$11,871.									

**Washoe County Health District  
History, Current Estimates for FY20, FY21 Proposed Budget and Projections to FY24**

	Actual					Estimated FY 2019- 2020	Proposed FY 2020- 2021	Projected Based on Historical Trends		
	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019			FY 2021- 2022	FY 2022- 2023	FY 2023- 2024
<b><u>Air Quality Management Program</u></b>										
<b>Revenues:</b>										
Licenses and Permits	526,224	523,612	554,557	716,574	704,475	748,919	709,437	725,541	743,680	765,990
Federal & State Grants	794,723	727,088	736,335	697,654	643,408	764,576	702,850	716,550	727,435	737,442
Federal & State Indirect Rev.	32,189	32,794	33,218	31,108	29,091	30,456	31,769	32,389	32,881	33,333
Pollution Control (NRS 445B.830)	541,626	599,290	573,910	745,724	650,382	628,105	628,105	642,363	658,422	678,174
Dust Plan	187,763	271,308	504,360	536,722	594,133	572,234	578,414	591,544	606,333	624,523
Other Charges for Services	344,790	366,311	577,340	815,558	793,820	832,331	847,492	866,730	888,398	915,050
Miscellaneous	156	50	-	-	27,960	6,981	-	-	-	-
Sub-total Revenues	2,427,471	2,520,452	2,979,720	3,543,340	3,443,270	3,583,602	3,498,067	3,575,117	3,657,149	3,754,513
<b>Expenditures:</b>										
Salaries & Wages	1,343,833	1,365,722	1,441,018	1,455,026	1,595,076	1,608,045	1,683,871	1,677,555	1,718,398	1,760,236
Group Insurance	200,574	202,182	225,098	210,156	215,708	212,909	215,293	221,144	230,519	240,292
OPEB Contribution	133,449	128,749	171,961	188,415	187,704	166,276	165,557	173,651	181,013	188,687
Retirement	339,148	368,286	389,982	403,682	435,780	462,616	488,900	487,066	498,924	511,072
Other Employee Benefits	29,144	29,518	37,004	36,822	40,957	43,087	44,645	45,649	47,584	49,601
Professional/Other agencies	175,510	95,166	20,510	55,813	69,012	278,958	91,800	59,281	60,182	61,010
Advertising	11,965	47,657	62,135	38,416	1,041	50,950	50,950	1,988	2,018	2,046
Fleet Management billings	33,902	36,710	32,246	44,034	46,613	41,038	46,109	46,571	47,017	47,837
Workforce training & development	23,659	27,077	23,772	25,500	15,856	37,000	37,000	37,185	37,464	37,745
Other Services and Supplies	74,974	114,408	203,657	216,828	174,666	200,819	338,963	112,075	113,777	115,342
Indirect cost allocation	203,472	223,424	214,235	191,539	153,430	201,631	231,876	232,649	233,812	234,981
Capital	17,566	31,736	35,340	70,032	-	148,455	100,000	50,000	50,250	50,753
Sub-total Expenditures	2,587,196	2,670,635	2,856,957	2,936,262	2,935,843	3,451,784	3,494,963	3,144,813	3,220,958	3,299,601
<b>Revenues Less Expenditures</b>	<b>\$ (159,725)</b>	<b>\$ (150,183)</b>	<b>\$ 122,763</b>	<b>\$ 607,078</b>	<b>\$ 507,427</b>	<b>\$ 131,818</b>	<b>\$ 3,104</b>	<b>\$ 430,305</b>	<b>\$ 436,190</b>	<b>\$ 454,912</b>

\$686,236 of restricted funds from prior year savings are projected to be 100% spent over FY20 & 21. In FY21 the \$75,000 above base request for the 4% Regional Technology revenue is budgeted in Prof Svcs (\$50k) & Other (\$25k).

**Washoe County Health District  
History, Current Estimates for FY20, FY21 Proposed Budget and Projections to FY24**

	Actual					Estimated FY 2019- 2020	Proposed FY 2020- 2021	Projected Based on Historical Trends		
	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019			FY 2021- 2022	FY 2022- 2023	FY 2023- 2024
<b><u>Chronic Disease Prevention</u></b>										
<b>Revenues:</b>										
Federal & State Grants	301,412	276,505	292,968	355,764	246,374	207,162	284,896	294,449	294,861	298,918
Federal & State Indirect Rev.	14,152	15,536	17,463	23,991	20,452	16,872	13,250	13,508	13,713	13,902
Miscellaneous					162,863	135,249	135,249	137,885	139,980	141,906
Sub-total Revenues	315,564	292,042	310,431	379,755	429,689	359,282	433,395	441,843	448,555	454,725
<b>Expenditures:</b>										
Salaries & Wages	197,883	220,935	247,735	318,965	335,562	473,517	688,437	664,699	680,882	697,460
Group Insurance	24,111	27,298	37,649	45,785	48,457	61,388	91,230	90,839	94,690	98,704
OPEB Contribution	23,018	11,094	23,139	22,554	29,469	28,242	28,120	29,495	30,745	32,049
Retirement	43,147	48,587	52,043	71,486	77,551	108,432	172,767	166,810	170,871	175,031
Other Employee Benefits	3,645	3,944	5,490	7,089	7,405	6,182	9,096	9,014	9,396	9,795
Professional/Other agencies	68,696	133,251	46,980	108,895	199,532	88,138	39,338	40,105	40,714	41,274
Advertising	103,657	5,324	101,329	59,630	15,030	21,459	26,459	26,975	27,385	27,761
Workforce training & development	2,076	2,265	4,420	4,753	4,361	12,501	7,272	7,308	7,363	7,418
Other Services and Supplies	13,286	9,584	13,224	21,506	63,224	54,273	72,559	62,799	63,753	64,630
Indirect cost allocation	35,096	49,251	36,709	32,820	26,290	45,368	52,173	52,347	52,609	52,872
Sub-total Expenditures	514,616	511,533	568,789	693,481	806,881	899,500	1,187,451	1,150,391	1,178,409	1,206,995
<b>Revenues Less Expenditures</b>	<b>\$ (199,052)</b>	<b>\$ (219,491)</b>	<b>\$ (258,358)</b>	<b>\$ (313,726)</b>	<b>\$ (377,192)</b>	<b>\$ (540,217)</b>	<b>\$ (754,057)</b>	<b>\$ (708,548)</b>	<b>\$ (729,854)</b>	<b>\$ (752,269)</b>
FY21 Proposed budget includes the above the base request for the Health Educator Coordinator (\$110,877), Health Educator II (\$105,666) and the operating budget for the Behavioral health/injury prevention services (\$21,920).										
<b><u>Community &amp; Clinical Health Administration &amp; Billing</u></b>										
<b>Revenues:</b>										
Other Charges for Services	-	-	-	-	-	-	-	-	-	-
Miscellaneous	-	-	-	-	-	-	-	-	-	-
Sub-total Revenues	-	-	-	-	-	-	-	-	-	-
<b>Expenditures:</b>										
Salaries & Wages	118,376	125,305	209,121	252,529	312,539	399,868	424,964	410,310	420,300	430,533
Group Insurance	11,591	13,500	26,463	34,048	40,676	43,758	55,966	55,725	58,088	60,551
OPEB Contribution	11,966	11,867	16,738	28,194	34,014	35,234	35,081	36,796	38,356	39,982
Retirement	30,109	34,803	59,005	70,675	87,511	93,836	124,302	120,016	122,938	125,931
Other Employee Benefits	2,622	2,711	4,694	5,638	7,126	6,403	6,862	6,800	7,088	7,389
Professional/Other agencies	28,420	2,954	6,976	17,043	12,741	12,260	34,378	35,048	35,580	36,070
Advertising	-	643	-	-	2,060	-	-	-	-	-
Fleet Management billings	3,237	3,409	4,420	4,452	4,110	4,223	4,639	4,686	4,731	4,813
Workforce training & development	5,870	1,779	2,119	4,728	8,475	12,638	10,375	10,427	10,505	10,584
Other Services and Supplies	2,980	8,530	10,015	18,256	61,384	53,158	42,696	43,529	44,190	44,798
Indirect cost allocation	18,245	20,594	19,747	17,655	14,142	41,014	47,166	47,323	47,560	47,798
Capital	-	30,265	25,374	25,374	18,829	-	-	-	-	-
Sub-total Expenditures	233,417	256,359	384,673	478,592	603,607	702,392	786,428	770,660	789,336	808,447
<b>Revenues Less Expenditures</b>	<b>\$ (233,417)</b>	<b>\$ (256,359)</b>	<b>\$ (384,673)</b>	<b>\$ (478,592)</b>	<b>\$ (603,607)</b>	<b>\$ (702,392)</b>	<b>\$ (786,428)</b>	<b>\$ (770,660)</b>	<b>\$ (789,336)</b>	<b>\$ (808,447)</b>
FY20 Salary increase is due to a \$78,392.57 retiree accrued benefits payout. FY21 includes an above base request for a Public Health Nurse Supervisor (\$130,787) and operating costs due to that new position (\$9,852).										

Washoe County Health District

History, Current Estimates for FY20, FY21 Proposed Budget and Projections to FY24

	Actual				Estimated FY 2019- 2020	Proposed FY 2020- 2021	Projected Based on Historical Trends		
	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018			FY 2018- 2019	FY 2021- 2022	FY 2022- 2023
<b>Family Planning</b>									
<b>Revenues:</b>									
Federal & State Grants	783,065	743,944	835,313	967,598	903,709	845,781	862,268	875,366	887,408
Federal & State Indirect Rev.	20,388	32,593	124,392	143,824	111,729	107,909	110,013	111,684	113,220
Other Charges for Services	34,024	74,173	107,310	193,137	193,000	198,000	202,495	207,557	213,784
Miscellaneous	19,122	20,937	16,448	14,260	6,500	5,000	5,122	5,246	5,374
Sub-total Revenues	856,599	871,646	1,083,463	1,318,818	1,214,938	1,156,690	1,179,897	1,199,853	1,219,786
<b>Expenditures:</b>									
Salaries & Wages	522,050	493,055	541,807	622,942	717,765	651,191	628,737	644,044	659,725
Group Insurance	87,517	98,577	96,255	98,693	87,060	98,154	97,733	101,876	106,195
OPEB Contribution	64,398	58,070	36,734	56,399	34,822	34,671	36,366	37,908	39,515
Retirement	113,797	125,217	126,468	147,691	160,223	175,264	169,220	173,340	177,561
Other Employee Benefits	11,909	12,221	11,802	13,769	9,448	9,913	9,824	10,241	10,675
Professional/Other agencies	18,387	22,875	29,397	30,710	24,675	23,700	24,162	24,529	24,866
Advertising	1,316	-	22,494	10,778	30,899	1,500	1,529	1,552	1,574
Biologicals	110,025	91,652	118,490	119,683	96,944	115,957	118,217	120,013	121,664
Workforce training & development	5,161	4,574	7,037	11,621	12,065	11,500	11,558	11,644	11,732
Other Services and Supplies	63,141	55,135	49,416	83,477	83,140	64,746	66,008	67,011	67,933
Indirect cost allocation	98,189	100,772	96,628	86,392	66,721	76,729	76,985	77,370	77,757
Capital	-	-	(200)	-	-	-	-	-	-
Sub-total Expenditures	1,095,889	1,062,150	1,136,527	1,282,154	1,323,764	1,263,324	1,240,339	1,269,529	1,299,195
Revenues Less Expenditures	\$ (239,290)	\$ (190,504)	\$ (53,064)	\$ 36,664	\$ (108,826)	\$ (106,634)	\$ (60,442)	\$ (69,675)	\$ (79,409)
<b>Immunizations</b>									
<b>Revenues:</b>									
Federal & State Grants	305,244	290,366	274,682	252,617	222,468	245,707	250,496	254,302	257,800
Federal & State Indirect Rev.	39,707	37,748	37,878	32,841	27,332	26,026	26,533	26,936	27,307
Other Charges for Services	120,674	120,257	247,840	341,266	328,000	335,000	342,605	351,170	361,705
Miscellaneous	4,394	5,882	6,655	3,512	2,468	2,000	2,049	2,099	2,150
Sub-total Revenues	470,019	454,253	567,054	630,235	580,268	608,733	621,683	634,506	648,961
<b>Expenditures:</b>									
Salaries & Wages	722,929	694,865	684,211	663,230	654,507	703,480	679,222	695,759	712,699
Group Insurance	110,036	114,657	117,507	103,658	97,957	108,353	107,888	112,462	117,230
OPEB Contribution	88,216	78,590	75,357	86,484	59,749	59,490	62,398	65,044	67,801
Retirement	166,604	173,379	177,340	170,597	161,208	185,936	179,524	183,895	188,373
Other Employee Benefits	15,620	15,294	15,170	14,915	10,559	9,827	9,739	10,152	10,582
Professional/Other agencies	18,129	15,333	19,863	21,608	13,906	15,380	15,680	15,918	16,137
Advertising	100	-	-	-	100	100	102	103	105
Biologicals	100,332	127,622	113,635	154,880	194,690	214,690	218,875	222,200	225,256
Workforce training & development	3,674	4,622	3,179	2,093	3,908	4,908	4,933	4,970	5,007
Other Services and Supplies	42,969	48,941	30,975	37,250	41,044	37,209	37,934	38,511	39,040
Indirect cost allocation	134,504	136,382	130,772	116,919	82,275	94,616	94,932	95,406	95,883
Sub-total Expenditures	1,403,113	1,409,685	1,368,008	1,371,634	1,319,904	1,433,989	1,411,228	1,444,421	1,478,114
Revenues Less Expenditures	\$ (933,094)	\$ (955,432)	\$ (800,953)	\$ (741,399)	\$ (739,635)	\$ (825,257)	\$ (789,545)	\$ (809,914)	\$ (829,153)

FY21 proposed budget includes the above the base funding for staff due to a loss of grant funding (\$47,408) and an increase in biologicals (\$20,000).

**Washoe County Health District  
History, Current Estimates for FY20, FY21 Proposed Budget and Projections to FY24**

	Actual				Estimated FY 2019- 2020	Proposed FY 2020- 2021	Projected Based on Historical Trends	
	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018			FY 2018- 2019	FY 2021- 2022
<b>Maternal, Child &amp; Adolescent Health</b>								
<b>Revenues:</b>								
Federal & State Grants	52,894	54,540	56,622	58,705	58,035	58,705	59,849	61,594
Federal & State Indirect Rev.	5,106	5,181	5,662	5,871	5,803	5,871	5,985	6,160
Sub-total Revenues	58,000	59,721	62,284	64,576	63,838	64,576	65,835	67,754
<b>Expenditures:</b>								
Salaries & Wages	105,474	96,702	100,500	99,099	61,362	53,762	54,845	57,548
Group Insurance	18,965	16,455	16,681	16,516	8,673	7,407	8,197	8,906
OPEB Contribution	11,895	10,862	10,283	11,275	9,833	3,843	4,013	4,361
Retirement	26,203	26,907	28,082	27,744	14,800	15,080	16,042	16,833
Other Employee Benefits	4,679	4,644	2,183	2,148	1,284	857	911	990
Professional/Other agencies	468	468	500	610	468	500	510	525
Workforce training & development	1,055	258	2,389	1,376	894	3,213	3,085	3,152
Other Services and Supplies	5,712	5,742	5,741	5,773	3,658	6,563	7,009	7,214
Indirect cost allocation	18,137	18,849	18,074	16,159	12,944	8,530	9,842	9,941
Sub-total Expenditures	192,813	181,101	184,598	180,957	113,915	99,755	104,454	109,448
Revenues Less Expenditures	\$ (134,813)	\$ (121,380)	\$ (122,314)	\$ (116,381)	\$ (50,077)	\$ (35,179)	\$ (38,619)	\$ (40,088)
								\$ (41,694)
<b>Sexual Health - HIV</b>								
<b>Revenues:</b>								
Federal & State Grants	418,438	419,160	379,320	377,734	472,326	468,441	480,105	494,103
Federal & State Indirect Rev.	31,651	43,813	40,816	42,121	51,790	56,828	49,656	51,104
Sub-total Revenues	450,088	462,973	420,136	419,854	524,116	525,270	529,761	545,207
<b>Expenditures:</b>								
Salaries & Wages	228,850	229,906	205,387	221,449	278,411	348,221	305,900	320,976
Group Insurance	25,865	30,557	32,798	35,800	36,506	42,790	45,006	48,903
OPEB Contribution	27,723	26,876	24,326	26,736	23,002	28,407	29,667	32,235
Retirement	52,209	55,855	47,268	52,162	57,234	73,697	74,232	77,891
Other Employee Benefits	4,573	4,542	4,662	4,823	6,519	5,215	4,183	4,546
Professional/Other agencies	1,000	14	-	-	-	50	102	105
Advertising	75,750	54,480	43,599	28,295	10,850	1,000	2,651	2,728
Workforce training & development	1,642	10,771	4,686	3,907	16,923	6,338	9,284	9,424
Other Services and Supplies	28,566	33,073	40,933	35,381	69,147	51,503	68,447	70,442
Indirect cost allocation	42,270	46,640	44,722	39,984	32,029	37,007	42,700	43,128
Sub-total Expenditures	488,448	492,715	448,380	448,538	530,621	594,227	582,171	610,378
Revenues Less Expenditures	\$ (38,360)	\$ (29,742)	\$ (28,243)	\$ (28,683)	\$ (6,505)	\$ (73,415)	\$ (52,410)	\$ (58,326)
								\$ (65,172)

**Washoe County Health District  
History, Current Estimates for FY20, FY21 Proposed Budget and Projections to FY24**

	Actual					Estimated FY 2019- 2020	Proposed FY 2020- 2021	Projected Based on Historical Trends		
	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019			FY 2021- 2022	FY 2022- 2023	FY 2023- 2024
<b><u>Sexual Health - STD</u></b>										
<b>Revenues:</b>										
Federal & State Grants	123,868	118,225	119,578	119,858	116,374	119,919	117,761	120,056	121,880	123,557
Federal & State Indirect Rev.	11,691	11,250	11,360	11,386	11,354	11,992	12,282	12,521	12,712	12,886
Other Charges for Services	16,335	33,513	60,492	71,719	61,005	37,000	24,000	24,545	25,158	25,913
Miscellaneous	3,433	3,610	4,180	1,918	2,199	1,000	2,000	2,049	2,099	2,150
<b>Sub-total Revenues</b>	<b>155,327</b>	<b>166,598</b>	<b>195,610</b>	<b>204,880</b>	<b>190,933</b>	<b>169,911</b>	<b>156,043</b>	<b>159,171</b>	<b>161,849</b>	<b>164,506</b>
<b>Expenditures:</b>										
Salaries & Wages	435,515	472,553	568,207	547,121	622,777	639,496	699,347	675,232	691,672	708,512
Group Insurance	61,414	70,734	94,688	82,895	87,259	83,253	89,614	89,229	93,012	96,955
OPEB Contribution	52,104	52,197	55,392	67,885	59,685	55,089	54,851	57,533	59,972	62,514
Retirement	105,300	124,803	154,470	145,551	162,105	177,643	197,106	190,309	194,943	199,689
Other Employee Benefits	8,550	9,076	12,546	12,271	11,303	10,225	11,033	10,934	11,397	11,880
Professional/Other agencies	17,441	17,299	17,336	18,643	15,767	18,396	18,581	18,943	19,231	19,495
Advertising	100	-	395	-	-	-	-	-	-	-
Biologicals	3,512	169	3,954	(2,067)	825	3,000	3,030	3,089	3,136	3,179
Workforce training & development	851	1,964	1,928	2,792	4,878	2,525	2,500	2,513	2,531	2,550
Other Services and Supplies	62,297	59,422	67,041	65,153	73,369	60,401	45,688	46,578	47,286	47,937
Indirect cost allocation	79,444	90,581	86,855	77,654	62,204	62,079	71,391	71,629	71,987	72,347
<b>Sub-total Expenditures</b>	<b>826,529</b>	<b>898,799</b>	<b>1,062,812</b>	<b>1,017,896</b>	<b>1,100,172</b>	<b>1,112,107</b>	<b>1,193,139</b>	<b>1,165,989</b>	<b>1,195,166</b>	<b>1,225,059</b>
<b>Revenues Less Expenditures</b>	<b>\$ (671,202)</b>	<b>\$ (732,200)</b>	<b>\$ (867,202)</b>	<b>\$ (813,016)</b>	<b>\$ (909,239)</b>	<b>\$ (942,196)</b>	<b>\$ (1,037,096)</b>	<b>\$ (1,006,817)</b>	<b>\$ (1,033,318)</b>	<b>\$ (1,060,553)</b>
<b><u>Tuberculosis</u></b>										
<b>Revenues:</b>										
Federal & State Grants	103,793	93,421	104,380	91,304	100,735	100,963	95,834	97,702	99,186	100,551
Federal & State Indirect Rev.	10,275	12,739	15,135	13,097	14,423	14,805	13,896	14,167	14,382	14,580
Other Charges for Services	4,844	8,463	10,190	11,170	10,433	2,104	-	-	-	-
Miscellaneous	60	21	-	-	0	1,000	1,000	1,024	1,049	1,075
<b>Sub-total Revenues</b>	<b>118,972</b>	<b>114,644</b>	<b>129,705</b>	<b>115,571</b>	<b>125,591</b>	<b>118,872</b>	<b>110,730</b>	<b>112,893</b>	<b>114,618</b>	<b>116,205</b>
<b>Expenditures:</b>										
Salaries & Wages	400,820	365,632	365,166	397,552	390,059	412,903	385,222	371,939	380,994	390,270
Group Insurance	51,330	58,698	60,347	67,016	55,399	52,153	49,072	48,861	50,933	53,092
OPEB Contribution	45,630	41,539	35,484	34,378	34,969	29,232	29,105	30,528	31,822	33,171
Retirement	89,828	99,750	98,118	103,386	99,567	104,358	104,991	101,370	103,838	106,367
Other Employee Benefits	8,205	7,719	8,030	8,663	8,617	6,492	5,987	5,934	6,185	6,447
Professional/Other agencies	19,609	20,918	22,139	21,724	20,694	21,294	21,294	21,709	22,039	22,342
Advertising	100	-	-	-	-	-	-	-	-	-
Biologicals	(3,335)	7,908	10,840	8,948	6,425	10,000	10,000	10,195	10,350	10,492
Workforce training & development	4,757	6,437	3,460	4,245	4,991	7,267	5,693	5,721	5,764	5,808
Other Services and Supplies	34,617	28,442	28,371	23,892	32,157	39,971	41,749	42,563	43,210	43,804
Indirect cost allocation	69,573	72,085	69,120	61,798	49,503	41,255	47,443	47,601	47,839	48,079
Capital	7,961	-	-	-	-	16,000	-	-	-	-
<b>Sub-total Expenditures</b>	<b>729,096</b>	<b>709,128</b>	<b>701,075</b>	<b>731,604</b>	<b>702,381</b>	<b>740,925</b>	<b>700,556</b>	<b>686,422</b>	<b>702,975</b>	<b>719,872</b>
<b>Revenues Less Expenditures</b>	<b>\$ (610,125)</b>	<b>\$ (594,484)</b>	<b>\$ (571,370)</b>	<b>\$ (616,032)</b>	<b>\$ (576,790)</b>	<b>\$ (622,053)</b>	<b>\$ (589,826)</b>	<b>\$ (573,528)</b>	<b>\$ (588,357)</b>	<b>\$ (603,666)</b>

Drop in FY21 Salaries & Wages is due to a one-time retiree accrued benefits payout in FY20 for \$26,172. FY21 proposed budget includes a request to increase lab costs by \$5,058 due to a reallocation of staff onto grant funding.

**Washoe County Health District  
History, Current Estimates for FY20, FY21 Proposed Budget and Projections to FY24**

	Actual					Estimated FY 2019- 2020	Proposed FY 2020- 2021	Projected Based on Historical Trends		
	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019			FY 2021- 2022	FY 2022- 2023	FY 2023- 2024
<b>Women, Infants and Children</b>										
<b>Revenues:</b>										
Federal & State Grants	1,077,421	1,058,684	1,082,564	1,022,806	1,018,633	951,802	1,072,563	1,093,471	1,110,081	1,125,352
Federal & State Indirect Rev.	18,956	25,708	21,651	23,254	55,210	86,374	72,178	73,585	74,703	75,730
Miscellaneous	-	700	-	-	-	-	-	-	-	-
Sub-total Revenues	1,096,377	1,085,091	1,104,215	1,046,060	1,073,843	1,038,176	1,144,741	1,167,056	1,184,784	1,201,082
<b>Expenditures:</b>										
Salaries & Wages	767,795	682,510	712,240	669,616	660,383	670,471	742,973	717,354	734,820	752,710
Group Insurance	159,713	156,990	171,472	157,972	155,953	136,132	158,453	157,773	164,462	171,434
OPEB Contribution	100,320	90,898	88,242	89,449	85,999	72,458	72,144	75,671	78,879	82,223
Retirement	190,959	182,955	194,599	184,327	185,255	181,305	211,616	204,320	209,294	214,390
Other Employee Benefits	18,652	17,462	15,431	14,396	14,648	9,962	11,565	11,461	11,947	12,454
Professional/Other agencies	1,567	509	2,427	819	3,331	498	225	229	233	236
Advertising	-	-	-	-	7,000	-	-	-	-	-
Workforce training & development	1,840	-	167	4,458	1,660	3,250	7,147	7,183	7,237	7,291
Other Services and Supplies	89,774	70,049	103,451	77,607	77,105	67,655	67,931	69,255	70,307	71,274
Indirect cost allocation	152,960	157,740	151,252	135,230	108,325	80,494	92,568	92,877	93,341	93,808
Capital	-	-	-	-	15,000	-	-	-	-	-
Sub-total Expenditures	1,483,580	1,359,114	1,439,282	1,333,873	1,314,659	1,222,224	1,364,623	1,336,123	1,370,520	1,405,820
Revenues Less Expenditures	\$ (387,204)	\$ (274,022)	\$ (335,067)	\$ (287,813)	\$ (240,816)	\$ (184,049)	\$ (219,882)	\$ (169,068)	\$ (185,736)	\$ (204,738)

**Washoe County Health District  
History, Current Estimates for FY20, FY21 Proposed Budget and Projections to FY24**

	Actual					Estimated FY 2019- 2020	Proposed FY 2020- 2021	Projected Based on Historical Trends		
	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019			FY 2021- 2022	FY 2022- 2023	FY 2023- 2024
<b>General Environmental Health Services</b>										
<b>Revenues:</b>										
Licenses and Permits	884,052	1,036,128	1,868,369	2,535,668	2,899,338	2,861,861	2,916,874	2,983,087	3,057,664	3,149,394
Federal & State Grants	420,179	356,200	390,532	339,927	366,829	350,249	341,247	347,899	353,183	358,042
Federal & State Indirect Rev.	31,605	45,376	44,040	67,194	58,838	59,753	59,753	60,918	61,843	62,694
Tire Fees (NRS 444A.090)	446,463	465,345	562,745	504,990	522,233	540,064	525,000	537,782	550,876	564,288
Other Charges for Services	169,883	227,621	484,832	872,217	820,182	710,930	664,590	679,676	696,668	717,568
Miscellaneous	2,417	500	-	800	110,357	5,408	-	-	-	-
<b>Sub-total Revenues</b>	<b>1,954,599</b>	<b>2,131,171</b>	<b>3,350,518</b>	<b>4,320,796</b>	<b>4,777,777</b>	<b>4,528,265</b>	<b>4,507,464</b>	<b>4,609,362</b>	<b>4,720,234</b>	<b>4,851,986</b>
<b>Expenditures:</b>										
Salaries & Wages	2,781,106	2,690,216	2,495,425	2,382,116	2,676,075	2,874,441	3,001,699	2,898,195	2,968,757	3,041,038
Group Insurance	381,166	346,781	375,381	350,805	378,849	377,845	408,376	406,624	423,863	441,833
OPEB Contribution	309,965	291,636	320,487	311,517	304,868	273,334	272,151	285,456	297,558	310,173
Retirement	667,074	703,408	658,251	631,676	730,242	771,278	843,273	814,196	834,019	854,325
Other Employee Benefits	58,346	57,440	64,783	60,722	69,366	75,654	79,693	78,978	82,326	85,816
Professional/Other agencies	163,134	121,521	70,573	216,605	148,522	275,123	301,684	273,257	277,408	281,224
Advertising	621	524	19,366	32,053	29,565	1,340	1,340	1,366	1,387	1,406
Chemical Supplies	-	845	1,301	723	1,204	1,200	1,200	1,200	1,203	1,206
Fleet Management billings	94,240	89,742	88,664	104,192	91,392	98,776	92,526	93,452	94,348	95,993
Workforce training & development	32,032	35,806	39,384	43,782	43,525	83,122	83,100	83,516	84,142	84,773
Other Services and Supplies	126,200	209,587	143,657	245,150	313,930	310,180	292,069	214,824	218,087	221,087
Indirect cost allocation	472,609	506,092	485,275	433,868	347,546	302,608	347,999	349,159	350,905	352,660
<b>Sub-total Expenditures</b>	<b>5,086,493</b>	<b>5,053,597</b>	<b>4,762,548</b>	<b>4,813,209</b>	<b>5,135,084</b>	<b>5,444,901</b>	<b>5,725,110</b>	<b>5,500,222</b>	<b>5,634,002</b>	<b>5,771,532</b>
<b>Revenues Less Expenditures</b>	<b>\$ (3,131,894)</b>	<b>\$ (2,922,426)</b>	<b>\$ (1,412,030)</b>	<b>\$ (492,413)</b>	<b>\$ (357,306)</b>	<b>\$ (916,636)</b>	<b>\$ (1,217,646)</b>	<b>\$ (890,861)</b>	<b>\$ (913,768)</b>	<b>\$ (919,546)</b>
\$265,982 of restricted revenue is assumed to be spent 100% over FY20 and FY21. \$75,000 of the 4% Tech Fee revenue is budgeted in FY21 in Prof Svcs (\$50k) and Other (\$25k).										
<b>Environmental Health Services Administration</b>										
<b>Revenues:</b>										
Miscellaneous	-	-	-	-	-	-	-	-	-	-
<b>Sub-total Revenues</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Expenditures:</b>										
Salaries & Wages	-	-	347,096	457,574	257,315	396,607	487,940	400,246	409,991	419,973
Group Insurance	-	-	45,532	65,817	40,127	50,597	54,901	54,665	56,983	59,398
OPEB Contribution	-	-	-	34,470	45,912	42,648	42,463	44,539	46,427	48,395
Retirement	-	-	77,304	129,504	71,605	116,537	121,254	99,462	101,883	104,364
Other Employee Benefits	-	-	6,565	10,940	5,367	7,036	7,395	7,329	7,640	7,964
Professional/Other agencies	-	-	-	6,028	36,455	45,000	-	-	-	-
Workforce training & development	-	-	-	1,159	276	500	3,000	3,015	3,038	3,060
Other Services and Supplies	-	-	49,663	65,925	95,806	67,161	78,168	79,692	80,902	82,015
Indirect cost allocation	-	-	-	-	-	46,409	53,370	53,548	53,816	54,085
Capital	-	-	-	-	-	-	-	-	-	-
<b>Sub-total Expenditures</b>	<b>-</b>	<b>-</b>	<b>526,161</b>	<b>771,417</b>	<b>552,862</b>	<b>772,495</b>	<b>848,491</b>	<b>742,496</b>	<b>760,679</b>	<b>779,255</b>
<b>Revenues Less Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (526,161)</b>	<b>\$ (771,417)</b>	<b>\$ (552,862)</b>	<b>\$ (772,495)</b>	<b>\$ (848,491)</b>	<b>\$ (742,496)</b>	<b>\$ (760,679)</b>	<b>\$ (779,255)</b>
FY20 increase in Prof. Svcs is due to temporary help for records retention/digital scanning project. Decline in FY22 Salaries compared to FY21 is due to the anticipated one-time accrued benefit payout for an employee retiring in FY21.										



**Washoe County Health District  
History, Current Estimates for FY20, FY21 Proposed Budget and Projections to FY24**

	Actual					Estimated FY 2019- 2020	Proposed FY 2020- 2021	Projected Based on Historical Trends		
	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019			FY 2021- 2022	FY 2022- 2023	FY 2023- 2024
<b>Vector Borne Diseases</b>										
<b>Revenues:</b>										
Other Charges for Services	53,700	76,713	86,433	107,498	94,014	86,924	82,843	84,724	86,842	89,447
Miscellaneous	-	1,375	-	-	-	-	-	-	-	-
Sub-total Revenues	53,700	78,088	86,433	107,498	94,014	86,924	82,843	84,724	86,842	89,447
<b>Expenditures:</b>										
Salaries & Wages	304,591	301,486	311,658	299,267	277,712	187,204	236,500	228,345	233,905	239,599
Group Insurance	30,312	31,270	36,740	37,111	26,840	24,031	21,705	21,612	22,529	23,484
OPEB Contribution	38,459	35,187	30,482	33,187	19,375	16,031	15,962	16,742	17,452	18,192
Retirement	61,056	68,611	71,047	63,931	51,502	56,621	56,490	54,543	55,870	57,231
Other Employee Benefits	6,714	6,699	8,214	7,796	6,706	6,013	5,694	5,643	5,883	6,132
Professional/Other agencies	5,020	1,928	3,403	4,183	6,322	24,131	8,415	8,579	8,709	8,829
Chemical Supplies	231,437	249,243	401,740	766,309	391,498	296,050	235,000	235,000	235,588	236,176
Fleet Management billings	33,526	34,900	35,445	32,169	36,548	34,144	31,406	31,720	32,024	32,582
Workforce training & development	450	-	30	2,065	2,286	4,450	4,000	4,020	4,050	4,081
Other Services and Supplies	97,869	95,976	120,204	147,480	121,101	122,035	104,507	106,545	108,163	109,651
Indirect cost allocation	58,639	61,061	58,550	52,347	41,932	41,739	48,000	48,160	48,401	48,643
Capital	-	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	868,073	886,361	1,077,512	1,445,843	981,822	812,449	767,680	760,909	772,573	784,600
Revenues Less Expenditures	\$ (814,373)	\$ (808,273)	\$ (991,079)	\$ (1,338,345)	\$ (887,808)	\$ (725,525)	\$ (684,837)	\$ (676,185)	\$ (685,731)	\$ (695,153)
Decline in FY21 Professional/Other agencies is due to temporary help in FY20 that will be eliminated in FY21 due to the full-time Office Assistant II position being created.										
Overall decline in FY21 is due to one-time funding in FY20 that carried over from unspent funds in FY19.										

**Washoe County Health District  
History, Current Estimates for FY20, FY21 Proposed Budget and Projections to FY24**

	Actual				Estimated FY 2019- 2020	Proposed FY 2020- 2021	Projected Based on Historical Trends	
	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018			FY 2018- 2019	FY 2021- 2022
<b><u>Emergency Medical Services</u></b>								
<b>Revenues:</b>								
Federal & State Grants	-	-	-	14,816	11,978	-	-	-
Federal & State Indirect Rev.	-	-	-	1,632	1,331	-	-	-
Miscellaneous	28,553	48,184	54,181	57,818	61,773	63,825	64,010	65,607
Sub-total Revenues	28,553	48,184	54,181	74,266	75,082	63,825	64,010	65,607
<b>Expenditures:</b>								
Salaries & Wages	122,931	196,040	191,600	214,850	221,179	230,183	222,246	233,200
Group Insurance	14,889	27,611	31,893	34,582	34,453	36,433	36,277	37,815
OPEB Contribution	14,027	17,028	19,658	22,426	22,517	19,683	20,645	22,433
Retirement	31,601	54,449	53,538	60,871	62,710	67,257	64,938	68,139
Other Employee Benefits	2,485	3,478	4,768	5,109	5,321	4,801	4,758	5,170
Professional/Other agencies	189	11,521	17,808	18,694	10,600	9,809	10,000	10,292
Advertising	523	-	-	11,034	7,585	1,000	1,019	1,035
Fleet Management billings	119	-	-	-	-	-	-	1,049
Workforce training & development	1,161	6,267	5,674	5,248	1,563	7,600	7,638	7,753
Other Services and Supplies	6,385	5,591	5,902	8,064	16,967	11,013	11,228	11,555
Indirect cost allocation	21,386	29,549	28,334	25,332	20,292	28,020	28,113	28,395
Sub-total Expenditures	215,696	351,534	359,175	406,210	403,187	415,800	406,863	427,404
Revenues Less Expenditures	\$ (187,144)	\$ (303,350)	\$ (304,994)	\$ (331,944)	\$ (328,105)	\$ (351,974)	\$ (344,409)	\$ (352,995)
<b><u>Epidemiology Surveillance</u></b>								
<b>Revenues:</b>								
Federal & State Grants	130,307	286,515	330,185	257,901	215,834	149,902	152,824	157,280
Federal & State Indirect Rev.	20,171	42,920	60,718	50,490	41,126	29,980	30,565	31,456
Other Charges for Services	-	321	-	-	-	-	-	-
Miscellaneous	-	-	-	-	-	-	-	-
Sub-total Revenues	150,478	329,755	390,903	308,391	256,960	179,883	183,389	188,736
<b>Expenditures:</b>								
Salaries & Wages	491,761	415,642	453,821	462,572	475,451	519,382	501,473	526,189
Group Insurance	65,056	57,241	54,999	49,686	48,563	74,086	73,768	80,156
OPEB Contribution	47,066	39,657	53,381	56,373	56,924	48,797	51,183	53,352
Retirement	121,631	115,461	125,741	129,043	123,600	151,722	146,490	150,057
Other Employee Benefits	10,610	9,676	10,175	10,471	10,460	8,373	8,298	9,016
Professional/Other agencies	12,689	12,528	13,488	14,292	54,609	13,650	13,916	14,322
Biologicals	60	-	-	-	157	500	510	525
Fleet Management billings	-	1,654	-	-	-	-	-	-
Workforce training & development	7,208	3,874	8,493	8,861	535	5,750	5,779	5,866
Other Services and Supplies	14,838	16,319	18,566	16,516	16,618	20,280	18,208	18,739
Indirect cost allocation	71,762	68,820	65,989	58,998	47,260	55,750	55,936	56,496
Capital	-	-	-	-	-	-	-	-
Sub-total Expenditures	842,681	740,872	804,654	806,812	834,176	898,290	875,561	920,634
Revenues Less Expenditures	\$ (692,203)	\$ (411,117)	\$ (413,751)	\$ (498,421)	\$ (577,216)	\$ (718,408)	\$ (692,172)	\$ (731,898)

FY21 includes the above base request for an additional Epidemiologist (\$116,785) and the computer set-up for the position (\$2,420) on local funding. In FY21 the Statistician position will be reviewed by HR, if it is determined that a pay increase is required it will be managed in the existing approved budget.

**Washoe County Health District  
History, Current Estimates for FY20, FY21 Proposed Budget and Projections to FY24**

	Actual					Estimated FY 2019- 2020	Proposed FY 2020- 2021	Projected Based on Historical Trends		
	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019			FY 2021- 2022	FY 2022- 2023	FY 2023- 2024
<b>Public Health Preparedness</b>										
<b>Revenues:</b>										
Federal & State Grants	858,545	1,131,675	941,225	853,588	1,138,681	1,268,011	1,229,285	1,259,214	1,289,872	1,321,277
Federal & State Indirect Rev.	52,880	109,883	92,668	85,381	114,476	130,572	126,688	129,773	132,932	136,169
Sub-total Revenues	911,425	1,241,557	1,033,893	938,969	1,253,156	1,398,583	1,355,973	1,388,987	1,422,805	1,457,446
<b>Expenditures:</b>										
Salaries & Wages	519,006	569,544	518,500	546,034	560,650	504,415	531,819	544,768	558,031	571,617
Group Insurance	54,938	68,180	69,309	75,112	73,626	68,299	79,859	83,763	87,314	91,016
OPEB Contribution	50,774	50,823	72,285	68,266	67,419	55,590	55,349	58,055	60,516	63,082
Retirement	128,948	156,792	135,454	151,946	151,297	141,936	155,558	159,345	163,225	167,199
Other Employee Benefits	12,008	12,935	12,501	12,869	13,201	9,997	10,806	10,709	11,163	11,636
Professional/Other agencies	47,781	132,306	44,725	34,600	178,688	252,708	258,602	263,643	267,648	271,330
Advertising	16,039	-	8,653	-	-	27,150	25,000	25,487	25,874	26,250
Biologicals	762	205	-	-	-	-	-	-	-	-
Fleet Management billings	15,087	15,964	14,750	11,052	11,648	12,029	15,155	15,307	15,454	15,723
Workforce training & development	18,767	13,686	12,639	6,137	22,832	38,593	42,310	42,522	42,840	43,162
Other Services and Supplies	55,369	168,520	135,105	34,027	133,038	219,792	119,227	121,551	123,397	125,095
Indirect cost allocation	77,416	88,196	84,568	75,609	60,566	76,139	87,560	87,852	88,291	88,732
Sub-total Expenditures	996,896	1,277,150	1,108,489	1,015,653	1,272,963	1,406,648	1,381,245	1,413,001	1,443,753	1,474,822
Revenues Less Expenditures	\$ (85,471)	\$ (35,593)	\$ (74,596)	\$ (76,684)	\$ (19,807)	\$ (8,066)	\$ (25,272)	\$ (24,014)	\$ (20,949)	\$ (17,376)
FY21 decline in Other Services and Supplies is due to shifting salary savings from vacancies to other services and supplies to allow for spending out grant funding.										
<b>Vital Statistics</b>										
<b>Revenues:</b>										
Birth & Death Certificates	465,052	521,837	548,064	532,982	541,301	568,467	589,467	601,256	613,281	631,680
Miscellaneous	-	-	201	255	82	125	-	-	-	-
Sub-total Revenues	465,052	521,837	548,265	533,237	541,383	568,592	589,467	601,256	613,281	631,680
<b>Expenditures:</b>										
Salaries & Wages	134,354	164,175	170,194	161,469	169,380	184,103	201,526	194,577	199,315	204,168
Group Insurance	19,048	29,969	29,112	35,437	36,753	33,005	34,149	34,002	35,444	36,946
OPEB Contribution	16,279	18,334	22,858	22,276	22,526	19,966	19,880	20,852	21,736	22,657
Retirement	33,974	45,669	42,820	45,178	47,390	53,671	58,917	56,886	58,271	59,689
Other Employee Benefits	3,491	3,908	3,797	3,672	3,812	3,778	3,352	3,322	3,463	3,609
Professional/Other agencies	2,010	6,080	22,262	21,483	21,238	28,100	28,100	28,648	29,083	29,483
Other Services and Supplies	22,891	19,150	22,542	11,887	22,749	19,263	19,263	19,638	19,937	20,211
Indirect cost allocation	24,821	31,817	30,508	27,276	21,849	22,345	25,697	25,782	25,911	26,041
Capital	-	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	256,868	319,103	344,093	328,678	345,698	364,231	390,884	383,708	393,159	402,805
Revenues Less Expenditures	\$ 208,184	\$ 202,734	\$ 204,172	\$ 204,558	\$ 195,685	\$ 204,361	\$ 198,583	\$ 217,549	\$ 220,123	\$ 228,875
FY20 and FY21 increase in revenue is due to the State increasing the fees for birth and death certificates from \$20 to \$25.										

**Appendix B**

**Washoe County Health District FY21 Proposed Budget**

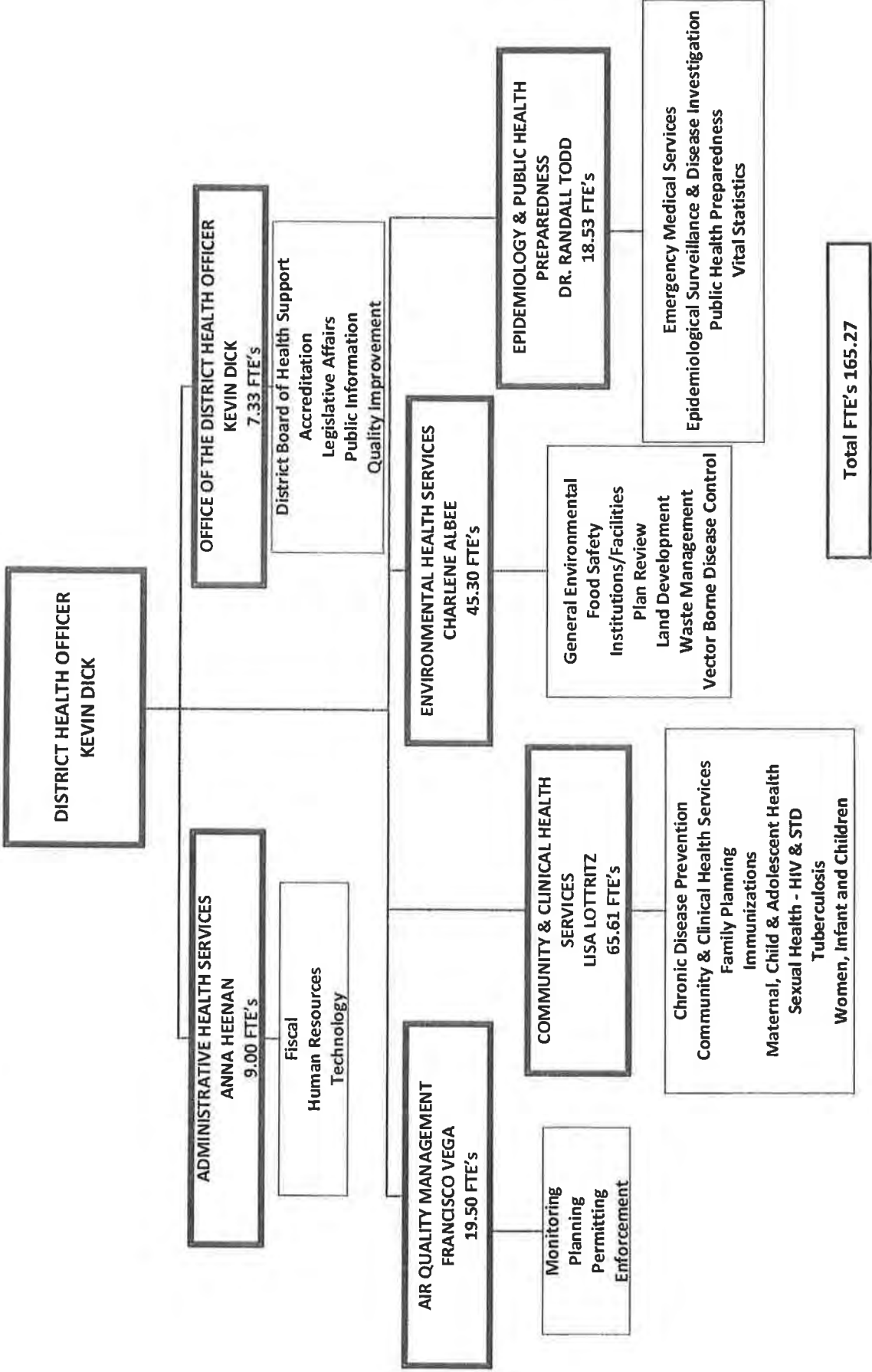
	Grant Revenue	Grant Revenue for Indirect costs	Fees, Charges for Services, & Other	Resources Required from the Opening Fund balance and General Fund Support	Total Resources Required for FY20	Expenditure (Exp.) Total	% of Total Exp.
<b>ADMINISTRATION:</b>							
Office of the District Health Officer	-	-	-	1,835,629	1,835,629	1,835,629	7.1%
Administrative Health Services Office	-	-	-	1,467,892	1,467,892	1,467,892	5.7%
<b>TOTAL ADMINISTRATION</b>	-	-	-	<b>3,303,522</b>	<b>3,303,522</b>	<b>3,303,522</b>	<b>12.8%</b>
<b>AIR QUALITY MANAGEMENT (AQM):</b>							
Air Quality Division	702,850	31,769	2,763,448	(3,104)	3,494,963	3,494,963	13.5%
<b>COMMUNITY AND CLINICAL HEALTH SERVICES (CCHS):</b>							
Chronic Disease Prevention	284,896	13,250	135,249	754,057	1,187,451	1,187,451	4.6%
Community & Clinical Health Admin	-	-	-	786,428	786,428	786,428	3.0%
Family Planning	845,781	107,909	203,000	106,634	1,263,324	1,263,324	4.9%
Immunizations	245,707	26,026	337,000	825,257	1,433,989	1,433,989	5.5%
Maternal, Child & Adolescent Health	58,705	5,871	-	42,074	106,650	106,650	0.4%
Sexual Health - HIV	470,925	48,707	-	73,415	593,047	593,047	2.3%
Sexual Health - STD	117,761	12,282	26,000	1,037,096	1,193,139	1,193,139	4.6%
Tuberculosis	95,834	13,896	1,000	589,826	700,556	700,556	2.7%
Women, Infants and Children	1,072,563	72,178	-	219,882	1,364,623	1,364,623	5.3%
<b>TOTAL CCHS</b>	<b>3,192,171</b>	<b>300,119</b>	<b>702,249</b>	<b>4,434,668</b>	<b>8,629,208</b>	<b>8,629,208</b>	<b>33.4%</b>
<b>ENVIRONMENTAL HEALTH SERVICES DIVISION (EHS):</b>							
General Environmental Health Services	341,247	59,753	4,106,464	1,217,646	5,725,110	5,725,110	22.1%
Environmental Health Services Administration	-	-	-	848,491	848,491	848,491	3.3%
Vector Borne Diseases	-	-	82,843	684,837	767,680	767,680	3.0%
<b>TOTAL EHS</b>	<b>341,247</b>	<b>59,753</b>	<b>4,189,307</b>	<b>2,750,974</b>	<b>7,341,281</b>	<b>7,341,281</b>	<b>28.4%</b>
<b>EPIDEMIOLOGY &amp; PUBLIC HEALTH PREPAREDNESS DIVISION (EPHP):</b>							
Emergency Medical Services	-	-	63,825	351,974	415,800	415,800	1.6%
Epidemiology Surveillance	149,902	29,980	-	718,408	898,290	898,290	3.5%
Public Health Preparedness	1,229,285	126,688	-	25,272	1,381,245	1,381,245	5.3%
Vital Statistics	-	-	589,467	(198,583)	390,884	390,884	1.5%
<b>TOTAL EPHP</b>	<b>1,379,187</b>	<b>156,669</b>	<b>653,292</b>	<b>897,071</b>	<b>3,086,219</b>	<b>3,086,219</b>	<b>11.9%</b>
<b>TOTAL HEALTH DISTRICT</b>	<b>\$5,615,455</b>	<b>\$548,311</b>	<b>\$8,308,296</b>	<b>\$11,383,131</b>	<b>\$25,855,192</b>	<b>\$25,855,192</b>	<b>100.0%</b>

Washoe County Health District History of Budgeted Full-time equivalents (FTEs)										Appendix C	
Title of FTEs	FY16	FY17	FY18	FY19	FY20	FY2020/21 Budgeted Positions (on-call/seasonal is counted one per classification regardless of the number of people in the classification)			Total Positions	Full-Time Equivalent Position FY2020/21 (base 2080 hours)	
						Full Time	Part Time	On-call/Seasonal			
Account Clerk	1.00	1.00	1.00	1.00	2.00	2	0	0	2	2.00	
Administrative Assistant I	2.00	3.00	3.00	3.00	3.00	3	0	0	3	3.00	
Administrative Health Services Officer	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Administrative Secretary	3.00	3.00	3.00	3.00	3.00	3	0	0	3	3.00	
Advanced Practitioner of Nursing	2.17	1.72	1.97	2.96	2.96	1	2	1	4	3.25	
Air Quality Specialist II	8.00	8.00	7.00	7.00	7.00	7	0	0	7	7.00	
Air Quality Supervisor	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00	
Community Health Aide	6.40	6.81	6.22	6.22	7.21	7	0	1	8	7.37	
Community Health Nutritionist (reclass to Reg. Dietitian)	2.00	2.00	2.06	2.06	2.06	0	0	0	0	-	
Department Systems Specialist	2.00	2.00	2.00	2.00	1.00	1	0	0	1	1.00	
Director of Programs and Projects	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
District Health Officer	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Div Dir Air Quality Mgmt	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Div Director-CCHS	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Div Director-Environmental Services	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Emergency Medical Services Coordinator	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Emergency Medical Services Program Manager	1.00	0.00	0.00	0.00	0.00	0	0	0	0	-	
Environmental Engineer II	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00	
Environmental Health Specialist	20.66	19.67	20.32	22.06	22.04	21	0	1	22	21.99	
Environmental Health Specialist Supervisor	3.00	3.00	3.00	3.00	4.00	4	0	0	4	4.00	
EPI Center Director	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Epidemiologist	2.01	2.00	2.00	2.00	2.00	3	0	0	3	3.00	
Epidemiologist Program Manager	0.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Fiscal Compliance Officer	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00	
Government Affairs Liaison	0.00	0.00	0.00	1.00	1.00	1	0	0	1	1.00	
Health Educator Coordinator	2.00	2.00	2.00	2.00	2.00	3	0	0	3	3.00	
Health Educator II	2.91	2.03	2.94	4.29	5.61	5	2	1	8	7.62	
Human Services Support Specialist II	3.00	3.00	3.00	3.00	3.00	3	0	0	3	3.00	
Licensed Engineer	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Medical Billing Specialist	0.00	0.00	0.00	1.00	1.00	1	0	0	1	1.00	
Office Assistant I	0.50	0.51	0.51	0.49	0.48	0	0	0	0	-	
Office Assistant II	18.00	16.00	15.00	16.00	16.00	16	0	1	17	16.12	
Office Assistant III	1.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00	
Office Support Specialist	6.00	10.00	10.00	10.00	10.00	11	0	0	11	11.00	
Plans/Permits/Applications Aide	3.00	0.00	0.00	0.00	0.00	0	0	0	0	-	
Preparedness and EMS Program Manager	0.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Program Coordinator	1.00	2.00	2.00	2.00	1.00	1	0	0	1	1.00	
Public Health Communications Program Manager	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Public Health Emergency Response Coord	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00	

Washoe County Health District History of Budgeted Full-time equivalents (FTEs)										Appendix C		
Title of FTEs	FY16	FY17	FY18	FY19	FY20	FY2020/21 Budgeted Positions (on-call/seasonal is counted one per classification regardless of the number of people in the classification)				Full-Time Equivalent Position FY2020/21 (base 2080 hours)		
						Full Time	Part Time	On-call/Seasonal	Total Positions			
Public Health Investigator II	1.01	1.00	1.00	1.00	3.00	4	0	1	5	4.00		
Public Health Nurse II	15.40	15.40	15.40	14.30	12.40	10	3	0	13	12.40		
Public Health Nurse Supervisor	3.00	3.00	3.00	3.00	3.00	4	0	0	4	4.00		
Public Health Preparedness Manager	1.00	0.00	0.00	0.00	0.00	0	0	0	0	-		
Public Health Supervisor	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00		
Public Service Intern	2.54	4.04	4.66	2.75	2.63	0	0	1	1	4.14		
Registered Dietitian Nutritionist	0.00	0.00	0.00	0.00	0.00	2	0	1	3	2.19		
Registered Nurse I	1.88	2.70	2.81	2.15	2.37	0	0	1	1	2.66		
SR. Air Quality Specialist	3.00	3.00	4.00	4.00	4.00	4	0	0	4	4.00		
SR. Environmental Health Specialist	6.00	6.00	7.00	7.00	7.00	7	0	0	7	7.00		
SR. Epidemiologist	1.00	0.00	0.00	0.00	0.00	0	0	0	0	-		
Statistician	1.53	1.53	1.53	1.53	1.53	1	1	0	2	1.53		
Storekeeper	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00		
Vector Borne Disease Specialist	2.00	2.00	0.00	0.00	0.00	0	0	0	0	-		
Vector Control Coordinator	1.00	1.00	1.00	1.00	0.00	0	0	0	0	-		
<b>Total Health District FTE's</b>	<b>150.01</b>	<b>151.41</b>	<b>151.42</b>	<b>154.81</b>	<b>156.29</b>	<b>149</b>	<b>8</b>	<b>9</b>	<b>166</b>	<b>165.27</b>		
Year over year increase (decrease)	0.18	1.40	0.01	3.39	1.48					<b>8.98</b>		
<b>Reconciliation of FY20 versus FY21 FTEs</b>												
Community Health Nutritionist title change (#2220&2221)												
CHN to Registered Dietitian Nutritionist												
Health Educator II (#10576)-Tobacco/E-cig from SB263												
Health Educator II (#10577)-Family Planning grant												
Office Assistant II (#10575)-Environmental Health Admin												
Public Health Nurse II (#10650)												
PH Nurse II (#2285) reclassified to PH investigator												
PH Investigator (#2285)												
PHNursell (#2214 1FTE to .90,#5200.6 to 7)-Family Planning												
OAI elimination due to OAI creation												
Office Assistant II for CCHS												
Health Educator (#10577) changed to two part-time												
Above Base Request-Health Educator Coordinator												
Above Base Request-Public Health Nurse Supervisor												
Above Base Request-Health Educator II												
Above Base Request-Epidemiologist												
Above Base Request- vacant Office Assistant II (#2140) to Office Support Specialist (#2140)												
Changes in on-call due to increased funding in grants												
<b>Total Adjustments for FY21</b>												
						<b>6</b>	<b>3</b>	<b>0</b>	<b>9</b>	<b>8.98</b>		
FY20 count						143	5	9	157	156.29		
Variance from FY20 to FY21						6	3	0	9	8.98		

**Appendix D**

**WASHOE COUNTY DISTRICT BOARD OF HEALTH  
FY21 Proposed Budget**



**Total FTE's 165.27**

# District Health Officer's Recommended Fiscal Year 2020-2021 Budget

District Board of Health  
February 27, 2020





**Fiscal Year  
2020-2021  
Recommended  
Budget**

- **Health District Recent Accomplishments**
- **Health District Programs**
- **Summary of Revenues and Expenditures**
- **FY21 Sources and Uses of Funds**
- **Impact of Recommendations on Future Fund Balance**
- **Next Steps**



## Health District Recent Accomplishments

- Achieved National Public Health Accreditation
- Delivery of core and traditional public health services
- Updated and continued to improve our Community Health Needs Assessment and Community Health Improvement Plans
- Participated in the three-day statewide emergency preparedness exercise known as Silver Crucible 2019
- Financially supported:
  - “5210 Goes to School Through Garden-Based Education”,
  - WCSD Nutrition Services education on healthy eating,
  - Continued support for Wolf Pack Coaches Challenge,
  - Rescue organization for the youth prevention campaign focus on education and prevention of use of e-cigarettes,
  - Eddy House to provide 24/7 youth drop in center program for transitional age youth
  - KTMB to continue efforts to provide a clean and beautiful community for the citizens of the Truckee Meadows
- Awarded the Washoe County Impact Award for Effective Communication for the WashoeEats Mobile App
- New Air Quality Management Monitoring Station Reno 4
- Attainment of the ozone standard



Health  
District  
provides  
twenty-two  
different  
programs to  
the  
Community

Office of the District Health  
Officer Program

Administrative Health Services  
Program

Air Quality Management Program

**Programs in Community and  
Clinical Health Services  
Division**

Chronic Disease Prevention  
Community & Clinical Health  
Family Planning  
Immunizations  
Maternal, Child & Adolescent  
Health

Sexual Health - HIV  
Sexual Health - STD  
Tuberculosis

Women, Infants and Children

**Programs in Environmental  
Health Services Division**

General Environmental  
Food Safety  
Institutions/Facilities  
Plan Review

Land Development

Vector Borne Diseases Control

**Programs in Epidemiology and  
Public Health Preparedness  
Division**

Emergency Medical Services  
Epidemiology Surveillance &  
Disease Investigation  
Public Health Preparedness  
Vital Statistics



**FY21  
Recommended  
Expenditures  
(includes  
County Indirect  
Costs) and FTEs  
for each Division**

## Office of the District Health Officer

- Total program FTEs 7.33
- Total FY21 Revenues \$0
- Total FY21 Expenditures \$1,835,629

## Administrative Health Services Office

- Total program FTEs 9.0
- Total FY21 Revenues \$0
- Total FY21 Expenditures \$1,467,892

## Air Quality Management

- Total program FTEs 19.50
- Total FY21 Revenues \$3,498,067
- Total FY21 Expenditures \$3,494,963



FY21  
Recommended  
Expenditures  
(includes  
County Indirect  
Costs)  
and FTEs for  
each Division

## Community & Clinical Health Services

- Total program FTEs 65.61
- Total FY21 Revenues \$4,194,540
- Total FY21 Expenditures \$8,629,208

## Environmental Health Services

- Total program FTEs 45.30
- Total FY21 Revenues \$4,590,307
- Total FY21 Expenditures \$7,341,281

## Epidemiology and Public Health Preparedness

- Total program FTEs 18.53
- Total FY21 Revenues \$2,189,148
- Total FY21 Expenditures \$3,086,219



Summary  
Of  
Health Fund  
Revenue

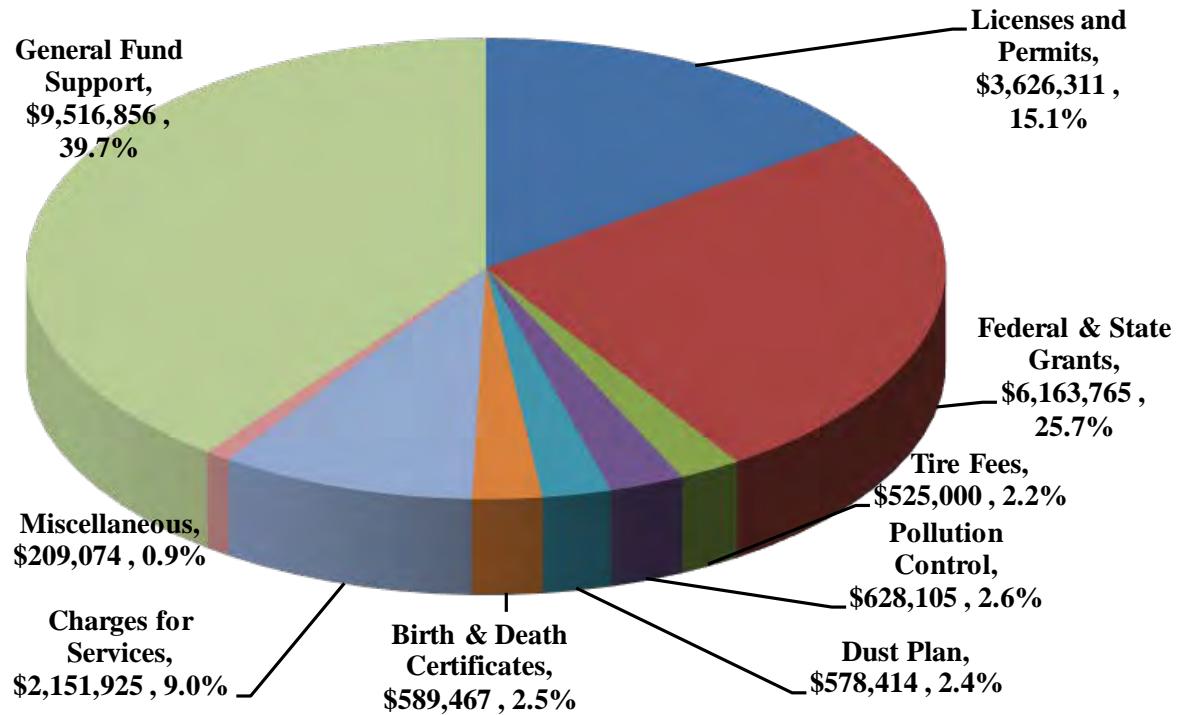
- Budgeted revenues-\$23,988,918 up \$574,646 or 2.5% over FY20 adopted budget**
- **Licenses and Permits-\$3,626,311 up \$331,716 or 10.1% and 15.1% of FY21 revenues**
    - Includes the CPI increase in fees
    - Includes anticipated changes in work activities
  - **Grants - \$6,163,765 up \$123,645 or 2.0% and 25.7% of FY21 revenues**
    - Increase is due to additional funds in Family Planning
  - **Intergovernmental - \$1,153,105 up \$39,000 or 3.5% and 4.8% of FY21 revenues**
    - \$628,105 restricted for the Air Quality program
    - \$525,000 restricted for the Solid Waste program
  - **Charges for services - \$3,319,807 up \$91,755 or 2.8% and 13.8% of FY21 revenues**
    - Includes the CPI increase in fees
  - **Miscellaneous - \$209,074 down \$11,469 or 5.2% and 0.9% of FY21 revenues**
    - \$135,249 non-profit grant funds for Chronic Disease
    - \$63,825 support from REMSA for the EMS program
  - **County General Fund Support - \$9,516,856 same level as FY20 and 39.7% of FY21**



Summary  
of  
Health  
Fund  
Revenue  
\$23,988,918

Washoe County Health District  
FY21 Adopted Budget - Revenues \$24.0 million

(excludes opening fund balance)



Summary  
Of  
Expenditures

**Total budgeted Expenditures-\$25,855,192 up \$1,708,812 or 7.1% over FY20 adopted budget**

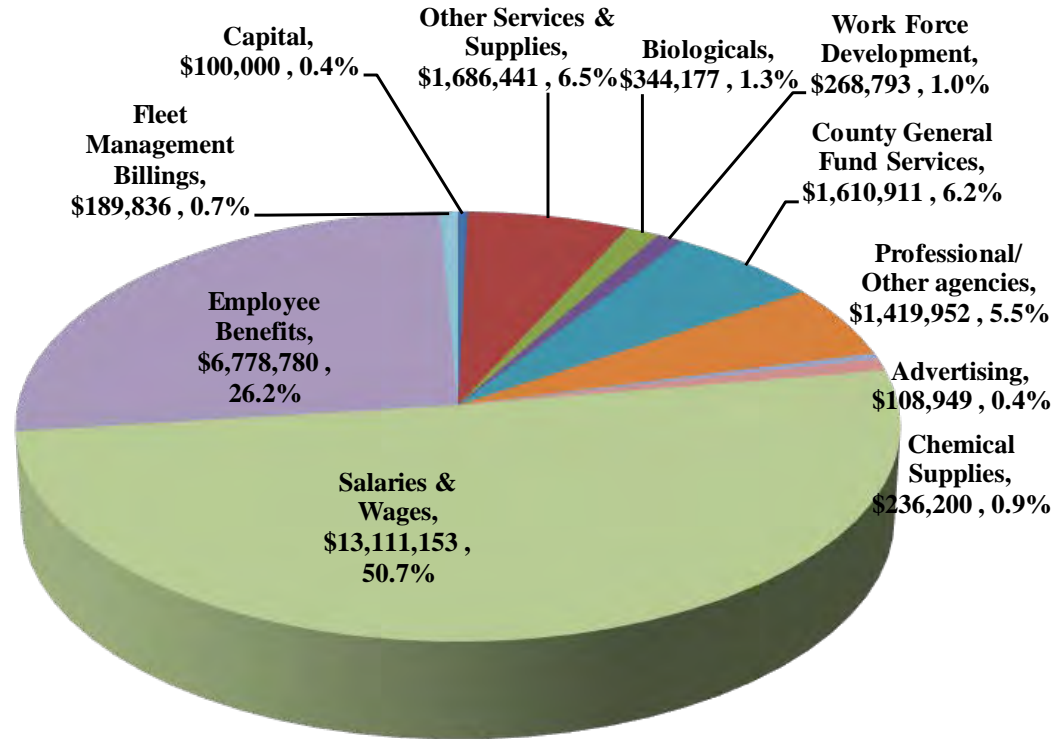
- **Salaries and Wages-\$13,111,153 up \$856,899 or 7.0% and 50.7% of FY21 expenditures**
  - 165.27 FTEs up 8.98 from 156.29 in FY20
  - Includes employee merit increases
  - Includes a 2.5% cost of living increase, estimated cost is \$299,689
- **Employee Benefits-\$6,778,780 up \$378,338 or 5.9% and 26.2% of FY21 expenditures**
  - PERS remains at 29.25%, up \$295,703 over FY20
  - Health Insurance is up \$137,272 or 4.9% over FY20
- **Services & Supplies-\$5,865,259 up \$498,575 or 9.3% and 22.7% of expenditures**
  - County overhead costs of \$1,610,911 increased by \$210,119
  - Professional services and payments to other agencies up \$191,344 due to grants and restricted funding
- **Capital-\$100,000 down \$25,000 or 20.0% and 0.4% of expenditures**
  - \$25,000 decline is due to a software maintenance contract moving to services and supplies
  - \$100,000 is for air monitoring equipment





Summary  
of  
Expenditures  
\$25,855,192

Washoe County Health District  
FY21 Budgeted Expenditures - \$25.9 million



## Summary of Above Base Requests

### Summary of Above Base Requests

- Provide services for Chronic Disease Behavioral Health/Injury Prevention
  - New Health Educator Coordinator
  - New Health Educator II
  - Operating budget for the program
- Other Staffing adjustments
  - New Public Health Nurse Supervisor
  - New Epidemiologist position
  - Shift the Public Health Communications Manager and Immunization staff off of lost grant funding and restricted funds
  - Reclassify a vacant Office Assistant to Office Support Specialist
  - Review the Statistician position classification
  - Eliminate a vacant unfunded intermittent hourly Office Assistant I position



**Summary  
of Above  
Base  
Requests**  
(continued)

## **Summary of Above Base Requests** (continued)

- Services and supplies adjustments
  - Due to loss of Immunization grant funding shift biologicals to local support
  - Reallocate grant funding for STD to support staff on grant and lab costs on local funds
  - Provide spending authority for the revenue collected from the 4% Accela Regional Technology Fee
  - Provide one-time funding for desk and computer set-up for positions

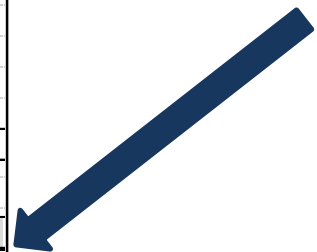


**Sources  
 and Uses  
 of Funds**

**FY 2020-2021  
 Fund Balance  
 projected  
 to be  
 \$5,686,177  
 22.0% of  
 Expenditures**

	Actual	Estimated	Proposed
	FY 2018-2019	FY 2019-2020	FY 2020-2021
<b>SOURCES OF FUNDS:</b>			
<b>Opening Fund Balance</b>	\$ 6,336,402	\$ 7,841,536	\$ 7,552,452
<b>Revenues:</b>			
Licenses and Permits	3,603,814	3,610,780	3,626,311
Federal & State Grants	5,436,829	5,542,810	5,615,455
Federal & State Indirect Rev.	545,551	577,837	548,311
Tire Fees (NRS 444A.090)	522,233	540,064	525,000
Pollution Control (NRS 445B.830)	650,382	628,105	628,105
Dust Plan	594,133	572,234	578,414
Birth & Death Certificates	541,301	568,467	589,467
Other Charges for Services	2,280,892	2,190,289	2,151,925
Miscellaneous	371,381	227,067	209,074
<b>Total Revenues</b>	<b>14,546,516</b>	<b>14,457,653</b>	<b>14,472,062</b>
<b>Total General Fund transfer</b>	<b>9,516,856</b>	<b>9,516,856</b>	<b>9,516,856</b>
<b>Total Revenues &amp; General Fund transfer</b>	<b>24,063,372</b>	<b>23,974,509</b>	<b>23,988,918</b>
<b>Total Sources of Funds</b>			
	30,399,773	31,816,044	31,541,370
<b>USES OF FUNDS:</b>			
<b>Expenditures:</b>			
Salaries & Wages	11,199,593	12,080,993	13,111,153
Group Insurance	1,611,235	1,636,184	1,806,389
OPEB Contribution	1,286,542	1,118,614	1,113,772
Retirement	2,921,733	3,235,176	3,599,449
Other Employee Benefits	269,338	246,460	259,171
Professional/Other agencies	1,027,608	1,426,874	1,419,952
Advertising	79,619	183,898	108,949
Chemical Supplies	392,702	297,250	236,200
Biologicals	325,000	305,134	344,177
Fleet Management billings	190,311	190,209	189,836
Workforce training & development	164,849	274,459	268,793
Other Services and Supplies	1,783,461	1,703,094	1,686,441
Indirect cost allocation	1,218,079	1,400,792	1,610,911
Capital	88,167	164,455	100,000
<b>Total Uses of Funds</b>	<b>22,558,237</b>	<b>24,263,593</b>	<b>25,855,192</b>
<b>Net Change in Fund Balance</b>	<b>1,505,134</b>	<b>(289,084)</b>	<b>(1,866,275)</b>
<b>Ending Fund Balance (FB)</b>	<b>\$ 7,841,536</b>	<b>\$ 7,552,452</b>	<b>\$ 5,686,177</b>
<b>FB as a percent of Uses of Funds</b>	<b>34.8%</b>	<b>31.1%</b>	<b>22.0%</b>

<b>FY21 Proposed Budget</b>	
<b>Opening Fund Balance</b>	<b>\$ 7,552,452</b>
<b>Total Revenues</b>	<b>23,988,918</b>
<b>Total Expenditures</b>	<b>25,855,192</b>
<b>Revenues less Expenditures</b>	<b>(1,866,275)</b>
<b>Ending Fund Balance</b>	<b>\$ 5,686,177</b>
<b>Ending Fund as a Percent of Expenditures</b>	<b>22.0%</b>



**Fiscal Year  
2021**

**Recommendations  
Impact to  
Health Fund**

**Negative Net  
Change in Fund  
Balance for  
FY22 – FY24  
bringing the  
fund balance  
within the policy  
level of 10%-  
17%**

	Projected Based on Historical Trends		
	FY 2021-2022	FY 2022-2023	FY 2023-2024
<b>SOURCES OF FUNDS:</b>			
<b>Opening Fund Balance</b>	\$ 5,686,177	\$ 5,062,341	\$ 4,162,960
<b>Revenues:</b>			
Licenses and Permits	3,708,628	3,801,344	3,915,384
Federal & State Grants	5,730,884	5,829,469	5,923,321
Federal & State Indirect Rev.	559,614	569,303	578,542
Tire Fees (NRS 444A.090)	537,782	550,876	564,288
Pollution Control (NRS 445B.830)	642,363	658,422	678,174
Dust Plan	591,544	606,333	624,523
Birth & Death Certificates	601,256	613,281	631,680
Other Charges for Services	2,200,774	2,255,793	2,323,467
Miscellaneous	210,582	214,483	218,260
<b>Total Revenues</b>	<b>14,783,428</b>	<b>15,099,304</b>	<b>15,457,640</b>
Total General Fund transfer	9,516,856	9,516,856	9,516,856
<b>Total Revenues &amp; General Fund transfer</b>	<b>24,300,284</b>	<b>24,616,160</b>	<b>24,974,496</b>
<b>Total Sources of Funds</b>	<b>29,986,461</b>	<b>29,678,501</b>	<b>29,137,456</b>
<b>USES OF FUNDS:</b>			
<b>Expenditures:</b>			
Salaries & Wages	12,671,222	12,979,728	13,295,745
Group Insurance	1,809,661	1,886,381	1,966,353
OPEB Contribution	1,168,222	1,217,748	1,269,374
Retirement	3,481,898	3,566,672	3,653,509
Other Employee Benefits	258,250	269,199	280,611
Professional/Other agencies	1,369,269	1,390,069	1,409,191
Advertising	61,118	62,046	62,900
Chemical Supplies	236,200	236,791	237,382
Biologicals	350,886	356,216	361,116
Fleet Management billings	191,736	193,573	196,949
Workforce training & development	270,137	272,163	274,204
Other Services and Supplies	1,389,241	1,410,344	1,429,745
Indirect cost allocation	1,616,281	1,624,362	1,632,484
Capital	50,000	50,250	50,753
<b>Total Uses of Funds</b>	<b>24,924,120</b>	<b>25,515,541</b>	<b>26,120,317</b>
Net Change in Fund Balance	(623,836)	(899,381)	(1,145,821)
<b>Ending Fund Balance (FB)</b>	<b>\$ 5,062,341</b>	<b>\$ 4,162,960</b>	<b>\$ 3,017,139</b>
<b>FB as a percent of Uses of Funds</b>	<b>20.3%</b>	<b>16.3%</b>	<b>11.6%</b>

	Projected Budget		
	FY22	FY23	FY24
<b>Opening Fund Balance</b>	<b>\$5,686,177</b>	<b>\$5,062,341</b>	<b>\$4,162,960</b>
<b>Total Revenues</b>	<b>24,300,284</b>	<b>24,616,160</b>	<b>24,974,496</b>
<b>Total Expenditures</b>	<b>24,924,120</b>	<b>25,515,541</b>	<b>26,120,317</b>
<b>Revenues less Expenditures</b>	<b>(623,836)</b>	<b>(899,381)</b>	<b>(1,145,821)</b>
<b>Ending Fund Balance</b>	<b>\$5,062,341</b>	<b>\$4,162,960</b>	<b>\$3,017,139</b>
<b>Ending Fund as a Percent of Expenditures</b>	<b>20.3%</b>	<b>16.3%</b>	<b>11.6%</b>
<b>Ending Fund Balance Policy is a range from 10% - 17%</b>			



## Next Steps

**March 3<sup>rd</sup>**, Budget presentation to the County Senior Management

**March 6<sup>th</sup>**, District Health Officer delivers FY21 budget to the County Manager and Cities Manager

**March 26<sup>th</sup>**, DBOH update on the Managers meeting for FY21 Budget

**April 21<sup>st</sup>**, BCC meeting, County Manager's recommendations for FY21 budget, General Fund support should be finalized

**May 19<sup>th</sup>**, BCC Public Hearing and possible adoption of the FY21 Budget

**June 1<sup>st</sup>**, County delivers Final Budget to the Department of Taxation



Staff requests  
approval of the  
FY21 Budget

Once approved it  
will be submitted  
to the Cities and  
County Managers  
for comment as  
outlined in the  
Interlocal  
Agreement

**Staff recommends that the DBOH approve the Fiscal Year 2020-2021 Budget which in summary includes:**

- Approval to fund 22 programs
- Total Revenues budgeted at \$24.0 million
- Total Expenditures budgeted at \$25.9 million which includes above base requests totaling \$767,883
- Budget authorization for 165.27 FTEs
- Anticipated FY21 ending fund balance of \$5,686,177 which is 22.0% of expenditures

**Approval today does not prevent adjustments that may be necessary prior to the final adoption of the budget by the Board of County Commissioners in May, 2020**



Fiscal Year  
2020-2021  
Recommended  
Budget

**Questions?**





**Air Quality Management  
Division Director Staff Report  
Board Meeting Date: February 27, 2020**

**DATE:** February 7, 2020  
**TO:** District Board of Health  
**FROM:** Francisco Vega, P.E., Division Director  
 775-784-7211; fvega@washoecounty.us  
**SUBJECT:** Program Update – Celebrating the Completion of Reno4, Divisional Update,  
 Program Reports, Monitoring and Planning, Permitting and Enforcement

**1. Program Update**

- a. Celebrating the Completion of Reno4

AQMD Calendar	
Nov 1:	Know the Code Season Begins
Feb 29:	End of Know the Code Season
May 15:	Step 2 Wood/Pellet Stove

As you have been kept apprised of over the last year the monitoring group has been working extremely hard on relocating the Reno3 monitoring station, located at 301A State Street, to the new Reno4 site, located at the Libby Booth Elementary School. Construction of the Reno4 monitoring site was completed at the end of January with an official ribbon cutting ceremony held on January 29, 2020. Many groups and individuals were able to attend this exciting event including Board of Health Member and Sparks City Councilman from Ward #5 Kristopher Dahir, Libby Booth Elementary School principal Megan Waugh and representatives from the University of Nevada, Reno; the National Weather Service and Desert Research Institute. Additionally, a representative of Catherine Cortez Masto was able to attend and present the Health District with Certificate of Commendation.



The Reno4 monitoring station is what is referred to as a National Core Multi-pollutant Monitoring Station (NCore) which means it is a multi-pollutant monitoring station which is a part of a national network of similar monitoring stations that integrate several advanced and trace-level measurement systems for particles, pollutant gases and meteorology. The Reno4 station tracks more than 15 parameters, including ozone, carbon monoxide, oxides of nitrogen, sulfur dioxide and particulate matter such as dust, soot and unburned fuel. The



ambient air quality data is tracked 24-7 and assists Air Quality in determining compliance with the National Ambient Air Quality Standards (NAAQS) as defined by the U.S. Environmental Protection Agency (EPA). Near real-time air monitoring data from Reno4 is being submitted to AirNow ([airnow.gov](http://airnow.gov)). Data from Reno4 and the rest of AQM's monitoring network

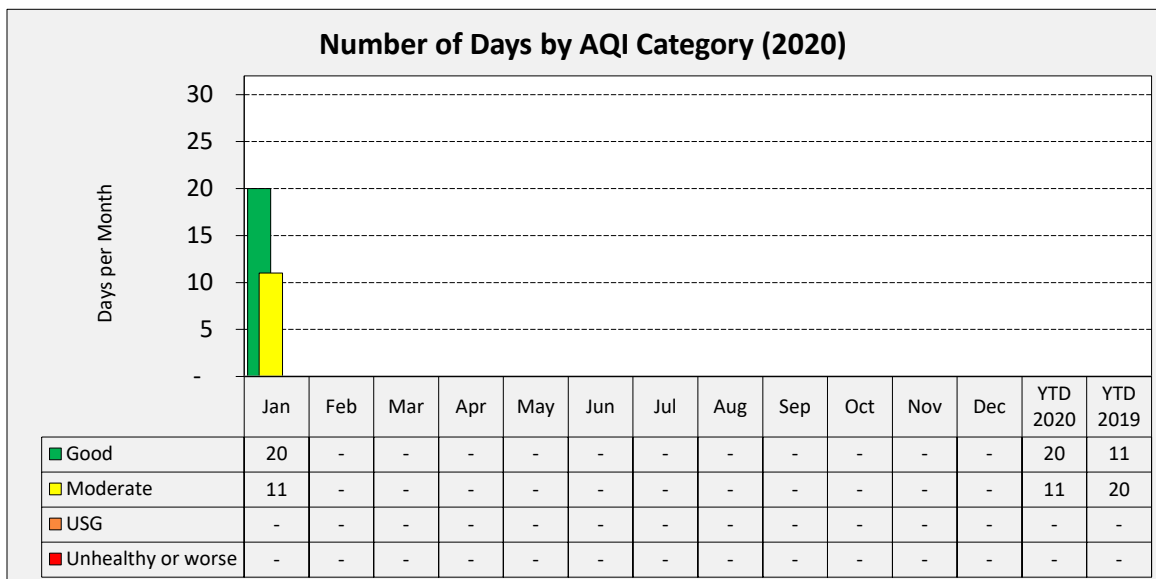
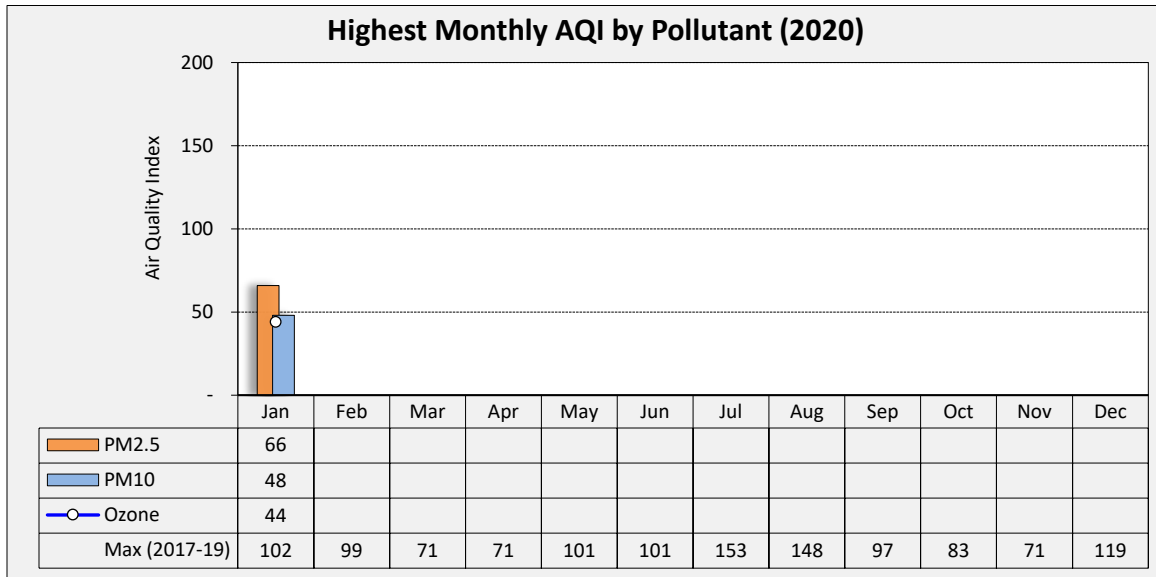
is submitted to the Air Quality System (AQS). AQS is the official database that EPA references when making regulatory decisions such as Attainment/Non-attainment designations.

In addition to the EPA required monitoring equipment, the AQM Division is also 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 Reno4 monitoring station, along with other sites in Boise, ID and Missoula, MT, were selected because of our vulnerability to wildfire smoke from California, Oregon, and even Washington. ORD is supplementing the Reno4 monitoring station with additional instruments that will monitor for ammonia, black carbon, carbon dioxide, hydrogen sulfide, ozone, total reduced sulfur, true nitrogen dioxide, and a filter-based monitor collecting 24-hour PM<sub>2.5</sub> samples every day. The goals of the project include investigating the impact of photochemical aging of wildfire smoke, evaluating the performance of EPA-approved instruments and identifying additional markers or "fingerprints" of smoke, especially during low smoke concentrations. In addition, this study will strengthen future Exceptional Events demonstrations and present monitoring staff opportunities in developing monitoring technology.

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

January Air Quality and Know the Code: There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the month of January. Through January, AQM issued 92 Green burn codes, 0 Yellows, and 0 Reds.

End of an Era for Downtown Reno Monitoring: January 29, 2020 - That's the day AQM removed the final piece of monitoring equipment from Downtown Reno. AQM has been monitoring in Downtown Reno since the early 1980's. The original (Reno) station was in the Harrah's parking lot on Lake Street. As a point of reference, it was across the street from the old City of Reno Fire Station.



In the early 1990's, the station was relocated 0.1 miles north to a vacant City of Reno property on Plaza Street. This station (Reno2) monitored for many more pollutants than Reno including NO<sub>x</sub>, PM<sub>2.5</sub>, and chemical speciation. Monitoring continued at Reno2 until ReTRAC (Reno Transportation Rail Access Corridor) forced AQM to find another location in 2001.

With support from the City of Reno, AQM relocated the station 0.5 miles south to a parking lot at the corner of Mill and River Rock Streets. This station (Reno3) added more instrumentation to the network including continuous PM and trace level pollutants. Reno3 was AQM's flagship station and used for many television news interviews, school field trips, and educational visits. The City of Reno sold this property in 2019 for low-income and market-rate apartments.



AQM appreciates the long partnership with the City of Reno and looks forward to the beginning of a new partnership with the Washoe County School District at Libby Booth Elementary School.

Daniel Inouye  
Chief, Monitoring and Planning

a. Permitting and Compliance

**December**

Staff reviewed twenty-three (23) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

In January 2020, Staff conducted forty-five (45) stationary source inspections with four initial compliance inspection and nineteen (19) gasoline station inspections. Staff was also assigned ten (10) new asbestos abatement projects, overseeing the removal of approximately 20,000 square feet of asbestos-containing materials. Staff received three (3) new building demolition projects to monitor. Further, there were twenty-two (22) new construction/dust projects to monitor. and Staff documented fifty-five (55) construction site inspections, with more than 200 acres of new acreage opened. 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 nine (9) complaints.

Type of Permit	2020		2019	
	January	YTD	January	Annual Total
<b>Renewal of Existing Air Permits</b>	78	78	78	1,086
<b>New Authorities to Construct</b>	4	4	5	52
<b>Dust Control Permits</b>	22 (202 acres)	22 (202 acres)	12 (66 acres)	197 (2436 acres)
<b>Wood Stove (WS) Certificates</b>	40	40	18	442
<b>WS Dealers Affidavit of Sale</b>	17 (12 replacements)	17 (12 replacements)	1 (1 replacements)	118 (83 replacements)
<b>WS Notice of Exemptions</b>	486 (3 stoves removed)	486 (3 stoves removed)	513 (9 stoves removed)	8,353 (80 stoves removed)
<b>Asbestos Assessments</b>	50	50	94	1,034
<b>Asbestos Demo and Removal (NESHAP)</b>	10	10	27	300

COMPLAINTS	2020		2019	
	January	YTD	January	Annual Total
Asbestos	0	0	2	11
Burning	3	3	1	14
Construction Dust	3	3	5	74
Dust Control Permit	0	0	0	6
General Dust	3	3	1	35
Diesel Idling	0	0	0	4
Odor	0	0	0	31
Spray Painting	0	0	0	3
Permit to Operate	0	0	0	8
Woodstove	0	0	2	2
<b>TOTAL</b>	<b>9</b>	<b>9</b>	<b>11</b>	<b>188</b>
NOV's	January	YTD	January	Annual Total
Warnings	0	0	0	27
Citations	0	0	0	15
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>42</b>

Mike Wolf  
 Chief, Permitting and Enforcement

DD	LL
DHO	KD

**Community and Clinical Health Services  
Director Staff Report  
Board Meeting Date: February 27, 2020**

**DATE:** February 14, 2020  
**TO:** District Board of Health  
**FROM:** Lisa Lottritz, MPH, RN  
775-328-6159; llottritz@washoecounty.us  
**SUBJECT:** Divisional Update – WIC Program Update; 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

**1. Divisional Update – WIC Program Update**

National Nutrition Month is an annual nutrition education and information campaign created by the Academy of Nutrition and Dietetics. The campaign, celebrated each year during the month of March, focuses on the importance of making informed food choices and developing sound eating and physical activity habits. The theme of this year’s campaign is Eat Right, Bite by Bite, and offers resources and information to help everyone make small changes that will lead to a larger healthful effect.

The campaign reminds us all to:

- **Make small changes.** Keep things simple and don’t change everything at once. Focus on Nutrition “bite by bite” is about making small changes to your eating style to help you live a healthful life. Making changes isn’t always easy, which is why it’s helpful to keep things simple.
- **Eat a variety of nutritious foods every day.** It’s important to eat a variety of nutritious foods every day in order to get the nutrients that are needed. Including healthful foods from all food groups and hydrate healthfully. Learn how to read Nutrition Facts labels, practice portion control and take the time to enjoy your food.



- **Plan your meals each week.** Plan your meals each week so that you can be sure to include a variety of nutritious foods. Look in the refrigerator, freezer and pantry for foods that need to be used up. Choose healthful recipes to make during the week.
- **Learn skills to create tasty meals.** Preparing food at home can be healthy and rewarding. Keep healthful ingredients on hand, practice proper home food safety, and share meals together when possible.
- **Eat right, Bite by Bite.** Good nutrition doesn't have to be restrictive or over whelming. Small goals and changes can have a cumulative effect, and every little bit (or bite) of nutrition is a step in the right direction.
- **Consult a Registered Dietitian Nutritionist.** Receive personalized nutrition advice to meet your goals and unique needs and thrive through the transformative power of food and nutrition.

The WCHD's WIC Program (Special Supplemental Nutrition Program for Women, Infants and Children) guides, encourages and celebrates the positive healthy steps expecting mothers and families of young children make daily to lead healthier lifestyles. This year's theme of Eat Right, Bite by Bite is embodied by WIC through the routine practice of WIC staff helping participants set small goals for themselves at their appointments that are later followed up on and built on at future appointments. This approach, by meeting participants where they are at and helping them set small, attainable goals has paid off.

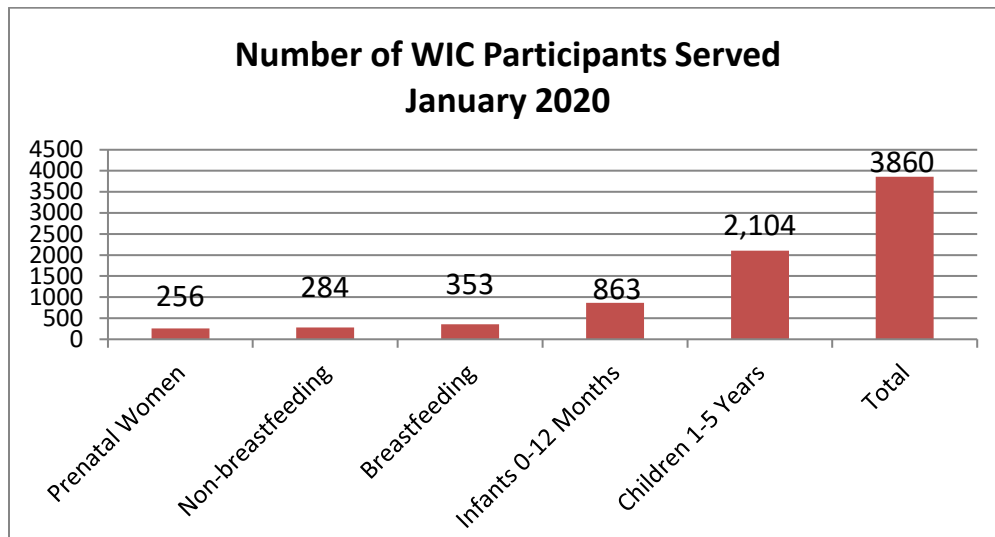
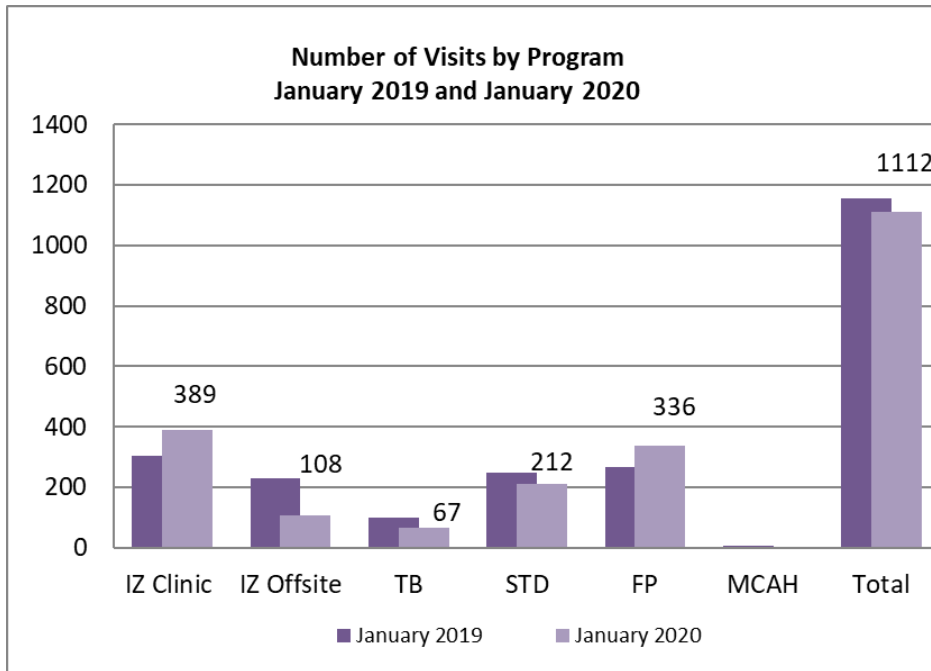
Data show that the rate of obesity among 2 to 4-year-olds enrolled in WIC fell from 15.9% to 13.9% from 2010 to 2016 in the United States, with a rate of 11.6% for Nevada, which is 8th best in the nation. WIC has redesigned food packages to better align with the U.S. Dietary Guidelines for Americans and infant feeding practice guidelines of the American Academy of Pediatrics. This change led to increased availability of healthier foods and beverages in authorized WIC stores and improved dietary quality among families who enrolled in WIC.

In addition to the food packages, WIC helps to establish successful long-term breastfeeding and provides participants with a wider variety of food based on cultural preferences. WIC does this through the provision of breastfeeding education and support via the availability of lactation specialists, breast pumps and breast-feeding supplies as well as providing education on the developmental and nutrition needs of infants, toddlers and young children. Participants are also connected to other services through their WIC participation, such as Nevada Early Intervention, immunizations and other health services.

WCHD WIC is excited to promote the national campaign encouraging clients to make small changes throughout the year, celebrate their successes, and move in the right direction to a healthier tomorrow.



## 2. 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.

### 3. Program Reports – Outcomes and Activities

- a. **Sexual Health (Outreach and Disease Investigation)** – Congratulations to our Disease Investigation Specialists (DIS) who, with the help of our Public Service Interns (PSI) met the deadline and have all 2019 data entered into the disease surveillance database. The data is now available to the state STD program, which forwards the data to CDC.

Staff are utilizing standardized surveillance definitions for both congenital syphilis and general syphilis to determine reportable cases and improve accuracy in reporting. The information will also decrease the number of positive labs staff are required to actively investigate. It is important to note, surveillance definition affects what is reported to CDC, treatment guidelines remain the same. Staff are also implementing follow up guidelines for congenital syphilis case management.

The program has been notified of continued funding for Ryan White Part B (RWPB) services. Services offered in the current funding period will provide a foundation for continuation and expansion. Recent sites confirmed for offsite testing partnerships supported by these funds include TMCC, Tu Casa Latina, and Catholic Charities.

- b. **Immunizations** – A total of 17 School Located Vaccination Clinics (SLVCs) were completed this flu season and 1,210 doses of flu vaccine were administered. Staff also administered 31 doses of flu vaccine at the Mariposa Clinic in collaboration with Immunize Nevada and CVS Pharmacy on January 15<sup>th</sup>. In addition, staff participated in the Project Homeless Connect Point of Dispensing (POD) exercise in partnership with EPHP and administered 125 doses of flu vaccine.

Staff will be participating in the Family Health Festival in collaboration with Immunize Nevada offering recommended immunizations for children 2 months through 18 years on March 4, 2020 at the Boys and Girls Club on Bresson Drive.

The Immunization Program has hired an Intermittent Hourly RN, Mhervin Dagdagan, to join the team of intermittent nurses to cover onsite and offsite immunization clinics.

Staff would like to congratulate the Reno Center for Child and Adolescent Health who was recognized by the American Academy of Pediatrics for going above and beyond to foster HPV vaccination among adolescents in our community. There were only 17 pediatric organizations recognized in the United States.

- c. **Tuberculosis Prevention and Control Program** - In 2019 eight active TB cases were successfully treated, there was one death and one suspicious extra-pulmonary case who was not

able to tolerate treatment; this individual is now being monitored by a primary provider. Contacts to 2019 confirmed cases continue to be documented as cases are closed.

There are currently no active cases, however, there is a highly suspicious case being evaluated for extra-pulmonary TB. Staff are working with 16 B1, B2, and K1 immigrants in various stages of assessment, diagnosis and treatment.

- d. **Reproductive and Sexual Health Services** – Reproductive and Sexual Health Services has hired a Public Health Nurse, Maricruz Schafer and a full time Community Health Aide, Nancy Ramirez-Pardita to assist with the new State grant to provide immunizations to Family Planning and Sexual Health clients. The clinic will provide Tdap, Twinrix, HPV and Influenza vaccines to clients over the age of 18. Staff has attended trainings with WebIZ and are in the process of training with the immunization staff to become proficient in vaccine administration. Clinic rooms and offices have been rearranged to accommodate the increase in staff and clients. Staff are currently working on revamping clinic flow to accommodate longer client appointments with the implementation of vaccinations.
- e. **Chronic Disease Prevention Program (CDPP)** – Staff met with over 150 attendees at Project Homeless Connect and shared information on tobacco cessation resources and information about the WCHD WIC Program.

Staff joined the Truckee Meadows Mayor's Challenge workgroup to assist in preventing suicide among Veterans residing in Reno, Sparks and Washoe County.

Teacher Orientation for the Wolf Pack Coaches Challenge was held on January 22<sup>nd</sup>. Teachers were introduced to the program, shared creative ideas for implementation, and received classroom materials. Those teachers receiving credit for their classroom participation will meet with staff on a weekly basis during the program.

- f. **Maternal, Child and Adolescent Health (MCAH)** – Staff attended technical assistance training provided by National Fetal and Infant Mortality Review (FIMR) in January. Linda Gabor has returned as an intermittent hourly RN and is working on the Executive Summary report for FIMR and helping to enter cases as needed. Staff continue to attend and provide updates at the Northern Nevada Maternal Child Health meetings, Pregnancy & Infant Loss Support Organization (PILSOS), and Child Death Review meetings. Cribs for Kids classes continue. Newborn screening and lead cases are investigated as needed.
- g. **Women, Infants and Children (WIC)** – Staff attended the 2020 Mom Annual FORUM with the theme of “We can do more in maternal and mental health care”. The training covered information on maternal mental health and how we can do more together. Staff are grateful to

Subject: CCHS Division Director's Report

Date: February 14, 2020

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our community partners for hosting this as a community webinar, saving all partners travel costs to the live conference in California.

**Environmental Health Services  
Division Director Staff Report  
Board Meeting Date: February 27, 2020**

**DATE:** February 14, 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.

**Program Updates**

**A. Consumer Protection**

Food/Food Safety

- The Food Program received an audit from the Southern Nevada Health District to verify our conformance with the Food and Drug Administration (FDA) Retail Food Program Standards. Standard 3 – Inspection Program Based on Hazard Analysis Critical Control Points (HACCP) Principles and Standard 5 -Foodborne Illness and Food Defense Preparedness and Response were audited and successfully completed. The team reported this achievement to our regional FDA Retail Food Specialist. The information will also be entered into the national FDA Program Standards database to show our progress within the Standards. The Food Safety Program now fully meets four of the nine Program Standards. The following chart illustrates conformance with the FDA Program Standards:

Met	Standard	Progress	Standard Elements <i>(Incomplete elements identified in red and completed elements identified in strikethrough text)</i>
✓	1 REGULATORY FOUNDATION	Fully Met	<del>1a- 1b- 1e- 2a- 2b- 3a- 4a-</del>
✗	2 TRAINED REGULATORY STAFF	88.9% met	<del>1a- 1b- 2a- 2b- 3a- 3b- 4a- 4b- 5a</del>
✓	3 INSPECTION PROGRAM BASED ON HACCP PRINCIPLES	Fully Met	<del>1a- 1b- 1e- 2a- 3a- 4a- 4b- 4e- 5a- 6a-</del>
✗	4 UNIFORM INSPECTION PROGRAM	93.8% met	<del>1a- 1b- 1e- 2- 2i- 2ii- 2iii- 2iv- 2v- 2vi- 2vii- 2viii- 2ix- 2x- 3a- 3b-</del>
✓	5 <u>FOODBORNE ILLNESS AND FOOD DEFENSE PREPAREDNESS AND RESPONSE</u>	Fully Met	<del>1a- 1b- 1e- 1d- 1e- 1f- 1g- 1h- 1i- 2a- 2b- 3a- 3b- 4a- 5a- 5b- 5c- 6a- 7a- 7b1- 7b2- 7b3- 7b4- 7b5- 7b6- 7b7- 7b8- 7b9- 7c-</del>
✗	6 COMPLIANCE AND ENFORCEMENT	50.0% met	<del>1a- 1b- 2a 2b</del>
✓	7 INDUSTRY AND COMMUNITY RELATIONS	Fully Met	<del>1a- 1b-</del>
✗	8 PROGRAM SUPPORT AND RESOURCES	61.5% met	<del>1a 2a- 2b- 3a- 3b- 4a- 4b 4c- 4d 4e 4f 4g- 4h-</del>
✗	9 PROGRAM ASSESSMENT	85.7% met	<del>1a- 1b- 1e- 2a- 2b- 3a 3b-</del>

- The Food Safety Program organized a ‘Special Processes’ training that covered fermentation and charcuterie at retail food establishments. The training was presented by Dr. Brian Nummer from Utah State and provided staff with 14 CEUs in Food Safety which is a requirement for compliance with Standard 2 – Trained Regulatory Staff. The workshop was also attended by several food establishment operators interested in conducting specialized food processes. Participation in food safety forums with the food service industry meets the criteria of Standard 7 - Industry and Community Relations.
- The Food Safety Program hosted a site visit for the National Association of County and City Health Officials (NACCHO) mentorship program with our mentee jurisdiction from Monongalia County, WV. The Food Safety Program presented on our work and reviewed all 9 FDA Standards with our mentee over the two-day visit. Currently, Monongalia County is in the process of completing their first self-assessment of the FDA Voluntary National Retail Food Regulatory Program Standards. The WCHD is providing guidance and assistance as Monongalia County navigates their way through a self-assessment for the first time.
- Epidemiology – Epidemiology staff completed all updates to the Standard Operating Procedures (SOPs) FS-1 and FS-19 which cover Foodborne Disease Investigations and Recalls. Southern Nevada Health District staff reviewed these SOPs as part of their audit of Standard 5 - Foodborne Illness and Food Defense Preparedness and Response. EHS passed the audit and now meets Standard 5. Numerous School and Child Care outbreaks were declared by Communicable Disease (CD) staff in January. Staff monitored 13 outbreaks during the month. Staff was also invited to co-present along with CD staff at an upcoming Washoe County School District (WCSD) Nurses monthly meeting.

<b>Epidemiology</b>	<b>JAN 2019</b>	<b>2020 YTD</b>
Foodborne Disease Complaints	20	20
Foodborne Disease Interviews	14	14
Foodborne Disease Investigations	0	0
CD Referrals Reviewed	12	12
Product Recalls Reviewed	3	3
Child Care/School Outbreaks Monitored	13	13

- Special Events – January remained quiet for events with just three inspections. Staff fielded numerous calls and questions regarding renewal of annual Sampling and Producer permits and Temporary Food events planned in 2020. Program staff attended the City of Reno Special Events meeting which will now be held bi-monthly instead of monthly in order to help shorten the typical length of the meetings

Commercial Plans

- Commercial plan reviews and inspection totals indicate slight decreases when compared to levels noted at the same time during the previous year. However, overall Commercial Plan load remains elevated as has been noted in recent years.

<b>Community Development</b>	<b>JAN 2020</b>	<b>2019 TOTAL</b>
Development Reviews	15	373
Commercial Plans Received	96	1,325
Commercial Plan Inspections	21	395
Water Projects Received	8	87
Lots/Units Approved for Construction	95	1,337

### Permitted Facilities

- Child Care – Staff presented to the State Assessors of the Quality Rating and Improvement System (QRIS). Topics covered included QRIS requirements and level of consistency with Health regulations for QRIS requirements that may be affected during outbreaks.
- Schools – Staff assisted in a presentation with Communicable Disease (CD) program staff, the District Health Officer and the Washoe County School District (WCSD). The presentation was given to the Board of Trustees to follow up recent outbreaks. Staff from EHS and CD have plans to work with WCSD in the near future to update the Toolkit for Gastrointestinal Outbreaks.
- Training – Three (3) new REHS trainees started in January. Two are training now in Foods and one in Permitted Facilities. The initial training schedule runs through June and will be supplemented from there to ensure that all new staff can manage their own inspection area for the remainder of 2020. Staff is working on Field Inspection Guides for Invasive Body Decoration (IBD), Hotels/Motels and Mobile Home/Recreational Vehicle Parks.

## **B. Environmental Protection**

### Land Development

- Training for the four new team members is underway. The team is taking a collaborative approach that seems to be going well. The goal of having the new team members trained to a basic level by the end of March appears to be achievable. While it will take much longer for staff to become experts in the program, it is expected that the new staff resources will be able to begin assisting with workload distribution in time for the 2020 construction season.
- In January, the program took in 53 plans in 2020 versus 46 for 2019. Plan review times remain at acceptable levels and are expected to continue to come down as new staff comes online.

<b>Land Development</b>	<b>JAN 2019</b>	<b>2019 TOTAL</b>
Plans Received (Residential/Septic)	53	913
Residential Septic/Well Inspections	72	1,051
Well Permits	10	72

### Safe Drinking Water (SDW)

- The program is primarily dealing with the normal January Bureau of Safe Drinking Water (BSDW) requests for information on water systems as they issue annual permits at the beginning of the year. The requests focus on outstanding deficiencies that remain to be resolved from the previous year (or years). BSDW uses their permit issuance as an enforcement tool to gain compliance from water systems that are not addressing their issues.
- Training has begun, albeit slowly, with the newly assigned team member. BSDW installed the needed software but ran into some issues that are being resolved. It is expected the software issues will be resolved in March and training will then resume.
- Seven staff members have been registered and will be attending the Nevada Rural Water Conference here in town as schedules allow. The Nevada Rural Water Association is a non-profit organization that assists water systems with compliance issues and provides technical expertise. The conference is provided free to regulators and is a great learning opportunity.

Vector-Borne Diseases (VBD)

- Vector program has begun revising all SOPs for the 2020 calendar year.
- Service requests are now being taken through the Accela complaint system.
- The program received a small increase in tick service requests and inquiries related to holiday season travelers to California.
- The Panther Valley warehouses are in the process of reorganization for the 2020 season.

Service Requests	JAN 2020
Tick Identifications	4
Rabies (Bat testing)	1
Mosquito Fish Requests	2

Waste Management (WM)/Underground Storage Tanks (UST)

- Staff continues to work with other government entities and private property owners to identify and clean up homeless camps.
- WM staff has begun to train Vector staff on conducting inspections on Waste Management permits.
- Recycle reporting has been trickling in after the primary outreach in mid-January and next year an electronic reporting mechanism developed by NDEP is anticipated.
- UST staff has been slightly behind in monthly inspection numbers for the first two months of the year and has been focused primarily on securing training opportunities desperately needed for new staff.

**EHS 2020 Inspections**

	JAN 2020	2019 TOTAL
Child Care	13	129
Complaints	76	817
Food	369	5,819
General*	39	2,051
Temporary Foods/Special Events	3	1,541
Temporary IBD Events	1	86
Waste Management	5	136
<b>TOTAL</b>	<b>506</b>	<b>10,579</b>
EHS Public Record Requests	204	3,508

\* **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: February 27, 2020**

**DATE:** February 14, 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 January, the Communicable Disease (CD) Program has opened 26 outbreak investigations of which 15 are currently open. These are primarily occurring in schools, daycare, and childcare facilities.

**2019 Novel Coronavirus (COVID-19)**

The Epidemiology Program is staying up-to-date with the evolving 2019 Novel Coronavirus (2019-nCoV) situation, which has been renamed COVID-19 by the World Health Organization. To date (February 13) there have been no cases of COVID-19 in Washoe County.

The Communicable Disease Program, Public Health Preparedness staff, and Washoe County Health District leadership have been holding weekly meetings to plan and provide updates for the rapidly evolving 2019 novel coronavirus situation. To date, there have been three meetings which occurred on January 27, February 4, and February 13. A summary of actions is provided below:

- Ongoing communication with and updates have been provided to multiple partners including Washoe County School District, local infection control providers, hospitalists, emergency first responders, the Washoe County Inter-Hospital Coordinating Council, the Nevada State Public Health Laboratory, the Nevada Division of Public and Behavioral Health, and the Centers for Disease Control and Preparedness.
- An assessment of Washoe County hospital and emergency first responder's current personal protective equipment and other supplies was conducted. An assessment of local healthcare facility travel screens and protocols when a patient presents with influenza-like illness.

- A frequently asked questions (FAQ) infographic was created by the Health District's Communications Manager in conjunction with the County's Communications Team and posted to the Health District's main page.
- The Epidemiology Program Manager has created tracking mechanisms, case interview forms and risk assessment forms for taking purposes.
- The Public Health Preparedness team and office support specialists have been trained to handle calls related to coronavirus, including how to conduct risk assessments. All of these interviews are signed off by one of the epidemiologists. This has increased the CD Program's ability to handle outbreaks and along with the continued influx of other reportable conditions and is much appreciated.
- Coordination with the District Attorney's Office and medical providers on implementation of isolation and quarantine processes, should the need arise.

*Candida auris* - The CD Program reported Nevada's first case of *Candida auris*. *C. auris* was isolated from a skin swab conducted as part of a colonization screening due to the case being deemed high risk, which included a recent hospitalization in another country. The individual is considered colonized. This case was able to be identified for screening due to the facility's travel screening protocol. Additionally, as the case had triggered a screening protocol, the case was treated with high level contact precautions throughout the entirety of their admittance. WCHD, the facility, NSPHL, Nevada's DPBH, and the CDC have been in communications regarding screening of others and next steps. This investigation is ongoing.

Pertussis: The CD program has investigated a number of confirmed pertussis cases since the last District Board of Health meeting.

- One case involved two sisters, both of whom were vaccinated. Both sisters exhibited cough, paroxysms and tested positive for pertussis by PCR. Both cases received appropriate treatment. There were 7 other individuals in the household, among them a 5-month-old sibling. All household members were tested and received post exposure prophylaxis. Upon receiving test results of family members, a sibling was found to be a confirmed case as well. All cases were homeschooled and did not have any other contacts of concern. More follow-up was done by the CD program on this case, an RN that had helped care for one of the cases began to exhibit cough as well as her two children, all three were tested and ruled out for pertussis by PCR.
- A second-grade student with vaccination history for pertussis exhibited cough and paroxysms. The student was tested positive for pertussis by PCR. Her 2<sup>nd</sup> grade class was notified, and no other cases were identified. However, the mother of the case became symptomatic and later tested positive for pertussis. The rest of the household was placed on PEP as well as other close contacts of the index case, such as grandparents and other relatives that been in close contact with the case.

Mumps: Since the last District Board of Health meeting, the CD Program has followed-up on a probable mumps case. The patient was unvaccinated and exhibited chills, fever, sore throat and had swelling of both parotid glands. The patient tested positive for mumps virus IgM. When interviewed, no contacts could be found and the infection period had already concluded.

Influenza – Thus far, there have been 155 influenza-associated hospitalizations for the 2019-2020 flu season in Washoe County. Among these cases, 38 hospitalized patients received the seasonal flu vaccine before onset of symptoms. There have been 5 confirmed flu-related deaths reported thus far (week 5) and the CD team is currently investigating 3 additional influenza-associated deaths, one of which is a pediatrics case, to determine if they are confirmed influenza-related death cases. During week 5, the percentage of persons seen locally with influenza-like illness (ILI) increased to 3.3%, which is above the regional baseline of 2.4%. In Washoe County the pneumonia and influenza (P&I) mortality for week 5 was 9.7%, above the national week 3 epidemic threshold of 6.7%.

Carbapenemase Producing Organisms (CPO) - On February 13 the CD Program staff held the monthly statewide call for updates for data and updates related to Carbapenemase producing organisms (CPO). Hospitalists, laboratory personnel, epidemiologists, and infection prevention staff from across the state regularly attend these calls.

Northern Nevada Infection Control (NNIC) - On February 13 one of the epidemiologists attended the Northern Nevada Infection Control (NNIC) bi-monthly meeting. A flu update was provided as well as an overview of outbreaks and notable communicable diseases that were investigated by the CD program. The work WCHD has been doing for the COVID-19 was shared with our partners. The meeting was well-attended and WCHD was recognized by local partners for the wonderful work we have been doing in helping to screen patients and communicate information timely particularly with COVID-19.

### **Public Health Preparedness (PHP)**

Exercises and Trainings - On January 16 and 17 the PHEP & Healthcare Public Health Emergency Response Coordinator (PHERC) participated in an information sharing exercise with the Nevada Division of Public and Behavioral Health. During this exercise CMS data were requested from the State. These data would be used to identify and respond to individuals in the simulated disaster exercise area who may need additional help based on their medical needs. In a real event this information would be used to support shelters and EMS response.

On January 15 and 16, PHP and the State of Nevada DEM hosted FEMA G288 Local Volunteer and Donation Management and G489 Management of Spontaneous Volunteers Training at the REOC. This two-day training included participation from Washoe County, Quad Counties, the State, VOAD, and other community partners with approximately 30 in attendance each day.

PHP participated in the Reno Catholic Charities of Nevada Project Homeless and Family Connect annual event that brings dozens of local service providers together to connect individuals and families who may be facing or who are experiencing homelessness with medical care, social services, housing aid, and other services. PHP hosted a flu vaccine Point of Dispensing (POD) in

which approximately 125 vaccines were dispensed and almost 40 new staff (volunteers) were trained to work in a POD under an ICS command structure.

On February 4<sup>th</sup> PHP participated in a Nevada Division of Public and Behavioral Health Receive, Stage, Store (RSS) functional exercise. The RSS is the identified delivery location to receive assets from the Strategic National Stockpile (SNS) in the event of a public health emergency. PHP partnered with Amateur Radio Emergency Services (ARES) to set up redundant communications with the Regional Emergency Operations Center (REOC) in order to test resource ordering over amateur radio.

PHP will be conducting Stop the Bleed Training for Washoe County employees and community partners on March 3, 5, and 11, 2020. Washoe County employees may register for the training through Bridge.

Inter-Hospital Coordinating Council- An Ebola/Infection Disease exercise was conducted on February 4 with REMSA and Renown Health, with the exercise planning being led by WCHD. This exercise included moving a patient from the hospital, into the ISOPD, and then into the ambulance for transport to the airport, where the patient would be transferred to a treatment hospital in California. All attending personnel used protocols for donning and doffing of personal protective equipment (PPE) prior to patient contact. This exercise helps ensure that our community is ready for any infectious disease that may come our way.

IHCC is currently working on preparations for two upcoming exercises. The No-Notice Surge exercise will test the community's ability to evacuate 20% of acute care beds within 90 minutes. The CMS Exercise will assess the impact a community-wide event would have on a healthcare's operations as well as help identify resources in the community that would be able to assist with transporting patients following a disaster that impacted the community.

In conjunction with the EMS Program, the HPP Program has begun replacing the older radios in healthcare facilities with radios that will be compatible with the new P25 system, which will be live within the next couple of years. This batch of radios was purchased with HPP funds, with the intention of keeping the communication transition seamless for healthcare facilities.

Training - The PHERC has been identified as an attendee for the Integrated Emergency Management Course (IEMC) community specific exercise in Emmitsburg, MD on March 16-20. This event is a unique and very special opportunity to enhance our regional preparedness. Communities who have engaged in this process report that it has really paid off in times of crisis.

### **Emergency Medical Service (EMS)**

Interviews for the Statistician occurred on January 9-10, 2020. A successful candidate was identified and began working on February 3. The EMS Coordinator position recruitment closed on Monday, January 6, 2020. Interviews took place on February 11, 12, and 13.

The EMS Program Staff held the regularly scheduled ED Consortium meeting on February 13, where the Diversion Policy revisions were discussed and approved. The group also approved the

Blood Borne Pathogen testing protocol for EMS and hospital personnel, as well as updated the Exposure Contact List.

The EMS Protocols meeting will be held on February 19, with the agency medical directors to be attending. The history of the project will be discussed, as well as the future direction and members. It is anticipated that the most recent updates to the protocols will be addressed and approved, with the new revision date to be determined.

The MCIP revisions are complete at this time. The Alpha Plan Annex updates will begin when the new EMS Coordinator is on board.

**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: February 27, 2020**

**DATE:** February 18, 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 – COVID-19, Homelessness, Government Affairs Update, Community Health Improvement Plan, Quality Improvement, Workforce Development, Other Events and Activities, and Health District Media Contacts

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COVID-19

On January 17, 2020 I activated our Department Emergency Operations Plan (DEOP) at level one (partial staffing) to provide a command structure and organization. This was a precautionary measure to plan for the potential of cases occurring in Washoe County, testing and management of people that may present symptoms and travel history of concern for the disease, and communications with our community. We are currently utilizing the CDC guidance for risk assessment and management of individuals with a travel history of being in China during the past fourteen days, or who may have been in contact with someone that has been diagnosed with the disease.

As part of our preparations, Deputy District Attorney Reid has met with Judge Robb, and a representative from the Public Defender's Office staff to discuss procedures for court ordered isolation and quarantine in the event this may become necessary. As of February 18, no cases of COVID-19 have been reported in Nevada.

Homelessness

I have had the opportunity to discuss the Health District's activities related to homelessness and housing affordability in the Region with County Manager, Eric Brown. As a result of these conversations, I have arranged a conference call for Manager Brown with representatives of Enterprise Community partners, and Truckee Meadows Healthy Communities that developed the Regional Strategy for Housing Affordability ([www.TMAffordableHousing.org](http://www.TMAffordableHousing.org)), and a meeting with Health Plan of Nevada (HPN)/United Healthcare representatives that are engaged in Transitional Housing in the region. Following the presentation by Mike Kazmierski, EDAWN, to the Community Homelessness Advisory Board and ensuing discussion regarding participation in the Built for Zero homelessness elimination initiative; Manager Brown informed me of his intent to work with Reno and Sparks to raise the funds required to join the initiative. Joining the initiative involves participating in facilitated meetings with a

cohort of over 80 jurisdictions that are engaged in the initiative, to develop and execute plans and measure progress on reducing homelessness to zero. Since housing and homelessness are priorities of our Community Health Improvement Plan, I offered to have the Health District cover the \$10,000 cost of joining Built for Zero if the three jurisdictions were in agreement on participation in the initiative.

### Government Affairs Update

On February 10, 2020 the Reno City Council held a special meeting to discuss the Operational and Administrative Analysis of the Reno Fire Department by the Center for Public Safety Management, LLC. I provided public comment on item B.2. which addressed potential direction to staff regarding recommendations related to emergency medical dispatch screening and City of Reno/REMSA dispatch consolidation during which I reported on how this item was addressed in the TriData report of 2012 and the regional decision to pursue CAD-to-CAD connectivity. That decision was included in the Principles of Agreement for the Regional Emergency Medical Services Authority Franchise Agreement which was approved by the Reno City Council on February 10, 2014. REMSA provided a presentation on their EMD process and a presentation was provided by the Reno Fire Department. Direction was given to establish a working group (to include some City Council members) to discuss EMD and report back in four months.

On February 11<sup>th</sup>, the Washoe County Health District provided public comment at the Reno City Council Zoning Code Workshop supporting their proposed changes to Title 18 Land Annexation and Land Development Code Ordinance. The proposed changes compliment the City of Reno Sustainability and Action Plan as well as the Ozone Advance Program that is a priority for the Washoe County Health District. With code updates such as incentivizing multi-modal transportation, increasing connectivity, mitigating heat islands through improved landscaping requirements and improved trip reductions, maintaining a healthy air standard is within our reach.

WCHD further suggested that the additional improvements to the code could include requirements for light-colored roofs. A light-colored roof ordinance can be an effective and cost-conscious way to decrease heat absorption that contributes to our urban heat islands. Urban heat islands can worsen summertime ozone level by increasing the energy demand for comfort cooling of buildings and cars. Reno is one of the fastest-warming cities in the nation and every effort counts. A code update could go so far as to include solar reflectance and thermal emittance standards for low and steeped roofs, or even a simple code update of a lighter shade requirement of both residential and commercial roofing material. WCHD will advocate and support changes like these to be made by each jurisdiction in Washoe County.

### Community Health Improvement Plan

The 2019 CHIP Annual Report which covers the progress made in 2019 is scheduled for release by the end of the month. A great amount of progress has been made early in the three-year plan and the impact of the community wide collaboration on the three focus areas has been substantial.

Nutrition/Physical Activity - Within the Nutrition and Physical Activity focus area, progress has continued with implementation of the 5210 Healthy Washoe initiative. For the worksite component of the initiative, three businesses were selected to be pilot sites by the Reno + Sparks Chamber of Commerce. The first 5210 training was held on January 15<sup>th</sup> to educate sites about the program and implementation steps. All

24 departments within Washoe County are implementing the program and hosted a kickoff for their teams on January 15<sup>th</sup>. In addition, NN HOPES has formed a workplace wellness committee to begin implementing the program for their employees. For the healthcare components, NN HOPES continues to implement the 5210 strategies during patient appointments. Renown's Pediatric Ambulatory Clinics are implementing the program and have built the 5210 Healthy Habits questionnaire into their EMR. For the school components, a 5210 presentation was delivered to the five principals of the pilot schools. Urban Roots continues to provide services which includes 5210 programming in five schools.

In addition, planning is underway to provide a Family Health Festival on March 4<sup>th</sup> at the Boys and Girls Club: Donald L. Carano Youth & Teen Facility. The Family Health Festival committee is partnering with Immunize Nevada to provide free vaccines to kids 2 months-18 years.

### Quality Improvement

The Quality Improvement Survey was deployed and concluded at the end of January. The results are being compiled and the QI team will utilize the survey results to shape further QI training opportunities and how to better increase QI utilization. EHS is currently working on a big QI project and there are several small QI projects.

### Workforce Development

The 2019-2021 Workforce Development Plan and needs analysis was shared with all staff on January 14<sup>th</sup>. To meet the needs identified, professional development opportunities on topics including leadership skills, project management and community engagement will be delivered to staff over the course of the year. Health Equity is a topic area embedded into PHAB Accreditation standards and measures. Human Impact Partners is providing a training on health equity concepts for all staff on February 20<sup>th</sup>.

### Other Events and Activities

1/24/20	REMSA Board Meeting
1/2/20	Prescription Drug Monitoring Program (PDMP) call
1/27/20	Truckee Meadows Health Communities (TMHC) Board of Directors Meeting
1/28/20	Nevada Public Health Foundation Board Meeting
1/28/20	Census 2020 Government Subcommittee Meeting
1/28/20	Outbreak Presentation to WCSD Board of Trustees
1/29/20	Reno4 Air Monitoring Station Ribbon Cutting
1/29/20	Enterprise, TMHC Meeting with Eric Brown
1/30/20	Quarterly Meeting w/Reno City Manager Newby
1/30/20	Meeting with Dr. Pandori, NV State Lab Director
1/30/20	Census 2020 Media Event at Downtown Library
1/31/20	Nevada Association of Local Health Officials (NALHO) Meeting
2/3/20	CHAB Meeting
2/3/20	Substance Abuse Task Force
2/4/20	Transitional Housing Meeting with HPN and Eric Brown
2/6/20	Quarterly EMS Advisory Board Meeting
2/6/20	Monthly Meeting with County Manager



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2/6/20	TMHC Governance Committee
2/6/20	NV Health Authorities Conference Call
2/10/20	Reno City Council Meeting Special Meeting
2/10/20	Washoe Regional Behavioral Health Policy Board Meeting
2/11/20	NALHO Conference Call
2/12/20	Department Heads Meeting
2/18/20	DBOH Agenda Review Meeting with Chair and Vice-Chair
2/20/20	PDMP call
2/21/20	Nevada Public Health Association (NPHA) Advocacy and Policy Committee
2/24/20	TMHC Board of Directors Meeting
2/25/20	Census 2020 Government Subcommittee Meeting

<u>DATE</u>	<u>OUTLET</u>	<u>REPORTER</u>	<u>STORY</u>	<u>WCHD INTERVIEWEE</u>
1/2/2020	KTVN	N/A	Healthy Habits in the New Year	Nicole Alberti
1/3/2020	KRNV	Jordan Hicks	Lemmon Valley water main break	N/A
1/3/2020	KTVN	N/A	Lemmon Valley water main break	N/A
1/3/2020	KOH	N/A	Lemmon Valley water main break	N/A
1/5/2020	This is Reno	Carla O'Day	Clean Indoor Air Update in Effect	Kevin Dick
1/6/2020	KRNV	Jordan Hicks	Flu Death Total Hits 2	Kevin Dick
1/6/2020	KTVN	N/A	Flu Death Total Hits 2	Kevin Dick
1/7/2020	RGJ	Marcela Corona	Flu Death Total Hits 2	Scott Oxarart
1/7/2020	99.1 TALK	N/A	Flu Death Total Hits 2	N/A
1/7/2020	KRNV	Tony Phan	Flu Death Total Hits 2	N/A
1/7/2020	KRNV	Tony Phan	Free HIV Testing	N/A
1/8/2020	This is Reno	Carla O'Day	Suicide PSA	N/A
1/8/2020	Capitol Radio Sacramento	Bert Johnson	Truckee River Homeless Camps	N/A
1/10/2020	This is Reno	Bob Conrad	Truckee River Homeless Camps	Jim English
1/13/2019	RGJ	James DeHaven	Wildfire Smoke Health Risks	Scott Oxarart
1/15/2020	KTVN	Bryan Hoffman	Student vaping in Nevada	Kelli Goatley-Seals
1/19/2020	KTVN	Arianna Bennett	STDs on the rise	Jen Howell
1/19/2020	KTVN	Arianna Bennett	Coronavirus	Randall Todd
1/22/2020	KTVN	Michelle Lorenzo	Coronavirus	Heather Kerwin
1/22/2020	KOH	Daniela Sonnion	Coronavirus	Heather Kerwin
1/22/2020	KUNR	Stephanie Serrano	Suicide PSA	N/A
1/22/2020	KRNV	Tony Phan	Coronavirus	N/A
1/22/2020	KRNV	N/A	Emergency Buckets - McQueen	N/A
1/22/2020	FOX11	N/A	Emergency Buckets - McQueen	N/A
1/22/2020	KOLO	N/A	Emergency Buckets - McQueen	N/A
1/22/2020	KTVN	N/A	Emergency Buckets - McQueen	N/A
1/23/2020	KRNV	Tony Phan	Truckee River Homeless Camps	Kevin Dick
1/23/2020	FOX11	Tony Phan	Truckee River Homeless Camps	Jim English
1/23/2020	KRNV	Tony Phan	Portland Loo installation	Kevin Dick
1/23/2020	KOLO	Abel Garcia	Behind Scenes Restaurant inspection	Kristen DeBraga
1/24/2020	FOX11	Chris Murphy	Coronavirus	Randall Todd
1/27/2020	KRNV	Tony Phan	WCSD outbreaks	N/A
1/28/2020	KRNV	N/A	Project Homeless connect	N/A
1/29/2020	KOH	Daniela Sonnino	Project Homeless connect	Jesse Latchaw
1/29/2020	KOLO	N/A	Project Homeless connect	Jesse Latchaw
1/29/2020	KOH	Daniela Sonnino	Coronavirus	Randall Todd
1/29/2020	KRNV	N/A	GI at Vaughn Middle School	N/A
1/29/2020	KTVN	N/A	Coronavirus	Randall Todd
1/30/2020	KRNV	N/A	New Air Monitoring Station	Kevin Dick
1/31/2020	Nevada Independent	Tabitha Mueller	Project Homeless connect	N/A
1/31/2020	KTVN	Jefferson Tyler	Coronavirus	Scott Oxarart
1/31/2020	KTVN	Bryan Hoffman	New Air Monitoring Station	Kevin Dick
1/31/2020	This is Reno	Carla O'Day	New Air Monitoring Station	Kevin Dick

\*Media monitoring service TvEyes was hacked and couldn't provide some reports; where "N/A" is used under Link

**Total: 43**

**Negative stories about WCHD: 1 (This is Reno story about homeless camps 1/10 painted WCHD in negative light for response to records request. Response was justified and misreported)**

**Media Inquiries: 45**

**Press Releases/Media Advisories**

- 1/2/2020 [Updates To Nevada Clean Indoor Air Act Take Effect For 2020](#)
- 1/7/2020 [Where have all the children gone? PSA in Galaxy Theatres raises awareness about youth suicide.](#)
- 1/22/2020 [Health District, McQueen JROTC & Community Partners Provide Emergency Buckets to Area Middle Schools](#)
- 1/29/2020 [Air Quality Management Launches New Monitoring Station at Libby Booth Elementary](#)

**Social Media Postings**

<b>Facebook</b>	Total	106 (CCHS 16, EHS 12, AQM 41, WCHD 37)
	<b>Followers on WCHD Page:</b>	947 (+113)
<b>Twitter</b>	Total	112 (AQM 78, CCHS 6, WCHD 28 )
	<b>Followers on WCHD Page:</b>	553 (+30)