

Washoe County District Board of Health Videoconference Meeting Notice and Agenda

Members

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

Thursday, May 27, 2021
1:00 p.m.

Washoe County Health District
Commission Chambers, Building A
1001 East Ninth Street
Reno, NV

COVID-19 NOTICE

The open meeting law (Nevada Revised Statutes Chapter 241) requires public bodies to conduct their meetings with at least one physical location. Under an emergency directive issued by Governor Sisolak on March 22, 2020, and extended by a subsequent directive issued on July 31, 2020, the physical location requirement has been suspended until June 1, 2021.

ALL PERSONS WISHING TO ATTEND THE MEETING MUST ATTEND VIA ZOOM BY THE LINK BELOW OR TELEPHONICALLY

(please be sure to keep your devices on mute and do not place the meeting on hold)

<https://zoom.us/j/97650445987>

Phone: 1-669-900-6833
Meeting ID: 976 5044 5987

1:00 p.m.

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

Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item.

As required by the Governor's Declaration of Emergency Directive 006 Section 2, members of the public can public comment by teleconference by logging into the ZOOM meeting via the above link. All public comment is limited to three minutes per person.

Public comment request must be submitted by email to svaldespin@washoecounty.us before the scheduled meeting. Reasonable efforts will be made to hear all public comment during the meeting.

NOTE: The zoom option will require a computer with audio and video capabilities.

4. **Approval of Agenda. (FOR POSSIBLE ACTION)**
May 27, 2021

5. Recognitions.

A. New Hires

- i. Brittany Lucier, May 10, 2021, Environmental Health Services Trainee – EHS
- ii. Alyssa Thomas, May 10, 2021, Environmental Health Services Trainee – EHS
- iii. Megan Rennie, May 24, 2021, Air Quality Management Trainee – AQM
- iv. Kaleigh Behrendt, May 24, 2021, Public Health Nurse II - CCHS

B. Years of Service

- i. Yann Ling-Barnes, 20 years, hired May 2, 2001 – AQM

C. Transfers

- i. Kelsey Zaski, transfer to Human Resources from EPHP COVID as an Office Support Specialist effective May 10, 2021 – EPHP
- ii. Michelle Carral, promoted to Account Clerk at Treasurer’s Office from Immunizations Office Assistant II effective May 17, 2021 - CCHS

D. Retirements/Acknowledgements

- i. Dr. Trudy Larson, 37 years, Immunization Program Medical Director, 1984 – 2021

E. Special Recognition

- i. Scott Oxarart, COVID19 Communications Champion- Public Relations Society of America

6. Proclamation. (FOR POSSIBLE ACTION)

Emergency Medical Services Week: This is EMS – Caring for our Communities.

Accepted by: Julie Hunter

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. April 22, 2021

B. Budget Amendments/Interlocal Agreements – **(FOR POSSIBLE ACTION)**

- i. Approve a Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period retroactive to July 1, 2020 through June 30, 2022 in the total amount of \$4,321,402.97 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Immunization COVID Compliance Subaward IO 11829, which includes the creation of 4.0 FTE, fully benefitted, full-time positions (2- Public Health Nurse II, 1-Health Educator II, and 1-Office Assistant II); and authorize the District Health Officer to execute the Subaward and any future amendments.
Staff Representative: Kim Graham and Kathy Sobrio
- ii. Approve an Interlocal Agreement between Washoe County Health District and University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine MultiSpecialty Group Practice North, Inc., dba MEDSchool Associates North, to designate a faculty member to serve as Medical Consultant to the District for the Sexually Transmitted Disease Clinic effective July 1, 2021 through June 30, 2022 unless extended by the mutual agreement of the Parties, or previously terminated pursuant to other provisions of this Agreement.
Staff Representative: Kim Graham and Angela Penny

- iii. Approve a Subaward from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$117,750.00 (no match required) for the period April 29, 2021 through April 28, 2022 in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention and Control Grant Program, IO# 11833 and authorize the District Health Officer to execute the Subaward and any future amendments.
Staff Representative: Kim Graham and Lisa Lottritz
- iv. Approve the Agreement between Washoe County Health District (WCHD) and Social Entrepreneurs, Inc. (SEI) to establish an implementation process for the County's behavioral health crisis response system for a total amount of \$149,980.00 for the period June 1, 2021 through June 30, 2022.
Staff Representative: Kim Graham and Rayona LaVoie
- v. Approve the Interlocal Agreement between Washoe County Health District and The Board of Regents of the Nevada System of Higher Education obo University of Nevada, Reno, to provide a Peer Recovery Support Specialist (PRSS) Professional Development Program to individuals in Washoe County from June 1, 2021 through May 31, 2022 in the amount of \$25,723.07.
Staff Representative: Kim Graham and Rayona LaVoie
- vi. Approve Agreement between Washoe County Health District (WCHD) and Keep Truckee Meadows Beautiful (KTMB) in the amount of \$240,000 for the period July 1, 2021 to June 30, 2023 in support of the Recycling and Solid Waste Plan program activities on behalf of the Environmental Health Services Division of the Washoe County Health District; authorize the Chair or the Board designee to execute the Agreement and related documents.
Staff Representative: Kristen Palmer
- vii. Approve the Service Agreement between Washoe County Health District and Board of Regents, NSHE on behalf of the University of Nevada Reno Nevada Public Health Training Center in the amount not to exceed \$2,768,444.97 effective July 1, 2021 through June 30, 2023 , to provide a team of employees to assist in the Health District's COVID response activities to include, but not limited to, disease investigation, call center, and testing and vaccination site management services; and authorize the District Health Officer to execute any amendments to the agreement on behalf of the Board Chair.
Staff Representative: Kristen Palmer and Heather Kerwin
- viii. Approve Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of \$15,159,010 retroactive to January 15, 2021 through June 30, 2023 to support COVID-19 Epidemiology and Laboratory Capacity (ELC), which includes the creation of 2.0 FTE, fully benefitted, full-time positions (Department Systems Specialist, and Department Systems Technician); and authorize the District Health Officer to execute the Notice of Subaward and any future amendments.
Staff Representative: Kristen Palmer, Heather Kerwin, and Jim English

- C. Approval of the donation of various 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. **(FOR POSSIBLE ACTION)**
Staff Representative: Kristen Palmer and Daniel Inouye
- D. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board. **(FOR POSSIBLE ACTION)**
 - i. Reno Red Rock, LLC – Case No. 1284, NOV AQMV21-0020
 - ii. Truckee Meadows Water Authority – Case No. 1285, NOV AQMV21-0019
 - iii. NVIF – Case No. 1286, NOV AQMV21-0018
 - iv. CAP Storage South Meadows, LLC, Case No. 1287, NOV AQMV21-0006
 - v. Silver State Construction, LLC – Case No. 1288, NOV AQMV21-0023
 - vi. Toll Brothers NV Limited Partnership – Case No. 1300, NOV AQMV21-0022
 - vii. Toll Brothers NV Limited Partnership – Case No. 1301, NOV AQMV21-0021
Staff Representative: Joshua Restori
- E. Recommendation for the Board to consider approval of a Supplemental Environmental Project for Rilite Aggregate Company as required in Order No. 00004 as a settlement for Notice of Violations associated with Case No.’s 1251, 1270, and 1289. **(FOR POSSIBLE ACTION)**
Staff Representative: Joshua Restori
- F. Acknowledge receipt of the Health Fund Financial Review for April, Fiscal Year 2021. **(FOR POSSIBLE ACTION)**
Staff Representative: Anna Heenan

- END OF CONSENT -

- 8. **Regional Emergency Medical Services Authority.**
 - A. **Review and Acceptance of the REMSA Operations Report for April 2021. (FOR POSSIBLE ACTION)**
Presented by: Dean Dow
 - B. **Update of REMSA’s Public Relations during April 2021.**
Presented by: Alexia Jobson
- 9. **Discussion and possible approval of the revisions to the REMSA Compliance Franchise Checklist. (FOR POSSIBLE ACTION)**
Staff Representative: Julie Hunter
- 10. **Presentation, discussion, and possible approval of the revised Washoe County Emergency Medical Services Strategic Plan (2019-2023), a requirement of the Interlocal Agreement for the Emergency Medical Services Oversight. (FOR POSSIBLE ACTION)**
Staff Representative: Julie Hunter
- 11. **PUBLIC HEARING: Discussion and possible action to adopt amendments to the Regulations of the Washoe County District Board of Health Governing Public Accommodation Facilities (Regulations) as amended and adopted by the Nevada Department of Health and Human Services on April 30, 2021 as required by Senate Bill 4 of the 32nd Special Session (2020) with an effective date of June 1, 2021, and to repeal the Regulations of the Washoe County District Board of Health Governing 447E Regulations Related to SARS-COV-2 and Public Accommodation Facilities as approved at the special meeting of the District Board of Health on September 10, 2020. (FOR POSSIBLE ACTION)**
Staff Representative: Jim English

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. 9th Street, Building B, Reno, NV 89512, or by calling 775.328.2416, 24 hours prior to the meeting.

Public Comment: Members of the public may make public comment by submitting an email comment to svaldespin@washoecounty.us before the scheduled meeting, which includes the name of the commenter and the agenda item number for which the comment is submitted. Reasonable efforts will be made to hear all public comment during the meeting. During the “Public Comment” items, emails may be submitted 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 emails will only be heard during items that are not marked FOR POSSIBLE ACTION. All public comment should be addressed to the Board of Health and not an individual member. The Board asks that your comments are expressed in a courteous manner. All public comment is limited to three minutes per person. Unused time may not be reserved by the speaker nor allocated to another speaker.

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 electronically at the following locations:

Washoe County Health District Website <https://www.washoecounty.us/health>

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

Under an emergency directive issued by Governor Sisolak on March 22, 2020, and extended by a subsequent directive issued on July 31, 2020, the physical location requirement has been suspended until June 1, 2021.

How to Get Copies of Agenda and Support Materials: Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9th Street, in Reno, Nevada. Ms. 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. Supporting materials are also available at the Washoe County Health District Website <https://www.washoecounty.us/health> pursuant to the requirements of NRS 241.020.

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

Proclamation

WHEREAS, emergency medical services personnel are called upon to help others through one of the most frightening times of their lives; and

WHEREAS, emergency medical services are a vital public service with personnel ready to provide lifesaving care to the community 24 hours a day, seven days a week; and

WHEREAS, access to quality emergency care dramatically improves the survival and recovery rate of those who experience sudden illness or injury; and

WHEREAS, the emergency medical services system consists of men and women in both the public and private sectors – including emergency physicians, emergency nurses, emergency dispatchers, emergency medical technicians, paramedics, firefighters, educators, administrators, volunteers, and others throughout our healthcare system – who work together to ensure those in need receive the highest level of emergency service; and

WHEREAS, the EMS commitment to patient care throughout Northern Nevada has been an integral factor in our safety and security; and

WHEREAS, Washoe County is proud to have organizations such as Reno Fire Department, Sparks Fire Department, Truckee Meadows Fire Protection District, North Lake Tahoe Fire Protection District, Reno Tahoe Airport Authority Fire Department, Pyramid Lake Fire/EMS, Gerlach Volunteer Fire Department, REMSA and Care Flight operating throughout the region to ensure the highest quality of patient care and community support; and

WHEREAS, the members of emergency medical services teams, whether career or volunteer, engage in thousands of hours of specialized training and continuing education to enhance their lifesaving skills; and

WHEREAS it is appropriate to recognize the value and the accomplishments of emergency medical services providers by designating Emergency Medical Services Week;

NOW, THEREFORE, be it resolved, that the Washoe County District Board of Health does hereby proclaim the week of May 16-23, 2021, as

EMERGENCY MEDICAL SERVICES WEEK

with the theme

THIS IS EMS: Caring for Our Communities

ADOPTED, this 27th day of May 2021.

Oscar Delgado, Chair
Washoe County District Board of Health



Washoe County District Board of Health Videoconference Meeting Minutes

Members

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

Thursday, April 22, 2021
1:00 p.m.

**Washoe County Health District
Commission Chambers, Building A
1001 East Ninth Street
Reno, NV**

1. Roll Call and Determination of Quorum

Chair Delgado called the meeting to order at 1:01 p.m.
The following members and staff were present:
Members present:

Oscar Delgado, Chair
Michael Brown (via zoom)
Kristopher Dahir (via zoom)
Dr. Reka Danko (telephonically)
Dr. John Novak (via zoom)
Tom Young (via zoom)

Members absent: Robert Lucey, Vice Chair

Mrs. Valdespin verified a quorum was present.

Staff present:

Kevin Dick, District Health Officer
Dania Reid, Deputy District Attorney
Yann Ling-Barnes (via zoom)
Esmeralda Chavez (via zoom)
Dr. Nancy Diao (via zoom)
Heather Kerwin (via zoom)
Christabell Sotelo (via zoom)
Liliana E. Wilbert (via zoom)
Scott Oxarart (via zoom)
David Kelly (via zoom)
Joelle Gutman-Dodson (via zoom)
Francisco Vega (via zoom)
Erin Dixon (via zoom)
Lisa Lottritz (via zoom)

2. Pledge of Allegiance

Dr. John Novak led the pledge to the flag.

3. Public Comment

Chair Delgado opened the public comment period.

Ms. Valdespin called registered public comment from Alicia Ferraro.

Having no response from Ms. Ferraro or additional public comment, Chair Delgado closed the public comment period.

4. Approval of Agenda.

April 22, 2021

Dr. Novak moved to approve the agenda for the April 22, 2021, District Board of Health regular meeting. Councilman Dahir seconded the motion which was approved unanimously.

5. Recognitions.

A. Years of Service

- i. Kelly Verling, 5 years, hired April 21, 2016 – CCHS

Kevin Dick recognized staff's years of service and thank Ms. Verling for her services to the Health District and the community.

B. Promotions/Transfers

- i. Adriana Albarran, promoted from HSA Office Assistant II to Health Office Support Specialist effective March 29, 2021 – CCHS Medical Billing

Kevin Dick acknowledge Ms. Albarran's promotion from Human Services Agency and congratulated her for her promotion.

C. Retirements

- i. Krista Hunt, effective April 16, 2021, Environmental Health Specialist - EHS

Kevin Dick recognized Ms. Hunt on her retirement, after her 17-years of service, also stating he attended Ms. Hunt's social distanced farewell.

6. Proclamation.

National Bike and Bicycle Safety Month and Washoe County Bike Month.

Accepted by: Yann Ling-Barnes and Esmeralda Chavez

Kevin Dick read the proclamation into the record.

Yann Ling-Barnes thanked the Board for bringing the proclamation forward and encouraging the community to ride their bikes and enjoy the good air quality, exercise and be healthy.

Esmeralda Chavez thanked the Board for allowing them to celebrate Bike Month and informed the Board they will be distributing and promoting the commuter challenge to local businesses.

Chair Delgado thanked Ms. Ling-Barnes and Ms. Chavez for the hard work and encouraging bike safety and riding.

Mike Brown moved to approve the National Bike and Bicycle Safety Month and Washoe County Bike Month Proclamation. Dr. Danko seconded the motion which was approved unanimously.

7. Consent Items

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

A. Approval of Draft Minutes

- i. March 25, 2021

B. Budget Amendments/Interlocal Agreements

- i. Approve an Interlocal Agreement between Washoe County Health District and Reno Fire Department, to provide Paramedic and medical supplies to staff at the Washoe County Health District COVID-19 Point of Screening and Testing (POST)/Point of Dispensing (POD) retroactive to April 5, 2021 through December 31, 2021.

Staff Representative: Kristen Palmer

- ii. Approve an Interlocal Agreement between Washoe County Health District and Sparks Fire Department, to provide Paramedic and medical supplies to staff at the Washoe County Health District COVID-19 Point of Screening and Testing (POST)/Point of Dispensing (POD) retroactive to April 5, 2021 through December 31, 2021.

Staff Representative: Kristen Palmer

- iii. Approve an Interlocal Agreement between Washoe County Health District and Truckee Meadows Fire Protection District, to provide Paramedic and medical supplies to staff at the Washoe County Health District COVID-19 Point of Screening and Testing (POST)/Point of Dispensing (POD) retroactive to April 5, 2021 through December 31, 2021.

Staff Representative: Kristen Palmer

- C. Approval to donate to our Emergency Medical Services partners evacuation equipment purchased with the \$99,353 Assistant Secretary for Preparedness and Response (ASPR) Carry Forward Grant. Value of donated property is estimated at \$70,960.

Staff Representative: Kristen Palmer

- D. Recommendation and approval of the appointment of John R. Hardwick, M.D. as the Emergency Room Physician representative to the Emergency Medical Services Advisory Board.

Staff Representative: Andrea Esp

- E. Approval of authorization to travel and travel reimbursements for non-County employee, Dr. John Novak, for FY21 in the approximate amount of \$2,800.

Staff Representative: Kevin Dick

- F. Acknowledge receipt of the Health Fund Financial Review for March, Fiscal Year 2021.

Staff Representative: Anna Heenan

Tom Young moved to approve the consent agenda. Dr. Danko seconded the motion which was approved unanimously.

8. Regional Emergency Medical Services Authority

A. Review and Acceptance of the REMSA Operations Report for March 2021.

Presented by: Dean Dow

Adam Heinz appeared on behalf of Mr. Dean Dow. Mr. Heinz opened this item for

questions the Board may have regarding the report that was submitted by REMSA.

Michael Brown moved to approve REMSA's March 2021 Report. Dr. Novak seconded the motion which was approved unanimously.

B. Update of REMSA's Public Relations during March 2021.

Presented by: Alexia Jobson

Alexia Jobson presented the Public Relations report for March 2021.

Ms. Jobson provided updates since the writing of her report regarding REMSA participating in the Faith and Healthcare community vaccination event earlier this month, where 170 COVID-19 vaccinations were administered.

Ms. Jobson continued by reporting that Aaron Abbott, Executive Director of EMS Operations was featured in an interview on KRNV regarding Opioid Overdose including signs and symptoms that may suggest overdose.

Ms. Jobson concluded by reporting that REMSA participated in the virtual EMS on the Hill Day. During this event REMSA leaders spoke with members of Congress or their staff regarding EMS topics and federal legislation that would have an impact on REMSA's work within the community.

Ms. Jobson opened her item for questions from the Board.

9. Presentation: "REOPENING FROM AN EPIDEMIOLOGIST'S PERSPECTIVE".

Staff Representatives: Dr. Nancy Diao and Heather Kerwin

Kevin Dick opened this presentation by introducing Dr. Nancy Diao and reminding the Board that this presentation was requested by Vice-Chair Lucey.

Chair Delgado invoked the Board for a decision to continue this item due to Vice-Chair Lucey's absence. The Board agreed to go forward with the presentation.

Dr. Diao began her presentation by providing a detailed explanation of the Reopening Planning coming from the perspective of an Epidemiologist. Dr. Diao reported on the general background on the current epidemiological factors driving COVID-19 and the considerations and measures that went into drafting the initial opening plan. Dr. Diao disclosed that an updated presentation will be loaded to the agenda after this meeting, based on the need to update data.

Dr. Diao continued to give a detailed explanation of the information provided in the Washoe County COVID-19 Dashboard, which includes the increase in reinfection and breakthrough infections due to spread of variants. Dr. Diao continued to explain the different variants and the best way to slow or curve the process of infection.

Dr. Diao spoke of the percentages on the vaccinated population as well as the available vaccines. She also spoke of herd immunity, which represents an indirect protection from an infectious disease that happens when the population is immune through vaccination or through immunity developed in a previous infection. Dr. Diao stated that population immunity should be achieved through vaccination not natural spread as referenced by the World Health Organization.

Dr. Diao shared metrics that are crucial to consider in the reopening plan, including but not limited to knowledge of infection status, public health capacity, health system capacity, community engagement, and measures to decrease cross-regional spread.

Heather Kerwin continued the presentation by reporting that the reopening plan approached an existing tool to measure all the metrics widely known as the Truckee Meadows COVID Risk Meter. Ms. Kerwin provided a brief visual presentation of the Risk Meters as well as the leading indicators used on said meter including risk assessment, test positivity, daily new cases, COVID medical intervention and hospital bed use/capacity.

Ms. Kerwin reported on the continued efforts in vaccinating the community which includes homebound vaccinations. Ms. Kerwin also spoke of a phased reopening plan that was proposed in the reopening plan in accordance with the percentage of the population vaccinated. However, Ms. Kerwin informed that if transmission increases to the red meter, adjustments will be necessary.

Ms. Kerwin explained the steps that are being taken to prevent and prepare for a potential surge. Ms. Kerwin spoke of REDCap, which is a secure CDC and State of Nevada State Department of Health and Human Services platform that captures case and contact information. She reports that it has been used nationally including in Washington. She concluded by providing a report on the number of disease investigators available for case investigations, the COVID Trace phone app, efforts concerning genetic monitoring, international travelers contact, and data collection.

Ms. Kerwin opened this item for questions from the Board.

Tom Young asked for clarification on how the test positivity rate is measured as well as what factors are involved when individuals request to be tested. Mr. Young also inquired about the current vaccination rate as he believes Washoe County is lagging behind the rest of nation. He asked if the issues with vaccine quantity had been remedied.

Ms. Kerwin reports positivity rate is impacted by the type of testing that is performed either symptomatic or asymptomatic. Ms. Kerwin explained that Washoe County's positivity rate is higher because all contacts of a positive cases are referred to test within Washoe County.

Dr. Diao explained that the fully vaccinated percentage nationwide is 25% and Washoe County is at 30%, with Michigan, a state that claims to have a high vaccination rate, coming in at 32%. Dr. Diao explained the rate of vaccinating is dependent on the number of doses available weekly.

Councilman Dahir thanked staff for their presentation as educating the community is the biggest role of the Board of Health. He also asked how the hospitals rate within this report, as he noted hospitals are not listed as an important factor within this report.

Ms. Kerwin reports that hospitalization numbers are tracked by Nevada Hospital Association. Ms. Kerwin also reported the COVID numbers are relatively low in the hospital system which is a reflection of all the efforts that have been put forth including but not limited to vaccinations. Ms. Kerwin agreed with Councilman Dahir that people should not live in fear and that is why the Health District promotes vaccinating. She also added that if individuals are fully vaccinated certain relaxation of parameters and guidelines can happen.

Councilman Dahir clarified his question to include death rates. Additionally, he reiterated that he does not believe hospital should be listed at the bottom.

Ms. Kerwin reports that case fatality rate for SARS-CoV-2 in the community is about 1.5% and has remained at that rate approximately through the last 10 months approximately.

Dr. Diao added that the main message to the community is to get vaccinated if it's available as vaccination is the most important metric that can be used to prevent new variants from gaining foothold.

Chair Delgado thanked Ms. Kerwin and Dr. Diao for their hard work and made note that the updated PowerPoint will be uploaded to the agenda packet.

10. Presentation – Influenza: A Public Health Perspective.

Staff Representatives: Christabell Sotelo
Liliana E. Wilbert
Heather Kerwin

Heather Kerwin began this presentation by introducing Lilian Wilbert and Christabell Sotelo as presenters for this item.

Ms. Sotelo began her presentation by defining what the flu is and informed the Board she would be discussing Type A and B flu. She continued by giving details on how those flu types develop and how they are transmitted along with the symptoms associated with the illness. Additionally, Ms. Sotelo spoke of the various ways a flu can be diagnosed and treated.

Ms. Sotelo referred to the CDC report dated October 1, 2019 through April 4, 2020 to provide information about the number of estimates of national burden for the 2019-2020 season. She concluded her presentation by introducing Liliana Wilbert.

Ms. Wilbert began her presentation by reporting the estimate of the national burden is possible because of surveillance efforts, which is conducted at the international level by the World Health Organization.

Ms. Wilbert shared a few charts to depict Influenza Like Illness as well as Virologic Surveillance, hospitalization, and Syndromic Surveillance in Washoe County. Ms. Wilbert went into detail about Over the Counter Sales and Emergency Department and Urgent Care Syndrome Surveillance through Essence (a system that collects data from Emergency Department and Urgent Care). Ms. Wilbert reports that this season both Influenza Like Illness Syndrome and COVID Like Illness Syndrome were able to be monitored.

Ms. Wilbert continued to speak about the efforts from a public health perspective which included influenza prevention and prediction methods. Ms. Wilbert explained the benefits of the flu vaccine and its effectiveness. Ms. Wilbert concluded by introducing Heather Kerwin.

Ms. Kerwin continued this presentation by sharing graphs that collected data for Influenza Like Illness Surveillance and Seasonal Severity. She also provided a brief explanation on how influenza is predicted, which includes testing algorithms, interventions and challenges in making predictions. Ms. Kerwin informed the World Health Organization has put forth the vaccine selection recommendations for the 2021-2022 season; however, the low numbers through the 2021 season in influenza have posed some challenges in determining what the viral component should be in those vaccines.

Ms. Kerwin opened the item for questions from the Board.

Councilman Dahir commended staff for a fascinating presentation. He also asked about the plan for making sure the Health District stays ahead of the virus due to “vaccine fatigue”.

Ms. Kerwin responded that no specific plans have been made to make changes on promoting the flu vaccine nor has there been any national recommendations relating to

such changes. Ms. Kerwin agreed that she suspects challenges resulting from vaccine fatigue will arise.

Chair Delgado expressed his appreciation for the detailed presentation.

11. Presentation: COVID-19 Awareness Campaign Report. (October 2020 – January 2021)

Staff Representative: Scott Oxarart

Scott Oxarart began his presentation by thanking everyone for their support over the last 15-months. Additionally, he recognized the collaboration of communication professionals like Rebecca Venis, Julie Duewel, and Nancy Leuenhagen.

Mr. Oxarart explained that the Regional Information Center (RIC) is the external term used to refer to as the group of communication professionals and in the true Incident Command Center structure the Joint Information Center (JIC) is the internal term most commonly used.

Mr. Oxarart listed the goals of the RIC and the members that made this possible including but not limited to the Washoe County, the cities of Reno and Sparks, and the Health District along with 22 additional stakeholders.

Mr. Oxarart acknowledged Adam Mayberry, Truckee Meadows Fire Protection District's Communications Manager for leading the JIC from March through May of 2020. Additionally, Mr. Oxarart spoke of all efforts put forth to communicating with the community including 93 media briefings and 458 press releases, all which were made available to the media in Spanish as well.

Mr. Oxarart highlighted the increase in subscribers to the newsletter from 5,000 to 30,000 subscribers within approximately 2 months. Mr. Oxarart also spoke about social media efforts via Twitter and a recently launched website, which contains a language selection capability. Mr. Oxarart acknowledged the collaboration of Joshua Andreasen, Matthew Brown, and Chad Brown on the creation of said website. Mr. Oxarart noted the importance of making all material and outreach available in Spanish, hence his collaboration with Coordinator Yvette Contreras from Hispanic Outreach, who collaborated with Mr. Oxarart in creating the covid19washoe.com/español site.

Mr. Oxarart briefly spoke about the Mask On Move On campaign and shared a video that was created by the RIC with KPS3's collaboration. Mr. Oxarart concluded his portion of this presentation by introducing Rebecca Venis, Director of Neighborhood Services for the City of Reno.

Ms. Venis began her participation by expressing her gratitude to the members of the RIC. Ms. Venis mentioned the RIC was one of the first communication teams in the State providing COVID information in Spanish and to those who are hearing impaired. She expressed her appreciation for this collaboration as it has improved and widened the reach of community-wide communications throughout the pandemic. Ms. Venis also shared her excitement in continuing to work with this team in other fields and projects.

Ms. Julie Duewel, City Sparks Community Relations Manager echoed the statements previously made and expressed her confidence in this team continuing to work together on other regional issues in the future.

Ms. Nancy Leuenhagen, Washoe County Communications Director added that this team's work continues with vaccine messaging and seeking funds to reach the vulnerable populations.

Ms. Leuenhagen believes that after this emergency is over this is the model to follow for future collaborations in combining the rest of the recurring communications regarding fires, floods, etc.

Mr. Oxarart concluded by informing that the Regional Twitter account and the newly created website will be kept in place and pivoted toward the upcoming needs. Mr. Oxarart thanked the Board for the opportunity to present this item. He also thanked District Health Officer and staff for their support. Mr. Oxarart opened his items for question from the Board.

Councilman Dahir acknowledge the good work of the presenting team as he feels it is important to have a concise message.

Chair Delgado thanked the team and echoed Ms. Leuenhagen's comment regarding this being an opportunity to find best practices in how to communicate with the communities that are served.

12. Recommendation for the reappointment of Nick Vestbie, P.E. and Matt Buehler as members of the Sewage, Wastewater and Sanitation Hearing Board (SWS Board) and reappoint Ray Pezonella, P.E. and Matt Smith as alternates to the SWS Board for a three-year term beginning April 25, 2021 and ending on April 24, 2024 and direction on how to proceed with public recruitment for all Washoe County Health District Appellate Board positions.

Staff Representative: David Kelly

Kevin Dick prefaced this item by stating that it was placed out of the consent agenda to allow for a broader discussion as the structure of the appellate boards has been a topic of interest to the District Board of Health.

The SWS Board has individuals that are willing to be reappointed as their terms are imminently expiring. Staff is seeking direction from the Board regarding reappointment, or otherwise provide direction as to how to proceed with this item and all items pertaining to the Food Protection Hearing and Advisory Board and Air Pollution Control Hearing Board.

David Kelly provided details regarding the seats available for reappointment within the SWS Board as well as their alternates. Mr. Kelly also presented the facts for his recommendation to reappoint the listed candidates based on their experience. Mr. Kelly made note that if the Board did not approve staff's recommendations the SWS Board will not have a quorum until a decision is made.

Chair Delgado noted he does not want to prolong developments as appeals come forward. However, he asked Mr. Kelly if the alternate positions are used often enough to merit an urgent decision.

Mr. Kelly responded that alternates are not used too often, as the attendance of all regular members is reliable.

Chair Delgado suggested perhaps reappointing the listed members and one alternate but also take measures to hold public recruitment for the open seats. He also suggested providing recruitment information via the Health District website with clear direction as to

the process. Additionally, Chair Delgado noted that in an effort to be transparent, the SWS Board site should contain the names of all members along with the beginning and end dates of their terms. In any event, it may be of benefit to keep a waiting list available for when these seats become open.

Councilman Dahir agreed with Chair Delgado's suggestion to recruit for the available seats on the SWS Board. Councilman Dahir also asked for confirmation as to the capability of the SWS Board to function if a decision was not made today on this item.

Mr. Kelly confirmed the SWS Board may continue to function, as he does not believe any cases will come in front of the SWS Board before the next District Board of Health meeting.

Councilman Dahir moved to continue this item to allow for public recruitment as well as implementing the same procedure to all the appellate boards under the Health District. Dr. Novak seconded the motion which was approved unanimously.

- 13. Approve the Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District for the period upon Board of Examiners approval through June 30, 2023 in the total amount of \$250,000 (\$125,000 per fiscal year) in support of the Environmental Health Services Division (EHS) Safe Drinking Water Act (SDWA) Program, IO 11593; and if approved, authorize the District Health Officer to execute the Agreement. (FOR POSSIBLE ACTION)**

Staff Representative: Kristen Palmer

Kevin Dick opened this item by noting that it has been separated from the consent agenda in an effort to provide the Board with as much information as possible via a brief presentation, so that an informed decision can be made today.

Mr. Kelly briefly went over the Safe Drinking Water Contract. Mr. Kelly noted that the two changes made relate to compliance and review oversight for all surface water systems. This contract allows for these issues to be addressed by the Bureau of Safe Drinking Water of the Nevada Division of Environmental Protection as opposed to Washoe County Health District acting as the direct regulator of those systems. The second change relates to chemical data monitoring. This process will be delegated to Washoe County Health District for handling instead of the State.

Mr. Kelly reports that the existing interlocal agreement between Truckee Meadows Water Authority, Bureau of Safe Drinking Water, and Health District regarding surface water will have to be changed or abolished due to the changes in the new contract regarding surface water. The proposed changes will be brought forth to the Board of Health for approval.

Mr. Kelly opened his items for questions from the Board.

Councilman Dahir expressed his support on the proposed changes.

Councilman Dahir moved to approve Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District. Mike Brown seconded the motion which was approved unanimously.

14. Discussion and possible direction regarding legislative issues.

Staff Representative: Joelle Gutman-Dodson

Kevin Dick presented this item on behalf of Ms. Gutman-Dodson. He reported no direction from the Board is necessary at this time as there was not a lot to report.

Mr. Dick also reported the deadline for passage out of the first house occurred Tuesday, as a result the affordable housing bills that were in alignment with the Community Health Improvement Plan did not pass out of the first house and is no longer in play at the legislative session.

Councilman Dahir asked for a status regarding the bill that pertains to Air Quality with classic cars.

Mr. Dick reported the classic vehicle bill is still alive and it is exempt because it has an increase in the smog certificate fees attached to the bill, which means that in order to pass, it does need 2/3 vote to move forward.

15. Staff Reports and Program Updates

A. Air Quality Management, Francisco Vega, Division Director

Program Update - NV Quarterly EV Market Update, Clean Cars Nevada Listening Session, Michael S. Regan Sworn in as 16th EPA Administrator, American Rescue Plan Act and Environmental Funding, Monitoring and Planning, Permitting and Compliance.

Mr. Vega open his item by stating to updates were available and continued to open his item for questions from the Board.

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

Divisional Update – National STD Awareness Month; 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, COVID-19 Testing, COVID-19 Vaccination.

Ms. Lottritz began her report by providing updates on the Family Planning Program’s recent federal Title X Virtual Audit and thanked all staff for their efforts. Mr. Lottritz acknowledged the work of the Homebound COVID Vaccine Team as they vaccinate at least 12 people 5 days a week.

Ms. Lottritz opened her item for questions from the Board.

C. Environmental Health Services, David Kelly, Acting Division Director

Environmental Health Services (EHS) Division: Program Updates; Consumer Protection (Food/Food Safety, Commercial Plans, Permitted Facilities); Environmental Protection (Land Development, Safe Drinking Water, Vector-Borne Diseases, Waste Management); and Inspections.

Erin Dixon highlighted the Samuel J. Crumbine Award. EHS is this year’s winner. This award is a consumer protection award for those that demonstrate unsurpassed achievements in providing outstanding food protection services to their community.

Ms. Dixon added that SB4 recently started their third round of inspections. She made note that Round 1 included 16 inspections and had 4 informal appeals, Round 2 included

17 inspections and had 3 informal appeals as well as 1 facility being fully compliant with all aspects of the SB4 requirements. She concluded by reporting that as of 12/31/2020 this program is considered an unfunded mandate.

Ms. Dixon opened her item for questions from the Board.

Tom Young congratulated Ms. Dixon on her Division's award.

Chair Delgado resonated with Mr. Young's congratulatory message. He also added that he accompanied staff on a restaurant inspection and commended Ms. Wickman on her work.

Kevin Dick reiterated how prestigious the Crumbine award is as it is only presented to one local health department each year.

D. Epidemiology and Public Health Preparedness, Dr. Nancy Diao, Acting Division Director

Communicable Disease, Public Health Preparedness, Emergency Medical Services, Vital Statistics.

Dr. Diao began her report by highlighting the silver lining of COVID measures. She reports that as a result of mask wearing and social distancing diseases transmitted through respiratory droplets have significantly decreased. Precautions put forth for COVID-19 have impacted positively on other diseases in the area.

Dr. Diao made herself available to respond to questions from the Board.

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

District Health Officer Report – COVID-19 Response, Local Government Control Plan, Joint Information Center, Public Health Accreditation, Community Health Improvement Plan, Customer Service Survey, and Public Communications and Outreach.

Kevin Dick opened his item by providing an update on the COVID-19 response regarding the use of the Salesforce platform for scheduling and data collection. Mr. Dick also reported on the relocation of the POD to the southwest corner of the Reno-Sparks Livestock Event Center. Additionally, he reported a rise in COVID-19 case rate per 100,000 over a 30-day period at 305 up from 260 on March 21, 2021 which represents 17% increase over the last month. Mr. Dick reported that test positivity rate has risen from low 5% on March 14, 2021 to 7.2% currently. Mr. Dick reported that based on the levels of transmission occurring in Washoe County, the Washoe County has received a designation of elevated risk of community spread. Mr. Dick reported 112 cases of the B.1.1.7 variant in Washoe County. Mr. Dick reported that the samples collected by the Waste Water studies conducted by UNR show increasing levels of COVID-19. Mr. Dick provided an update on the vaccination efforts within Washoe County and highlighted that in order to be considered fully vaccinated individuals would have to allow for two week after their last dose of the vaccine.

Mr. Dick briefly spoke of the control plan that was developed and endorsed by the different entities before it went to BCC. Mr. Dick reports the BCC proposed changed to the presented plan. The plan proposed by the BCC was not endorsed the City of Reno, Washoe County School District or Health District. Washoe County requested to work with partners to develop a plan that was endorse by all parties to submit to the

Task Force. The entities worked together regionally to put a plan that could be presented to the Task Force.

Mr. Dick additionally reported that approval was received from the Public Health Accreditation Board for the annual maintenance report. Mr. Dick reported on the customer satisfaction survey results and highlighted that improvements have been made as it relates to internal communication and peer support over previous years, he took time to commend Scott Oxarart in facilitating communication both internally/externally.

Councilman Dahir commented on behalf of the City of Sparks as they supported moving forward and echoed the decision as he believes it is important to move forward as he want businesses to open. He thanked Health Officer Kevin Dick for communicating with the Board on all matters before correspondence goes out to the public.

Chair Delgado expressed his confidence in the Health Officer's decisions in relation to moving forward and putting together a solid plan to achieve moving forward.

16. Board Comment.

Dr. Novak expressed how proud he is of the Health District staff effort that goes into the POD operations.

Councilman Dahir reported he toured the POD operations, and he reiterates Dr. Novak's comments about the efficiency in which the team operates. He acknowledged the hard work of Jim English and his team including Dr. Novak.

Tom Young agreed with Councilman Dahir and Dr. Novak regarding staff's efficiency in their work but also encourage the Board to keep strong and encourage the public to get vaccinated.

17. Public Comment.

Chair Delgado opened the public comment period.

Ms. Alicia Ferraro began her public comment by commending the Board on their hard work. She also stated she wanted to be the voice for those who still have their children behind masks. She stated that as children are not being pushed to be vaccinated and considering the harm begin done to children, people are asking for the mask mandate for children should be lifted immediately especially outdoors.

Ms. Ferraro referenced articles and opinions of physicians and pediatricians as well as an article by Dr. Jay Bhattacharya, a Stamford professor, to state that masks do more harm than good. Ms. Ferraro believes mask wearing is the biggest point of contention within the population of Washoe County. Ms. Ferraro questions the qualifications of the Health Officer to warrant forcing children to be depleted of oxygen. Ms. Ferraro asked to see the scientific data that illustrates mandating masks on children is protecting them in any way in comparison to the harm they have suffered. She added she would like to see data to show how many children's lives were saved by wearing a mask in comparison to the health depravity they have suffered by the directives.

Ms. Ferraro opined that Washoe County will not meet the 50% that is required by May 1, 2021 in vaccinations. Ms. Ferraro stated she would like to speak with the Health Officer

regarding her statements as she feels they're not working together. Ms. Ferraro expressed she feels as people are being told how to live their lives and are being held hostage with no real results. She concluded her comment by reiterating that she would like to know where she can find the specific data that was used to make the decisions that are in place in Washoe County.

Having no further registered public comment, Chair Delgado closed the public comment period.

Adjournment.

Chair Delgado adjourned the meeting at 3:26 p.m.

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. 9th Street, Building B, Reno, NV 89512, or by calling 775.328.2416, 24 hours prior to the meeting.

Public Comment: Members of the public may make public comment by submitting an email comment to svaldespin@washoecounty.us before the scheduled meeting, which includes the name of the commenter and the agenda item number for which the comment is submitted. Reasonable efforts will be made to hear all public comment during the meeting. During the "Public Comment" items, emails may be submitted 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 emails will only be heard during items that are not marked FOR POSSIBLE ACTION. All public comment should be addressed to the Board of Health and not an individual member. The Board asks that your comments are expressed in a courteous manner. All public comment is limited to three minutes per person. Unused time may not be reserved by the speaker nor allocated to another speaker.

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 electronically at the following locations:

Washoe County Health District Website <https://www.washoecounty.us/health>

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

Under an emergency directive issued by Governor Sisolak on March 22, 2020, and extended by a subsequent directive issued on July 31, 2020, the physical location requirement has been suspended.

How to Get Copies of Agenda and Support Materials: Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9th Street, in Reno, Nevada. Ms. 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. Supporting materials are also available at the Washoe County Health District Website <https://www.washoecounty.us/health> pursuant to the requirements of NRS 241.020.

Staff Report
Board Meeting Date: May 27, 2021

DATE: May 4, 2021

TO: District Board of Health

FROM: Kim Graham, Fiscal Compliance Officer
775-328-2418, kgraham@washoecounty.us
Kathy Sobrio, Public Health Nurse Supervisor
775-328-2477, ksobrio@washoecounty.us

SUBJECT: Approve a Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period retroactive to July 1, 2020 through June 30, 2022 in the total amount of \$4,321,402.97 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Immunization COVID Compliance Subaward IO 11829, which includes the creation of 4.0 FTE, fully benefitted, full-time positions (2- Public Health Nurse II, 1-Health Educator II, and 1-Office Assistant II); and authorize the District Health Officer to execute the Subaward and any future amendments.

SUMMARY

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

District Board of Health strategic priority:

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

PREVIOUS ACTION

The Board approved Subaward Amendment #1 from the State of Nevada Department of Health and Human Services Division of Public & Behavioral Health, extending the award period from October 1, 2020 through June 30, 2021 to October 1, 2020 through June 30, 2022 and increasing the amount of the original award by \$89,029.00 to a new total of \$163,593.00 in support of the Community and Clinical Health Services Division (CCHS) Immunization Program Internal Order #11795.

BACKGROUND

This Award supports the Immunization program mission to public health by reducing vaccine-preventable disease through immunization, with an emphasis on collaboration and cooperation with community partners. The scope of work includes increasing COVID-19 vaccination capacity, including among high-risk and underserved populations; ensuring equitable distribution and

administration of COVID-19 vaccines; and increasing vaccine confidence through education, outreach, and partnerships.

The Subaward provides funding for personnel, travel, operating, equipment, contractual, training, other and indirect expenditures.

FISCAL IMPACT

Should the Board approve this subaward, a request will be made to the Board of County Commissioners to amend the adopted FY21 budget, increasing it by \$3,928,548.16 (\$392,854.81 indirect expenses) in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase</u>
2002-IO-11829 -431100	Federal Grants - Revenue	\$ 3,928,548.16
2002-IO-11829 -701412	Salary Adjustment	\$ 1,374,552.00
2002-IO-11829 -705360	Benefit Adjustment	\$ 254,112.00
2002-IO-11829 -710100	Professional Services	\$ 85,361.59
2002-IO-11829 -710110	Contracted/Temp Svcs	\$ 1,400,000.00
2002-IO-11829 -710201	Laundry	\$ 500.00
2002-IO-11829 -710212	Software Subscription	\$ 50,000.00
2002-IO-11829 -710300	Operating Supplies	\$ 349,500.00
2002-IO-11829 -710334	Copier Lease	\$ 500.00
2002-IO-11829 -710334	Copier Machine Copies	\$ 2,498.00
2002-IO-11829 -710350	Office Supplies	\$ 36,000.00
2002-IO-11829 -710391	Fuel	\$ 8,558.00
2002-IO-11829 -710502	Printing	\$ 32,000.00
2002-IO-11829 -710507	Network/Data Lines	\$ 47,936.00
2002-IO-11829 -710508	Telephone	\$ 600.00
2002-IO-11829 -710509	Seminars/Meetings	\$ 8,000.00
2002-IO-11829 -710512	Auto (Mileage)	\$ 5,000.00
2002-IO-11829 -710519	Cell Phone	\$ 3,600.00
2002-IO-11829 -710546	Advertising	\$ 194,919.82
2002-IO-11829 -710703	Biologicals	\$ 7,224.00
2002-IO-11829 -711504	Equip Non Capital	\$ 25,187.00
2002-IO-11829 -711508	Computers Non Capital	\$ 17,499.75
2002-IO-11829 -711011	Waste Removal	\$ 25,000.00

RECOMMENDATION

It is recommended that the Washoe County District Board of Health approve Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period retroactive to July 1, 2020 through June 30, 2022 in the total amount of \$4,321,402.97 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Immunization COVID Compliance Subaward IO 11829, which includes the creation of 4.0 FTE, fully benefitted, full-time positions (2- Public Health Nurse II, 1-Health Educator II, and 1-Office Assistant II); and authorize the District Health Officer to execute the Subaward and any future amendments.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve a Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period retroactive to July 1, 2020 through June 30, 2022 in the total amount of \$4,321,402.97 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Immunization COVID Compliance Subaward IO 11829, which includes the creation of 4.0 FTE, fully benefitted, full-time positions (2- Public Health Nurse II, 1-Health Educator II, and 1-Office Assistant II); and authorize the District Health Officer to execute the Subaward and any future amendments."



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

Agency Ref. #: **SG 25163**
 Budget Account: **3213**
 Category: **22**
 GL: **8516**
 Job Number: **9326821V**

NOTICE OF SUBAWARD

Program Name: Nevada State Immunization Program Office of Bureau of Child, Family & Community Wellness Shannon Bennett, sbennett@health.nv.gov	Subrecipient's Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 210 Carson City, NV 89706-2009	Address: 1001 E. 9 th St. Reno, NV 89512-2845
Subaward Period: 07/01/2020 through 06/30/2022	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400 Q Dun & Bradstreet: 073786998

Purpose of Award: To plan and implement COVID-19 vaccination services such as compliance and vaccination distribution.

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

Approved Budget Categories:		FEDERAL AWARD COMPUTATION:	
1. Personnel	\$1,628,664.00	Total Obligated by this Action:	\$ 4,321,402.97
2. Travel	\$5,000.00	Cumulative Prior Awards this Budget Period:	\$ 163,593.00
3. Operating	\$386,000.00	Total Federal Funds Awarded to Date:	\$ 4,484,995.97
4. Equipment	\$42,686.75	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
5. Contractual/Consultant	\$1,485,361.59	Amount Required this Action:	\$ 0.00
6. Training	\$8,000.00	Amount Required Prior Awards:	\$ 0.00
7. Other	\$372,835.82	Total Match Amount Required:	\$ 0.00
TOTAL DIRECT COSTS	\$3,928,548.16	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
8. Indirect Costs	\$392,854.81	Federal Budget Period: 07/01/2020 – 06/30/2022	
TOTAL APPROVED BUDGET	\$4,321,402.97	Federal Project Period: 07/01/2020 – 06/30/2024	
		FOR AGENCY USE, ONLY	

Source of Funds: Immunization and Vaccines for Children	% Funds: 100%	CFDA: 93.268	FAIN: NH23IP922609	Federal Grant #: 6 NH23IP922609-02-05	Grant Award Date by Federal Agency: 01/15/2020
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Agency Approved Indirect Rate: 7.3%

Subrecipient Approved Indirect Rate: 10%

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.

Incorporated Documents: Section A: Grant Conditions and Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement;	Section E: Audit Information Request; Section F: Current/Former State Employee Disclaimer; and Section G: DHHS Business Associate Addendum
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Name	Signature	Date
Kevin Dick District Health Officer		
Karissa Loper, MPH Health Bureau Chief, CFCW		
For Lisa Sherych Administrator, DPBH		

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

General Conditions

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

Grant Assurances

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

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**
8. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
9. Certification that neither the Recipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).

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

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

The intent of this subgrant is to perform activities deemed effective in planning for and implementing COVID-19 vaccination services. 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 (July 1, 2020 to June 30, 2022)

Project Period Objective 01: Increase COVID-19 vaccination capacity across the jurisdiction, including among high-risk and underserved populations.				
Objective	Activities	Phase	Target Population	Performance Measure
1.1: LHAs will recruit 3 private/public vaccine providers per month in their jurisdiction, to include pharmacies, to store and administer COVID-19 vaccine(s). LHA will refer providers to NSIP for enrollment using the CDC COVID-19 Provider Agreement.	<ul style="list-style-type: none"> Contact at least 3 potential new private or public COVID-19 vaccine providers (such as pharmacies, medical groups, etc.) per month to encourage participation in vaccine storage and administration. At least 3 interested providers will be referred to NSIP per month for enrollment. 	1b, 1c, 2	New private and public COVID-19 vaccine providers in Washoe County	(PM) 1.1: Number of new COVID-19 vaccine providers, by type, recruited in the past quarter (Provider types as listed on the COVID-19 Provider Agreement).
1.2 Train up to 3 vaccine providers per month per jurisdiction, including pharmacies, to store, handle and administer COVID-19 vaccine(s). Each LHA is responsible for training providers in their jurisdiction.	<ul style="list-style-type: none"> PHN assigned to COVID-19 Vaccine Compliance will provide COVID-19 vaccine specific storage and handling training and administration guidelines to designated providers utilizing NSIP sanctioned training and documentation protocols for up to 3 vaccine providers per month. NSIP will provide list of vaccine providers in need of training. 	1b, 1c, 2	New and existing private and public COVID-19 vaccine providers in Washoe County (NSIP will inform WCHD when new providers enroll in their jurisdiction)	(PM) 1.2: Number of vaccine providers trained in proper vaccine administration and in vaccine storage/handling in the past quarter.
1.3 LHA will communicate with up to 3 non-vaccinating adult healthcare providers per month per health jurisdiction to determine if 1) area providers are recommending COVID-19 vaccine and 2) where they are sending their patients for COVID-19 vaccine.	<ul style="list-style-type: none"> Contact and interview up to 3 non-vaccinating adult healthcare provider office designees per month re: COVID-19 vaccine recommendation and referral protocols 	1b, 1c, 2	Non-vaccinating adult healthcare providers in Washoe County	(PM) 1.3: Number of adult health care providers contacted in the past quarter for the purposes of ensuring patients are appropriately screened and immunized or referred for vaccinations.
1.5 LHAs will recruit and train public health staff and/or public health partners to support COVID vaccine outreach	<ul style="list-style-type: none"> Develop training modules (utilizing CDC COVID-19 vaccine resources) for new recruited and hired WCHD staff and temporary agency workforce incorporating 	1b, 1c, 2	Public health staff and public health partners	(PM) 1.5.1: Number of new public health workers hired (FTE, contractor, etc.) in the past quarter communicated through a quarterly report to NSIP.

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<p>efforts towards engaging underserved and high-risk populations.</p> <p><i>A minimum of 10 percent of each subaward must be spent on activities to address COVID-19 vaccine inequities.</i></p>	<p>engagement strategies for underserved and high-risk populations</p> <ul style="list-style-type: none"> • Provide training for WCHD clinical staff to include routine assessment of COVID-19 vaccine status of eligible clients during onsite visits. For unvaccinated clients, staff will provide clear, strong recommendations for COVID-19 vaccine and assist with scheduling or provide referral information as appropriate • Coordinate with IZ NV and other community partners, such as local FQHCs, and social service agencies, to promote and improve access to COVID-19 vaccinations for underserved and high-risk populations such as racial and ethnic minority populations, people experiencing homelessness, people with disabilities, people with substance abuse disorders and people with disabilities, homebound individuals, etc. 		
<p>1.6 LHAs and counties will consider recommendations made by IZNV regarding accessing underserved communities to deploy vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to close coverage gaps among underserved communities.</p> <p><i>A minimum of 10 percent of each subaward must be spent on activities to address COVID-19 vaccine inequities.</i></p>	<ul style="list-style-type: none"> • Partner with IZNV and other community partners to implement COVID-19 vaccination strike team or POD clinics to increase vaccine accessibility for underserved communities • Provide in-home administration of COVID-19 vaccine to high-risk, underserved, homebound clients 	<p>1b, 1c, 2</p>	<p>(PM) 1.6.3: Number of vaccine doses provided by LHAs/counties through strike teams, mobile clinics, or temporary off-site clinics in the past quarter in underserved communities communicated through a quarterly report to NSIP.</p>

Project Period Objective 02: Ensure high-quality and safe administration of COVID-19 vaccines			
Objective	Activities	Phase	Performance Measure
<p>2.1a: Perform compliance visits with 4.2% of enrolled COVID-19 providers in jurisdiction per month</p>	<ul style="list-style-type: none"> • Conduct compliance visits with 4.2% of enrolled COVID-19 providers in Washoe County per month, as directed by the NSIP 	<p>1b, 1c, 2</p>	<p>(PM) 2.1.1 Number and percent of site visits (in-person and virtual) to COVID-19 vaccination clinics in the past quarter for the purposes of ensuring proper vaccine administration, proper vaccine storage and handling, and improved quality assurance. Describe key issues identified and how resolved.</p>

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<p>2.1b: Complete all the questions in the survey for COVID-19 Vaccine Compliance Visits</p>	<ul style="list-style-type: none"> Record completed COVID-19 Vaccine Provider Compliance Visit data in the NSIP approved database within the prescribed time frame 	<p>1b, 1c, 2</p>	<p>Enrolled COVID-19 vaccine providers in Washoe County</p>	<p>(PM) 2.1.2 Percentage of all questionnaires 100% completed.</p>
<p>2.1c Run all the following NV WebIZ reports to: assess COVID-19 vaccine administration data entry, evaluate COVID-19 vaccine wastage, assess COVID-19 vaccine ordering. Review temperature data from vaccine storage units for COVID-19 Vaccine Compliance Visits</p>	<ul style="list-style-type: none"> Generate required reports from WebIZ and/or other databases for COVID-19 provider compliance visits 	<p>1b, 1c, 2</p>	<p>Enrolled COVID-19 vaccine providers in Washoe County</p>	<p>(PM) 2.1.3 Percentage of all WEBIZ reports run. Each compliance visit should have a report run.</p>
<p>2.2 LHA will respond to all COVID-19 vaccine provider questions received by email or voice mail.</p>	<ul style="list-style-type: none"> PHN assigned to COVID-19 Vaccine Compliance will respond to all COVID-19 vaccine provider emails and voicemails within 1-2 business days. Providers will be given PHN direct contact information (telephone and email address) and general email: covidvaccine@washoecounty.us Staff will document COVID-19 Vaccine Provider contacts Frequently Asked Questions (FAQ) section will be created for WCHD website and updated at least quarterly 	<p>1b, 1c, 2</p>	<p>Enrolled COVID-19 vaccine providers in Washoe County</p>	<p>(PM) 2.2.3 Number of COVID-19 provider sites supported in the past quarter through response to issues/questions.</p>
<p>2.3a LHA will purchase and pack hard sided or thick walled Styrofoam vaccine coolers (a minimum of one per jurisdiction) in accordance with CDC Storage and Handling guidelines for offsite vaccination clinics.</p>	<ul style="list-style-type: none"> Purchase Vericor coolers and data loggers for transport of COVID-19 vaccine for providers, in-home vaccine administration and offsite clinics Provide training for appropriate staff on COVID-19 storage and handling including Vericor, or other approved vaccine coolers, data loggers, and specific storage and handling requirements for each type of vaccine per CDC Storage and Handling Toolkit 	<p>1b, 1c, 2</p>	<p>Washoe County Health District staff as appropriate</p>	<p>(PM) 2.3.2: Providers may purchase vaccine coolers or quality hard sided coolers from local stores or use Styrofoam coolers that vaccines were delivered in. Providers ensure they pack the vaccine in accordance with the CDC Storage and handling Toolkit utilizing conditioned frozen water bottles. Ensure the use of a data logger for monitoring vaccine inside the cooler and check temperatures every hour when vaccines are stored in the cooler. Number and description of equipment purchased will be communicated through quarterly report to NSIP.</p>

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<p>2.3b LHA to administer all vaccine using proper technique and proper administration site.</p>	<ul style="list-style-type: none"> • WCHD staff will provide COVID-19 training and resources for WCHD staff and volunteers on how to prepare and administer vaccine utilizing proper technique such as: <ul style="list-style-type: none"> ○ Administration Competencies Assessment Form ○ CDC: Vaccine Administration e-Learn (You Call the Shots, Module 18) ○ Immunize.org: Skills Checklist for Vaccine Administration ○ COVID-19 vaccine training modules 	<p>1b, 1c, 2</p>	<p>Washoe County Health District staff and volunteers as appropriate</p>	<p>(PM) 2.3.3: Providers prepare vaccine per manufacturer recommendations. Utilize the proper size needle and syringe for the patient. Locate the correct injection site depending on age and size of the person and use sterile technique. Observe the patient for at least 15 minutes post injection for adverse reactions. Number of training resources provided explained via a quarterly report to NSIP.</p>
<p>2.4 During all compliance visits, evaluate provider's protocols for responding to adverse events after vaccination. Check all expiration dates of epinephrine and Benadryl (or other approved antihistamine)</p>	<ul style="list-style-type: none"> • During compliance visits, WCHD staff will evaluate COVID-19 vaccine providers' emergency protocols, on-site access to epinephrine and approved antihistamine (including expiration dates), and verify access to equipment to measure vital signs • Staff will verify provider's understanding of the Federal Vaccine Adverse Event Reporting System (VAERS) reporting guidelines 	<p>1c, 2</p>	<p>Enrolled COVID-19 vaccine providers in Washoe County</p>	<p>(PM) 2.4.1: Number and percent of COVID-19 administration sites that have been assessed by the awardee per quarter as capable of addressing adverse events including anaphylaxis in the past quarter. The assessment should include that the provider has epinephrine on site, equipment to measure vital signs, and antihistamines.</p>

Project Period Objective 03: Ensure equitable distribution and administration of COVID-19 vaccines

Objective	Activities	Phase	Target Population	Performance Measure
<p>3.1a Utilize available data to identify at least 3 populations with lower COVID-19 vaccination uptake.</p>	<ul style="list-style-type: none"> • Utilize Nevada WebIZ database, epidemiology case report data, aggregate reports and other applicable databases to identify at least 3 populations with lower COVID-19 vaccination uptake • Collaborate with community partners to identify underserved population by various resources (zip codes, race, etc.) and document findings 	<p>1b, 1c, 2</p>	<p>Populations with lower COVID-19 vaccination uptake</p>	<p>(PM) 3.1.1: Number of people and percent of population vaccinated with COVID-19 vaccine, by subgroups.</p>
<p>3.1.b Identify at least 2 interventions for population with low vaccination uptake.</p>	<ul style="list-style-type: none"> • Identify and complete at least two interventions for populations with low vaccination uptake such as: <ul style="list-style-type: none"> ○ Increase accessibility of education materials at appropriate literacy levels and in common languages for jurisdiction 	<p>1b, 1c, 2</p>	<p>Populations with low COVID-19 vaccination uptake in Washoe County</p>	<p>(PM) 3.1.1: Number of people and percent of population vaccinated with COVID-19 vaccine, by subgroups.</p>

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	<ul style="list-style-type: none"> o Provide evening and weekend vaccination clinics to expand access to people who are unable to attend during normal workday hours due to work or childcare barriers o Work with key stakeholders (such as Family Resource Centers and Reno Housing Authority) to schedule and advertise special strike team or POD sites (ex: apartment bulletin boards, laundromats, neighborhood convenience stores, places of worship, minority owned businesses, etc.) o Participate in the Immunize Nevada Vaccine Equity Collaborative to access and utilize the latest local data to develop strategies to address vaccine inequities 			
<p>3.1.c Evaluate these two interventions by analyzing key data to see if they have impacted COVID-19 vaccination uptake.</p>	<ul style="list-style-type: none"> ▪ Utilize WebIZ and/or other local data sources to assess pre- and post-intervention data re: COVID-19 vaccination uptake (Note: pre-intervention data will be obtained for 3.1.a) 	1b, 1c, 2	Populations with low COVID-19 vaccination uptake in Washoe County	<p><i>(PM) 3.1.1: Number of people and percent of population vaccinated with COVID-19 vaccine, by subgroups reported on quarterly basis.</i></p>
<p>3.5.a Continue to implement Nevada's COVID-19 Vaccine Playbook.</p>	<ul style="list-style-type: none"> ▪ Continue to utilize Nevada's COVID-19 Vaccine Playbook to determine priority populations and occupations for outreach • Provide education and communicate updates to COVID-19 vaccination providers re: COVID-19 Vaccine Playbook standards for vaccine eligibility, etc. Updates will be available at covid19washoenevada.com and weekly Regional Information Center COVID-19 Newsletter 	1b, 1c, 2	WCHD and COVID-19 vaccination providers in jurisdiction	<p><i>(PM) 3.5.1: Number and type of partner organizations that have implemented COVID-19 vaccination activities in the past quarter. Also include a short statement of the activities.</i></p>
<p>3.5.b Partner with at least 5 organizations per quarter to meet community need.</p>	<ul style="list-style-type: none"> • Communicate with at least 5 community organizations per quarter to plan and implement strike team or POD activities • WCHD will send staff and/or trained volunteers to provide assistance and guidance at community partners' COVID-19 POD events 	1b, 1c, 2	Local organizations that serve populations that are underserved, high risk and/or have low vaccination uptake	<p><i>(PM) 3.5.1: Number and type of partner organizations that have implemented COVID-19 vaccination activities in the past quarter. Also include a short statement of the activities.</i></p>

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<p>3.6a Continue to implement Nevada's COVID-19 Vaccine Playbook by partnering with at least 4 employers per quarter who employ frontline essential workers.</p>	<ul style="list-style-type: none"> Partner with at least 4 employers of essential frontline workers, such as food/agricultural workers, grocery store workers, public transit workers, teachers and educational support staff, childcare workers, etc. (or subsequent populations as defined by the Nevada COVID-19 Vaccine Playbook such as frontline supply chain and logistics, frontline commerce and service industries) per quarter to implement a worksite strike team or POD clinic, or coordinate referral to a large scale POD event 	<p>1b, 1c, 2</p> <p>Employers of essential frontline workers (or subsequent populations as defined by the Nevada COVID-19 Vaccine Playbook)</p>	<p>(PM) 3.6.1: Has the awardee initiated vaccination planning (or implemented vaccination activities) with the following industries or business sectors in the past reporting period: first responders, corrections, food/agricultural workers, grocery store workers, public transit workers, teachers and childcare workers.</p>
<p>3.6b Hold at least two vaccination events per quarter at places of employment to meet community need.</p>	<ul style="list-style-type: none"> Plan and implement at least 2 strike team or POD clinics per quarter at places that employ essential frontline workers (or subsequent populations as defined by the Nevada COVID-19 Vaccine Playbook) 	<p>1b, 1c, 2</p> <p>Industries and business sectors in jurisdiction such as: first responders, corrections, food/agricultural workers, postal workers, manufacturing workers, grocery store workers, public transit workers, teachers and educational support staff, and childcare workers.</p>	<p>(PM) 3.6: Has the awardee initiated vaccination planning (or implemented vaccination activities) with the following industries or business sectors in the past reporting period: first responders, corrections, food/agricultural workers, postal workers, manufacturing workers, grocery store workers, public transit workers, teachers and educational support staff, childcare workers.</p>

Project Period Objective 04: Increase vaccine confidence through education, outreach, and partnerships

Objective	Activities	Phase	Target Population	Performance Measure
<p>4.5 LHAs will promote immunizations and increase vaccine confidence using at least five strategies per quarter among racial and ethnic minority groups as well as increase access among individuals with disabilities by selecting and implementing five or more strategies per quarter for the duration of the award period.</p> <p><i>A minimum of 10 percent of each subaward must be spent on activities to address COVID-19 vaccine inequities.</i></p>	<ul style="list-style-type: none"> Utilize at least 5 strategies per quarter (such as CDC vaccine toolkit recommendations and other outreach strategies) to promote confidence and improve access to COVID-19 vaccines among racial and ethnic minorities and individuals with disabilities by partnering with key stakeholders of above special populations such as: <ul style="list-style-type: none"> Work with independent contractor to facilitate a survey among Hispanic residents to ascertain reasons for vaccine hesitancy, as well as barriers and enablers for vaccine access Utilize data obtained from above survey to develop strategies to improve vaccine 	<p>1b, 1c, 2</p>	<p>Racial and ethnic minorities and individuals with disabilities in Washoe County</p>	<p>(PM) 4.5.1: Describe the type and amount of work in the past quarter conducted to increase vaccine accessibility for individuals with disabilities, address vaccine misinformation and to increase vaccine confidence and uptake, especially with racial and ethnic minority populations communicated to NSIP through a quarterly report.</p>

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	<p>uptake in Hispanic and other underserved populations</p> <ul style="list-style-type: none"> • Targeted education campaigns (Ex: Spanish written or media campaigns) • Off-site vaccination clinics in strategic locations • Utilize Washoe County's Joint Information Center to focus COVID-19 outreach for the Hispanic population • Analyze current scheduling process to ensure it is easy to access • Advise community that COVID vaccine is free and legal immigration status is not required • Collaborate with community partners, such as Nevada Hispanic Legislative Caucus, the NAACP, religious groups in Washoe County, and recreational sports leagues to help spread information to their communities 			
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Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 6 NH23IP922609-02-05 from The Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor The CDC."

Any activities performed under this subaward shall acknowledge the funding was provided through the Division by Grant Number 6 NH23IP922609-02-05 from The Centers for Disease Control and Prevention (CDC).

Funding Sources: Nevada Immunization & Vaccine for Children Federal Grant (CDC) COVID-19 Funds **% Funds:**
100%

Applicant Name: Washoe County Health District- July 1, 2020 - June 30, 2022

BUDGET NARRATIVE

Total Personnel Costs		including fringe		Total:	\$	1,525,925.00
	<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>New Position</u> <u>Public Health Nurse II</u>	\$83,387.00	44.120%	90.000%	15	125.00%	\$135,200
	<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>New Position</u> <u>Health Educator II</u>	\$74,682.00	45.400%	90.000%	15	125.00%	\$122,161
	<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>New Position</u> <u>Office Assistant II</u>	\$47,320.00	54.590%	90.000%	15	125.00%	\$82,296
	<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>Overtime</u> <u>WCHD staff at all levels</u>	\$160,000.00	0.000%	100.000%	15	125.00%	\$200,000
	<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>Intermittent Hourly</u> <u>Registered Nurse, Community Health Aide, Office Assistant II</u>	\$511,057.00	1.750%	90.000%	15	125.00%	\$585,001
	<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>New Position</u> <u>Public Health Nurse II</u>	\$83,387.00	44.120%	100.000%	13	108.33%	\$130,192
	<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>Reclassified Position (Grants Coordinator) - Petra Bartella</u> <u>Fiscal Compliance Officer</u>	\$73,199.65	41.600%	16.000%	12	100.00%	\$16,584

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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>James English</u> EHS Supervisor 70002258	\$106,913.72	45.530%	100.000%	12	100.00%	\$155,592
<u>Kevin Dick</u> District Health Officer 70000173	\$185,420.00	38.740%	25.000%	12	100.00%	\$64,313
<u>Kathy Sobrio</u> PHN Supervisor 70000170	\$106,913.72	45.120%	10.000%	12	100.00%	\$15,515
<u>Lisa Lotritz</u> CCHS Division Director 70002281	\$129,864.33	46.850%	10.000%	12	100.00%	\$19,071

Total Fringe Cost	\$240,928	Total Salary Cost:	\$1,284,996
Total Budgeted FTE	7.21000		

Travel **Total:** **\$5,000.00**

Out-of-State Travel **\$5,000.00**

<u>Title of Trip & Destination such as CDC Conference:</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
<u>San Diego, CA</u>					
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$5,000.00

Justification:
Who will be traveling, when and why, tie into program objective(s) or indicate required by funder.

In-State Travel **\$0**

<u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>
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Justification:
Who will travel and why

Operating **Total:** **\$386,000.00**

Office supplies 620.69/mo. x 4 FTE staff x 14.5 mos.	\$36,000.00
Operating supplies	\$350,000.00
Justification: <i>General office supplies; Equipment non-capital - not limited to work stations for 4 FTE staff; Operating Supplies -supplies for POD and homebound operations including but not limited to: oxygen tanks/refills, nasal canula, non-breather masks, band-aids, blood pressure cuffs, vericors, data loggers, AEDs, sharp containers, antifatigue mats, cots, cones, bases, signage, lights, syringes, alcohol/disinfecting wipes, tables, chairs, chair covers, badging system, safety vests, propane/tanks, swamp coolers, industrial fans, iPad shoulder harness, gloves, cleaning supplies, keys, batteries, walkie talkies, vest/gown laundering, mobile structures/facilities, golf cart parts.</i>	

Equipment **Total:** **\$42,686.75**

4 computers set up for FTE staff, iPads (\$459.99 ea.)for PODS, strike teams, home visits	\$17,499.75
Equipment non-capital (workstation 1 x 4 FTE)	\$25,187.00

Contractual **\$1,345,361.59**

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Name of Contractor, Subrecipient: Temporary Staffing **Total \$1,260,000**

Method of Selection: explain, i.e., sole source or competitive bid

Period of Performance: July 1, 2020-June 30, 2022

Scope of Work: POD operations staff to include vaccinators, assistants, and office support staff.

What will be the specific services/tasks that will be completed and specific deliverables. How do deliverables relate to your goals and objectives, how will deliverables achieve your objective(s).

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel	\$1,260,000.00
Travel	\$0.00
Total Budget	\$1,260,000.00

Method of Accountability: Invoices from Temp Staff agencies

Name of Contractor, Subrecipient: Professional Services **Total \$85,361.59**

Method of Selection: explain, i.e., sole source or competitive bid

Period of Performance: July 1, 2020-June 30, 2022

Scope of Work: POD operations

What will be the specific services/tasks that will be completed and specific deliverables. How do deliverables relate to your goals and objectives, how will deliverables achieve your objective(s).

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel	\$85,361.59
Travel	\$0.00
Total Budget	\$85,361.59

Method of Accountability: Invoices from consultant

Training	Total:	\$8,000.00
Describe training	\$8,000.00	

Other	Total:	\$222,720.00
Printing Services: \$ amount/mo. x 24 months	\$32,000	
Copier/Printer Lease: \$ amount x 24 months	\$2,998	
Software Subscription (\$100 office license x 450 emp)	\$45,000	
Network & Data Lines (monthly service -\$42.61/mo. X 75 iPads x 15mos.)	\$47,936	
Cell Phones (4 X \$60/mo. x 15 mos.)	\$3,600	
Telephones - Landlines (4 FT x \$10/mo. X 15 mos.)	\$600	
Advertising (Media/Communications)	\$58,362	
Biologicals	\$7,224	
Waste Removal (Sharps Waste)	\$25,000	
Fuel Expenses	\$0	
Justification: <i>Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures or public information. Tie budget piece to project deliverable.</i>		

TOTAL DIRECT CHARGES	\$3,535,693.34
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<u>Indirect Charges</u>	<u>Indirect Rate:</u> 10.000%	\$353,569.33
<u>Indirect Methodology:</u> Indirect Methodology: WCHD CCHS has an Indirect Cost Rate Proposal of 27.64% for FY21. WCHD is requesting a lower rate of 10% for this award.		

TOTAL BUDGET	Total:	\$3,889,262.67
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**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

10% Equity Budget

Applicant Name: Washoe County Health District- July 1, 2020 - June 30, 2022

BUDGET NARRATIVE

Total Personnel Costs	including fringe	Total:	\$ 102,739.00
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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>New Position</u> <u>Public Health Nurse II</u>	\$83,387.00	44.120%	10.000%	15	125.00%	\$15,022
<u>New Position</u> <u>Health Educator II</u>	\$74,682.00	45.400%	10.000%	15	125.00%	\$13,573
<u>New Position</u> <u>Office Assistant II</u>	\$47,320.00	54.590%	10.000%	15	125.00%	\$9,144
<u>Intermittent Hourly</u> <u>Registered Nurse, Community Health Aide, Office Assistant II</u>	\$511,057.00	1.750%	10.000%	15	125.00%	\$65,000

	Total Fringe Cost	\$13,184		Total Salary Cost:	\$89,555.75
	Total Budgeted FTE	0.40000			

Travel		Total:	\$0
Out-of-State Travel			\$0

<u>Title of Trip & Destination such as CDC Conference:</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
<u>San Diego, CA</u>					
In-State Travel					\$0
<u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	

Operating		Total:	\$0
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Equipment		Total:	\$0
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Describe equipment			\$0.00
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Contractual			\$140,000.00
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<u>Name of Contractor, Subrecipient: Temporary Staffing</u>		Total	\$140,000
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Method of Selection: explain, i.e., sole source or competitive bid

Period of Performance: July 1, 2020 through June 30, 2022

Scope of Work: POD operations staff to include vaccinators, assistants, and office support staff.

What will be the specific services/tasks that will be completed and specific deliverables. How do deliverables relate to your goals and objectives, how will deliverables achieve your objective(s).

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel			\$140,000.00
Travel			\$0.00
Total Budget			\$140,000.00

Method of Accountability:

Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work.

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Training	Total:	\$0
Describe training	\$0.00	

Other	Total:	\$150,115.82
Software Subscription (\$100 office license x 50 emp)	\$5,000	
Advertising (Media/Communications)	\$136,557.82	
Fuel Expenses	\$8,558	
Justification: Other Costs		

TOTAL DIRECT CHARGES	\$	392,854.82
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Indirect Charges	Indirect Rate:	10.000%	\$39,285.48
Indirect Methodology: WCHD CCHS has an Indirect Cost Rate Proposal of 27.64% for FY21. WCHD is requesting a lower rate of 10% for this award.			

TOTAL BUDGET	Total:	\$432,140.30
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STATE OF NEVADA
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF PUBLIC & BEHAVIORAL HEALTH
 NOTICE OF SUBAWARD
 Applicant Name: Washoe County Health District- July 1, 2020 - June 30, 2022
 PROPOSED BUDGET SUMMARY

Form 2

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

FUNDING SOURCES	COVID Rd3	COVID Rd3 10% Equity	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$3,889,262.67	\$432,140.30							\$4,321,402.97

EXPENSE CATEGORY

Personnel	\$1,525,925.00	\$102,739.00							\$1,628,664.00
Travel	\$5,000.00	\$0.00							\$5,000.00
Operating	\$386,000.00	\$0.00							\$386,000.00
Equipment	\$42,686.75	\$0.00							\$42,686.75
Contractual/Consultant	\$1,345,361.59	\$140,000.00							\$1,485,361.59
Training	\$8,000.00	\$0.00							\$8,000.00
Other Expenses	\$222,720.00	\$150,115.82							\$372,835.82
Indirect	\$353,569.33	\$39,285.48							\$392,854.81

TOTAL EXPENSE	\$3,889,262.67	\$432,140.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,321,402.97
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These boxes should equal 0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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Total Indirect Cost	\$392,854.82								
Total Agency Budget	\$4,321,402.97								
Percent of Subrecipient Budget	100%								

B. Explain any items noted as pending:

C. Program Income Calculation:

**STATE OF NEVADA
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- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

The Subrecipient agrees:

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

- Nevada State Immunization Program must receive Requests for Reimbursement no later than the fifteenth (15th) day of each month for the prior month's actual expenses;
- **Total reimbursement through this subaward will not exceed \$4,321,402.97;**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Reimbursements will not be processed without all **mandatory reporting documents:**
 - Request for Reimbursement Form
 - Reimbursement Worksheet
 - Receipts for supplies, travel, equipment, and other items purchased
- Reimbursement is based on actual expenditures incurred during the period being reported. The Reimbursement Worksheet supplied should be used to tabulate and summarize the expenses by grant category and should be submitted with the other documents as described below;
 - Submit one copy via email, signed Request for Reimbursement, Reimbursement Worksheet, and copies of receipts;
- Additional expenditure detail will be provided upon request from the Division.

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:

- To provide technical assistance to subgrantee, upon request;
- Reimburse subgrantee for Scope of Work accomplished per subgrant upon proper documentation from subgrantee;
- Submit reimbursement request to the Division of Public and Behavioral Health Fiscal Services within five (5) business days but only upon receipt of all mandatory reporting documentation; and
- The Division reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:

- Site visits will be conducted by the Division of Public and Behavioral Health on an annual basis, during this grant period, to ensure grant compliance. The subrecipient monitoring program is designed to meet the federal requirement of Subpart F—Audit Requirements as outlined in Title 2 CFR-Part 200. During the Site Visit the administrative, programmatic and financial activities related to the administration and compliance requirements of federal and state laws, regulations and grant programs will be reviewed.
- 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 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

**STATE OF NEVADA
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SECTION D**

Agency Ref. #: **SG 2516**
 Budget Account: 3213
 GL: 8516
 Draw #: _____

Request for Reimbursement

Program Name: Nevada State of Immunization Program Bureau of Child, Family & Community Wellness	Subrecipient Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 210 Carson City, NV 89706-2009	Address: 1001 E. 9 th St. Reno, NV 89512-2845
Subaward Period: 07/01/2020-06/30/2022	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400 Q

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	\$1,628,664.00	\$0.00	\$0.00	\$0.00	\$1,628,664.00	0.0%
2. Travel	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	0.0%
3. Operating	\$386,000.00	\$0.00	\$0.00	\$0.00	\$386,000.00	0.0%
4. Equipment	\$42,686.75	\$0.00	\$0.00	\$0.00	\$42,686.75	0.0%
5. Contractual/Consultant	\$1,485,361.59	\$0.00	\$0.00	\$0.00	\$1,485,361.59	0.0%
3. Training	\$8,000.00	\$0.00	\$0.00	\$0.00	\$8,000.00	0.0%
7. Other	\$372,835.82	\$0.00	\$0.00	\$0.00	\$372,835.82	0.0%
3. Indirect	\$392,854.81	\$0.00	\$0.00	\$0.00	\$392,854.81	0.0%
Total	\$4,321,402.97	\$0.00	\$0.00	\$0.00	\$4,321,402.97	0.0%
MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
INSERT MONTH/QUARTER	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

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

Authorized Signature	Title	Date
FOR Department USE ONLY		

Is program contact required? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

Chief (as required): _____ Date _____

**STATE OF NEVADA
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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? June 30
4. What is the official name of your organization? Washoe County Health District
5. How often is your organization audited? annually
6. When was your last audit performed? Dec. 2020
7. What time-period did your last audit cover? 7/1/19- 6/30/20
8. Which accounting firm conducted your last audit? Eide Bailly

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

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

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.

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
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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 is not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.
3. **Termination for Breach of Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. **MISCELLANEOUS**

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

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

AHSO	<u> AH </u>
DHO	<u> </u> <i>KD</i>

Staff Report
Board Meeting Date: May 27, 2021

DATE: May 5, 2021

TO: District Board of Health

FROM: Kim Graham, Fiscal Compliance Officer
775-328-2418, kgraham@washoecounty.us
Angela Penny, Public Health Nurse Supervisor
775-328-6151, apenny@washoecounty.us

SUBJECT: Approve an Interlocal Agreement between Washoe County Health District and University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine MultiSpecialty Group Practice North, Inc., dba MEDSchool Associates North, to designate a faculty member to serve as Medical Consultant to the District for the Sexually Transmitted Disease Clinic effective July 1, 2021 through June 30, 2022 unless extended by the mutual agreement of the Parties, or previously terminated pursuant to other provisions of this Agreement.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health’s behalf not to exceed \$100,000 per contract; over \$100,000 requires approval of the Board.

District Board of Health strategic priority:

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

PREVIOUS ACTION

There has been no previous action this fiscal year.

BACKGROUND

The District conducts several clinical public health programs including the Sexually Transmitted Disease (STD) Clinic which requires the services of a Medical Consultant. MEDSchool Associates North (MSAN) has agreed to provide consultative services to District staff onsite and via phone and to provide clinical services as necessary. Physicians review and approve clinical protocols and provide written evaluations of services and assist in staff training. Coverage is made available 52 weeks a year.

FISCAL IMPACT

Should the Board approve these Agreements, there is no impact to the adopted FY22 budget as the cost of this agreement was included in cost center 171300 – Sexual Health Program.



RECOMMENDATION

It is recommended that the Washoe County District Board of Health approve an Interlocal Agreement between Washoe County Health District and University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine MultiSpecialty Group Practice North, Inc., dba MEDSchool Associates North, to designate a faculty member to serve as Medical Consultant to the District for the Sexually Transmitted Disease Clinic effective July 1, 2021 through June 30, 2022 unless extended by the mutual agreement of the Parties, or previously terminated pursuant to other provisions of this Agreement.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve an Interlocal Agreement between Washoe County Health District and University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine MultiSpecialty Group Practice North, Inc., dba MEDSchool Associates North, to designate a faculty member to serve as Medical Consultant to the District for the Sexually Transmitted Disease Clinic effective July 1, 2021 through June 30, 2022 unless extended by the mutual agreement of the Parties, or previously terminated pursuant to other provisions of this Agreement.."

INTERLOCAL AGREEMENT

THIS AGREEMENT is made and entered into between the WASHOE COUNTY HEALTH DISTRICT, hereinafter referred to as "District," and the UNIVERSITY OF NEVADA SCHOOL OF MEDICINE INTEGRATED CLINICAL SERVICES, INC., AND UNIVERSITY OF NEVADA SCHOOL OF MEDICINE MULTISPECIALTY GROUP PRACTICE NORTH, INC., dba MEDSchool Associates North, hereinafter referred to as "School."

WITNESSETH:

WHEREAS, the District conducts several clinical public health programs including a Sexually Transmitted Disease (STD) Clinic which requires the services of a physician consultant; and

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

WHEREAS, the School agrees to provide consultative and clinical services to the District for the STD Clinic as described herein;

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

The School agrees to:

1. Designate a faculty member to serve as Medical Consultant to the District for the STD Clinic.
2. Review and approve the treatment protocols and clinical evaluations performed by District nurses.
3. Serve on District committees as requested.
4. Discuss and review problem clinic patients with District staff on site and by telephone.
5. Conduct clinical examination of clinic patients as requested by the District Program staff based on a schedule mutually agreed upon by both parties.
6. Provide STD in-services and updates two to four times per year, based on a schedule mutually agreed upon by both parties.
7. Provide physician coverage 52 weeks a year. The School will provide coverage when the assigned physician is on vacation, or out of town or otherwise unavailable and will advise the District of the process to contact the School's back-up physician.
8. Bill the District each month for consultative/clinical services provided.
9. Comply with all applicable laws, ordinances and regulations of governmental entities including but not limited to bloodborne pathogens, tuberculosis exposures, professional licensure, and confidentiality of District medical records.
10. Require the physician(s) to submit the following documentation to the program supervisor prior to beginning services at the District: proof of immunity to measles and rubella, proof of hepatitis B immunization or a declination form, and a negative two-step baseline Tuberculosis Skin Test (TST) within 30 days prior to beginning services at the District; or a negative TST within the last year with a second negative TST within 30

days prior to beginning services at the District; or other TB screening documentation as may be required by the District's TB program Coordinator.

11. Review and comply with District policies regarding infection control, blood borne pathogen exposures, TB exposure, confidentiality of records, and to practice standard precautions while on site at the District.
12. Comply with OSHA Blood borne Pathogen requirements for Medical Service Providers. The requirements of Exhibit A are attached and included by reference.
13. Have the medical consultants for the STD Clinic submit to a full background investigation pursuant to NRS 179.180 et seq., which includes a criminal history check and fingerprinting, and authorize the District to receive the records. The discovery of a) an undisclosed conviction for a sexual offense or a conviction based on an arrest or initial charge for a sexual offense, b) an undisclosed pending arrest or initial charge for a sexual offense, or c) two or more incidents resulting in arrest or initial charge of sexual offense which have not resulted in conviction and were not disclosed may be grounds for immediate termination of this Agreement without prior notice by the District, as may the arrest, initial charge or conviction of physician for a sexual offense during the term of this Agreement.

The District agrees to:

1. Pay School \$12,043.97; at a rate of \$1,003.66 per month for the administrative services provided as Medical Consultant of the STD Clinic.
2. Pay the School any sums still owing should this Agreement be terminated as provided hereafter and if such termination occurs during a month, School shall be paid a pro-rated amount for the fee for the month.
3. Reserve the right to withhold any payment if it is determined that the services described herein have not been provided.
4. Be responsible for all fiscal and program responsibilities, records and reports for patients provided services through District programs.
5. Refer patients to other health care providers should they require medical treatment outside of the STD protocol.
6. Provide physician(s) with appropriate forms to obtain fingerprints at the Washoe County Sheriff's Office.

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

Protected Health Information (as defined in 42 USC 1320d), other than as permitted by HIPAA Requirements and the terms of this Agreement. The parties shall make their internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations.

INDEMNIFICATION.

- a. Consistent with the Limited Liability provision stated below, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other party from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the indemnifying party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity, which would otherwise exist as to any party or person, described in this paragraph.
- b. The indemnification obligation under this paragraph is conditioned upon receipt of written notice by the indemnifying party within 30 days of the indemnified party's actual notice of any actual or pending claim or cause of action. The indemnifying party shall not be liable to hold harmless any attorneys' fees and costs for the indemnified party's chosen right to participate with legal counsel.
- c. In the event that the provisions of NRS Chapter 41 do not apply to a party, the party not covered by Chapter 41 shall indemnify the other party for any amount of damages in excess of the capped amount contained in Chapter 41 that may be awarded.

LIMITED LIABILITY. The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages.

TERM. The term of this Agreement is from July 1, 2021 through June 30, 2022 unless extended by the mutual agreement of the Parties, or previously terminated pursuant to other provisions of this Agreement.

TERMINATION. Either party may terminate this Agreement by giving the other party written notice of the intent to terminate. The notice will specify a date upon which termination will be effective, which date may not be less than thirty (30) calendar days from the date of the termination notice.

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

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

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

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

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

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

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

Notices to School shall be addressed to:

Susan Poore, Assistant General Counsel
UNR - UNSOM
1664 North Virginia Street
Penn Bldg, M/S 1332
Reno, Nevada 89557-0332

Notices to the District shall be addressed to:

District Health Officer
Washoe County Health District
1001 East Ninth Street
Reno NV 89512

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

District Board of Health

By: _____ Date: _____
Oscar Delgado, Chair

University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., dba MEDSchool Associates North

By: _____ Date: _____
Thomas Schwenk, MD
Dean, University School of Medicine
President, Integrated Clinical Services, Inc.

Staff Report
Board Meeting Date: May 27, 2021

DATE: May 5, 2021

TO: District Board of Health

FROM: Kim Graham, Fiscal Compliance Officer
775-328-2418, kgraham@washoecounty.us

Lisa Lottritz, Division Director
775-328-6159, llottritz@washoecounty.us

SUBJECT: Approve a Subaward from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$117,750.00 (no match required) for the period April 29, 2021 through April 28, 2022 in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention and Control Grant Program, IO# 11833 and authorize the District Health Officer to execute the Subaward and any future amendments.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf not to exceed \$100,000 per contract; over \$100,000 requires approval of the Board.

The Community and Clinical Health Services Division received a Notice of Subaward from the State of Nevada on May 4, 2021 to support the Tobacco Prevention and Control Grant Program. The funding period is effective April 29, 2021 through April 28, 2022. A copy of the Notice of Subaward is attached.

District Health Strategic Objective supported by this item:

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

PREVIOUS ACTION

The Board approved a similar item on September 24, 2020, a Subaward from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$109,059.00 (no match required) for the period June 29, 2020 through April 28, 2021 in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention and Control Grant Program, IO# 11662.

BACKGROUND

The Subaward scope of work includes the following strategies: educate stakeholders and the general public on policies supporting clean indoor air; increase referrals and promote the Quitline; develop and maintain partnerships to improve tobacco control program activities.

The Subaward provides funding for personnel and indirect expenditures.

FISCAL IMPACT

The program anticipated funding and included it in the FY21 adopted budget in IO#11662. A budget adjustment will be done to move the remaining authority to the new IO#11833.

RECOMMENDATION

It is recommended that the Washoe County Health District approve a Subaward from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$117,750.00 (no match required) for the period April 29, 2021 through April 28, 2022 in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention and Control Grant Program, IO# 11833 and authorize the District Health Officer to execute the Subaward and any future amendments.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve a Subaward from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$117,750.00 (no match required) for the period April 29, 2021 through April 28, 2022 in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention and Control Grant Program, IO# 11833 and authorize the District Health Officer to execute the Subaward and any future amendments."



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

Agency Ref. #: **SG 25144**
 Budget Account: 3220
 Category: 10
 GL: 8516
 Job Number: TBD

NOTICE OF SUBAWARD

Program Name: Tobacco Control Program Chronic Disease Prevention and Health Promotion (CDPHP) Bureau of Child, Family and Community Wellness (CFCW)	Subrecipient's Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite #210 Carson City, NV 89706-2009	Address: 1001 E. 9 th Street Reno, NV 89512-2845
Subaward Period: April 29, 2021 through April 28, 2022	Subrecipient's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>

Purpose of Award: To provide tobacco education and prevention activities and services in Washoe County.

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

Approved Budget Categories:	FEDERAL AWARD COMPUTATION:		
1. Personnel \$107,035.00	Total Obligated by this Action:	\$	117,750.00
2. Travel \$0.00	Cumulative Prior Awards this Budget Period:	\$	0.00
3. Operating \$0.00	Total Federal Funds Awarded to Date:	\$	117,750.00
4. Equipment \$0.00	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	\$	0.00
5. Contractual/Consultant \$0.00	Amount Required this Action:	\$	0.00
6. Training \$0.00	Amount Required Prior Awards:	\$	0.00
7. Other \$0.00	Total Match Amount Required:	\$	0.00
TOTAL DIRECT COSTS \$107,035.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
8. Indirect Costs \$10,715.00	Federal Budget Period: April 29, 2021 through April 28, 2022		
TOTAL APPROVED BUDGET \$117,750.00	Federal Project Period: June 29, 2020 through April 28, 2025		

FOR AGENCY USE, ONLY

Source of Funds: Centers for Disease Control and Prevention (CDC) National and State Tobacco Control Program	% Funds: 100%	CFDA: 93.387	FAIN: NU58DP006783	Federal Grant #: 5 NU58DP006783-02-00	Grant Award Date by Federal Agency: 04/21/2021
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Agency Approved Indirect Rate: 7.3% **Subrecipient Approved Indirect Rate:** 10.011%

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 15th 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.

Incorporated Documents: Section A: Grant Conditions and Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement;	Section E: Audit Information Request; Section F: Current/Former State Employee Disclaimer; Section G: DHHS Business Associate Addendum;
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Name	Signature	Date
Kevin Dick District Health Officer, WCHD		
Karissa Loper, MPH Bureau Chief, CFCW		
for Lisa Sherych Administrator, DPBH		

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

**SECTION A
GRANT CONDITIONS AND ASSURANCES**

General Conditions

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

Grant Assurances

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

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**
8. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended— Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
9. Certification that neither the Recipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations

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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 (WCHD), hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for WCHD

Goal 1 is not addressed by the subrecipient.

Goal 2: Eliminate exposure to secondhand smoke						
Strategy 1: Increase and enhance comprehensive smoke-free policies, including workplaces, bars, and restaurants.						
Objective	Activities	Outputs	Timeline	Target Population	Evaluation Measure (indicator)	Evaluation Tool
2.1 By April 28, 2022, develop one summary report about Smoke Free Workplaces Planning in Washoe County.	2.1.1 Identify and engage at least six stakeholders about Smoke Free Truckee Meadows (SFTM) efforts and education about smoke free workplaces (casino bars and gaming business).	Stakeholders engagement	April 2021 – April 2022	Exposed populations (casino bar worker/patrons, impacted businesses)	Type and # of total stakeholders reached	Quarterly progress reports Tobacco-free Policies
	2.1.2 Provide technical assistance to SFTM outreach and education efforts by participating in marketing meetings, guidance meetings for interns/volunteers, planning meetings with Nevada Tobacco Prevention Coalition (NTPC) organizations working on SFTM.	Meeting notes and outcomes	April 2021 – April 2022	Tobacco prevention advocates Interns and volunteers	# summary report	Quarterly progress reports Tobacco-free Policies

Goal 3: Promoting quitting among adults and young people

Strategy 1: Increase engagement with healthcare providers and health systems to expand delivery of evidence-based cessation treatment, including referrals to the state quitline.						
Objective	Activities	Outputs	Timeline	Target Population	Evaluation Measure (indicator)	Evaluation Tool
3.1 By April 28, 2022, develop at least one additional referral channel from providers serving priority populations by distributing resources and making presentations in Washoe County.	3.1.1 As needed, update educational materials summarizing tobacco cessation resources and e-referral options for healthcare providers including providers working in behavioral health settings, and substance use treatment facilities.	Tobacco Cessation Resource Materials in English/Spanish	April 2021 – April 2022	Healthcare providers for tobacco users	# of health care providers/clinics identified # and language of cessation resource materials developed # of E-referral options	Quarterly progress reports
	3.1.2 Distribute materials to priority providers.	List of priority populations Distribution Plan	April 2021 – April 2022	Healthcare providers for tobacco users	# and type of providers reached	Quarterly progress reports

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		Presentations	April 2021 – April 2022	Healthcare Providers for tobacco users	# of presentations # of providers reached	Quarterly progress reports
3.1.3	Support distribution efforts by providing in-person or online presentations about tobacco cessation resources and e-referral connections to the Nevada Tobacco Quitline to at least three (3) healthcare providers including providers working in behavioral health settings, and substance use treatment facilities identified in Activity 4.1.1.	Quitline Referrals	April 2021 – April 2022	Healthcare Providers for tobacco users	# of new healthcare provider referral sources, including those from behavioral health or substance abuse providers	Quarterly progress reports Monthly Quitline Reports
3.1.4	Add at least one (1) healthcare provider (identified in Activity 4.1.1) as a referral source for the Nevada Tobacco Quitline (e.g., modified intake forms, fax/web referrals, or reminder on form). Note: work with substance abuse providers would include referrals for “recovered” clients.				# and type of clinical referrals (web-based provider, e-referral, or fax)	
3.1.5	Maintain contact with referring entities in Washoe County on a quarterly basis to monitor progress on functioning of referral mechanism and facilitate technical assistance as needed.	Referral mechanism summary report Technical Assistance Records	April 2021 – April 2022	Healthcare providers for tobacco users IT Support	# of referrals # of technical assistance records	Quarterly progress reports Monthly Quitline Reports Report data from referring entity

Statewide Requirement

Strategy 1: Increase tobacco-free policies in behavioral health treatment facilities and campuses.

Objective	Activities	Outputs	Timeline	Target Population	Evaluation Measure (indicator)	Evaluation Tool
4.1 By April 28, 2022, implement at least one (1) worksite tobacco-free campus policy at a behavioral health or substance abuse treatment facility by providing technical assistance through in-person or virtual setting, to improve health equity for priority populations.	4.1.1 Identify and engage at least three (3) behavioral health and substance abuse treatment facilities with information about tobacco-free campuses or enhancing smoke-free protections.	Meeting Notes (or Engagement Logs)	April 2021– April 2022	Substance Abuse Behavioral Health	# of facilities engaged and educated # of technical assistance records	Quarterly progress reports Tobacco-free Policies
	4.1.2 Provide technical assistance to at least one (1) behavioral health and substance abuse treatment facilities to transition to tobacco-free campuses or enhance smoke-free protections.	Technical Assistance Records Tobacco-free policy	April 2021– April 2022	Behavioral healthcare providers	# of new tobacco-free campus policies/protection policies # of total people protected	Quarterly Progress Reports

Community-based requirement is not addressed by subrecipient (Number five).

E-Cigarette Requirement

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Strategy 1: Educate and engage stakeholders, such as parents, schools, and community-based organizations, and decision makers on evidence-based strategies to reduce youth use of emerging tobacco products, including e-cigarettes.						
Objective	Activities	Outputs	Timeline	Target Population	Evaluation Measure (indicator)	Evaluation Tool
6.1 By April 28, 2022, identify and provide at least two (2) educational trainings to increase awareness and prevent initiation of electronic vapor products and/or flavored tobacco products among youth.	6.1.1 Compile and/or develop specific educational resources for Washoe County to provide information about equitable policy solutions for youth electronic vapor product use and initiation and/or youth use of flavored tobacco products (focusing on electronic vapor products).	Flavoring electronic vapor educational resources Policy solutions explore	April 2021– April 2022	Youth	# of educational resources on flavored electronic vapor tobacco products developed/disseminated # of policy solutions explored	Quarterly Progress Reports
	6.1.2 Coordinate with Goal 1 FHN activities to additionally educate at least two (2) groups of stakeholders such as parents, community -based organizations, etc. to participate in addressing the harmful effects of use of e-cigarettes and emerging tobacco products. Follow-ups will be conducted to measure increase in awareness.	List of education opportunities	April 2021– April 2022	Community Stakeholders	# of educational materials Type and # of stakeholders educated	Quarterly Progress Reports
	6.1.3 Provide technical assistance to support tobacco-free campus policies at youth centered locations and/or provide technical assistance to develop "alternative to suspension" policies for schools, worksites, transit centers, colleges/universities, etc.	Policies supporting "alternative to suspension" policies TA log	April 2021– April 2022	School Faculty Coaches Community Stakeholders At-risk youth/young adults	# type and of stakeholders reached # and summary of alternative to suspension policies	Quarterly Progress Reports

Mass-Reach Health Communications						
Strategy: Implement evidence-based communication interventions to increase awareness of the risks using tobacco and other emerging products.						
Objective	Activities	Outputs	Timeline	Target Population	Evaluation Measure (indicator)	Evaluation Tool
7.1 By April 28, 2022, promote tobacco free media messaging and the Nevada Tobacco Quitline in Washoe County with a reach of least 7,000.	7.1.1 Develop monthly Facebook/Social Media posts guided by the 2020 Communication Plan with the latest information on tobacco prevention, tobacco control, and other resources to promote the quitline.	Social media messages	April 2021– April 2022	Washoe tobacco users Health care providers	# of social media messages by Network # of persons reached via social media messages	Quarterly Progress Reports
	7.1.2 Plan at least two (2) earned media opportunities such as news interviews, letters to the editor, public	Earned media	April 2021– April 2022	Washoe tobacco users Health care providers	# and type of earned media # reached (if possible)	Quarterly Progress Reports

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	service announcements, or other communications interventions.							
	7.1.3 Coordinate maintenance and updates of the tobacco information associated with the GetHealthyWashoe.com website and track and monitor reach.	List of website updates	April 2021– April 2022	Washoe tobacco users General Population Others based on leveraged grant efforts	# of maintenance checks and/or website updates # reached through "GetHealthyWashoe" Tobacco webpage	Communications and Media Reporting Table (part of the Quarterly Progress Reports)		
	7.1.4 Support maintenance of the TIPS campaign and other leveraged media efforts by submitting at least two (2) reports. Track and report supporting activities.	Communications and Media Report(s)	April 2021– April 2022	Washoe tobacco users General Population	# of media reports submitted	Communications and Media Reporting Table (part of the Quarterly Progress Reports)		
	7.1.5 Provide Spanish language posts and media guided by the 2020 Communication Plan with the latest information on tobacco prevention, tobacco control, and other resources to promote the quitline.	Social media messages in Spanish	April 2021– April 2022	Washoe tobacco users Health care providers	# of social media messages in Spanish by Network # of persons reached via social media messages	Quarterly Progress Reports		

The Surveillance and Evaluation requirement (*Number Eight*) is not addressed by this subrecipient.

Infrastructure, Administration, and Management								
Strategy 1: Develop and maintain strong networks and partnerships.								
Objective	Activities	Outputs	Timeline	Target Population	Evaluation Measure (Indicator)	Evaluation Tool		
9.1 By April 28, 2022, continue to participate in at least four (4) local, state, and/or national partner meetings to improve tobacco prevention and control activities in Nevada and contribute to strategic plan implementation.	9.1.1 Assist with implementation of the Strategic Plan via participation in three (3) NTPC-related workgroups.	Meeting Notes	April 2021– April 2022		# of workgroups attended # of activities implemented to support the strategic plan	State program records Strategic Plan		
	9.1.2 Participate in promotion planning with partnering organizations including NTPC, Nevada Public Health Association (NPHA), Northern Nevada Action Committee (NNAC), and other local, state, and national groups driving tobacco policy.	Meeting agenda/notes	April 2021– April 2022	All Priority Populations NTPC Stakeholders	# of planning meetings attended # of tobacco policies educated on/about	Quarterly progress reports		
	9.1.3 Present information about a local or statewide tobacco policy/initiative to at least two (2) partnering organizations.	Presentation slides and notes	April 2021– April 2022		# of presentations # and list of organizations presented to	Quarterly progress reports Copy of Presentations		
Strategy 2: Provide ongoing training and technical assistance. (strategy provided by Nevada TCP for subrecipient).								

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Objective	Activities	Outputs	Timeline	Target Population	Evaluation Measure (Indicator)	Evaluation Tool
9.2 Through April 28, 2022, participate as one (1) of at least seven (7) partners in a technical assistance project to improve tobacco control program activities in Nevada.	9.2.1 Participate on technical assistance (TA) calls with CDPHP/TCP monthly (10 total) and provide regular program updates. Also attend the required* annual partner meeting which may substitute for one (1) TA call.	TA agendas TA notes & action items	First Tuesday of each month unless a group call is scheduled.	Funded tobacco control partners in Nevada	# of TA agendas/calls # of partner meetings attended	State program records Quarterly Progress Reports <i>*Note: primary funding source for annual meeting will be FHN</i>
	9.2.2 Provide progress reports quarterly, for a total of four (4) reports, documenting any barriers or challenges.	Quarterly Progress Reports	Quarterly Reports Due: 8/15/2021 11/15/2021 02/15/2022 05/15/2022	CDPHP	# of progress reports submitted	State program records
	9.2.3 Develop and disseminate at least one (1) two-page tobacco control program success story in English and Spanish.	Success story	2/1/2022-4/28/2022	Local population and stakeholders CDC	# of success stories # and type of dissemination channels used # of people reached	Quarterly progress reports

- Subrecipient shall provide the TCP an annual work plan, based on the scope of work, within 30 days of receiving the Notice of Subaward. The TCP will provide the work plan template upon request.

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

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SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant Number 5 NU58DP006783-02-00 from Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor CDC."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 5 NU58DP006783-02-00 from CDC.

Subrecipient agrees to adhere to the following budget:

BUDGET NARRATIVE-SFY21-22

Total Personnel Costs	including fringe	Total:	\$107,035
-			

	<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 – Kelli Goatley-Seals</u>	\$88,541.00	48.00%	45.47%	12	100.00%	\$59,584

This position directs the overall operation of projects; responsible for overseeing the implementation of project activities, coordinator with other agencies, development of materials, provisions of in service and training, conducting meetings; designs and directs the gathering, tabulating, and interpreting of required data, responsible for overall program evaluation and budget management; and is the responsible staff person for ensuring necessary reports/documentation are submitted to the Nevada State Tobacco Prevention Control Program. This position relates to all program objectives.

	<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>Health Educator II – Nicole Alberti</u>	\$83,975.00	48.70%	38.00%	12	100.00%	\$47,451

This position will assist the Health Educator Coordinator to implement project activities, coordinate with other agencies, develop materials, participate in developing and carrying out in-service and trainings, participate in meetings, data collection and interpretation, and report progress on meeting grant deliverables on a monthly basis. This position also relates to all program objectives.

	Total Fringe Cost	\$34,865	Total Salary Cost:	\$72,170
	Total Budgeted FTE	0.83470		
Travel			Total:	\$0
Operating			Total:	\$0
Equipment			Total:	\$0
Contractual			Total:	\$0
Training			Total:	\$0
Other			Total:	\$0
TOTAL DIRECT CHARGES				\$107,035
Indirect Charges			Indirect Rate:	10.011%
Indirect Methodology: 10.011% of Direct Costs. Less than the indirect cost rate proposal of Washoe County.				\$10,715
TOTAL BUDGET			Total:	\$117,750

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Applicant Name: WCHD

Form 2

PROPOSED BUDGET SUMMARY

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

<u>FUNDING SOURCES</u>	<u>GMU</u>	Other Grant Funding	Other Local Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED								
ENTER TOTAL REQUEST	\$117,750	\$26,098	\$126,799					\$270,647

EXPENSE CATEGORY

Personnel	\$107,035	\$26,098	\$126,799					\$259,932
Travel	\$0							\$0
Operating	\$0							\$0
Equipment	\$0							\$0
Contractual/Consultant	\$0							\$0
Training	\$0							\$0
Other Expenses	\$0							\$0
Indirect	\$10,715							\$10,715

TOTAL EXPENSE	\$117,750	\$26,098	\$126,799	\$0	\$0	\$0	\$0	\$270,647
These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Total Indirect Cost	\$10,715
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Total Agency Budget	\$270,647
Percent of Subrecipient Budget	44%

B. Explain any items noted as pending:

C. Program Income Calculation:

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- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

The Subrecipient agrees:

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

- 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 **April 28, 2022**;
- Total reimbursement through this subaward will not exceed \$117,750.00;
- 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 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of 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 Division of Public and Behavioral Health through Grant Number 6 NU58DP006306-

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04 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the CDC.”

Any activities performed under this subaward shall acknowledge the funding was provided through the Division by Grant Number 6 NU58DP006306-04 from the CDC.

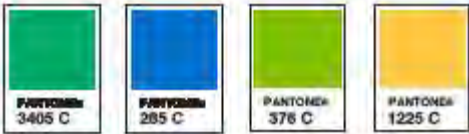
Nevada Wellness Logo

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.

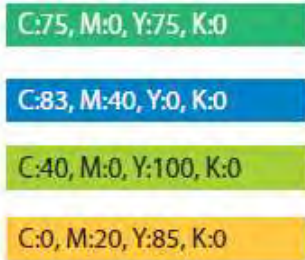
Usage Guidelines

- **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

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SECTION D**

Agency Ref. #: **SG 25144**
 Budget Account: 3220
 GL: 8516
 Draw #: _____

Request for Reimbursement

Program Name: Tobacco Control Program Chronic Disease Prevention and Health Promotion (CDPHP) Bureau of Child, Family and Community Wellness (CFCW)	Subrecipient's Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite #210 Carson City, NV 89706-2009	Address: 1001 E. 9 th Street Reno, NV 89512-2845
Subaward Period: April 29, 2021 through April 28, 2022	Subrecipient's: 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	\$107,035.00	\$0.00	\$0.00	\$0.00	\$107,035.00	0.0%
2. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Operating	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
8. Indirect	\$10,715.00	\$0.00	\$0.00	\$0.00	\$10,715.00	0.0%
Total	\$117,750.00	\$0.00	\$0.00	\$0.00	\$117,750.00	0.0%

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
<i>INSERT MONTH/QUARTER</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

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

Authorized Signature _____ Title _____ Date _____

FOR Department USE ONLY

Is program contact required? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

Chief (as required): _____ Date _____

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SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a).
2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES NO
3. When does your organization's fiscal year end? _____
4. What is the official name of your organization? _____
5. How often is your organization audited? _____
6. When was your last audit performed? _____
7. What time-period did your last audit cover? _____
8. Which accounting firm conducted your last audit? _____

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

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SECTION F

Current or Former State Employee Disclaimer

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

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

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

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

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

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

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

**STATE OF NEVADA
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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.

Staff Report
Board Meeting Date: May 27, 2021

DATE: May 7, 2021
TO: District Board of Health
FROM: Kim Graham, Fiscal Compliance Officer,
775-328-2418, kgraham@washoecounty.us
Rayona LaVoie, Health Educator II
775-328-2404, rlavioe@washoecounty.us
SUBJECT: Approve the Agreement between Washoe County Health District (WCHD) and Social Entrepreneurs, Inc. (SEI) to establish an implementation process for the County's behavioral health crisis response system for a total amount of \$149,980.00 for the period June 1, 2021 through June 30, 2022.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf up to \$100,000 per contract; over \$100,000 would require the approval of the Board.

The Washoe County Behavioral Health Crisis Response Implementation Planning project will establish a comprehensive and collaborative implementation process for the County's behavioral health crisis response system.

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.

PREVIOUS ACTION

No previous action.

Subject: Approve Agreement with SEI

Date: May 27, 2021

Page 2 of 2

BACKGROUND

In October 2019, the first statewide Behavioral Health Crisis Now Summit was held to engage Nevada stakeholders in learning about components of a Behavioral Health Crisis Care Response System. Upon conclusion of the Statewide Virtual Summit, the assets, and gaps of crisis response within Washoe County were identified using the minimum standards and best practice guidelines. Of the four components of behavioral health crisis response, stakeholders from Washoe County identified crisis stabilization centers as the biggest priority. Areas where Washoe County did not meet the minimum standards related to a behavioral health crisis response system were also identified based on the National Guidelines, including elements of the crisis call line, the mobile outreach team, crisis stabilization facilities, and the principles and practices of the desired system. To support Washoe County's Behavioral Health Crisis Care Response System Implementation, the scope of work includes the following objectives; Phase 1: Project Planning and Organization, Phase 2: Data Collection and Analysis, Phase 3: Implementation Planning, Phase 4: Implementation Plan Documentation and Agreements and Phase 5: Project Management and Communication.

The scope of work was discussed with the County and City Managers on May 3, 2021. They each supported this work to develop an implementation plan and agreed to participate in the Leadership Council and have staff participate in the Technical Advisory Committee and appropriate workgroups.

FISCAL IMPACT

Should the Board approve this Agreement, there is no additional impact to the FY 21 budget as Community Health Improvement (170203) has sufficient expenditure authority to support this request.

RECOMMENDATION

Approve the Agreement between Washoe County Health District (WCHD) and Social Entrepreneurs, Inc. (SEI) to establish an implementation process for the County's behavioral health crisis response system for a total amount of \$149,980.00 for the period June 1, 2021 through June 30, 2022.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve the Agreement between Washoe County Health District (WCHD) and Social Entrepreneurs, Inc. (SEI) to establish an implementation process for the County's behavioral health crisis response system for a total amount of \$149,980.00 for the period June 1, 2021 through June 30, 2022."

AGREEMENT FOR PROFESSIONAL SERVICES

THIS AGREEMENT is entered into between Washoe County, a political subdivision of the State of Nevada ("County") and Social Entrepreneurs, Inc., ("Service Provider"), collectively (the "Parties").

WITNESSETH:

WHEREAS, County desires to engage Service Provider to render certain services in support of the "FY21/22 WCHD CHIP Implementation for the "Nevada's Behavioral Health Crisis Care Response System" (the "Project"); and

WHEREAS, County requires certain professional services in connection with the Project, as described in Exhibit "A" Scope of Work (the "Services"); and

WHEREAS, Service Provider represents that it is duly qualified, ready, willing and able to provide the Services by virtue of its education, training and experience; and

NOW, THEREFORE, in consideration of the mutual promises contained herein, the Parties agree as follows:

ARTICLE 1 - EFFECTIVE DATE

The effective date of this Agreement shall be June 1, 2021.

SERVICE PROVIDER shall begin performance of services as provided herein upon notice to proceed and shall complete all Services identified in Exhibit A, Scope of Work in accordance with the Standard of Care as set forth in Article 5 herein no later June 30, 2022 unless this Agreement is terminated sooner in accordance with its terms.

ARTICLE 2 - SERVICES TO BE PERFORMED BY SERVICE PROVIDER

Service Provider agrees to perform and complete all Services identified in Exhibit A Scope of Work under this Agreement, and any amendment thereto in accordance with the Standard of Care as set forth in Article 5 herein. Service Provider shall be responsible for the quality, technical accuracy, completeness and coordination of all reports, information, specifications and other items and services furnished under this Agreement and any amendments hereto. County reserves the right to inspect, comment on, and request revision of, all Services identified in Exhibit A and any amendments thereto performed by Service Provider prior to acceptance, and Service Provider warrants that such Services shall be fit and sufficient for the purposes expressed in, or reasonably inferred from, this Agreement and any amendments hereto.

Failure to provide major deliverables, including, but not limited to, Services identified in Exhibit A, Scope of Work, shall constitute a material breach of this Agreement, unless waived in writing by the County.

ARTICLE 3 - COMPENSATION

3.1 Compensation for Services

For Services defined in Section 1 above, Service Provider's compensation shall be determined on a time and material basis, in accordance with the Fee Schedule described in Exhibit "A", which is attached hereto and incorporated by reference as part of the Agreement, and shall not exceed the sum of \$149,980.00. Service Provider shall satisfy its obligations hereunder

without additional cost or expense to County during the term of this Agreement other than the heretofore stated compensation and the fee schedule described in Exhibit A. The Fee Schedule may be renegotiated at the end of one (1) year upon request by either the County or the Service Provider. Renegotiated fees are subject to approval by County's Board of County Commissioners. The actual costs charged for the work by Service Provider in accordance with this provision shall be full compensation to Service Provider for all Services and duties required by the Scope of Work, including, but not limited to: costs of supplies, facilities and equipment; costs of labor and services of employees, Service Providers and sub-Service Providers engaged by Service Provider; travel expenses, telephone charges, typing, duplicating, costs of insurance, and all items of general overhead. Service Provider shall submit billings on a monthly basis.

3.2 Compensation for Additional Services

If County requests Service Provider to perform additional services, other than those required to be performed under Services identified in Exhibit A, Scope of Work, the cost of such additional services shall be determined prior to commencing additional work. All additional services and amount of payment must be authorized in writing by County prior to commencing any work for such services.

3.3 Methods and Times of Payment

Service Provider shall submit to County monthly progress invoices indicating the number of hours each employee provided services and other allowed direct expenses. Payment to Service Provider for work on the Project shall be made within thirty (30) days after receipt and approval of Service Provider's invoice, said approval not to be unreasonably withheld. Payment by County of invoices or requests for payment shall not constitute acceptance by County of work performed on the Project by Service Provider. No penalty shall be imposed upon the County for payment(s) received by Service Provider after thirty days.

3.4 Dispute of Work

County shall notify Service Provider in writing within thirty (30) days of receipt of the work, or portion of work, which is not approved. For work, or portions of the work, which are unapproved, the County and Service Provider shall develop a mutually acceptable method to resolve the dispute within thirty (30) days of receipt by the Service Provider of notice from the County. If the County and Service Provider cannot reasonably agree to remedy the dispute of unapproved work within the thirty-day period, the work shall be terminated or suspended per Article 12.

ARTICLE 4 - TIME SCHEDULE FOR COMPLETION

The Services identified in Exhibit A, Scope of Work on the Project shall be diligently performed and be completed no later than June 30, 2022. Service Provider shall be granted time extensions for items within the phases of the Project in writing by County if the time schedules cannot be met because of delays beyond Service Provider's reasonable control, including, but not limited to, County's failure to furnish information, or to approve or disapprove Service Provider's work promptly. Service Provider will provide to County a monthly report including a schedule identifying progress or work completed, problems or difficulties being encountered, work to be initiated during the following month and other useful information. This report will be submitted on the first day of each month and will be in a format suitable for submittal to other interested

agencies. Service Provider's failure to submit promptly the monthly progress report may cause delay in payment from the County.

ARTICLE 5 - STANDARD OF CARE

Service Provider shall exercise the same degree of care, skill, and diligence in the performance of the Services as is ordinarily provided under similar circumstances and Service Provider shall, at no cost to County, re-perform services which fail to satisfy the foregoing standard of care provided that Service Provider is notified in writing by County of the deficiency within six (6) months of performance of the deficient Services. Such re-performed Services may include, but not be limited to, correcting errors and omissions, or any other deficiencies in designs, drawings, specifications and reports. County reserves the right to inspect, comment on, and request revision of, all Services performed by Service Provider prior to acceptance, and Service Provider warrants that Services shall be fit and sufficient for the purposes expressed in and intended by this Agreement and any amendments thereto. Failure to provide Services or re-performed Services in accordance with the foregoing standard of care shall constitute a material breach of this Agreement unless waived by the County. Review and approvals by County do not relieve Service Provider of its responsibilities under this Article. Except as is otherwise provided for in this Article, the re-performance of Services is the Service Provider's entire responsibility and the County's exclusive remedy for Services rendered or to be rendered hereunder, and no additional warranties, guarantees or obligations are to be implied.

ARTICLE 6 - LIMITATIONS OF RESPONSIBILITY

ARTICLE 7 - OPINIONS OF COST AND SCHEDULE

Since Service Provider has no control over the cost of labor, materials, equipment or services furnished by others, including over any other Service Providers', subcontractors', or vendors' methods of determining prices, or over competitive bidding or market conditions, Service Provider's cost estimates shall be made on the basis of qualification and experience.

Since Service Provider has no control over the resources provided by others to meet contract schedules, Service Provider's forecast schedules for completion of Services shall be established based on generally acceptable schedules for and performance standards of similarly situated professionals qualified and experienced to perform the Services. Service Provider cannot and does not guarantee that proposals, bids or actual project costs will not vary from its cost estimates or that actual schedules will not vary from its forecast schedules.

ARTICLE 8 - INDEPENDENT CONTRACTOR

Service Provider undertakes performance of the Services as an independent contractor and shall be wholly responsible for the methods of performance. County shall have no right to supervise the methods used by Service Provider. County shall have the right to observe such performance. Service Provider shall work closely with County in performing Services under this Agreement.

ARTICLE 9 - PERMITS AND LICENSES

Service Provider shall procure the permits, certificates, and licenses necessary to allow Service Provider to perform the Services. Service Provider shall not be responsible for procuring permits, certificates, and licenses required for any construction unless such responsibilities are specifically assigned to Service Provider in Exhibit A, Scope of Services.

ARTICLE 10 - COUNTY'S RESPONSIBILITY

County shall provide any information authorized by law in its possession that is requested by Service Provider and is necessary to complete the Project. County shall assist Service Provider in obtaining access to public and private lands so Service Provider can perform the Services. County shall examine all studies, reports, sketches, estimates, specifications, drawings, proposals, and other documents presented by Service Provider and shall render decisions pertaining thereto within a reasonable time so as not to delay the work of Service Provider.

ARTICLE 11 - REUSE OF DOCUMENTS

All documents, including computer files, drawings, specifications, and computer software, prepared by Service Provider pursuant to this Agreement are instruments of service in respect to the Project. They are not intended or represented to be suitable for reuse by County or others on extensions of the Project or on any other project. Any reuse without written verification or adaptation by Service Provider for the specific purpose intended will be at County's sole risk and without liability or legal exposure to Service Provider; and County shall indemnify and hold harmless Service Provider against all claims, damages, losses, and expenses including attorneys' fees arising out of or resulting from such reuse. Any such verification or adaptation will entitle Service Provider to further compensation at rates to be agreed upon by County and Service Provider.

Copies of all documents, including reports, computer files, drawings, specifications, and computer software, prepared by Service Provider pursuant to this agreement will be provided to the County in electronic format accompanied by the appropriate documentation necessary to catalog them in the context of this project.

When transferring data in electronic media format, Service Provider makes no representation as to long term compatibility, usability, or readability of documents resulting from the use of software application packages, operating systems, or computer hardware differing from those used by Service Provider at the beginning of the Project.

Because the data stored in electronic media format can deteriorate or be modified inadvertently or otherwise without authorization of the data's creator, the party receiving electronic files agrees that it will perform acceptance tests or procedures within 60 days, after which the receiving party shall be deemed to have accepted the data thus transferred. Any errors detected within the 60-day acceptance period will be corrected by the party delivering the electronic files. Service Provider shall not be responsible to maintain documents stored in electronic media format after acceptance by County.

ARTICLE 12 - TERMINATION OR EXTENSION OF CONTRACT

Either Party may terminate this Agreement by written notice to the other Party if the other Party is in material breach or default of any provision of this Agreement and does not remedy such breach or default, or provide satisfactory evidence that such default will be

expeditiously remedied, within thirty (30) days after being given such notice. In the event of such termination, County shall pay Service Provider for all Services satisfactorily performed to the date of termination.

County, in its sole discretion, shall have the right to terminate this Agreement or suspend performance thereof for County's convenience upon written notice to Service Provider, and Service Provider shall terminate or suspend performance of services within thirty (30) days on a schedule acceptable to County. In the event of termination or suspension for County's convenience, County shall pay Service Provider for all Services performed in accordance with the terms of this Agreement.

In the event that the County's governing body fails to appropriate or budget funds for the purposes specified in this Agreement, or that the County's governing body has been required, in its sole judgment, to amend previous appropriations or budgeted amounts to eliminate or reduce funding for the purposes of this Agreement, this Agreement shall be terminated without penalty, charge, or sanction.

ARTICLE 13 - NONDISCLOSURE OF PROPRIETARY INFORMATION

Service Provider shall consider all information provided by County to be proprietary unless such information is available from public sources, was known to Service Provider prior to the execution of this Agreement, was received by Service Provider from a third-party source not under any obligation of confidentiality to the County, or is required by law or ordered to be disclosed in a regulatory or judicial proceeding. Service Provider shall not publish or disclose proprietary information for any purpose other than the performance of the Services without the prior written authorization of County or in response to legal process or as required by the regulations of public entities.

ARTICLE 14 - NOTICE

Any notice, demand, or request required by or made pursuant to this Agreement shall be deemed properly made if personally delivered in writing or deposited in the United States mail, postage prepaid, to the address specified below:

To County:

Rayona LaVoie, Health Educator
Washoe County Health District
1001 East 9th Street
Reno, NV 89512

To Service Provider:

Kelly Marschall, Project Lead
Social Entrepreneurs, Inc.
6548 S. McCarran Blvd. Ste. B.
Reno, NV 89509

Nothing contained in this Article shall be construed to restrict the transmission of routine communications between representatives of Service Provider and County.

ARTICLE 15 - UNCONTROLLABLE FORCES

Neither County nor Service Provider shall be considered to be in default of this Agreement if delays in or failure of performance shall be due to uncontrollable forces the effect of which, by the exercise of reasonable diligence, the non-performing party could not avoid and is not reasonably foreseeable at the time of entering into this Agreement. The term "uncontrollable forces" shall mean any event which results in the prevention or delay of performance by a party of its obligations under

this Agreement and which is beyond the control of the non-performing party. It includes, but is not limited to, fire, flood, earthquakes, storms, lightning, epidemic, war, riot, civil disturbance, sabotage, inability to procure permits, licenses, or authorizations from any state, local, or federal agency or person for any of the supplies, materials, accesses, or services required to be provided by either County or Service Provider under this Agreement, strikes, work slowdowns or other labor disturbances, and judicial restraint. Service Provider shall be paid for services performed prior to the delay plus related costs incurred attributable to the delay.

Neither Party shall, however, be excused from performance if nonperformance is due to uncontrollable forces which are removable or remediable nor which the non-performing Party could have, with reasonable dispatch removed or remedied. The provisions of this Article shall not be interpreted or construed to require Service Provider or County to prevent, settle, or otherwise avoid a strike, work slowdown, or other labor action. The non-performing Party shall upon being prevented or delayed from performance by an uncontrollable force, immediately give written notice to the other Party describing the circumstances and uncontrollable forces preventing continued performance of the obligations of this Agreement.

ARTICLE 16 - GOVERNING LAW-VENUE

Nevada law governs this Agreement and all adversarial proceedings arising out of this Agreement or arising out of planning or constructing the Project outlined in Article 2 – Services to be Performed by Service Provider. Venue for all adversarial proceedings arising out of this Agreement or arising out of planning or constructing the Project outlined in Article 2 – Services to be Performed by Service Provider shall be in state district court in Washoe County, Nevada.

ARTICLE 17 - MISCELLANEOUS

17.1 Nonwaiver

A waiver by either County or Service Provider of any breach of this Agreement shall not be binding upon the waiving Party unless such waiver is in writing. In the event of a written waiver, such a waiver shall not affect the waiving party's rights with respect to any other or further breach.

17.2 Severability

If any provision of this Agreement is held to be unenforceable, then that provision is to be construed either by modifying it to the minimum extent necessary to make it enforceable or disregarding it. If an unenforceable provision is modified or disregarded in accordance with this Article 17, the rest of the Agreement is to remain in effect as written, and the unenforceable provision is to remain as written in any circumstances other than those in which the provision is held to be unenforceable.

17.3 Attorney Fees

The prevailing party in any dispute arising out this Agreement or Service Provider's work described in Exhibit A – Scope of Work, is entitled to reasonable costs and attorneys' fees.

ARTICLE 18 - INTEGRATION AND MODIFICATION

This Agreement represents the entire and integrated agreement between the Parties and supersedes all prior negotiations, representations, or agreements, either written or oral. This Agreement may be amended only by a written instrument signed by each of the Parties. Unless

otherwise specified in writing, if there is any inconsistency between the terms of this Agreement and any other agreement between the Parties, the terms of this Agreement shall control.

In the event of any conflict between the documents that make up this Agreement, the documents will prevail in the following order: the Agreement for Professional Services Agreement, Insurance Exhibit "B" and then any other agreement / exhibits.

ARTICLE 19 - SUCCESSORS AND ASSIGNS

County and Service Provider each binds itself and its directors, officers, partners, successors, executors, administrators, assigns and legal representatives to the other party to this Agreement and to the partners, successors, executors, administrators, assigns, and legal representatives of such other party, in respect to all covenants, agreements, and obligations of this Agreement.

ARTICLE 20 - ASSIGNMENT

Neither County nor Service Provider shall assign, sublet, or transfer any rights under or interest in (including, but without limitation, monies that may become due or monies that are due) this Agreement without the written consent of the other, except to the extent that the effect of this limitation may be restricted by law. Unless specifically stated to the contrary in any written consent to an assignment, no assignment will release or discharge the assignor from any duty or responsibility under this Agreement. Nothing contained in this paragraph shall prevent Service Provider from employing such independent Service Providers, associates, and subcontractors, as he may deem appropriate to assist him in the performance of the Services hereunder.

ARTICLE 21 - THIRD PARTY RIGHTS

Nothing herein shall be construed to give any rights or benefits to anyone other than County and Service Provider.

ARTICLE 22 – INDEMNIFICATION AND INSURANCE

Washoe County has established specific indemnification and insurance requirements for agreements/contracts with Service Providers, engineers, and architects to help assure that reasonable insurance coverage is maintained. Indemnification and hold harmless clauses are intended to assure that Service Providers accept and are able to pay for the loss or liability related to their activities. Exhibit "B" Insurance Specifications is included by reference. All conditions and requirements identified in this exhibit shall be completed prior to the commencement of any work under this Agreement.

ARTICLE 23 – LIMITED LIABILITY

County will not waive and intends to assert available defenses and limitations contained in Chapter 41 of the Nevada Revised Statutes. Contract liability of both parties shall not be subject to punitive damages. Actual damages for the County's breach of this Agreement shall never exceed the amount of funds that have been appropriated for payment under this Agreement, but not yet paid, for the fiscal year budget in existence at the time of the breach.

ARTICLE 24 - ORGANIZATION'S CERTIFICATION

Service Provider, its principals and agents, to the best of its knowledge and belief:

- a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal or state department or agency;
- b) Have not within a three year period preceding this Agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in (ii) above;
- d) Have not within a three-year period preceding this Agreement had one or more public transactions (Federal, State, or local) terminated for cause or default; and
- e) Understand that a false statement on this certification may be grounds for rejection or termination of this Agreement. In addition, under 18 USC Sec. 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to 5 years, or both.

IN WITNESS WHEREOF, the parties have executed this Agreement.


WASHOE COUNTY:

Dated this ___ day of _____, 2021

SERVICE PROVIDER:

Dated this 4th day of May, 2021

By _____
 Mark Stewart
 Purchasing & Contracts Manager

By 
 Kelly Marschall, Project Lead
 Social Entrepreneurs, Inc.



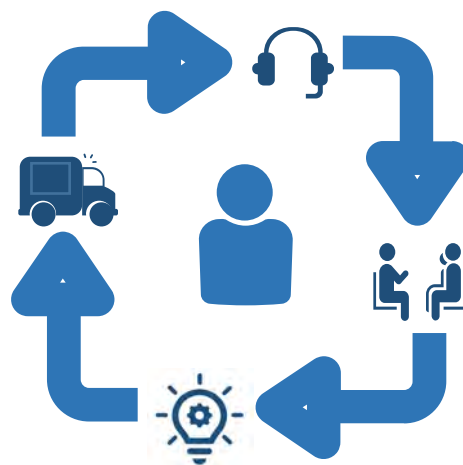
Introduction and Background

We at Social Entrepreneurs, Inc. (SEI), upon request from the Washoe County Health District (herein referred to as “Health District”), have developed the following scope of work to support the implementation of a behavioral health crisis response system in the Washoe County Region including the City of Reno, City of Sparks, and Washoe County.

In October 2019, the first statewide Behavioral Health Crisis Now Summit was held to engage Nevada stakeholders in learning about components of a Behavioral Health Crisis Care Response System. Following the Crisis Now Summit, key stakeholders from across the state, including representatives and agency administrators from the Washoe County Region, participated in site visit to Maricopa County, Arizona. This in-person immersion in January 2020 allowed participants to see the Behavioral Health Crisis Now Response Model in action, as well as the best practices used to implement an effective Behavioral Health Care Response System.

In February 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) released “National Guidelines for Behavioral Health Crisis Care—A Best Practice Toolkit,” which now serves as the guide for minimum and best practices in crisis care.¹ Stakeholders from across the state of Nevada participated in a virtual seven-week webinar series on Nevada’s Behavioral Health Crisis Care Response System. Each of the first six webinars in the series centered around a different topic related to behavioral health crisis response. This laid the foundation for a shared understanding of the core elements needed for a Behavioral Health Crisis Care Response System leading up to the seventh webinar, the Statewide Virtual Summit. Over the course of this series and the Statewide Virtual Summit, stakeholders learned about these practices and identified the assets and gaps in current crisis response services in Nevada.

Using the National Guidelines, participants learned about four key components that are required for a functional, coordinated, and comprehensive response to behavioral health crises. These four components include having a crisis call hub/center, mobile outreach teams, sub-acute crisis stabilization programs, and shared best practices to support individuals in crisis.



¹ Retrieved on February 25, 2021 at <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>



Each of these four best-practice components are defined on the following page.



Regional or Statewide Crisis Call Centers. These programs use technology for real-time coordination across a system of care and leverage “big data” for performance improvement and accountability across systems. At the same time, they provide high-touch support to individuals and families in crisis that adheres to National Suicide Prevention Lifeline (NSPL) standards.



Centrally Deployed Mobile Crisis on a 24/7 Basis. Mobile crisis offers outreach and support to locations where people are in crisis. Programs include contractually required response times and medical backup.



Residential Crisis Stabilization Programs. These programs offer short-term, “sub-acute” care for individuals who need support and observation, but not emergency department holds, or medical inpatient stay, at lower costs and without the overhead of hospital-based acute care.



Essential Crisis Care Principles and Practices. These principles include a recovery orientation, trauma-informed care, significant use of peer staff, a commitment to Zero Suicide/Suicide Safer Care, strong commitments to safety for consumers and staff, and collaboration with law enforcement.

Upon conclusion of the Statewide Virtual Summit, the assets and gaps of crisis response within Washoe County were identified using the minimum standards and best practice guidelines. Of the four components of behavioral health crisis response, stakeholders from Washoe County identified crisis stabilization centers as the biggest priority. While this was determined to be a high priority component for the region, there are many behavioral health crisis response assets under development that could be leveraged to support full implementation of an integrated Behavioral Health Crisis Care Response System in Washoe County. Additionally, areas where Washoe County did not meet the minimum standards related to a behavioral health crisis response system were also identified based on the National Guidelines, including elements of the crisis call line, the mobile outreach team, crisis stabilization facilities, and the principles and practices of the desired system.² This information will need to be updated to reflect the current reality of the system and its components when planning begins.

The National Suicide Hotline Designation Act, which was signed into law on October 17, 2020 instructed the FCC to designate 988 as the three-digit dialing code for the National Suicide Prevention Lifeline that provides suicide and crisis response nationally. In July 2022, 988 will become the national three-digit dialing code for the Lifeline, replacing the current phone number of 1-800-283-TALK (8255). The State of Nevada recently received a planning grant from Vibrant Emotional Health to plan for 988 implementation, which is a key component of the behavioral health crisis response system. This Statewide planning effort includes the introduction of legislation to establish a fee on mobile and Voice Over Internet Protocol (VOIP) lines to fund 988. The statewide implementation for 988 will begin in April 2021 and an Implementation Plan will be completed by August 2021. These efforts are complimentary to and can inform the implementation of the Behavioral Health Crisis Care Response System in Washoe County. SEI facilitated the first Behavioral Health Crisis Response Summit, the onsite immersion and virtual immersion, and conducted the mapping for Washoe County as part of the Statewide Virtual Summit. SEI is also the contractor responsible for development of the 988 Implementation Plan.

² Retrieved on February 25, 2021 from: <https://socialent.com/wp-content/uploads/Statewide-Assets-and-Gaps-Nevada-Final.pdf>



Given SEI's familiarity with and understanding of the National Guidelines, Washoe County's assets and gaps, and the 988 process, it is our privilege to submit this scope of work to support Washoe County's Behavioral Health Crisis Care Response System Implementation Plan.

Objectives

The project objectives include:

- I. Establish an implementation process for the county's behavioral health crisis response system is comprehensive and collaborative.
- II. Engage key stakeholders in the Washoe Region who hold leadership positions as well as system operators that provide or could provide behavioral health crisis support services in the Washoe Region to participate in planning for implementation.
- III. Establish and document a framework with shared mission, vision, decision-making guidelines and principles and practices of the system.
- IV. Develop a data brief to inform implementation planning by collecting data, analyzing and synthesizing findings of the current state of the Behavioral Health Crisis Response System in the Washoe Region.
- V. Conduct implementation planning for the Washoe Region to include the four components of an equitable and coordinated Behavioral Health Crisis Response System in adherence with national guidelines.
- VI. Define the resource and funding schema to create a comprehensive Implementation Plan for the Washoe Region.
- VII. Establish and document into an Implementation Plan clear roles, responsibilities, and agreements with stakeholders who will operate components of the Behavioral Health Crisis Response System in the Washoe Region.

As we understand it, the role SEI will play in supporting the project includes:

- Creating tools and templates to support the planning process.
- Convening a Core Team monthly to coordinate and guide planning efforts.
- Developing an outreach plan and conducting outreach and engagement with Key stakeholders including people with lived experience in the Washoe Region to ensure an inclusive, equitable, and comprehensive implementation planning process.
- Convening and supporting a Leadership Council, Technical Advisory Committee, and subcommittees.
- Developing all meeting materials, including agendas, meeting minutes, facilitating meetings, and documenting and disseminating all meeting results.
- Providing requested documentation to the Health District and ensure that the Washoe County Health District logo is visible on meeting materials and presentations.
- Collecting, synthesizing, and analyzing data of the existing system.
- Documenting the current state of crisis response in the Washoe Region into a data brief.
- Developing a resource and finance model for the Behavioral Health Crisis Response System.
- Developing and supporting establishment of Memoranda of Understanding (MOUs) between key stakeholders to ensure seamless implementation of a Behavioral Health Crisis Response System in the Washoe Region.



- Providing on-demand communication, outreach, and support for the various stakeholders engaged in this project.
- Ensuring equity is embedded in all planning activities.
- Identifying and communicating project risks and suggesting strategies to mitigate the risks.
- Providing project management and coordination for SEI's scope of work.

The following roles and responsibilities are needed from the Core Team to support the project:

- Support and conducting outreach and engagement with Key stakeholders in the Washoe Region to ensure an inclusive and comprehensive implementation planning process.
- Assisting in establishing the membership of the Leadership Council, Technical Advisory Committee (TAC), and Subcommittees and designate staff to participate on committees.
- Providing guidance and direction on the scope of work and revision needed as the project evolves, particularly related to meeting frequency of various groups.
- Helping publicize the project and calendar meetings.
- Reviewing meeting materials and deliverables and provide feedback on a regular basis.
- Assisting in identifying and securing data.
- Participating in establishment of MOUs between Key stakeholders.
- Communicating project risks to the SEI team and collaborate to identify strategies to mitigate the risks.

Deliverables

Project deliverables include the following:

- A comprehensive outreach and engagement plan for key stakeholders to support the project
- Data Brief
- Washoe Region Behavioral Health Crisis Response System Implementation Plan with goals, strategies, resources and funding, timing and lead entity identified for each component of the Crisis Response System
- MOUs with Key stakeholders identified as lead entities in the Implementation Plan

Other materials developed during the project will include meeting agendas, meeting minutes, PowerPoint presentations, meeting documentation templates, and project management meeting notes.

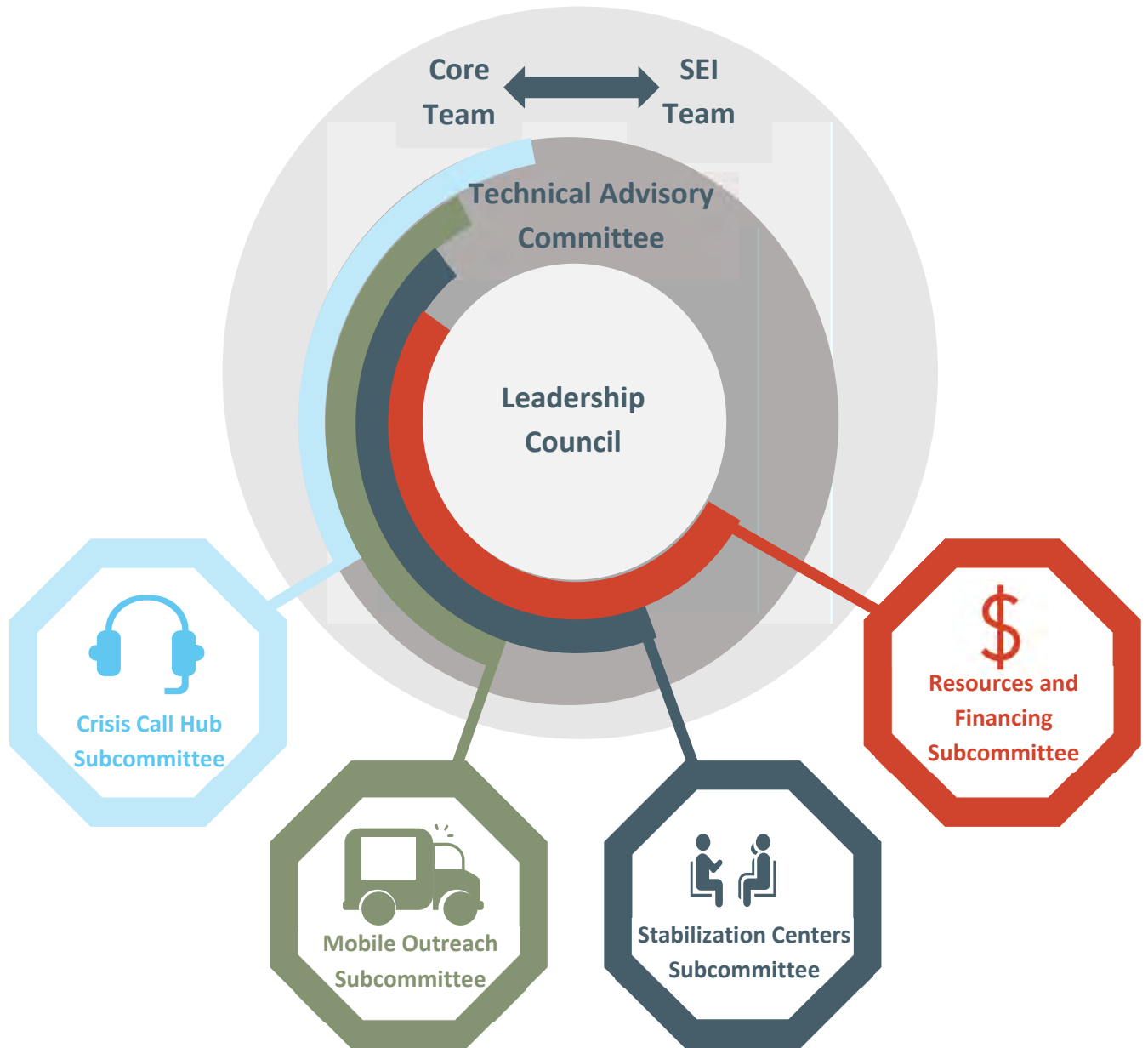
Scope and Approach

SEI proposes the following scope and approach to achieve the objectives and deliverables for the project.

It is important to note that the project approach relies on the participation of a variety of stakeholder groups include a Leadership Council, a Technical Advisory Committee, four subcommittees and a Core Team. A Core Team will work with the contractor to provide guidance throughout the project and assist in determining frequency of meetings. The Leadership Council will convene a group of decision makers from across the Washoe Region who can enact policy to support the Washoe Region Behavioral Health Crisis Response System Implementation Plan. A Technical Advisory Committee with working knowledge or subject matter expertise in various areas of the crisis response system will meet monthly to build out the Implementation Plan. Their work will be informed by subcommittees with content expertise in the



specific components of a comprehensive, integrated behavioral health crisis response system as well as a subcommittee to address the resource needs and funding schema for implementation. The relationships among these various stakeholder groups are depicted in the graphic on the following page.



These stakeholder groups are integral to supporting the work outlined in each of the following phases.



PHASE I | Project Planning & Organization

June 2021-August 2021

The purpose of this phase is to position the project for success. Key activities will include working with the Core Team of Dorothy Edwards, Rayona LaVoie, and Julia Ratti to identify all stakeholders who need to be engaged throughout the project and to review the project approach and planned activities of the project with the Core Team.

An internal meeting will also take place with the SEI team to review the workplan and roles and responsibilities during the project. Working with the Core Team, SEI will identify the stakeholders and strategies for outreach and conduct outreach to establish a Leadership Council and a Technical Advisory Committee, as well as engage subcommittee members. SEI will develop materials to support outreach, including an outreach plan and a one-page crisis response system overview that can be used during outreach activities. SEI will track all outreach activities. The first of four quarterly meetings with the Leadership Council will be conducted during this phase, as well as the first meeting with the Technical Advisory Committee.

Milestones and Primary Activities:

- Schedule and facilitate internal project kickoff meeting with SEI staff.
- Schedule and facilitate project kickoff meeting with the Core Team.
- Identify key stakeholders including people with lived experience to be engaged in the project and develop contact list.
- Identify an individual at the Health District to serve as the lead Public Information Officer (PIO) for the project.
- Develop Key Stakeholder Outreach Plan.
- Conduct one-on-one outreach to Key stakeholders.
- Develop meeting materials for internal kickoff meeting, client kickoff meeting, Leadership Council meeting, and Technical Advisory Committee.
- Establish a Leadership Council and conduct initial meeting to orient members to the crisis response framework, current behavioral health crisis support activities, project approach, and roles and responsibilities. Additionally, this meeting will be used to establish the mission, vision and draft decision-making protocols and review the research approach (developed as part of Phase II).
- Establish a Technical Advisory Committee and conduct initial meeting to orient members to the behavioral health crisis response framework, current behavioral health crisis support activities, project approach, and roles and responsibilities. Additionally, this meeting will be used to confirm the mission, vision, and decision-making protocols.

PHASE II | Data Collection & Analysis

July 2021 – September 2021

The purpose of this phase is to collect data that can help tell the story of the current behavioral health crisis response system in the Washoe Region. SEI will work with the Core Team, designees from the Leadership Council, and others to identify available data and collect it for a designated time frame such as the 2019 calendar year. This phase will include creating tools to track data and its source and compile it into a comprehensive brief. Key data points may include hospital admission rates for behavioral health, 911 calls that are crisis, behavioral health or suicide related, calls to the 1-800 crisis line, demographics of persons in crisis, as available, and other data as identified by Key stakeholders. SEI will synthesize and analyze the data and depict it into a Data Brief for presentation to the Technical Advisory Committee. An allowance for communication and follow up, including presenting the data to the Leadership Council, is included in this phase to ensure its success.



Milestones and Primary Activities:

- Develop Data Brief Research Approach document that identifies key areas of exploration, data indicators, and partners that could provide necessary data.
- Establish Data Brief template and mechanism to track data collected from partners.
- Outreach to partners and secure data necessary to population Data Brief.
- Synthesize, analyze, and validate data collected and documentation in Data Brief.
- Present Data Brief to the Technical Advisory Committee.

PHASE III | Implementation Planning

September 2021 – May 2022

The purpose of this phase is to convene meetings with the identified planning groups of the project. This includes three quarterly meetings with the Leadership Council, meetings with the Core Team and the Technical Advisory Committee, and individually scheduled meetings with subcommittees as determined by the Technical Advisory Committee or the Core Team.

Note: SEI has included an allowance for monthly meetings with the Core Team and seven meetings with the Technical Advisory Committee. Should it be deemed necessary by the Core Team, the Core Team can meet less frequently, and the Technical Advisory Committee can meet more frequently. The hours between the two are therefore interchangeable based on how the project progresses and what direction is provided by the Core Team. SEI will work with the Core Team to determine the timing and frequency of meetings for all groups involved in planning.

SEI will create tools and templates to document meeting results, communicate progress, and inform the Implementation Plan. Currently, four subcommittees are envisioned with members coming from the Technical Advisory Committee, designees from the Leadership Council, and the community, including representatives with lived experience who can address issues of equity in the behavioral health system's design. Technical Advisory Committee members will self-select the subcommittee(s) in which they will participate.

Meetings of the Crisis Call Hub/Center Subcommittee and the Mobile Outreach Subcommittee may be combined to facilitate the seamless transition of services for people in crisis.

Milestones and Primary Activities:

- Establish subcommittees focused on the following four areas:
 - Crisis Call Hub/Center
 - Mobile Outreach Support Teams
 - Crisis Stabilization Center
 - Resources and Financing
- Conduct three quarterly meetings with the Leadership Council.
- Conduct regular meetings with the Core Team.
- Conduct regular meetings with the Technical Advisory Committee.
- Conduct up to seven meetings with the Crisis Call Hub/Center Subcommittee which may include joint meetings with Mobile Outreach Subcommittee.
- Conduct up to seven meetings with the Mobile Outreach Subcommittee which may include joint meetings with the Crisis Call Hub/Center Subcommittee.
- Conduct up to seven meetings with the Crisis Stabilization Center Subcommittee.
- Conduct up to seven meetings with the Resources and Financing Subcommittee.



- Develop Implementation Plan documentation tools for each of the four subcommittees.
- Document Implementation Planning specific to the four subcommittees.
- Coordinate, facilitate, and document monthly Core Team meetings.
- Coordinate, facilitate, and document quarterly Leadership Council meetings.
- Coordinate, facilitate, and document bi-monthly Technical Advisory Committee meetings.
- Coordinate, facilitate, and document subcommittee meetings.

PHASE IV | Implementation Plan Documentation and Agreements

May 2022 – June 2022

The purpose of this phase is to document decisions made in the previous phases to inform the Behavioral Health Crisis Response Implementation Plan. As the Implementation Plan is drafted, Key stakeholders for components of the behavioral health system will be identified and asked to commit to serving as a lead or supporting role in implementing the plan. SEI will draft an MOU template and work with organizations and subcommittees to populate the agreements, resources, and roles in the MOU. The MOU agreements will include policies and practices that align with the National Guidelines for a Crisis Response System.

Milestones and Primary Activities:

- Develop comprehensive Implementation Plan to include the following components:
 - Mission
 - Vision
 - Decision-Making Protocol
 - Core Competencies from SAMHSA National Guidelines
 - Design of the Behavioral Health Crisis Response System
 - Infrastructure, Funding and Resources
 - Protocol for Ongoing Engagement and Evaluation of Efforts
- Develop MOU templates to be used by partners.
- Facilitate and execute necessary MOU documents between Key stakeholders.
- Synthesize documentation from the four subcommittee into the comprehensive Behavioral Health Crisis Response Implementation Plan.
- Develop presentation materials to present final Americans With Disabilities Act (ADA) accessible Implementation Plan in PDF form to the Leadership Council.

PHASE V | Project Management and Coordination

June 2021 – June 2022

The purpose of this phase is to ensure effective communication and coordination throughout the project. This includes ensuring communication of risks, project progress, and issues as they emerge. SEI will work closely with the Health District and all of the stakeholder groups participating in planning to ensure they have the information they need to make decisions and to identify goals and strategies for the Implementation Plan. SEI will manage all communication and coordinate with the designated Health District PIO to communicate to the public in a transparent manner to gain public trust for the Implementation Plan. An allowance for on-demand communication and support is included to ensure timely responses to inquiries and issues from planning participants or other stakeholders.

Ongoing Milestones and Primary Activities:

- Project communications between internal SEI resources.
- Project communications between SEI, Core Team, Leadership Council, Technical Advisory Committee, and subcommittees.
- Project communications between SEI and other external stakeholders to increase engagement.



- Coordination with the Health District PIO for public messaging, materials, and collateral.
- Listserv maintenance and scheduling for Core Team, Leadership Council, Technical Advisory Committee, and subcommittees.
- On-demand support for Core Team, Leadership Council, Technical Advisory Committee, and subcommittees.
- Create monthly invoices and perform administration of the work order with the Health District.

Budget and Fees

The estimated not to exceed amount for this project is \$149,980.00 consisting solely of professional fees with no allocation for expenses. Due to restrictions in in-person travel and efficiencies that can be gained by meeting virtually, the majority of meetings have been planned as virtual. However, if it is determined that meetings should take place in person, SEI will assume any travel costs within Washoe County as a pro bono contribution to the project.

Professional fees are based on the following rates: Kelly Marschall \$175/hour, Sheila Leslie \$85/hour, Larry Robertson \$125/hour, Emma Rodriguez \$115/hour, Marika Baren \$115/hour, Megan Jones \$75/hour, Kathrynanne (Katie) Powell \$75/hour, and Paul Pfothhauer, \$145/hour. Please see the attached detailed work plan for hours by resource. SEI reserves the right to utilize different resources at the time of the task for which the resource is assigned.

Kelly Marschall will serve as project lead, facilitate project management meetings, review all deliverables produced by SEI, and review and approve all invoices. Kelly will co-facilitate the Leadership Council meetings, facilitate the Technical Advisory Committee, and take the lead in preparing for and facilitating the Resources and Financing Subcommittee meetings that will occur in Phase III of the project. Kelly will meet regularly with the Core Team and be the point person for communication within SEI.

Sheila Leslie will be contracted as a Strategic Partner with SEI and will support initial outreach and engagement of Key stakeholders in Phase I of the project. Sheila will also support outreach to partners requesting data to inform the data brief in Phase II. Sheila will facilitate the Leadership Council meetings, co-facilitate Core Team meetings, and take the lead in preparing for and facilitating the Mobile Outreach Subcommittee meetings that will occur in Phase III of the project. Finally, Sheila will serve as the lead for convening partners and establishing the necessary MOUs in Phase IV of the project.

Larry Robertson will be contracted as a Strategic Partner with SEI and will prepare for, facilitate, and assist with documentation of the Technical Advisory Committee meetings to occur throughout the duration of the project.

Emma Rodriguez will support initial engagement of stakeholders in Phase I of the project. Emma will help prepare for, facilitate, and support documentation of the Mobile Outreach Subcommittee meetings that will occur in Phase III of the project. Emma will also take the lead in preparing for, facilitating, and documenting the Crisis Call Center/Hub Subcommittee meetings that will occur in Phase III of the project.

Marika Baren will take the lead in preparing for, facilitating, and documenting the Crisis Stabilization Centers Subcommittee meetings that will occur in Phase III of the project.

Katie Powell will manage the various contact lists for each group, support scheduling of meetings, and will take the lead in preparation for and documentation of Leadership Council and Technical Advisory



Committee meetings throughout the project. Katie will support data collection, analysis, and documentation in Phase II of the project. Katie will also support preparation for and documentation of the Resources and Financing Subcommittee and the Crisis Stabilization Centers in Phase III of the project. Finally, Katie will take the lead in drafting the Implementation Plan by compiling documentation from the subcommittees and the Technical Advisory Committee into the Implementation Plan in Phase IV of the project.

Megan Jones will support Katie with data collection, analysis, and documentation in Phase II and be the lead in development of the Data Brief and tools for the subcommittees. She will support Emma with preparation and documentation of the Crisis Call Center/Hub Subcommittee in Phase II. She will also support Sheila in developing the MOUs and conducting necessary outreach to stakeholders for development of the MOUs.

Paul Pfothenauer will develop monthly invoices and manage administration of the work order.

To learn more about SEI, our team and our clients, please visit www.socialent.com. Resumes or experience summaries for any SEI resource listed are available upon request.

Budget Quote

SEI will conduct this project as a not to exceed project. Professional fees total \$149,980 and there are no planned expenses. Therefore, the total not to exceed amount for the project is **\$149,980**. Professional fees are based on the detailed project workplan which can be found in the next section. All tasks are provided to outline our approach. The approach can be revised based on feedback from the Core Team.

	<u>SEI Hours</u>	<u>Professional Fees</u>	<u>Expenses</u>	<u>Total Cost</u>
Phase I: Project Planning and Organization	137	\$15,372.50	\$0.00	\$15,372.50
Phase II: Data Collection and Analysis	101.25	\$9,873.75	\$0.00	\$9,873.75
Phase III: Implementation Planning	606	\$63,415.00	\$0.00	\$63,415.00
Phase IV: Implementation Plan Documentation and Agreements	287.25	\$26,553.75	\$0.00	\$26,553.75
Phase V: Project Management and Communication	301	\$34,765.00	\$0.00	\$34,765.00
Totals	1,432.50	\$149,980.00	\$0.00	\$149,980.00

No expenses are estimated for this project. All meeting materials will be issued electronically and SEI will use its existing Zoom account for virtual meetings. If mileage is incurred for in person meetings, SEI will consider the mileage as a pro bono contribution to the project.

We would be honored to serve the Health District and the Washoe Region on this important project. Please do not hesitate to contact me kmarschall@socialent.com with any questions or to discuss this scope of work further.



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynanne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothauer
PHASE 1: PLANNING AND ORGANIZATION											
1	Review knowledge base, national best practice guidelines, and other materials to prepare for internal project kickoff meeting.	6/1/2021	6/6/2021	1	1	1	1	1	1	1	1
2	Schedule meeting and prepare materials for internal project kickoff meeting with SEI staff to review project approach, roles and responsibilities, and upcoming tasks.	6/1/2021	6/6/2021	1			2		1		
3	Conduct internal project kickoff meeting with SEI staff.	6/6/2021	6/8/2021	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5
4	Develop Doodle Poll and craft email to schedule project kickoff meeting with the Core Team.	6/8/2021	6/9/2021	0.25			1				
5	Develop Key Stakeholder Outreach Plan document template.	6/8/2021	6/19/2021	0.5	3					0.5	
6	Develop one to two-page Crisis Response System overview to support outreach to Key Stakeholders.	6/8/2021	6/19/2021	0.5				2		0.5	
7	Develop materials for project kickoff meeting with Core Team.	6/8/2021	6/19/2021	0.5			2				
8	GSR meeting materials for project kickoff meeting with Core Team and correct issues identified.	7/1/2021	7/6/2021	0.5			0.25				
9	Distribute materials to Core Team.	7/6/2021	7/14/2021				0.25				
10	Facilitate project kickoff meeting with Core Team.	7/21/2021	7/23/2021	3.25			3.25			3.25	
11	Develop and update contact list of key stakeholders.	7/23/2021	7/31/2021				1.25				



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothauer
12	Conduct outreach to the PIO identified during the Core Team meeting to ensure participation and clear understanding of the project.	7/21/2021	7/26/2021	0.5			0.25				
13	Populate and Finalize Outreach Plan and System Overview to support outreach to Key Stakeholders.	7/23/2021	7/24/2021	1	2		1			1	
14	GSR outreach materials and plan and correct issues identified.	7/24/2021	7/25/2021	1							
15	Allowance to conduct individual outreach to and follow up with Key Stakeholders, as described in the Outreach Plan.	7/25/2021	7/31/2021	5	5					15	
16	Develop Doodle Poll and craft email to schedule Meeting #1 of the Leadership Council. Includes time for one-on-one calls from Sheila Leslie or Kelly Marschall to ensure responses.	7/19/2021	7/23/2021	2				1		3	
17	Prepare materials for first meeting with Leadership Council.	7/19/2021	7/28/2021	1				2		1	
18	GSR meeting materials for meeting with Leadership Council and correct issues identified.	7/28/2021	8/2/2021	0.5				1.5			
19	Distribute meeting materials for meeting with Leadership Council.	7/29/2021	8/3/2021					1			



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynanne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothenauer
20	Facilitate meeting with Leadership Council to review project approach, orient to the crisis response framework, and establish mission, vision and draft decision-making protocols.	8/5/2021	8/9/2021	3.5				3.5	3.5		
21	Allowance to document the mission, vision and draft decision-making protocols and conduct any follow up resulting from the first meeting with Leadership Council.	8/10/2021	8/11/2021	1				2	2		
22	Develop Doodle Poll and craft email to schedule the second quarterly meeting of the Leadership Council.	8/11/2021	8/13/2021					0.75			
23	Prepare materials for first meeting with Technical Advisory Committee.	8/11/2021	8/13/2021	1			2		1		
24	GSR meeting materials for meeting with Technical Advisory Committee and correct issues identified.	8/13/2021	8/13/2021		1.25						
25	Distribute meeting materials for bi-monthly meeting with Technical Advisory Committee.	8/13/2021	8/13/2021				0.5				
26	Facilitate meeting #1 with Technical Advisory Committee to review project approach and crisis response framework, review mission and vision, and review Research Approach.	8/20/2021	8/27/2021	3.5			3.5			3.5	
27	Allowance to document decisions and conduct follow up activities resulting from Technical Advisory Committee meeting.	8/30/2021	8/31/2021	1			1			1	



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothauer
28	Allowance for communication or meetings on demand.	7/1/2021	8/31/2021	4						6	

Subtotal for phase - billable hours				34	13.75	2.5	20.75	16.25	10	37.25	2.5
Subtotal for phase - non-billable hours				0	0	0	0	0	0	0	0
Subtotal for phase - professional fees				\$5,950.00	\$1,581.25	\$287.50	\$1,556.25	\$1,218.75	\$1,250.00	\$3,166.25	\$362.50

PHASE 2: DATA COLLECTION AND ANALYSIS											
29	Develop draft Research Approach document based on best practice components, known data sources, and key indicators.	7/8/2021	7/12/2021				4	2			
30	GSR Research Approach document and correct issues identified.	7/12/2021	7/14/2021	1				1			
31	Create Data Brief template based on finalized Research Approach.	7/23/2021	7/27/2021				2	4			
32	Create internal system to track data collected from partners.	7/12/2021	7/14/2021					2			
33	Allowance for outreach to partners requesting data and follow up regarding questions pertaining to data collected .	7/21/2021	8/31/2021	3			2		3		
34	Synthesize data collected from partners to identify missing data indicators and conduct additional outreach to gather data.	8/1/2021	8/31/2021	2			3		2		
35	Analyze data collected from partners and develop tables, charts and graphics for inclusion in Data Brief and presentation to the Technical Advisory Committee.	8/15/2021	9/7/2021				6	12			
36	Populate Data Brief with necessary tables and charts.	8/15/2021	9/7/2021					4			
37	Allowance to validate data in Data Brief and resolve any data errors that arise from data validation process.	9/7/2021	9/8/2021				6				
38	GSR Data Brief and correct issues identified.	9/8/2021	9/10/2021	2				2			



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothenauer
39	Develop Doodle Poll and craft email to schedule Meeting #2 with Technical Advisory Committee to present Data Brief.	9/1/2021	9/3/2021				0.5				
40	Prepare meeting materials for Meeting #2 with Technical Advisory Committee.	9/1/2021	9/12/2021				1	2			
41	GSR Meeting materials for Meeting #2 with Technical Advisory Committee.	9/14/2021	9/15/2021	1							
42	Distribute meeting materials for Meeting #2 with Technical Advisory Committee.	9/15/2021	9/16/2021				0.25				
43	Facilitate Meeting #2 with Technical Advisory Committee to review Data Brief and subcommittee formation.	9/20/2021	9/24/2021	3.5			3.5		3.5		
44	Allowance to make revisions to Data Brief per feedback received from Technical Advisory Committee.	9/24/2021	10/1/2021					3			
45	Allowance to schedule, prepare materials, and facilitate meeting with Leadership Council to present Data Brief if requested.	9/10/2021	10/1/2021	3.5			5			3.5	
46	Allowance for communication and follow up throughout the phase.	7/1/2021	10/1/2021	2				4		2	

Subtotal for phase - billable hours	18	0	0	33.25	36	8.5	5.5	0
Subtotal for phase - non-billable hours	0	0	0	0	0	0	0	0
Subtotal for phase - professional fees	\$3,150.00	\$0.00	\$0.00	\$2,493.75	\$2,700.00	\$1,062.50	\$467.50	\$0.00

PHASE 3: IMPLEMENTATION PLANNING											
Quarterly Leadership Council Meetings											
47	Develop Doodle Poll and craft email to schedule second quarterly meeting with Leadership Council.	10/11/2021	10/12/2021					1			



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynanne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothauer
48	Prepare materials for second quarterly meeting with Leadership Council to review project activities to date.	11/1/2021	11/3/2021	1				2.5		1	
49	GSR meeting materials for second quarterly meeting with Leadership Council and correct issues identified.	11/3/2021	11/5/2021	0.5				0.25			
50	Distribute second quarterly meeting materials for meeting with Leadership Council.	11/8/2021	11/10/2021					0.25			
51	Facilitate second quarterly meeting with Leadership Council.	11/15/2021	11/19/2021	2				2		2	
52	Develop Doodle Poll and craft email to schedule third quarterly meeting with Leadership Council.	1/3/2022	1/7/2022					0.25			
53	Prepare materials for third quarterly meeting with Leadership Council to review documentation from subcommittees and MOU template.	1/17/2022	1/20/2022	1				2.5		1	
54	GSR meeting materials for third quarterly meeting with Leadership Council and correct issues identified.	1/21/2022	1/24/2022		1			0.5			
55	Distribute meeting materials for meeting with Leadership Council.	1/25/2022	1/28/2022					0.25			
56	Facilitate third quarterly meeting with Leadership Council.	2/1/2022	2/4/2022	2				2		2	
57	Develop Doodle Poll and craft email to schedule fourth quarterly meeting with Leadership Council.	6/1/2022	6/6/2022					0.25			
58	Prepare materials for fourth quarterly meeting with Leadership Council to review final implementation plan and executed MOUs.	6/7/2022	6/8/2022	1				2.5		1	
59	GSR meeting materials for fourth quarterly meeting with Leadership Council and correct issues identified.	6/9/2022	6/10/2022		1			0.5			
60	Distribute meeting materials for fourth quarterly meeting with Leadership Council.	6/15/2022	6/17/2022					0.25			



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothauer
61	Facilitate fourth quarterly meeting with Leadership Council to review final implementation plan.	6/15/2021	6/17/2021	2				2		2	
	Bi-Monthly Technical Advisory Committee Meetings										
62	Develop Doodle Poll and craft email to schedule monthly meetings with Technical Advisory Committee.	10/1/2021	10/4/2021				0.5				
63	Calendar meetings with Technical Advisory Committee.	10/11/2021	10/13/2021	0.5			1				
64	Prepare materials for meeting #3 with Technical Advisory Committee.	11/1/2021	11/8/2021	2			3.5		2		
65	GSR meeting materials for meeting with Technical Advisory Committee.	11/9/2021	11/10/2021	1							
66	Distribute meeting materials for meeting with Technical Advisory Committee.	11/11/2021	11/12/2021				0.25				
67	Facilitate meeting #3 with Technical Advisory Committee.	11/17/2021	11/19/2021	2			2		2		
68	Prepare materials for meeting #4 with Technical Advisory Committee.	1/3/2022	1/10/2022	2			3.5		2		
69	GSR meeting materials for meeting #4 with Technical Advisory Committee and correct issues identified.	1/11/2022	1/12/2022	1							
70	Distribute meeting materials for meeting #6 with Technical Advisory Committee.	1/13/2022	1/14/2022				0.25				



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynanne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothauer
71	Facilitate bi-monthly meeting #4 with Technical Advisory Committee.	1/19/2022	1/21/2022	2			2		2		
72	Prepare materials for meeting #5 with Technical Advisory Committee.	2/28/2022	3/7/2022	2			3.5		2		
73	GSR meeting materials for meeting #5 with Technical Advisory Committee and correct issues identified.	3/8/2022	3/9/2022	1							
74	Distribute meeting materials for meeting #5 with Technical Advisory Committee.	3/10/2022	3/11/2022				0.25				
75	Facilitate monthly meeting #5 with Technical Advisory Committee.	3/16/2022	3/18/2022	2			2		2		
76	Prepare materials for meeting #6 with Technical Advisory Committee.	5/2/2022	5/9/2022	2			3.5		2		
77	GSR meeting materials for meeting #6 with Technical Advisory Committee.	5/10/2022	5/11/2022	1							
78	Distribute meeting materials for meeting #6 with Technical Advisory Committee.	5/12/2022	5/13/2022				0.25				
79	Facilitate bi-monthly meeting #6 with Technical Advisory Committee.	5/18/2022	5/20/2022	2			2		2		
80	Prepare materials for meeting #7 with Technical Advisory Committee.	5/23/2022	5/24/2022	2			3.5		2		
81	GSR meeting materials for meeting #7 with Technical Advisory Committee.	5/25/2022	5/26/2022	1							
82	Distribute meeting materials for meeting #7 with Technical Advisory Committee.	5/27/2022	5/30/2022				0.25				



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothenauer
83	Facilitate bi-monthly meeting #7 with Technical Advisory Committee.	6/3/2022	6/8/2022	2			2		2		
	Subcommittee Meetings										
84	Conduct outreach to identified key stakeholders to participate in subcommittees: Crisis Call Hub/Center, Mobile Outreach, Crisis Stabilization Centers, and Resources and Financing.	9/1/2021	10/1/2021	4						6	
85	Develop and update contact lists for each subcommittee.	9/1/2021	10/1/2021				2				
86	Develop Doodle Poll and craft email to schedule first meeting with each subcommittee.	10/1/2021	10/5/2021		0.75	0.75	0.75	0.75			
87	Develop documentation templates for each subcommittee to inform the design of the Crisis Response System Implementation Plan.	10/1/2021	10/5/2021	2			8		2	2	
88	Develop and prepare materials for first meeting with each Subcommittee.	10/1/2021	10/5/2021		2.5	2.5	2.5	2.5			
89	GSR meeting materials for first meeting with each subcommittee and distribute to participants.	10/6/2021	10/7/2021	1	1	1				1	
90	Prepare for and facilitate first meeting with each subcommittee.	10/11/2021	10/15/2021	2	4	2	4	2		2	



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothauer
91	Allowance for documentation and follow up with each subcommittee following first meeting.	10/18/2021	10/22/2021	1	3	1	4	2		1	
92	Develop Doodle Poll and craft email to schedule second meeting with each subcommittee.	10/18/2021	10/22/2021		0.75	0.75	0.75	0.75			
93	Develop and prepare materials for second meeting with each subcommittee.	10/22/2021	10/25/2021		2.5	2.5	2.5	2.5			
94	GSR meeting materials for second meeting with each subcommittee and distribute to participants.	10/25/2021	10/29/2021	1	1	1				1	
95	Prepare for and facilitate second meeting with each subcommittee.	11/1/2021	11/5/2021	2	4	4	2	2		2	
96	Allowance for documentation and follow up with each subcommittee following second meeting.	11/8/2021	11/12/2021	1	3	1	4	2		1	
97	Develop Doodle Poll and craft email to schedule third meeting with each subcommittee.	11/8/2021	11/12/2021		0.75		1.5	0.75			
98	Develop and prepare materials for third meeting with each subcommittee.	11/8/2021	11/22/2021		2.5		5	2.5			
99	GSR meeting materials for third meeting with each subcommittee.	11/22/2021	11/23/2021	1	1	1				1	
100	Prepare for and facilitate third meeting with each subcommittee.	11/29/2021	12/3/2021	2	4	2	4	2		2	
101	Allowance for documentation and follow up with each Subcommittee following third meeting.	12/6/2021	12/10/2021	1	3	1	4	2		1	



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothenauer
102	Develop Doodle Poll and craft email to schedule fourth meeting with each subcommittee.	12/6/2021	12/10/2021		0.75	0.75	0.75	0.75			
103	Develop and prepare materials for fourth meeting with each subcommittee.	12/13/2021	12/27/2021		2.5	2.5	2.5	2.5			
104	GSR meeting materials for fourth meeting with each subcommittee.	12/27/2021	12/28/2021	1	1	1				1	
105	Prepare for and facilitate fourth meeting with each subcommittee.	1/3/2022	1/7/2022	2	4	2	4	2		2	
106	Allowance for documentation and follow up with each subcommittee following fourth meeting.	1/10/2022	1/14/2022	1	3	1	4	2		1	
107	Develop Doodle Poll and craft email to schedule fifth meeting with each subcommittee.	1/10/2022	1/14/2022		0.75	0.75	0.75	0.75			
108	Develop and prepare materials for fifth meeting with each subcommittee.	1/14/2022	1/24/2022		2.5	2.5	2.5	2.5			
109	GSR meeting materials for fifth meeting with each subcommittee.	1/24/2022	1/28/2022	1	1	1				1	
110	Prepare for and facilitate fifth meeting with each subcommittee.	1/31/2022	2/4/2022	2	4	2	4	2		2	
111	Allowance for documentation and follow up with each subcommittee following fifth meeting.	2/7/2022	2/11/2022	1	3	1	4	2		1	
112	Allowance to develop Doodle Polls and craft emails for up to two subsequent meetings with the Crisis Call Hub Subcommittee.	10/1/2021	4/1/2022					2			



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothauer
113	Allowance to develop and prepare meeting materials for up to two subsequent meetings with Crisis Call Hub/Center Subcommittee.	10/1/2021	4/1/2022		5			5			
114	Allowance to distribute meeting materials for up to two subsequent meetings with Crisis Call Hub/Center Subcommittee.	10/1/2021	4/1/2022					1			
115	Allowance to GSR meeting materials for up to two subsequent meetings with Crisis Call Hub/Center Subcommittee.	10/1/2021	4/1/2022		2						
116	Allowance to facilitate and document up to two subsequent meetings with Crisis Call Hub/Center Subcommittee.	10/1/2021	4/1/2022		2			6			
117	Allowance to develop Doodle Polls and craft emails for up to two subsequent meetings with the Mobile Outreach Support Team Subcommittee.	10/1/2021	4/1/2022		2						
118	Allowance to develop and prepare meeting materials for up to two subsequent meetings with the Mobile Outreach Support Team Subcommittee.	10/1/2021	4/1/2022		5					5	
119	Allowance to distribute meeting materials for up to two subsequent meetings with the Mobile Outreach Support Team Subcommittee.	10/1/2021	4/1/2022		2						
120	Allowance to GSR meeting materials for up to two subsequent meetings with the Mobile Outreach Support Team Subcommittee.	10/1/2021	4/1/2022							2	
121	Allowance to facilitate and document up to two subsequent meetings with the Mobile Outreach Support Team Subcommittee.	10/1/2021	4/1/2022		2					6	
122	Allowance to develop Doodle Polls and craft emails for up to two subsequent meetings with Crisis Stabilization Subcommittee.	10/1/2021	4/1/2022				2				
123	Allowance to develop and prepare meeting materials for up to two subsequent meetings with the Crisis Stabilization Subcommittee.	10/1/2021	4/1/2022			5	5				



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Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothauer
124	Allowance to distribute meeting materials for up to two subsequent meetings with the Crisis Stabilization Subcommittee.	10/1/2021	4/1/2022				2				
125	Allowance to GSR meeting materials for up to two subsequent meetings with the Crisis Stabilization Subcommittee.	10/1/2021	4/1/2022			2					
126	Allowance to facilitate and document up to two subsequent meetings with the Crisis Stabilization Subcommittee.	10/1/2021	4/1/2022			2	6				
127	Allowance to develop Doodle Polls and craft emails for up to two subsequent meetings with the Finance Subcommittee.	10/1/2021	4/1/2022				2				
128	Allowance to develop and prepare meeting materials for up to two subsequent meetings with the Finance Subcommittee.	10/1/2021	4/1/2022	5			5				
129	Allowance to distribute meeting materials for up to two subsequent meetings with the Finance Subcommittee.	10/1/2021	4/1/2022				2				
130	Allowance to GSR meeting materials for up to two subsequent meetings with the Finance Subcommittee.	10/1/2021	4/1/2022	2							
131	Allowance to facilitate and document up to two subsequent meetings with the Finance Subcommittee.	10/1/2021	4/1/2022	2			6				
132	Allowance to finalize Implementation Plan documentation for each subcommittee.	4/1/2022	4/15/2022	2	5	2	6	3		2	
133	Allowance to GSR Implementation Plan documentation and correct issues identified.	4/18/2022	4/22/2022	2	2	2				2	
134	Allowance to distribute Implementation Plan documentation to subcommittees.	4/25/2022	4/29/2022		0.5		1	0.5			
	Core Team Meetings										



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothenauer
135	Prepare materials for meeting #2 with Core Team.	8/2/2021	8/3/2021	1			2			1	
136	GSR meeting materials for meeting #2 with Core Team and correct issues identified.	8/3/2021	8/4/2021	0.5			1				
137	Distribute meeting materials for meeting #2 with Core Team.	8/4/2021	8/5/2021				0.25				
138	Facilitate meeting #2 with Core Team.	8/11/2021	8/13/2021	1.5			1.5			1.5	
139	Prepare materials for meeting #3 with Core Team.	9/2/2021	9/3/2021	1			2			1	
140	GSR meeting #3 materials for meeting with Core Team and correct issues identified.	9/6/2021	9/7/2021	0.5			1				
141	Distribute meeting #3 materials for meeting with Core Team.	9/7/2021	9/8/2021				0.25				
142	Facilitate meeting #3 with Core Team.	9/14/2021	9/16/2021	1.5			1.5			1.5	
143	Prepare materials for meeting #3 with Core Team.	10/1/2021	10/4/2021	1			2			1	
144	GSR meeting materials for meeting with Core Team.	10/4/2021	10/5/2021	0.5			1				
145	Distribute meeting materials for meeting with Core Team.	10/6/2021	10/7/2021				0.25				
146	Facilitate monthly meeting #3 with Core Team.	10/13/2021	10/15/2021	1.5			1.5			1.5	
147	Prepare materials for meeting #4 with Core Team.	10/27/2021	10/28/2021	1			2			1	
148	GSR meeting materials for meeting #4 with Core Team.	10/28/2021	10/29/2021	0.5			1				
149	Distribute meeting materials for meeting #5 with Core Team.	11/1/2021	11/2/2021				0.25				
150	Facilitate monthly meeting #6 with Core Team.	11/8/2021	11/12/2021	1.5			1.5			1.5	
151	Prepare materials for meeting #5 with Core Team.	11/29/2021	11/30/2021	1			2			1	
152	GSR meeting materials for meeting #5 with Core Team.	12/1/2021	12/2/2021	0.5			1				
153	Distribute meeting materials for meeting #5 with Core Team.	12/2/2021	12/3/2021				0.25				
154	Facilitate monthly meeting #5 with Core Team.	12/8/2021	12/9/2021	1.5			1.5			1.5	



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynanne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothenauer
155	Prepare materials for meeting #6 with Core Team.	1/3/2022	1/4/2022	1			2			1	
156	GSR meeting materials for meeting #6 with Core Team.	1/4/2022	1/5/2022	0.5			1				
157	Distribute meeting materials for meeting #7 with Core Team.	1/6/2022	1/7/2022				0.25				
158	Facilitate monthly meeting #7 with Core Team.	1/12/2022	1/14/2022	1.5			1.5			1.5	
159	Prepare materials for meeting #7 with Core Team.	1/31/2022	2/1/2022	1			2			1	
160	GSR meeting materials for meeting #7 with Core Team.	2/1/2022	2/2/2022	0.5			1				
161	Distribute meeting materials for meeting #7 with Core Team.	2/3/2022	2/4/2022				0.25				
162	Facilitate monthly meeting #7 with Core Team.	2/9/2022	2/11/2022	1.5			1.5			1.5	
163	Prepare materials for meeting #8 with Core Team.	2/28/2022	3/1/2022	1			2			1	
164	GSR meeting materials for meeting #8 with Core Team.	3/1/2022	3/2/2022	0.5			1				
165	Distribute meeting materials for meeting #8 with Core Team.	3/3/2022	3/4/2022				0.25				
166	Facilitate monthly meeting #8 with Core Team.	3/9/2022	3/11/2022	1.5			1.5			1.5	
167	Prepare materials for meeting #9 with Core Team.	3/28/2022	3/29/2022	1			2			1	
168	GSR meeting materials for meeting #9 with Core Team.	3/29/2022	3/30/2022	0.5			1				
169	Distribute meeting materials for meeting #9 with Core Team.	3/31/2022	4/1/2022				0.25				
170	Facilitate monthly meeting #9 with Core Team.	4/6/2022	4/8/2022	1.5			1.5			1.5	
171	Prepare materials for meeting #10 with Core Team.	5/2/2022	5/3/2022	1			2			1	
172	GSR meeting materials for meeting #10 with Core Team.	5/4/2022	5/5/2022	0.5			1				
173	Distribute meeting materials for meeting #9 with Core Team.	5/5/2022	5/6/2022				0.25				
174	Facilitate monthly meeting #10 with Core Team.	5/11/2022	5/13/2022	1.5			1.5			1.5	
175	Prepare materials for meeting #11 with Core Team.	5/30/2022	5/31/2022	1			2			1	
176	GSR meeting materials for meeting #11 with Core Team.	6/1/2022	6/2/2022	0.5			1				
177	Distribute meeting materials for meeting #11 with Core Team.	6/2/2022	6/3/2022				0.25				



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Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothauer
178	Facilitate monthly meeting #11 with Core Team.	6/8/2022	6/9/2022	1.5			1.5			1.5	
179	Allowance to reschedule Core Team meetings as necessary.	8/1/2021	6/30/2022				4				

Subtotal for phase - billable hours				107	85.75	48	191	70.75	22	81.5	0
Subtotal for phase - non-billable hours				0	0	0	0	0	0	0	0
Subtotal for phase - professional fees				\$18,725.00	\$9,861.25	\$5,520.00	\$14,325.00	\$5,306.25	\$2,750.00	\$6,927.50	\$0.00

PHASE 4: IMPLEMENTATION PLAN DOCUMENTATION AND AGREEMENTS											
Implementation Plan Development											
180	Develop Implementation Plan template document, ensuring it is designed with ADA accessibility.	3/15/2022	3/25/2022	3				8			
181	GSR Implementation Plan template and correct errors identified.	3/28/2022	3/30/2022	2				2			
182	Revise Implementation Plan template to reflect suggestions made by Core Team.	4/8/2022	4/13/2022				1	4			
183	Draft Implementation Plan sections including Introduction, Mission, Vision, Decision-Making Protocols and Core Competencies based on documentation from the first Leadership Council Meeting.	4/14/2022	4/15/2022				6				
184	Internal meeting to determine most efficient approach to synthesizing documentation from four subcommittees.	5/2/2022	5/4/2022	2	2	2	2	2		2	



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynanne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothauer
185	Synthesize documentation from four subcommittees into Implementation Plan sections Design, Funding and Resources, Infrastructure and Protocol for Ongoing Engagement.	5/4/2022	5/13/2022		8		24				
186	Draft remaining components of Implementation Plan.	5/10/2022	5/20/2022	6			24				
187	Allowance for SEI subcommittee facilitators to review relevant components of Implementation Plan and provide feedback.	5/20/2022	5/24/2022	4	4	4				4	
188	GSR Implementation Plan and correct issues identified.	5/25/2022	5/27/2022	8			8				
189	Revise Implementation Plan to reflect suggestions made by Technical Advisory Committee.	6/2/2022	6/3/2022	2			6		2		
190	Revise Implementation Plan to reflect suggestions made by Leadership Council.	6/17/2022	6/20/2022	2			6			2	
191	Format final Implementation Plan to ensure it is ADA accessible in PDF format.	6/21/2022	6/30/2022					20			
MOU Development											
192	Develop MOU template to be used by partners.	3/15/2022	3/25/2022					6		3	
193	GSR MOU template and correct issues identified.	3/28/2022	3/30/2022	1				2			
194	Distribute MOU template to Technical Advisory Committee for review and feedback.	3/31/2022	4/1/2022				0.25				
195	Revise MOU template based on feedback.	4/8/2022	4/13/2022					2			
196	Allowance to conduct outreach to key stakeholders who are identified in the course of implementation planning that will need MOUs for implementation.	3/15/2022	4/15/2022					6		12	



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynanne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothenauer
197	Allowance to conduct outreach to stakeholders identified in the course of implementation planning to draft MOUs.	4/15/2022	5/6/2022					20		10	
198	Allowance to support partners in drafting and executing MOUs using template.	4/15/2022	5/13/2022					8		8	
199	Allowance to review draft MOUs and correct issues identified.	5/16/2022	5/27/2022					6			
200	Allowance to communicate with stakeholders related to MOU development.	3/15/2022	6/30/2022					6		12	
201	Allowance for communication with Core Team and Technical Advisory Committee for guidance on issues related to MOUs.	3/15/2022	6/30/2022	5						8	

Subtotal for phase - billable hours				35	14	6	77.25	92	2	61	0
Subtotal for phase - non-billable hours				0	0	0	0	0	0	0	0
Subtotal for phase - professional fees				\$6,125.00	\$1,610.00	\$690.00	\$5,793.75	\$6,900.00	\$250.00	\$5,185.00	\$0.00

PHASE 5: PROJECT MANAGEMENT AND COMMUNICATION											
202	Project communications between SEI and Core Team members.	6/1/2021	6/30/2022	5			5			5	
203	Project communications between SEI and Leadership Council, Technical Advisory Committee, and subcommittees.	6/1/2021	6/30/2022	10	6	6				12	
204	Project communications between SEI and other external stakeholders to increase engagement.	6/1/2021	6/30/2022	6	4	4	4	4	4	6	
205	Monthly internal project management meetings with SEI team plan for upcoming tasks, address and mitigate risks, and share knowledge.	6/1/2021	6/30/2022	12	12	12	12	12	12	12	
206	Develop monthly invoices and complete administration of the work order with the Health District.	7/1/2021	6/30/2022								12



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynanne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothauer
207	Coordinate with the Health District PIO to support public messaging, materials, and collateral development.	7/1/2021	6/30/2022	4						6	
208	Listserv maintenance for Core Team, Leadership Council, Technical Advisory Committee, and subcommittees.	7/1/2021	6/30/2022					12			
209	Allowance to provide on-demand support to Core Team, Leadership Council, Technical Advisory Committee, and subcommittees.	6/1/2021	6/30/2022	6	6	6	6	6	6	6	
210	Internal project communications between SEI resources to clarify responsibilities, communicate and mitigate risks, and address other issues as they arise.	6/1/2021	6/30/2022	6	6	6	6	6	6	6	
211	Allowance to review interim deliverables and provide feedback and guidance.	6/1/2021	6/30/2022	18							

Subtotal for phase - billable hours	67	34	34	33	40	28	53	12
Subtotal for phase - non-billable hours	0	0	0	0	0	0	0	0
Subtotal for phase - professional fees	\$11,725.00	\$3,910.00	\$3,910.00	\$2,475.00	\$3,000.00	\$3,500.00	\$4,505.00	\$1,740.00

PROJECT TOTAL

	Total	By Resource								
Hours - billable	1432.5	261	147.5	90.5	355.25	255	70.5	238.25	14.5	
Hours - non-billable	0	0	0	0	0	0	0	0	0	
Professional fees	\$149,980.00	\$45,675.00	\$16,962.50	\$10,407.50	\$26,643.75	\$19,125.00	\$8,812.50	\$20,251.25	\$2,102.50	



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothenauer
10	Facilitate project kickoff meeting with Core Team.	7/21/2021	7/23/2021	3.25			3.25			3.25	
11	Develop and update contact list of key stakeholders.	7/23/2021	7/31/2021				1.25				
12	Conduct outreach to the PIO identified during the Core Team meeting to ensure participation and clear understanding of the project.	7/21/2021	7/26/2021	0.5			0.25				
13	Populate and Finalize Outreach Plan and System Overview to support outreach to Key Stakeholders.	7/23/2021	7/24/2021	1	2		1			1	
14	GSR outreach materials and plan and correct issues identified.	7/24/2021	7/25/2021	1							
15	Allowance to conduct individual outreach to and follow up with Key Stakeholders, as described in the Outreach Plan.	7/25/2021	7/31/2021	5	5					15	
16	Develop Doodle Poll and craft email to schedule Meeting #1 of the Leadership Council. Includes time for one-on-one calls from Sheila Leslie or Kelly Marschall to ensure responses.	7/19/2021	7/23/2021	2				1		3	



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothenauer
17	Prepare materials for first meeting with Leadership Council.	7/19/2021	7/28/2021	1				2		1	
19	Distribute meeting materials for meeting with Leadership Council.	7/29/2021	8/3/2021					1			
20	Facilitate meeting with Leadership Council to review project approach, orient to the behavioral health crisis response framework, and establish mission, vision and draft decision-making protocols.	8/5/2021	8/9/2021	3.5				3.5	3.5		
21	Allowance to document the mission, vision and draft decision-making protocols and conduct any follow up resulting from the first meeting with Leadership Council.	8/10/2021	8/11/2021	1				2	2		
22	Develop Doodle Poll and craft email to schedule the second quarterly meeting of the Leadership Council.	8/11/2021	8/13/2021					0.75			
23	Prepare materials for first meeting with Technical Advisory Committee.	8/11/2021	8/13/2021	1			2		1		
24	GSR meeting materials for meeting with Technical Advisory Committee and correct issues identified.	8/13/2021	8/13/2021		1.25						
25	Distribute meeting materials for bi-monthly meeting with Technical Advisory Committee.	8/13/2021	8/13/2021				0.5				



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynann e Powell	Megan Jones	Larry Robert son	Sheila Leslie	Paul Pfothenauer
27	Allowance to document decisions and conduct follow up activities resulting from Technical Advisory Committee meeting.	8/30/2021	8/31/2021	1			1			1	
28	Allowance for communication or meetings on demand.	7/1/2021	8/31/2021	4						6	

Subtotal for phase - billable hours				34	13.75	2.5	20.75	16.25	10	37.25	2.5
Subtotal for phase - non-billable hours				0	0	0	0	0	0	0	0
Subtotal for phase - professional fees				\$5,950.00	\$1,581.25	\$287.50	\$1,556.25	\$1,218.75	\$1,250.00	\$3,166.25	\$362.50

PHASE 2: DATA COLLECTION AND ANALYSIS											
29	Develop draft Research Approach document based on best practice components, known data sources, and key indicators.	7/8/2021	7/12/2021				4	2			
30	GSR Research Approach document and correct issues identified.	7/12/2021	7/14/2021	1				1			
31	Create Data Brief template based on finalized Research Approach.	7/23/2021	7/27/2021				2	4			
32	Create internal system to track data collected from partners.	7/12/2021	7/14/2021					2			
33	Allowance for outreach to partners requesting data and follow up regarding questions pertaining to data collected .	7/21/2021	8/31/2021	3			2		3		
34	Synthesize data collected from partners to identify missing data indicators and conduct additional outreach to gather data.	8/1/2021	8/31/2021	2			3		2		
35	Analyze data collected from partners and develop tables, charts and graphics for inclusion in Data Brief and presentation to the Technical Advisory Committee.	8/15/2021	9/7/2021				6	12			
36	Populate Data Brief with necessary tables and charts.	8/15/2021	9/7/2021					4			



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Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothenauer
38	GSR Data Brief and correct issues identified.	9/8/2021	9/10/2021	2				2			
39	Develop Doodle Poll and craft email to schedule Meeting #2 with Technical Advisory Committee to present Data Brief.	9/1/2021	9/3/2021				0.5				
40	Prepare meeting materials for Meeting #2 with Technical Advisory Committee.	9/1/2021	9/12/2021				1	2			
41	GSR Meeting materials for Meeting #2 with Technical Advisory Committee.	9/14/2021	9/15/2021	1							
42	Distribute meeting materials for Meeting #2 with Technical Advisory Committee.	9/15/2021	9/16/2021				0.25				
43	Facilitate Meeting #2 with Technical Advisory Committee to review Data Brief and subcommittee formation.	9/20/2021	9/24/2021	3.5			3.5		3.5		
44	Allowance to make revisions to Data Brief per feedback received from Technical Advisory Committee.	9/24/2021	10/1/2021					3			
45	Allowance to schedule, prepare materials, and facilitate meeting with Leadership Council to present Data Brief if requested.	9/10/2021	10/1/2021	3.5			5			3.5	
46	Allowance for communication and follow up throughout the phase.	7/1/2021	10/1/2021	2				4		2	

Subtotal for phase - billable hours	18	0	0	33.25	36	8.5	5.5	0
Subtotal for phase - non-billable hours	0	0	0	0	0	0	0	0
Subtotal for phase - professional fees	\$3,150	\$0.00	\$0.00	\$2,493.75	\$2,700.00	\$1,062.50	\$467.50	\$0.00



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathryn anne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothenauer
PHASE 3: IMPLEMENTATION PLANNING											
	Quarterly Leadership Council Meetings										
47	Develop Doodle Poll and craft email to schedule second quarterly meeting with Leadership Council.	10/11/2021	10/12/2021					1			
48	Prepare materials for second quarterly meeting with Leadership Council to review project activities to date.	11/1/2021	11/3/2021	1				2.5		1	
49	GSR meeting materials for second quarterly meeting with Leadership Council and correct issues identified.	11/3/2021	11/5/2021	0.5				0.25			
50	Distribute second quarterly meeting materials for meeting with Leadership Council.	11/8/2021	11/10/2021					0.25			
51	Facilitate second quarterly meeting with Leadership Council.	11/15/2021	11/19/2021	2				2		2	
52	Develop Doodle Poll and craft email to schedule third quarterly meeting with Leadership Council.	1/3/2022	1/7/2022					0.25			
53	Prepare materials for third quarterly meeting with Leadership Council to review documentation from subcommittees and MOU template.	1/17/2022	1/20/2022	1				2.5		1	
54	GSR meeting materials for third quarterly meeting with Leadership Council and correct issues identified.	1/21/2022	1/24/2022		1			0.5			
55	Distribute meeting materials for meeting with Leadership Council.	1/25/2022	1/28/2022					0.25			



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynanne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothenhauer
56	Facilitate third quarterly meeting with Leadership Council.	2/1/2022	2/4/2022	2				2		2	
57	Develop Doodle Poll and craft email to schedule fourth quarterly meeting with Leadership Council.	6/1/2022	6/6/2022					0.25			
58	Prepare materials for fourth quarterly meeting with Leadership Council to review final implementation plan and executed MOUs.	6/7/2022	6/8/2022	1				2.5		1	
59	GSR meeting materials for fourth quarterly meeting with Leadership Council and correct issues identified.	6/9/2022	6/10/2022		1			0.5			
60	Distribute meeting materials for fourth quarterly meeting with Leadership Council.	6/15/2022	6/17/2022					0.25			
61	Facilitate fourth quarterly meeting with Leadership Council to review final implementation plan.	6/15/2021	6/17/2021	2				2		2	
Technical Advisory Committee Meetings											
62	Develop Doodle Poll and craft email to schedule monthly meetings with Technical Advisory Committee.	10/1/2021	10/4/2021				0.5				
63	Calendar meetings with Technical Advisory Committee.	10/11/2021	10/13/2021	0.5			1				
64	Prepare materials for meeting #3 with Technical Advisory Committee.	11/1/2021	11/8/2021	2			3.5		2		



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothenauer
65	GSR meeting materials for meeting with Technical Advisory Committee.	11/9/2021	11/10/2021	1							
66	Distribute meeting materials for meeting with Technical Advisory Committee.	11/11/2021	11/12/2021				0.25				
67	Facilitate meeting #3 with Technical Advisory Committee.	11/17/2021	11/19/2021	2			2		2		
68	Prepare materials for meeting #4 with Technical Advisory Committee.	1/3/2022	1/10/2022	2			3.5		2		
69	GSR meeting materials for meeting #4 with Technical Advisory Committee and correct issues identified.	1/11/2022	1/12/2022	1							
70	Distribute meeting materials for meeting #4 with Technical Advisory Committee.	1/13/2022	1/14/2022				0.25				
71	Facilitate bi-monthly meeting #4 with Technical Advisory Committee.	1/19/2022	1/21/2022	2			2		2		
72	Prepare materials for meeting #5 with Technical Advisory Committee.	2/28/2022	3/7/2022	2			3.5		2		
73	GSR meeting materials for meeting #5 with Technical Advisory Committee and correct issues identified.	3/8/2022	3/9/2022	1							
74	Distribute meeting materials for meeting #5 with Technical Advisory Committee.	3/10/2022	3/11/2022				0.25				



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothenauer
75	Facilitate monthly meeting #5 with Technical Advisory Committee.	3/16/2022	3/18/2022	2			2		2		
76	Prepare materials for meeting #6 with Technical Advisory Committee.	5/2/2022	5/9/2022	2			3.5		2		
77	GSR meeting materials for meeting #6 with Technical Advisory Committee.	5/10/2022	5/11/2022	1							
78	Distribute meeting materials for meeting #6 with Technical Advisory Committee.	5/12/2022	5/13/2022				0.25				
79	Facilitate bi-monthly meeting #6 with Technical Advisory Committee.	5/18/2022	5/20/2022	2			2		2		
80	Prepare materials for meeting #7 with Technical Advisory Committee.	5/23/2022	5/24/2022	2			3.5		2		
81	GSR meeting materials for meeting #7 with Technical Advisory Committee.	5/25/2022	5/26/2022	1							
82	Distribute meeting materials for meeting #7 with Technical Advisory Committee.	5/27/2022	5/30/2022				0.25				
83	Facilitate bi-monthly meeting #7 with Technical Advisory Committee.	6/3/2022	6/8/2022	2			2		2		
	Subcommittee Meetings										
84	Conduct outreach to identified key stakeholders to participate in subcommittees: Crisis Call Hub/Center, Mobile Outreach, Crisis Stabilization Centers, and Resources and Financing.	9/1/2021	10/1/2021	4						6	



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Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothenauer
85	Develop and update contact lists for each subcommittee.	9/1/2021	10/1/2021				2				
86	Develop Doodle Poll and craft email to schedule first meeting with each subcommittee.	10/1/2021	10/5/2021		0.75	0.75	0.75	0.75			
87	Develop documentation templates for each subcommittee to inform the design of the Crisis Response System Implementation Plan.	10/1/2021	10/5/2021	2			8		2	2	
88	Develop and prepare materials for first meeting with each Subcommittee.	10/1/2021	10/5/2021		2.5	2.5	2.5	2.5			
89	GSR meeting materials for first meeting with each subcommittee and distribute to participants.	10/6/2021	10/7/2021	1	1	1				1	
90	Prepare for and facilitate first meeting with each subcommittee.	10/11/2021	10/15/2021	2	4	2	4	2		2	
91	Allowance for documentation and follow up with each subcommittee following first meeting.	10/18/2021	10/22/2021	1	3	1	4	2		1	
92	Develop Doodle Poll and craft email to schedule second meeting with each subcommittee.	10/18/2021	10/22/2021		0.75	0.75	0.75	0.75			



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothenauer
93	Develop and prepare materials for second meeting with each subcommittee.	10/22/2021	10/25/2021		2.5	2.5	2.5	2.5			
94	GSR meeting materials for second meeting with each subcommittee and distribute to participants.	10/25/2021	10/29/2021	1	1	1				1	
95	Prepare for and facilitate second meeting with each subcommittee.	11/1/2021	11/5/2021	2	4	4	2	2		2	
96	Allowance for documentation and follow up with each subcommittee following second meeting.	11/8/2021	11/12/2021	1	3	1	4	2		1	
97	Develop Doodle Poll and craft email to schedule third meeting with each subcommittee.	11/8/2021	11/12/2021		0.75		1.5	0.75			
98	Develop and prepare materials for third meeting with each subcommittee.	11/8/2021	11/22/2021		2.5		5	2.5			
99	GSR meeting materials for third meeting with each subcommittee.	11/22/2021	11/23/2021	1	1	1				1	
100	Prepare for and facilitate third meeting with each subcommittee.	11/29/2021	12/3/2021	2	4	2	4	2		2	
101	Allowance for documentation and follow up with each Subcommittee following third meeting.	12/6/2021	12/10/2021	1	3	1	4	2		1	
102	Develop Doodle Poll and craft email to schedule fourth meeting with each subcommittee.	12/6/2021	12/10/2021		0.75	0.75	0.75	0.75			



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothenauer
103	Develop and prepare materials for fourth meeting with each subcommittee.	12/13/2021	12/27/2021		2.5	2.5	2.5	2.5			
104	GSR meeting materials for fourth meeting with each subcommittee.	12/27/2021	12/28/2021	1	1	1				1	
105	Prepare for and facilitate fourth meeting with each subcommittee.	1/3/2022	1/7/2022	2	4	2	4	2		2	
106	Allowance for documentation and follow up with each subcommittee following fourth meeting.	1/10/2022	1/14/2022	1	3	1	4	2		1	
107	Develop Doodle Poll and craft email to schedule fifth meeting with each subcommittee.	1/10/2022	1/14/2022		0.75	0.75	0.75	0.75			
108	Develop and prepare materials for fifth meeting with each subcommittee.	1/14/2022	1/24/2022		2.5	2.5	2.5	2.5			
109	GSR meeting materials for fifth meeting with each subcommittee.	1/24/2022	1/28/2022	1	1	1				1	
110	Prepare for and facilitate fifth meeting with each subcommittee.	1/31/2022	2/4/2022	2	4	2	4	2		2	
111	Allowance for documentation and follow up with each subcommittee following fifth meeting.	2/7/2022	2/11/2022	1	3	1	4	2		1	
112	Allowance to develop Doodle Polls and craft emails for up to two subsequent meetings with the Crisis Call Hub Subcommittee.	10/1/2021	4/1/2022					2			



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothenauer
113	Allowance to develop and prepare meeting materials for up to two subsequent meetings with Crisis Call Hub/Center Subcommittee.	10/1/2021	4/1/2022		5			5			
114	Allowance to distribute meeting materials for up to two subsequent meetings with Crisis Call Hub/Center Subcommittee.	10/1/2021	4/1/2022					1			
115	Allowance to GSR meeting materials for up to two subsequent meetings with Crisis Call Hub/Center Subcommittee.	10/1/2021	4/1/2022		2						
116	Allowance to facilitate and document up to two subsequent meetings with Crisis Call Hub/Center Subcommittee.	10/1/2021	4/1/2022		2			6			
117	Allowance to develop Doodle Polls and craft emails for up to two subsequent meetings with the Mobile Outreach Support Team Subcommittee.	10/1/2021	4/1/2022		2						
118	Allowance to develop and prepare meeting materials for up to two subsequent meetings with the Mobile Outreach Support Team Subcommittee.	10/1/2021	4/1/2022		5					5	
119	Allowance to distribute meeting materials for up to two subsequent meetings with the Mobile Outreach Support Team Subcommittee.	10/1/2021	4/1/2022		2						
120	Allowance to GSR meeting materials for up to two subsequent meetings with the Mobile Outreach Support Team Subcommittee.	10/1/2021	4/1/2022							2	
121	Allowance to facilitate and document up to two subsequent meetings with the Mobile Outreach Support Team Subcommittee.	10/1/2021	4/1/2022		2					6	
122	Allowance to develop Doodle Polls and craft emails for up to two subsequent meetings with Crisis Stabilization Subcommittee.	10/1/2021	4/1/2022				2				



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynanne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothenauer
123	Allowance to develop and prepare meeting materials for up to two subsequent meetings with the Crisis Stabilization Subcommittee.	10/1/2021	4/1/2022			5	5				
124	Allowance to distribute meeting materials for up to two subsequent meetings with the Crisis Stabilization Subcommittee.	10/1/2021	4/1/2022				2				
125	Allowance to GSR meeting materials for up to two subsequent meetings with the Crisis Stabilization Subcommittee.	10/1/2021	4/1/2022			2					
126	Allowance to facilitate and document up to two subsequent meetings with the Crisis Stabilization Subcommittee.	10/1/2021	4/1/2022			2	6				
127	Allowance to develop Doodle Polls and craft emails for up to two subsequent meetings with the Finance Subcommittee.	10/1/2021	4/1/2022				2				
128	Allowance to develop and prepare meeting materials for up to two subsequent meetings with the Finance Subcommittee.	10/1/2021	4/1/2022	5			5				
129	Allowance to distribute meeting materials for up to two subsequent meetings with the Finance Subcommittee.	10/1/2021	4/1/2022				2				
130	Allowance to GSR meeting materials for up to two subsequent meetings with the Finance Subcommittee.	10/1/2021	4/1/2022	2							
131	Allowance to facilitate and document up to two subsequent meetings with the Finance Subcommittee.	10/1/2021	4/1/2022	2			6				
132	Allowance to finalize Implementation Plan documentation for each subcommittee.	4/1/2022	4/15/2022	2	5	2	6	3		2	
133	Allowance to GSR Implementation Plan documentation and correct issues identified.	4/18/2022	4/22/2022	2	2	2				2	



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothenauer
134	Allowance to distribute Implementation Plan documentation to subcommittees.	4/25/2022	4/29/2022		0.5		1	0.5			
	Core Team Meetings										
135	Prepare materials for meeting #2 with Core Team.	8/2/2021	8/3/2021	1			2			1	
136	GSR meeting materials for meeting #2 with Core Team and correct issues identified.	8/3/2021	8/4/2021	0.5			1				
137	Distribute meeting materials for meeting #2 with Core Team.	8/4/2021	8/5/2021				0.25				
138	Facilitate meeting #2 with Core Team.	8/11/2021	8/13/2021	1.5			1.5			1.5	
139	Prepare materials for meeting #3 with Core Team.	9/2/2021	9/3/2021	1			2			1	
140	GSR meeting #3 materials for meeting with Core Team and correct issues identified.	9/6/2021	9/7/2021	0.5			1				
141	Distribute meeting #3 materials for meeting with Core Team.	9/7/2021	9/8/2021				0.25				
142	Facilitate meeting #3 with Core Team.	9/14/2021	9/16/2021	1.5			1.5			1.5	
143	Prepare materials for meeting #3 with Core Team.	10/1/2021	10/4/2021	1			2			1	
144	GSR meeting materials for meeting with Core Team.	10/4/2021	10/5/2021	0.5			1				
145	Distribute meeting materials for meeting with Core Team.	10/6/2021	10/7/2021				0.25				
146	Facilitate monthly meeting #3 with Core Team.	10/13/2021	10/15/2021	1.5			1.5			1.5	



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Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynne Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothenauer
147	Prepare materials for meeting #4 with Core Team.	10/27/2021	10/28/2021	1			2			1	
148	GSR meeting materials for meeting #4 with Core Team.	10/28/2021	10/29/2021	0.5			1				
149	Distribute meeting materials for meeting #5 with Core Team.	11/1/2021	11/2/2021				0.25				
150	Facilitate monthly meeting #6 with Core Team.	11/8/2021	11/12/2021	1.5			1.5			1.5	
151	Prepare materials for meeting #5 with Core Team.	11/29/2021	11/30/2021	1			2			1	
152	GSR meeting materials for meeting #5 with Core Team.	12/1/2021	12/2/2021	0.5			1				
153	Distribute meeting materials for meeting #5 with Core Team.	12/2/2021	12/3/2021				0.25				
154	Facilitate monthly meeting #5 with Core Team.	12/8/2021	12/9/2021	1.5			1.5			1.5	
155	Prepare materials for meeting #6 with Core Team.	1/3/2022	1/4/2022	1			2			1	
156	GSR meeting materials for meeting #6 with Core Team.	1/4/2022	1/5/2022	0.5			1				
157	Distribute meeting materials for meeting #7 with Core Team.	1/6/2022	1/7/2022				0.25				
158	Facilitate monthly meeting #7 with Core Team.	1/12/2022	1/14/2022	1.5			1.5			1.5	
159	Prepare materials for meeting #7 with Core Team.	1/31/2022	2/1/2022	1			2			1	
160	GSR meeting materials for meeting #7 with Core Team.	2/1/2022	2/2/2022	0.5			1				
161	Distribute meeting materials for meeting #7 with Core Team.	2/3/2022	2/4/2022				0.25				
162	Facilitate monthly meeting #7 with Core Team.	2/9/2022	2/11/2022	1.5			1.5			1.5	
163	Prepare materials for meeting #8 with Core Team.	2/28/2022	3/1/2022	1			2			1	



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynann e Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothenhaue r
164	GSR meeting materials for meeting #8 with Core Team.	3/1/2022	3/2/2022	0.5			1				
165	Distribute meeting materials for meeting #8 with Core Team.	3/3/2022	3/4/2022				0.25				
166	Facilitate monthly meeting #8 with Core Team.	3/9/2022	3/11/2022	1.5			1.5			1.5	
167	Prepare materials for meeting #9 with Core Team.	3/28/2022	3/29/2022	1			2			1	
168	GSR meeting materials for meeting #9 with Core Team.	3/29/2022	3/30/2022	0.5			1				
169	Distribute meeting materials for meeting #9 with Core Team.	3/31/2022	4/1/2022				0.25				
170	Facilitate monthly meeting #9 with Core Team.	4/6/2022	4/8/2022	1.5			1.5			1.5	
171	Prepare materials for meeting #10 with Core Team.	5/2/2022	5/3/2022	1			2			1	
172	GSR meeting materials for meeting #10 with Core Team.	5/4/2022	5/5/2022	0.5			1				
173	Distribute meeting materials for meeting #9 with Core Team.	5/5/2022	5/6/2022				0.25				
174	Facilitate monthly meeting #10 with Core Team.	5/11/2022	5/13/2022	1.5			1.5			1.5	
175	Prepare materials for meeting #11 with Core Team.	5/30/2022	5/31/2022	1			2			1	
176	GSR meeting materials for meeting #11 with Core Team.	6/1/2022	6/2/2022	0.5			1				
177	Distribute meeting materials for meeting #11 with Core Team.	6/2/2022	6/3/2022				0.25				
178	Facilitate monthly meeting #11 with Core Team.	6/8/2022	6/9/2022	1.5			1.5			1.5	



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynann e Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothenauer
179	Allowance to reschedule Core Team meetings as necessary.	8/1/2021	6/30/2022				4				

Subtotal for phase - billable hours				107	85.75	48	191	70.75	22	81.5	0
Subtotal for phase - non-billable hours				0	0	0	0	0	0	0	0
Subtotal for phase - professional fees				\$18,725	\$9,861.25	\$5,520.00	\$14,325.00	\$5,306.25	\$2,750.00	\$6,927.50	\$0.00

PHASE 4: IMPLEMENTATION PLAN DOCUMENTATION AND AGREEMENTS											
Implementation Plan Development											
180	Develop Implementation Plan template document, ensuring it is designed with ADA accessibility.	3/15/2022	3/25/2022	3				8			
181	GSR Implementation Plan template and correct errors identified.	3/28/2022	3/30/2022	2				2			
182	Revise Implementation Plan template to reflect suggestions made by Core Team.	4/8/2022	4/13/2022				1	4			
183	Draft Implementation Plan sections including Introduction, Mission, Vision, Decision-Making Protocols and Core Competencies based on documentation from the first Leadership Council Meeting.	4/14/2022	4/15/2022				6				
184	Internal meeting to determine most efficient approach to synthesizing documentation from four subcommittees.	5/2/2022	5/4/2022	2	2	2	2	2		2	



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynann e Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothenauer
185	Synthesize documentation from four subcommittees into Implementation Plan sections Design, Funding and Resources, Infrastructure and Protocol for Ongoing Engagement.	5/4/2022	5/13/2022		8		24				
186	Draft remaining components of Implementation Plan.	5/10/2022	5/20/2022	6			24				
187	Allowance for SEI subcommittee facilitators to review relevant components of Implementation Plan and provide feedback.	5/20/2022	5/24/2022	4	4	4				4	
188	GSR Implementation Plan and correct issues identified.	5/25/2022	5/27/2022	8			8				
189	Revise Implementation Plan to reflect suggestions made by Technical Advisory Committee.	6/2/2022	6/3/2022	2			6		2		
190	Revise Implementation Plan to reflect suggestions made by Leadership Council.	6/17/2022	6/20/2022	2			6			2	
191	Format final Implementation Plan to ensure it is ADA accessible in PDF format.	6/21/2022	6/30/2022					20			
	MOU Development										
192	Develop MOU template to be used by partners.	3/15/2022	3/25/2022					6		3	
193	GSR MOU template and correct issues identified.	3/28/2022	3/30/2022	1				2			
194	Distribute MOU template to Technical Advisory Committee for review and feedback.	3/31/2022	4/1/2022				0.25				
195	Revise MOU template based on feedback.	4/8/2022	4/13/2022					2			



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynann e Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothenauer
196	Allowance to conduct outreach to key stakeholders who are identified in the course of implementation planning that will need MOUs for implementation.	3/15/2022	4/15/2022					6		12	
197	Allowance to conduct outreach to stakeholders identified in the course of implementation planning to draft MOUs.	4/15/2022	5/6/2022					20		10	
198	Allowance to support partners in drafting and executing MOUs using template.	4/15/2022	5/13/2022					8		8	
199	Allowance to review draft MOUs and correct issues identified.	5/16/2022	5/27/2022					6			
200	Allowance to communicate with stakeholders related to MOU development.	3/15/2022	6/30/2022					6		12	
201	Allowance for communication with Core Team and Technical Advisory Committee for guidance on issues related to MOUs.	3/15/2022	6/30/2022	5						8	

Subtotal for phase - billable hours				35	14	6	77.25	92	2	61	0
Subtotal for phase - non-billable hours				0	0	0	0	0	0	0	0
Subtotal for phase - professional fees				\$6,125.00	\$1,610.00	\$690.00	\$5,793.75	\$6,900.00	\$250.00	\$5,185.00	\$0.00

PHASE 5: PROJECT MANAGEMENT AND COMMUNICATION											
202	Project communications between SEI and Core Team members.	6/1/2021	6/30/2022	5			5			5	
203	Project communications between SEI and Leadership Council, Technical Advisory Committee, and subcommittees.	6/1/2021	6/30/2022	10	6	6				12	
204	Project communications between SEI and other external stakeholders to increase engagement.	6/1/2021	6/30/2022	6	4	4	4	4	4	6	



Task #	Task	Start Date	End Date	Kelly Marschall	Emma Rodriguez	Marika Baren	Kathrynann e Powell	Megan Jones	Larry Robertson	Sheila Leslie	Paul Pfothenauer
205	Monthly internal project management meetings with SEI team plan for upcoming tasks, address and mitigate risks, and share knowledge.	6/1/2021	6/30/2022	12	12	12	12	12	12	12	
206	Develop monthly invoices and complete administration of the work order with the Health District.	7/1/2021	6/30/2022								12
207	Coordinate with the Health District PIO to support public messaging, materials, and collateral development.	7/1/2021	6/30/2022	4						6	
208	Listserv maintenance for Core Team, Leadership Council, Technical Advisory Committee, and subcommittees.	7/1/2021	6/30/2022					12			
209	Allowance to provide on-demand support to Core Team, Leadership Council, Technical Advisory Committee, and subcommittees.	6/1/2021	6/30/2022	6	6	6	6	6	6	6	
210	Internal project communications between SEI resources to clarify responsibilities, communicate and mitigate risks, and address other issues as they arise.	6/1/2021	6/30/2022	6	6	6	6	6	6	6	
211	Allowance to review interim deliverables and provide feedback and guidance.	6/1/2021	6/30/2022	18							

Subtotal for phase - billable hours				67	34	34	33	40	28	53	12
Subtotal for phase - non-billable hours				0	0	0	0	0	0	0	0
Subtotal for phase - professional fees				\$11,725	\$3,910.00	\$3,910.00	\$2,475.00	\$3,000.00	\$3,500.00	\$4,505.00	\$1,740.00

PROJECT TOTAL

	Total	By Resource									
Hours - billable	1432.5	261	147.5	90.5	355.25	255	70.5	238.25	14.5		
Hours - non-billable	0	0	0	0	0	0	0	0	0	0	0
Professional fees	\$149,980.00	\$45,675	\$16,962.50	\$10,407.50	\$26,643.75	\$19,125.00	\$8,812.50	\$20,251.25	\$2,102.50		

Exhibit B

INSURANCE, HOLD HARMLESS AND INDEMNIFICATION REQUIREMENTS FOR PROFESSIONAL SERVICE AGREEMENTS FY21/22 WCHD CHIP IMPLEMENTATION FOR THE NEVADA'S BEHAVIORAL HEALTH CRISIS CARE RESPONSE SYSTEM

INDEMNIFICATION

CONTRACTOR Liability

As respects acts, errors or omissions in the performance of CONTRACTOR services, CONTRACTOR agrees to indemnify and hold harmless COUNTY, its officers, agents, employees, and volunteers from and against any and all claims, demands, defense costs, or liability to the extent caused by CONTRACTOR'S negligent acts, errors or omissions in the performance of its CONTRACTOR services under the terms of this agreement.

CONTRACTOR further agrees to defend COUNTY and assume all costs, expenses and liabilities of any nature to which COUNTY may be subjected as a result of any claim, demand, action or cause of action arising out of the negligent acts, errors or omissions of CONTRACTOR or its Sub-contractor in the performance of their CONTRACTOR services under the Agreement.

General Liability

As respects all acts or omissions which do not arise directly out of the performance of CONTRACTOR services, including but not limited to those acts or omissions normally covered by general and automobile liability insurance, CONTRACTOR agrees to indemnify, defend (at COUNTY'S option), and hold harmless COUNTY, its officers, agents, employees, and volunteers from and against any and all claims, demands, defense costs, or liability arising out of any acts or omissions of CONTRACTOR (or Sub-contractor, if any) while acting under the terms of this agreement; excepting those which arise out of the negligence of COUNTY.

In determining the nature of the claim against COUNTY, the incident underlying the claim shall determine the nature of the claim, notwithstanding the form of the allegations against COUNTY.

GENERAL REQUIREMENTS

COUNTY requires that CONTRACTOR purchase Industrial Insurance (Workers' Compensation), General and Auto Liability, and Professional Errors and Omissions Liability Insurance as described below against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work here under by CONTRACTOR, its agents, representatives, employees or Sub-contractors. The cost of all such insurance shall be borne by CONTRACTOR.

INDUSTRIAL INSURANCE

It is understood and agreed that there shall be no Industrial Insurance coverage provided for CONTRACTOR or any Sub-contractor by COUNTY. CONTRACTOR agrees, as a precondition to the performance of any work under this Agreement and as a precondition to any obligation of the COUNTY to make any payment under this Agreement to provide COUNTY with a certificate issued by an insurer in accordance with NRS 616B.627 and NRS 617.210.

If CONTRACTOR or Sub-contractor is a sole proprietor, coverage for the sole proprietor must be purchased and evidence of coverage must appear on the Certificate of Insurance. Such requirement may be waived for a sole proprietor who does not use the services of any employees, subcontractors, or independent contractors and completes an Affirmation of Compliance pursuant to NRS 616B627.

Should CONTRACTOR be self-funded for Industrial insurance, CONTRACTOR shall so notify COUNTY in writing prior to the signing of any agreement. COUNTY reserves the right to approve said retentions and may request additional documentation, financial or otherwise for review prior to the signing of any agreement.

MINIMUM LIMITS OF INSURANCE

CONTRACTOR shall maintain coverages and limits no less than:

1. General Liability: \$1,000,000 combined single limit per occurrence for bodily injury, personal injury and property damage. If Commercial General Liability Insurance or other form with a general aggregate limit is used, the general aggregate limit shall be increased to equal twice the required occurrence limit or revised to apply separately to this project or location.
2. Automobile Liability: \$1,000,000 combined single limit per accident for bodily injury and property damage. No aggregate limit may apply.
3. Professional Errors and Omissions Liability: \$1,000,000 per occurrence and as an annual aggregate. Premium costs incurred to increase CONTRACTOR'S insurance levels to meet minimum contract limits shall be borne by the CONTRACTOR at no cost to the COUNTY.

CONTRACTOR will maintain PROFESSIONAL liability insurance during the term of this Agreement and for a period of three (3) years from the date of substantial completion of the project. In the event that CONTRACTOR goes out of business during the term of this Agreement or the three (3) year period described above, CONTRACTOR shall purchase Extended Reporting Coverage for claims arising out of CONTRACTOR'S negligent acts, errors and omissions committed during the term of the Professional Liability Policy.

DEDUCTIBLES AND SELF-INSURED RETENTIONS

Any deductibles or self-insured retentions must be declared to and approved by the COUNTY Risk Management Division prior to the start of work under this Agreement. COUNTY reserves the right to request additional documentation, financial or otherwise prior to giving its approval of the deductibles and self-insured retention and prior to executing the underlying agreement. Any changes to the deductibles or self-insured retentions made during the term of this Agreement or during the term of any policy must be approved by the COUNTY Risk Manager prior to the change taking effect.

OTHER INSURANCE PROVISIONS

The policies are to contain, or be endorsed to contain, the following provisions:

1. General Liability Coverages
 - a. COUNTY, its officers, agents, employees and volunteers are to be covered as additional insureds as respects: liability arising out of activities performed by or on behalf of CONTRACTOR, including the insured's general supervision of CONTRACTOR; products and completed operations of CONTRACTOR; or premises owned, occupied or used by CONTRACTOR. The coverage shall contain no special limitations on the scope of protection afforded to the additional insureds, nor shall the rights of the additional insured be affected by the insured's duties after an accident or loss.
 - b. CONTRACTOR'S insurance coverage shall be primary insurance as respects COUNTY, its officers, agents, employees and volunteers. Any insurance or self-insurance maintained by

COUNTY, its officers, agents, employees or volunteers shall be excess of CONTRACTOR'S insurance and shall not contribute with it in any way.

c. Any failure to comply with reporting provisions of the policies shall not affect coverage provided to COUNTY, its officers, agents, employees or volunteers.

d. CONTRACTOR'S insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.

e. CONTRACTOR'S insurance coverage shall be endorsed to state that coverage shall not be suspended, voided, canceled or non-renewed by either party, reduced in coverage or in limits except after thirty (30) days' prior written notice by certified mail, return receipt requested, has been given to COUNTY except for nonpayment of premium.

ACCEPTABILITY OF INSURERS

Insurance is to be placed with insurers with a Best's rating of no less than A-: VII. COUNTY with the approval of the Risk Manager may accept coverage with carriers having lower Best's ratings upon review of financial information concerning CONTRACTOR and insurance carrier. COUNTY reserves the right to require that the CONTRACTOR'S insurer be a licensed and admitted insurer in the State of Nevada, or on the Insurance Commissioner's approved but not admitted list.

VERIFICATION OF COVERAGE

CONTRACTOR shall furnish COUNTY with certificates of insurance and with original endorsements affecting coverage required by this exhibit. The certificates and endorsements for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. The certificates are to be on forms approved by COUNTY. **All certificates and endorsements are to be addressed to the specific COUNTY contracting department and be received and approved by COUNTY before work commences.** COUNTY reserves the right to require complete, certified copies of all required insurance policies, at any time.

SUB-CONTRACTORS

CONTRACTOR shall include all Sub-contractors as insureds under its policies or furnish separate certificates and endorsements for each Sub-contractor. Sub-contractor shall be subject to all of the requirements stated herein.

MISCELLANEOUS CONDITIONS

1. CONTRACTOR shall be responsible for and remedy all damage or loss to any property, including property of COUNTY, caused in whole or in part by CONTRACTOR, any Sub-contractor, or anyone employed, directed or supervised by CONTRACTOR.
2. Nothing herein contained shall be construed as limiting in any way the extent to which CONTRACTOR may be held responsible for payment of damages to persons or property resulting from its operations or the operations of any Sub-contractors under it.
3. In addition to any other remedies COUNTY may have if CONTRACTOR fails to provide or maintain any insurance policies or policy endorsements to the extent and within the time herein required, COUNTY may, at its sole option:
 - a. Order CONTRACTOR to stop work under this Agreement and/or withhold any payments which become due CONTRACTOR here under until CONTRACTOR demonstrates compliance with the requirements hereof;

- b. Terminate the Agreement.

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Staff Report
Board Meeting Date: May 27, 2021

DATE: May 18, 2021
TO: District Board of Health
FROM: Kim Graham, Fiscal Compliance Officer,
775-328-2418, kgraham@washoecounty.us
Rayona LaVoie, Health Educator II
775-328-2404, rlavoie@washoecounty.us
SUBJECT: Approve the Interlocal Agreement between Washoe County Health District and The Board of Regents of the Nevada System of Higher Education obo University of Nevada, Reno, to provide a Peer Recovery Support Specialist (PRSS) Professional Development Program to individuals in Washoe County from June 1, 2021 through May 31, 2022 in the amount of \$25,723.07.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget.

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.

PREVIOUS ACTION

There has been no previous action this fiscal year.

BACKGROUND

The 2018-2020 CHIP addresses three priorities; Housing and Homelessness, Behavioral Health, and Physical Activity and Nutrition. The CHIP is a community driven and collectively owned health



Subject: ODHO District Health Officer Report

Date: May 27, 2021

Page 2 of 2

improvement plan. The health of our community is improved by community wide engagement and collaborative work.

The Peer Recovery Support Specialist (PRSS) Professional Development Program is a workforce development group that will provide the peer recovery support community with the framework for developing Peer leaders; and the continued exchange of best practices that impact the health and wellness of people with mental health and/or substance use disorders. The goal of this group is to serve as a way to increase knowledge, build skills, and provide consultation to Peer Support Specialists working in the community.

FISCAL IMPACT

Should the Board approve this Agreement, there is no additional impact to the adopted FY21 budget as the cost of this agreement was included in cost center 170203 – Community Health Improvement.

RECOMMENDATION

Approve the Interlocal Agreement between Washoe County Health District and The Board of Regents of the Nevada System of Higher Education obo University of Nevada, Reno, to provide a Peer Recovery Support Specialist (PRSS) Professional Development Program to individuals in Washoe County from June 1, 2021 through May 31, 2022 in the amount of \$25,723.07.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve the Interlocal Agreement between Washoe County Health District and The Board of Regents of the Nevada System of Higher Education obo University of Nevada, Reno, to provide a Peer Recovery Support Specialist (PRSS) Professional Development Program to individuals in Washoe County from June 1, 2021 through May 31, 2022 in the amount of \$25,723.07."

Interlocal Agreement
No. 2100868

BY AND BETWEEN

Washoe County Health District

AND

**The Board of Regents of the Nevada System of Higher Education obo
University of Nevada, Reno**

This Service Agreement (“Agreement”) is entered into and is effective as of June 1, 2021, by and between Washoe County Health District, having its principal place of business at 1001 E. Ninth Street, Building B Reno, NV 89512, (“Sponsor”) and the Board of Regents of the Nevada System of Higher Education (NSHE), obo the University of Nevada, Reno, an institution of higher education of the State of Nevada, (“University”) having its principal place of business at 1664 North Virginia Street, Reno, NV 89557.

RECITALS

WHEREAS, Sponsor wishes to have certain Services performed in accordance with the scope of work outlined in this Agreement; and

WHEREAS, the performance of such Services is consistent, compatible and beneficial to the academic role and mission of University as an institution of higher education; and

WHEREAS, University is qualified to conduct the Services associated with such project.

AGREEMENT

NOW, THEREFORE, for and in consideration of the mutual covenants, conditions and undertakings herein set forth, the parties agree as follows:

1. Scope of Work. University agrees to perform for Sponsor the services described in the Scope of Work set forth in Appendix A (the “Services”), which is attached hereto and incorporated herein by this reference.

2. Period of Performance. The Project period under this Agreement is intended to commence on June 1, 2021 and continue until May 31, 2022. This Agreement may be extended for additional periods of performance beyond the Initial Term, upon written approval by Sponsor and University.

3. Compensation and Payment.

3.1 Compensation. Sponsor shall pay to University a total of Twenty Five Thousand, Seven Hundred and Twenty Three Dollars and 07/100 (\$25,723.07) (“Compensation”) for performance of the Services under this Agreement. A budget itemizing the costs for providing

the Services is set forth in Appendix A, which is attached hereto and incorporated herein by this reference.

3.2 Payment. Monthly cost reimbursable payments shall be made by Sponsor to University based upon monthly invoices submitted by University. Invoices submitted to Sponsor shall be paid by Sponsor within thirty (30) days of receipt. The monthly invoices for services performed shall identify the direct and facility and administrative costs. Final payment shall be made upon completion of the Services.

Invoices shall be delivered to:

APTeam@washoecounty.us

Compensation checks shall reference the appropriate UNR account number and be payable to “Board of Regents, NSHE obo the University of Nevada, Reno” and shall be delivered to:

University of Nevada Reno
Controller’s office
Mail Stop 124
Reno, NV 89557-0025

4. Technical Supervision

4.1 Supervision by Sponsor. The person with primary responsibility for supervision of the performance of the Services on behalf of Sponsor shall be Rayona LaVoie, or such other person as may be designated by Sponsor, who shall have primary responsibility for technical supervision of the Project.

4.2 Supervision by University. The person with primary responsibility for supervision of the performance of the Services on behalf of University shall be Terra Hamblin-Fisher. No other person shall replace or substitute for him/her in the supervisory responsibilities hereunder without the prior written approval of University, which may be granted or withheld at University’s sole discretion.

5. Reporting Requirements. University shall provide monthly written reports to Sponsor on the progress of the performance of Services as outlined or required in the Scope of Work. A final written report shall be furnished to Sponsor upon completion of the Services within 60 days of the last day of the project period and after the final payment has been received.

6. Equipment. All equipment, instruments and materials purchased or used by University in connection with performance of the Services shall at all times remain under the sole control and ownership of University.

7. Publication and Confidentiality.

7.1 Publication. In furtherance of University’s role as a public institution of higher education, it is necessary that significant results of research activities be reasonably available for

publication and/or presentation by the University, and Sponsor acknowledges that University may publish and/or present the results of research conducted in connection with this Agreement.

7.2 Confidentiality. Sponsor acknowledges that University is a governmental entity and thus subject to the Nevada Open Records Act, NRS Code 239.005 to 239.011. Pursuant to the Act, this Agreement, and confidential information provided pursuant hereto, may be subject to public disclosure. Any person who provides University with records that such person believes should be protected from disclosure for business reasons must indicate the confidentiality of such records upon disclosure.

8. Indemnification.

8.1 Indemnification by University. Indemnification by University. To the extent limited in accordance with NRS 41.0305 to NRS 41.039, UNIVERSITY shall indemnify, defend, and hold harmless SPONSOR from and against any and all liabilities, claims, losses, lawsuits, judgments, and/or expenses, including attorney fees, arising either directly or indirectly from any act or failure to act by UNIVERSITY or any of its officers or employees, which may occur during or which may arise out of the performance of this Agreement. UNIVERSITY will assert the defense of sovereign immunity as appropriate in all cases, including malpractice and indemnity actions. UNIVERSITY indemnity obligation for actions sounding in tort is limited in accordance with the provisions of NRS 41.035 to \$150,000 per cause of action.

8.2 Indemnification by Sponsor. To the extent limited in accordance with NRS 41.0305 to NRS 41.039, Sponsor shall indemnify, defend and hold harmless University, its directors, officers, agents and employees against any actions, suits, proceedings, liabilities and damages that may result from the negligent acts or omissions of Sponsor, its officers, agents or employees in connection with this Agreement. Sponsor indemnity obligation for actions sounding in tort is limited in accordance with the provisions of NRS 41.035 to \$150,000 per cause of action

9. Compliance With Laws. In performance of the Services, Sponsor and University shall comply with all applicable federal, state and local laws, codes, regulations, rules and orders.

10. Patents and Inventions. Sponsor shall own all right, title and interest in all inventions and improvements conceived or reduced to practice by Sponsor and/or Sponsor's employees and may, at its election, file all patent applications relating thereto. The University does not claim any interest in Sponsor's prior conceived intellectual property. Sponsor shall allow University access to Sponsor's intellectual property only as far as is necessary to allow University to successfully conduct the scope of work identified in Appendix A.

The University shall own all right, title and interest in all inventions and improvements conceived or reduced to practice by University or University personnel in the performance of the Services (hereinafter collectively "Invention") and may, at its election, file all patent applications relating thereto. In consideration of Sponsor's support of University in performance of the Services, University grants to Sponsor an option for an exclusive license covering such inventions and improvements conceived or reduced to practice by University or University personnel in the

performance of the Services, said option shall expire six (6) months after University has provided written notice to Sponsor of any such invention, improvement, application or patent ("Option Period"). Upon execution of the option in writing, the parties will meet within thirty (30) days to begin negotiating the terms of the license. The parties agree to negotiate in good faith and the terms of the license will be reasonable in relation to licenses in the field and industry. In the event a license is not executed within three (3) months from the exercise of the option, or the option is not exercised within the Option Period, the University shall be free to license the Invention to others in the University's sole discretion.

Any Invention developed jointly by the parties will be owned jointly. Exclusive rights to jointly owned Inventions shall be negotiated in good faith. Inventorship shall be determined under U.S. patent law.

11. Relationship of Parties. In assuming and performing the obligations of this Agreement, University and Sponsor are each acting as independent parties and neither shall be considered or represent itself as a joint venturer, partner, agent or employee of the other. Neither party shall use the name or any trademark of the other party in any advertising, sales promotion or other publicity matter without the prior written approval of the other party.

12. Termination. This Agreement may be terminated by either party at any time, by giving written notice thereof to the other party. Such termination shall be effective thirty (30) days after receipt of such notice. Termination shall not relieve either party of any obligation or liability accrued hereunder prior to such termination, or rescind or give rise to any right to rescind any payments made prior to the time of such termination.

13. Uncontrollable Forces. Neither Sponsor nor University shall be considered to be in default of this Agreement if delays in or failure of performance shall be due to uncontrollable forces the effect of which, by the exercise of reasonable diligence, the nonperforming party could not avoid. The term "uncontrollable forces" shall mean any event which results in the prevention or delay of performance by a party of its obligations under this Agreement and which is beyond the control of the nonperforming party. It includes, but is not limited to, fire, flood, earthquakes, storms, lightning, epidemic, war, riot, civil disturbance, sabotage, inability to procure permits, licenses, or authorizations from any state, local, or federal agency or person for any of the supplies, materials, accesses, or services required to be provided by either Sponsor or University under this Agreement, strikes, work slowdowns or other labor disturbances, and judicial restraint.

14. Miscellaneous.

14.1 Assignment. Neither party shall assign or transfer any interest in this Agreement, nor assign any claims for money due or to become due under this Agreement, without the prior written consent of the other party.

14.2 Entire Agreement. This Agreement, with its attachments, constitutes the entire agreement between the parties regarding the subject matter hereof and supersedes any other written or oral understanding of the parties. This Agreement may not be modified except by written instrument executed by both parties.

14.3 Successors and Assigns. This Agreement shall be binding upon and inure to the benefit of the parties, their successors and permitted assigns.

14.4 Notices. Except as provided in Section 3 hereof regarding payment of invoices, any notice or other communication required or permitted to be given to either party hereto shall be in writing and shall be deemed to have been properly given and effective: (a) on the date of delivery if delivered in person during recipient's normal business hours; or (b) on the date of delivery if delivered by courier, express mail service or first-class mail, registered or certified, return receipt requested. Such notice shall be sent or delivered to the respective addresses given below, or to such other address as either party shall designate by written notice given to the other party as follows:

To University

Attn: Director

Office of Sponsored Projects

University of Nevada, Reno

204 Ross Hall MS 325

Reno, NV 89557

To Sponsor:

District Board of Health Chairman

Washoe County Health District

1001 E. 9th Street

Reno, NV 89512

14.5 Order of Precedence. In the event of any conflict, inconsistency or discrepancy amount, the Agreement and any other documents listed below shall be resolved by giving precedence in the following order.

(a) This Agreement including the Exhibits hereto

(b) Purchase Order issued by Sponsor. In the event a purchase order is issued under this Agreement and such purchase order contains standardized terms and conditions, the terms and conditions of this Agreement shall supercede and replace all such purchase order standardized terms and conditions.

14.6 Governing Law and Disputes. This Agreement shall be interpreted and construed in accordance with the laws of the State of Nevada, without application of any principles of choice of laws. Disputes that cannot be resolved by Sponsor and University shall be determined by a court of competent jurisdiction in the State of Nevada.

14.7 Nonwaiver. A waiver by either party of any breach of this Agreement shall not be binding upon the waiving party unless such waiver is in writing. In the event of a written waiver, such a waiver shall not affect the waiving party's rights with respect to any other or

further breach.

14.8 Use of Name. Sponsor may not use the name of University in any news release or advertising or any publications directed to the general public without written approval of University.

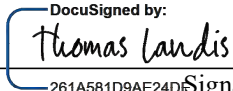
14.9 Counterparts and Facsimile Signatures. This Agreement may be executed in one or more counterparts each of which shall be deemed an original but all of which together shall constitute one and the same instrument. Signed signature pages may be transmitted by facsimile, and any such signature shall have the same legal effect as an original.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their duly authorized representatives effective as of the day and year first written above.

**WASHOE COUNTY HEALTH
DISTRICT**
“Sponsor”

**BOARD OF REGENTS, NSHE OBO
UNIVERSITY OF NEVADA, RENO**
“University”

By: _____
Signature

By:  _____
261A581D9AE24D5 Signature

Name: Oscar Delgado
(Please print)

Name: Thomas Landis

Title: Chair, Washoe County, DBOH

Title: Grants and Contracts Manager,
Office of Sponsored Projects

Date: _____

Date: 19-May-2021 | 3:08 PM PDT



Peer Recovery Support Specialist (PRSS) Professional Development Program under the Washoe County Health District (WCHD)

Center for the Application of Substance Abuse Technologies (CASAT), University of Nevada, Reno (UNR) Scope of Work

Timeframe: June 1, 2021 – May 31, 2022

The University of Nevada Reno's (UNR) CASAT will expand the PRSS workforce and provide professional development services by completing the tasks identified below.

Expand the current PRSS Workforce:

1. Train 20 new PRSS Candidates
 - a. Register 20 PRSS candidates via the established [Peer Support 101 Online Training](#)
 - b. Complete by 3/2022
2. Provide 20 PRSS Candidates [Nevada Certification Board](#) (NCB) PRSS application fees
 - a. Pay \$165 application fees to NCB for 20 participants
 - b. Provide consultation and participant support ensuring completion
 - c. Complete by 6/2022
3. Provide continuing education opportunities for 20 Board Certified PRSS's
 - a. Provide 1 continuing education course opportunity to 20 NCB PRSS's (\$30 x 20)
 - b. Complete by 6/2022

Enhance the current PRSS Workforce:

1. Coordinate and Facilitate the Peer Support Professional Development Group (outlined below)
 - a. Conduct consultation sessions two times a month for 12 months = 24 sessions
 - b. Sessions will be scheduled in conjunction with provider agencies (ex. Hopes and Ridge House)
 - c. Sessions will occur July 2021 – June 2022

Budget Request:

Washoe County PRSS Professional Development (July 1, 2021-June 30, 2022)			
Budget Category	Details of Expected Expenses	Detailed Cost	Total Costs
1. Salaries			
	PI/PD, Terra Hamblin-Fisher, \$91,814.75 @ 0% FTE	\$0	
	Project Coordinator, Jordan Baez, \$53,130.00 @ 12% FTE	\$ 6,375.60	
	Associate Coordinator, Breeana Speicher, \$44,000/year @ 5% FTE	\$ 2,200.00	

	Training Coordinator, Heather Kaminsky, \$50,820.00 @ 3% FTE	\$ 1,524.60	
	Fiscal Coordinator, Jeni Castaneda, \$48,400.00 @ 2% FTE	\$ 968.00	
Salaries Subtotal			\$11,068.20
2. Fringe Benefits			
	Fringe @ 32.8% rate	\$ 3,630.37	
Fringe Subtotal			\$ 3,630.37
3. Other (not subject to indirect rate)			
	Participant Support:		
	20 participants @ \$30 registration fee for Continuing Education courses via CASAT Training	\$ 600.00	
	20 participants @\$99 registration fee for PRSS Certification Training via CASAT Training	\$ 1,980.00	
	20 participants @ \$165 for Nevada Board PRSS Application Fee to become certified	\$ 3,300.00	
Other Subtotal			\$ 5,880.00
Total Direct Cost			\$ 20,578.57
Modified Total Direct Cost*			\$ 14,698.57
8. Indirect Cost			
	Federally negotiated indirect cost rate: 35%	\$ 5,144.50	
Indirect Subtotal			\$ 5,144.50
TOTAL COST			\$ 25,723.07

*Training and continuing education opportunities are already established and will be provided by CASAT Training. The fee rates indicated above are published rates as shown on the CASAT Training website <https://casatlearning.org/>.

Total Cost: \$25,723.07

Peer Support Professional Development Group Description

Time: 1 hour per session

Dates: Twice a month for 12 months

Description: This workforce development group will provide the peer recovery support community with the framework for developing Peer leaders and the continued exchange of best practices that impact the health and wellness of people with mental health and/or substance use disorders. The goal of this group is to serve as a way to increase knowledge, build skills, and provide consultation to Peer Support Specialists working in the community.

Group Rules:

1. Show up on time with required materials – pen and paper, past handouts
2. Have respect for all participants and maintain confidentiality.
3. Foster a productive learning environment: listen, support, participate, and celebrate each other.

Topics will include:

1. Defining Peer Support Specialists
 - a. Roles
 - b. Scope of Work
2. Peer Relationships
 - a. Boundaries
 - b. Engagement
 - c. Motivational Interviewing
3. Ethics
 - a. IC&RC, NCPRSS
 - b. Agency Policies
4. Diversity & Inclusivity
5. Wellness and Goal Setting
6. Group Facilitation
 - a. Setting Up
 - b. Conflict Resolution
 - c. Established Mutual-Aid Support Groups
7. Documentation
8. Resource Building
9. Self-Care
 - a. Recovery Support
 - b. Compassion Fatigue, Burnout, and Vicarious Trauma

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DHO _____ <i>KD</i>

Staff Report
Board Meeting Date: May 27, 2021

DATE: May 14, 2021
TO: District Board of Health
FROM: Kristen Palmer, Fiscal Compliance Officer
775-328-2419, kpalmer@washoecounty.us
SUBJECT: Approve Agreement between Washoe County Health District (WCHD) and Keep Truckee Meadows Beautiful (KTMB) in the amount of \$240,000 for the period July 1, 2021 to June 30, 2023 in support of the Recycling and Solid Waste Plan program activities on behalf of the Environmental Health Services Division of the Washoe County Health District; authorize the Chair or the Board designee to execute the Agreement and related documents.

SUMMARY

Recommendation to approve the Professional Services Agreement between Washoe County Health District and Keep Truckee Meadows Beautiful. The Health District currently has an agreement with KTMB due to expire June 30, 2021. The new Professional Services Agreement with Keep Truckee Meadows Beautiful in support of the Recycling and Solid Waste Plan program activities on behalf of the Environmental Health Services Division of WCHD in the amount of \$240,000 for period July 1, 2021 through June 30, 2023 requires the District Board of Health approval.

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 October 24, 2019, the District Board of Health approved the Professional Services Agreement between the Washoe County Health District (WCHD) and Keep Truckee Meadows Beautiful (KTMB) in the amount of \$180,000 for the period of January 1, 2020 through June 30, 2021.

BACKGROUND

The Washoe County Health District proposed to continue to partner with Keep Truckee Meadows Beautiful (KTMB) a 501 (c)(3) organization that specialized in waste reduction, illegal dumping, open space clean ups and public outreach. They have conducted these activities in Washoe County since 1989 as the only organization dedicated solely to helping keep our community clean and free of garbage, trash and litter while promoting recycling and proper waste management practices.



Subject: DBOH Approval for KTMB agreement and purchase requisition

Date: May 27, 2021

Page 2 of 2

Washoe County Health District (WCHD) has contracted with Keep Truckee Meadows Beautiful (KTMB) for the past five years as part of regional efforts to promote proper management of waste streams, improving recycling rates and educating the community on the importance of reusable products, recycling and waste minimization activities. Under the contract, KTMB completes a large range of activities associated with illegal dumping such as organizing and chairing meeting and clean up events, promoting how to report illegal dumping and how to properly dispose of wastes.

In this calendar year, KTMB has continued to facilitate Adopt-A-Spot cleanups, continuing to secure adopters for the Adopt-A-Spot program and continues to coordinate cleanups with 174 completed in 2020. KTMB planted over 5,140 trees and plans in 2020. KTMB conducted public events that included over 1,785 volunteers with a total of 284 volunteer hours in 2020. KTMB volunteers have removed 177,485 pounds of trash in 2020. KTMB's recycling Guide continues to be published in the Reno News & Review.

FISCAL IMPACT

No fiscal impact. There is sufficient budget authority in the Solid Waste Management Program's restricted funds account IN20269.

RECOMMENDATION

It is recommended that the District Board of Health approve the Agreement between the Washoe County Health District and Keep Truckee Meadows Beautiful in the amount of \$240,000 for the period July 1, 2021 through June 30, 2023 in support of the Recycling and Solid Waste Management Plan program activities on behalf of the Environmental Health Services Division of the Washoe County Health District.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve the Agreement between Washoe County Health District and Keep Truckee Meadows Beautiful in the amount of \$240,000 for the period July 1, 2021 through June 30, 2023 in support of the Recycling and Solid Waste Management Plan program activities on behalf of the Environmental Health Services Division of the Washoe County Health District.

AGREEMENT FOR PROFESSIONAL CONSULTING SERVICES

THIS AGREEMENT is entered into between Washoe County Health District, a political subdivision of the State of Nevada ("County") and Keep Truckee Meadows Beautiful ("Consultant"), collectively (the "Parties").

WITNESSETH:

WHEREAS, County desires to engage Consultant to render certain consulting services in Support of "Waste Removal, Waste Reduction and Partner Engagement" (the "Project"); and

WHEREAS, County requires certain professional services in connection with the Project, as described in Exhibit "A", Scope of Work (the "Services"); and

WHEREAS, Consultant represents that it is duly qualified, ready, willing and able to provide the Services by virtue of its education, training and experience; and

NOW, THEREFORE, in consideration of the mutual promises contained herein, the Parties agree as follows:

ARTICLE 1 - EFFECTIVE DATE

The effective date of this Agreement shall be July 1, 2021 through June 30, 2023 with no renewals.

CONSULTANT shall begin performance of services as provided herein upon notice to proceed and shall complete all Services identified in Exhibit A, Scope of Work in accordance with the Standard of Care as set forth in Article 5 herein no later than July 1, 2021, unless this Agreement is terminated sooner in accordance with its terms.

ARTICLE 2 - SERVICES TO BE PERFORMED BY CONSULTANT

Consultant agrees to perform and complete all Services identified in Exhibit A, Scope of Work under this Agreement, and any amendment thereto in accordance with the Standard of Care as set forth in Article 5 herein. Consultant shall be responsible for the quality, technical accuracy, completeness and coordination of all reports, information, specifications and other items and services furnished under this Agreement and any amendments hereto. County reserves the right to inspect, comment on, and request revision of, all Services identified in Exhibit A and any amendments thereto performed by Consultant prior to acceptance, and Consultant warrants that such Services shall be fit and sufficient for the purposes expressed in, or reasonably inferred from, this Agreement and any amendments hereto.

Failure to provide major deliverables, including, but not limited to, Services identified in Exhibit A, Scope of Work, shall constitute a material breach of this Agreement, unless waived in writing by the County.

ARTICLE 3 - COMPENSATION

3.1 Compensation for Services

For Services defined in Article 2 above, Consultant's compensation shall be determined in accordance with the Fee Schedule described in Exhibit "A", which is attached hereto and incorporated by reference as part of the Agreement and shall not exceed the sum of \$240,000.00. Consultant shall satisfy its obligations hereunder without additional cost or expense to County



during the term of this Agreement other than the heretofore stated compensation and the fee schedule described in Exhibit A. The Fee Schedule may be renegotiated at the end of one (1) year upon request by either the County or the Consultant. Renegotiated fees are subject to approval by County's Board of County Commissioners. The actual costs charged for the work by Consultant in accordance with this provision shall be full compensation to Consultant for all Services and duties required by the Scope of Work, including, but not limited to: costs of supplies, facilities and equipment; costs of labor and services of employees, consultants and sub-consultants engaged by Consultant; travel expenses, telephone charges, typing, duplicating, costs of insurance, and all items of general overhead. Consultant shall submit billings on a monthly basis.

3.2 Compensation for Additional Services

If County requests Consultant to perform additional services, other than those required to be performed under Services identified in Exhibit A, Scope of Work, the cost of such additional services shall be determined prior to commencing additional work. All additional services and amount of payment must be authorized in writing by County prior to commencing any work for such services.

3.3 Methods and Times of Payment

Consultant shall submit to County monthly progress invoices indicating the number of hours each employee provided services and other allowed direct expenses. Payment to Consultant for work on the Project shall be made within forty-five (45) days after receipt and approval of Consultant's invoice, said approval not to be unreasonably withheld. Payment by County of invoices or requests for payment shall not constitute acceptance by County of work performed on the Project by Consultant. No penalty shall be imposed upon the County for payment(s) received by Consultant after forty-five days.

3.4 Dispute of Work

County shall notify Consultant in writing within thirty (30) days of receipt of the work, or portion of work, which is not approved. For work, or portions of the work, which are unapproved, the County and Consultant shall develop a mutually acceptable method to resolve the dispute within thirty (30) days of receipt by the Consultant of notice from the County. If the County and Consultant cannot reasonably agree to remedy the dispute of unapproved work within the thirty-day period, the work shall be terminated or suspended per Article 12.

ARTICLE 4 - TIME SCHEDULE FOR COMPLETION

The Services identified in Exhibit A, Scope of Work on the Project shall be diligently performed and be completed monthly through June 30, 2023. Consultant shall be granted time extensions for items within the phases of the Project in writing by County if the time schedules cannot be met because of delays beyond Consultant's reasonable control, including, but not limited to, County's failure to furnish information, or to approve or disapprove Consultant's work promptly. Consultant will provide to County a monthly report including a schedule identifying progress or work completed, problems or difficulties being encountered, work to be initiated during the following month and other useful information. This report will be submitted on the first day of each month and will be in a format suitable for submittal to other interested agencies. Consultant's failure to submit promptly the monthly progress report may cause delay in payment from the County.

ARTICLE 5 - STANDARD OF CARE

Consultant shall exercise the same degree of care, skill, and diligence in the performance of the Services as is ordinarily provided under similar circumstances and Consultant shall, at no cost to County, re-perform services which fail to satisfy the foregoing standard of care provided that Consultant is notified in writing by County of the deficiency within six (6) months of performance of the deficient Services. Such re-performed Services may include, but not be limited to, correcting errors and omissions, or any other deficiencies in designs, drawings, specifications and reports. County reserves the right to inspect, comment on, and request revision of, all Services performed by Consultant prior to acceptance, and Consultant warrants that Services shall be fit and sufficient for the purposes expressed in and intended by this Agreement and any amendments thereto. Failure to provide Services or re-performed Services in accordance with the foregoing standard of care shall constitute a material breach of this Agreement unless waived by the County. Review and approvals by County do not relieve Consultant of its responsibilities under this Article. Except as is otherwise provided for in this Article, the re-performance of Services is the Consultant's entire responsibility and the County's exclusive remedy for Services rendered or to be rendered hereunder, and no additional warranties, guarantees or obligations are to be implied.

ARTICLE 6 - OPINIONS OF COST AND SCHEDULE

Since Consultant has no control over the cost of labor, materials, equipment or services furnished by others, including over any other consultants', subcontractors', or vendors' methods of determining prices, or over competitive bidding or market conditions, Consultant's cost estimates shall be made on the basis of qualification and experience.

Since Consultant has no control over the resources provided by others to meet contract schedules, Consultant's forecast schedules for completion of Services shall be established based on generally acceptable schedules for and performance standards of similarly situated professionals qualified and experienced to perform the Services. Consultant cannot and does not guarantee that proposals, bids or actual project costs will not vary from its cost estimates or that actual schedules will not vary from its forecast schedules.

ARTICLE 7 - INDEPENDENT CONTRACTOR

Consultant undertakes performance of the Services as an independent contractor and shall be wholly responsible for the methods of performance. County shall have no right to supervise the methods used by Consultant. County shall have the right to observe such performance. Consultant shall work closely with County in performing Services under this Agreement.

ARTICLE 8 - PERMITS AND LICENSES

Consultant shall procure the permits, certificates, and licenses necessary to allow Consultant to perform the Services. Consultant shall not be responsible for procuring permits, certificates, and licenses required for any construction unless such responsibilities are specifically assigned to Consultant in Exhibit A, Scope of Services.



ARTICLE 9 - COUNTY'S RESPONSIBILITY

County shall provide any information authorized by law in its possession that is requested by Consultant and is necessary to complete the Project. County shall assist Consultant in obtaining access to public and private lands so Consultant can perform the Services. County shall examine all studies, reports, sketches, estimates, specifications, drawings, proposals, and other documents presented by Consultant and shall render decisions pertaining thereto within a reasonable time so as not to delay the work of Consultant.

ARTICLE 10 - REUSE OF DOCUMENTS

All documents, including computer files, drawings, specifications, and computer software, prepared by Consultant pursuant to this Agreement are instruments of service in respect to the Project. They are not intended or represented to be suitable for reuse by County or others on extensions of the Project or on any other project. Any reuse without written verification or adaptation by Consultant for the specific purpose intended will be at County's sole risk and without liability or legal exposure to Consultant; and County shall indemnify and hold harmless Consultant against all claims, damages, losses, and expenses including attorneys' fees arising out of or resulting from such reuse. Any such verification or adaptation will entitle Consultant to further compensation at rates to be agreed upon by County and Consultant.

Copies of all documents, including reports, computer files, drawings, specifications, and computer software, prepared by Consultant pursuant to this agreement will be provided to the County in electronic format accompanied by the appropriate documentation necessary to catalog them in the context of this project.

When transferring data in electronic media format, Consultant makes no representation as to long term compatibility, usability, or readability of documents resulting from the use of software application packages, operating systems, or computer hardware differing from those used by Consultant at the beginning of the Project.

Because the data stored in electronic media format can deteriorate or be modified inadvertently or otherwise without authorization of the data's creator, the party receiving electronic files agrees that it will perform acceptance tests or procedures within 60 days, after which the receiving party shall be deemed to have accepted the data thus transferred. Any errors detected within the 60-day acceptance period will be corrected by the party delivering the electronic files. Consultant shall not be responsible to maintain documents stored in electronic media format after acceptance by County.

ARTICLE 11 - TERMINATION OR EXTENSION OF CONTRACT

Either Party may terminate this Agreement by written notice to the other Party if the other Party is in material breach or default of any provision of this Agreement and does not remedy such breach or default, or provide satisfactory evidence that such default will be expeditiously remedied, within thirty (30) days after being given such notice. In the event of such termination, County shall pay Consultant for all Services satisfactorily performed to the date of termination.

County, in its sole discretion, shall have the right to terminate this Agreement or suspend performance thereof for County's convenience upon written notice to Consultant, and Consultant

shall terminate or suspend performance of services within thirty (30) days on a schedule acceptable to County. In the event of termination or suspension for County's convenience, County shall pay Consultant for all Services performed in accordance with the terms of this Agreement.

In the event that the County's governing body fails to appropriate or budget funds for the purposes specified in this Agreement, or that the County's governing body has been required, in its sole judgment, to amend previous appropriations or budgeted amounts to eliminate or reduce funding for the purposes of this Agreement, this Agreement shall be terminated without penalty, charge, or sanction.

ARTICLE 12 - NONDISCLOSURE OF PROPRIETARY INFORMATION

Consultant shall consider all information provided by County to be proprietary unless such information is available from public sources, was known to Consultant prior to the execution of this Agreement, was received by Consultant from a third-party source not under any obligation of confidentiality to the County, or is required by law or ordered to be disclosed in a regulatory or judicial proceeding. Consultant shall not publish or disclose proprietary information for any purpose other than the performance of the Services without the prior written authorization of County or in response to legal process or as required by the regulations of public entities.

ARTICLE 13 - NOTICE

Any notice, demand, or request required by or made pursuant to this Agreement shall be deemed properly made if personally delivered in writing or deposited in the United States mail, postage prepaid, to the address specified below:

To County:

Wes Rubio
Washoe County Health District
1001 East 9th Street
Reno, NV 89512

To Consultant:

Nothing contained in this Article shall be construed to restrict the transmission of routine communications between representatives of Consultant and County.

ARTICLE 14 - UNCONTROLLABLE FORCES

Neither County nor Consultant shall be considered to be in default of this Agreement if delays in or failure of performance shall be due to uncontrollable forces the effect of which, by the exercise of reasonable diligence, the non-performing party could not avoid and is not reasonably foreseeable at the time of entering into this Agreement. The term "uncontrollable forces" shall mean any event which results in the prevention or delay of performance by a party of its obligations under this Agreement and which is beyond the control of the non-performing party. It includes, but is not limited to, fire, flood, earthquakes, storms, lightning, epidemic, war, riot, civil disturbance, sabotage, inability to procure permits, licenses, or authorizations from any state, local, or federal agency or person for any of the supplies, materials, accesses, or services required to be provided by either County or Consultant under this Agreement, strikes, work slowdowns or other labor disturbances, and judicial restraint. Consultant shall be paid for services performed prior to the delay plus related costs incurred attributable to the delay.

Neither Party shall, however, be excused from performance if nonperformance is due to uncontrollable forces which are removable or remediable nor which the non-performing Party could have, with reasonable dispatch removed or remedied. The provisions of this Article shall not be interpreted or construed to require Consultant or County to prevent, settle, or otherwise avoid a strike, work slowdown, or other labor action. The non-performing Party shall upon being prevented or delayed from performance by an uncontrollable force, immediately give written notice to the other Party describing the circumstances and uncontrollable forces preventing continued performance of the obligations of this Agreement.

ARTICLE 15 - GOVERNING LAW-VENUE

Nevada law governs this Agreement and all adversarial proceedings arising out of this Agreement or arising out of planning or constructing the Project outlined in Article 2 – Services to be Performed by Consultant. Venue for all adversarial proceedings arising out of this Agreement or arising out of planning or constructing the Project outlined in Article 2 – Services to be Performed by Consultant shall be in state district court in Washoe County, Nevada.

ARTICLE 16 - MISCELLANEOUS

16.1 Nonwaiver

A waiver by either County or Consultant of any breach of this Agreement shall not be binding upon the waiving Party unless such waiver is in writing. In the event of a written waiver, such a waiver shall not affect the waiving party's rights with respect to any other or further breach.

16.2 Severability

If any provision of this Agreement is held to be unenforceable, then that provision is to be construed either by modifying it to the minimum extent necessary to make it enforceable or disregarding it. If an unenforceable provision is modified or disregarded in accordance with this Article 16, the rest of the Agreement is to remain in effect as written, and the unenforceable provision is to remain as written in any circumstances other than those in which the provision is held to be unenforceable.

16.3 Attorney Fees

The prevailing party in any dispute arising out this Agreement or Consultant's work described in Exhibit A – Scope of Work, is entitled to reasonable costs and attorneys' fees.

ARTICLE 17 - INTEGRATION AND MODIFICATION

This Agreement represents the entire and integrated agreement between the Parties and supersedes all prior negotiations, representations, or agreements, either written or oral. This Agreement may be amended only by a written instrument signed by each of the Parties. Unless otherwise specified in writing, if there is any inconsistency between the terms of this Agreement and any other agreement between the Parties, the terms of this Agreement shall control.

In the event of any conflict between the documents that make up this Agreement, the documents will prevail in the following order: the Agreement for Professional Consulting Services Agreement, Insurance Exhibit "B" and then any other agreement / exhibits.

ARTICLE 18 - SUCCESSORS AND ASSIGNS

County and Consultant each binds itself and its directors, officers, partners, successors, executors, administrators, assigns and legal representatives to the other party to this Agreement and to the partners, successors, executors, administrators, assigns, and legal representatives of such other party, in respect to all covenants, agreements, and obligations of this Agreement.

ARTICLE 19 - ASSIGNMENT

Neither County nor Consultant shall assign, sublet, or transfer any rights under or interest in (including, but without limitation, monies that may become due or monies that are due) this Agreement without the written consent of the other, except to the extent that the effect of this limitation may be restricted by law. Unless specifically stated to the contrary in any written consent to an assignment, no assignment will release or discharge the assignor from any duty or responsibility under this Agreement. Nothing contained in this paragraph shall prevent Consultant from employing such independent consultants, associates, and subcontractors, as he may deem appropriate to assist him in the performance of the Services hereunder.

ARTICLE 20 - THIRD PARTY RIGHTS

Nothing herein shall be construed to give any rights or benefits to anyone other than County and Consultant.

ARTICLE 21 – INDEMNIFICATION AND INSURANCE

Washoe County has established specific indemnification and insurance requirements for agreements/contracts with consultants, engineers, and architects to help assure that reasonable insurance coverage is maintained. Indemnification and hold harmless clauses are intended to assure that consultants accept and are able to pay for the loss or liability related to their activities. Exhibit “B” Insurance Specifications is included by reference. All conditions and requirements identified in this exhibit shall be completed prior to the commencement of any work under this Agreement.

ARTICLE 22 – LIMITED LIABILITY

County will not waive and intends to assert available defenses and limitations contained in Chapter 41 of the Nevada Revised Statutes. Contract liability of both parties shall not be subject to punitive damages. Actual damages for the County’s breach of this Agreement shall never exceed the amount of funds that have been appropriated for payment under this Agreement, but not yet paid, for the fiscal year budget in existence at the time of the breach.

ARTICLE 23 - ORGANIZATION’S CERTIFICATION

Consultant, its principals and agents, to the best of its knowledge and belief:

- a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal or state department or agency;
- b) Have not within a three year period preceding this Agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

- c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in (ii) above;
- d) Have not within a three-year period preceding this Agreement had one or more public transactions (Federal, State, or local) terminated for cause or default; and
- e) Understand that a false statement on this certification may be grounds for rejection or termination of this Agreement. In addition, under 18 USC Sec. 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to 5 years, or both.

IN WITNESS WHEREOF, the parties have executed this Agreement.

WASHOE COUNTY:

CONSULTANT:

Dated this ___ day of _____, 2021

Dated this 14TH day of APRIL, 2021

By _____
Mark Stewart
Purchasing & Contracts Manager

By 
MARK D. CAMERON
KTMB, EXECUTIVE DIRECTOR



Exhibit A – Scope of Work
Agreement for Waste Removal, Waste Reduction and Partner Engagement
Total contract shall not to exceed \$240,000 (\$10,000.00 per month) for the term
July 1, 2021 - June 30, 2023

The following contract outlines current Keep Truckee Meadows Beautiful (KTMB) projects and programs that aid in Waste Removal and Waste Reduction activities aligned with the Solid Waste Management Program of the Environmental Health Services Division:

Waste Removal

KTMB volunteer and community engagement waste removal programs

1. KTMB will maintain and grow their Adopt-A-Spot Program to engage local citizen groups, businesses, and organizations in waste removal volunteer activities around the community throughout the year. This includes KTMB's Adopt-A-Spot program, Neighborhood Cleanups, and Open Space Cleanups.
 - a. Continue to support local organizations that organize local community cleanup and collection events (4.6.A)
 - b. Provide more support to KTMB for their local recycling and diversion efforts whether or not they are required to be permitted by the WMP (3.6.C)
2. KTMB will continue coordination and management of major seasonal cleanup related programs throughout our community. These community programs engage a large and diverse group of partners and stakeholders to improve the health and cleanliness of the Truckee Meadows. These major annual programs include KTMB's Litter Index Survey, KTMB's Great Community Cleanup, KTMB's Truckee River Cleanup and KTMB's Christmas Tree Recycling.
 - a. Continue to support local organizations that organize local community cleanup and collection events (4.6.A)
 - b. Provide more support to KTMB for their local recycling and diversion efforts whether or not they are required to be permitted by the WMP (3.6.C)

Waste Reduction

Recycling Guide & Illegal Dumping

1. KTMB will continue to leverage their position in the community to be a voice for education through the reach of their digital and traditional outreach mediums. This outreach will raise awareness for proper waste disposal, ways to reduce waste, as well as information on decreasing and reporting illegal dumping.
 - a. Work with nonprofits and other SWMAs to build a more comprehensive public education program regarding waste generation and how to possibly reduce it in WC and Nevada (2.3.A)
 - b. Provide more support to KTMB for their local recycling and diversion efforts whether or not they are required to be permitted by the WMP (3.6.C)

2. KTMB will expand efforts to reach community members in a variety of settings through in-person outreach and education on Waste Reduction topics including proper disposal, alternatives to illegal dumping, and reporting abilities to eliminate illegal dumping in our community.
 - a. Develop educational materials to reduce wastes prior to generation; i.e., reduced packaging purchasing, reusing products, sending wastes back to the generators (3.6.A)
 - b. Provide more support to KTMB for their local recycling and diversion efforts whether or not they are required to be permitted by the WMP (3.6.C)
3. KTMB will continue to expand their Waste Warriors Youth Education Program to reach local students with information on “the 5 R’s Refuse, Reduce, Reuse, Recycle, Rot”.
 - a. Provide more support to KTMB for their local recycling and diversion efforts whether or not they are required to be permitted by the WMP (3.6.C)

Partner Engagement

1. KTMB will continue to collaborate with partners on the issues surrounding illegal dumping in our community.
 - a. Continue to monetarily support Keep Truckee Meadows Beautiful (for work surrounding illegal dumping and waste removal issues) (3.6.D)
 - b. Provide a framework to have the ongoing support of the IDTF (3.6.D)
2. KTMB will grow our outreach and engagement efforts with local businesses and partner organizations to encourage and enable sustainability practices, especially regarding waste reduction and diversion rates. KTMB will also provide recognition to businesses engaging in such efforts.
 - a. Partner with local businesses to bring more green initiatives and opportunities to local events and community programs (2.3.C)
 - b. Coordinate with local agencies and non-profit groups to address potential recycling and diversion strategies in the community to include commercial and industrial businesses outreach programs (3.6.C)
 - c. Determine barriers of commercial and industrial businesses to reduce waste generation or utilize waste reduction practices
3. KTMB will continue to coordinate with Sustainability Partners in Northern Nevada (SPINN), the Waste Reduction Workgroup, and WCHD on waste reduction efforts and issues in our community.
 - a. Partner with other organizations and entities to compile resources and for consistent messaging regarding how to manage wastes, organize cleanups, and eliminate illegal dumping and waste storage prior to it becoming an issue in WC (4.6.A)
4. KTMB will continue providing education to local decision-makers on waste-related issues facing our community and lead a Solid Waste & Recycling Advisory Committee to inform Policy and Program Development.
5. KTMB will begin research on conducting a survey to gather info on illegal dumping issues in the Truckee Meadows.

- a. Work with nonprofits and other SWMAs to build a more comprehensive public education program regarding waste generation and how to possibly reduce it in WC and Nevada (2.3.A)
 - b. Provide more support to KTMB for their local recycling and diversion efforts whether or not they are required to be permitted by the WMP (3.6.C)
6. KTMB, with input from WCHD, will work throughout the contract term to formulate SMART goals and strategies of what we are aiming to accomplish with the WCHD contract funds. We will also outline metrics to accompany the new goals and strategies that will allow us to demonstrate and track tangible progress towards our new objectives.
 - a. In service of this work area, KTMB and WCHD staff will meet on a monthly basis throughout the contract term to discuss progress and direction of KTMB's efforts.

MR

AHSO	AH	
DD		KD

Staff Report
Board Meeting Date: May 27, 2021

DATE: May 19, 2021
TO: District Board of Health
FROM: Kristen Palmer, Fiscal Compliance Officer
775-328-2419, kapalmer@washoecounty.us
Heather Kerwin, Epidemiology Program Manager
775-328-6048, hkerwin@washoecounty.us
SUBJECT: Approve the Service Agreement between Washoe County Health District and Board of Regents, NSHE on behalf of the University of Nevada Reno Nevada Public Health Training Center in the amount not to exceed \$2,768,444.97 effective July 1, 2021 through June 30, 2023 , to provide a team of employees to assist in the Health District’s COVID response activities to include, but not limited to, disease investigation, call center, and testing and vaccination site management services; and authorize the District Health Officer to execute any amendments to the agreement on behalf of the Board Chair.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health’s behalf up to \$100,000.00 per contractor; over \$100,000.00 would require the approval of the Board.

District Board of Health strategic priority:

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

PREVIOUS ACTION

On December 17, 2020, the Board approved the Interlocal Agreement between Washoe County Health District and Board of Regents, NSHE in the approximate amount of \$2,872,558.98 for the period of December 31, 2020 through June 30, 2021.

BACKGROUND

This agreement is aimed to provide supplemental public health response and recovery efforts of COVID-19 in Washoe County led by a partnership with the Nevada Public Health Training Center (NVPHTC) at the University of Nevada, Reno. It will maintain a team and provide administrative support and oversight for a team of employees involved in contact tracing, disease investigation, and testing services. This agreement will ensure staff deliver COVID-19 services in alignment with Washoe County Health District standards. It will monitor and evaluate efficiency and effectiveness of ongoing contact tracing services.



Subject: Approve Agreement with Board of Regents, University of Nevada Reno Public Health Training Center

Date: May 27, 2021

Page 2 of 2

FISCAL IMPACT

Should the Board approve this Agreement, costs will be covered by the ELC Enhancing Detection Expansion Grant.

RECOMMENDATION

It is recommended that the District Board of Health approve the Service Agreement between Washoe County Health District and Board of Regents, NSHE on behalf of the University of Nevada Reno Nevada Public Health Training Center in the amount not to exceed \$2,768,444.97 effective July 1, 2021 through June 30, 2023 , to provide a team of employees to assist in the Health District's COVID response activities to include, but not limited to, disease investigation, call center, and testing and vaccination site management services; and authorize the District Health Officer to execute any amendments to the agreement on behalf of the Board Chair.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve the Service Agreement between Washoe County Health District and Board of Regents, NSHE on behalf of the University of Nevada Reno Nevada Public Health Training Center in the amount not to exceed \$2,768,444.97 effective July 1, 2021 through June 30, 2023 , to provide a team of employees to assist in the Health District's COVID response activities to include, but not limited to, disease investigation, call center, and testing and vaccination site management services; and authorize the District Health Officer to execute any amendments to the agreement on behalf of the Board Chair.

SERVICE AGREEMENT

No. 2100872

BY AND BETWEEN

Washoe County Health District

AND

**The Board of Regents of the Nevada System of Higher Education obo
University of Nevada, Reno**

This Service Agreement (“Agreement”) is entered into and is effective as of May 1, 2021, by and between Washoe County Health District, a Local Government (type of entity), having its principal place of business at 1001 E. Ninth Street, Building B, Reno, NV 89512, (“Sponsor”) and the Board of Regents of the Nevada System of Higher Education (NSHE), obo the University of Nevada, Reno, an institution of higher education of the State of Nevada, (“University”) having its principal place of business at 1664 North Virginia Street, Reno, NV 89557.

RECITALS

WHEREAS, Sponsor wishes to have certain Services performed in accordance with the scope of work outlined in this Agreement; and

WHEREAS, the performance of such Services is consistent, compatible and beneficial to the academic role and mission of University as an institution of higher education; and

WHEREAS, University is qualified to conduct the Services associated with such project.

AGREEMENT

NOW, THEREFORE, for and in consideration of the mutual covenants, conditions and undertakings herein set forth, the parties agree as follows:

1. Scope of Work. University agrees to perform for Sponsor the services described in the Scope of Work set forth in Appendix A (the “Services”), which is attached hereto and incorporated herein by this reference.
2. Period of Performance. The Project period under this Agreement is intended to commence on July 1, 2021 and continue until June 30, 2023. This Agreement may be extended for additional periods of performance beyond the Initial Term, upon written approval by Sponsor and University.
3. Compensation and Payment.

3.1 Compensation. Sponsor shall pay to University a total not to exceed Two Million Seven Hundred Sixty Eight Thousand Four Hundred Forty Four Dollars and Ninety Seven Cents

(\$2,768,444.97) (“Compensation”) for performance of the Services under this Agreement. A budget itemizing the costs for providing the Services is set forth in Appendix B, which is attached hereto and incorporated herein by this reference.

3.2 Payment. Monthly cost reimbursable payments shall be made by Sponsor to University based upon monthly invoices submitted by University. Invoices submitted to Sponsor shall be paid by Sponsor within thirty (30) days of receipt. The monthly invoices for services performed shall identify the direct and facility and administrative costs. Final payment shall be made upon completion of the Services.

Invoices shall be delivered to:

APTTeam@washoecounty.us

Compensation checks shall reference the appropriate UNR account number and be payable to “Board of Regents, NSHE obo the University of Nevada, Reno” and shall be delivered to:

University of Nevada Reno
Controller’s office
Mail Stop 124
Reno, NV 89557-0025

4. Technical Supervision

4.1 Supervision by Sponsor. The person with primary responsibility for supervision of the performance of the Services on behalf of Sponsor shall be Heather Kerwin, or such other person as may be designated by Sponsor, who shall have primary responsibility for technical supervision of the Project.

4.2 Supervision by University. The person with primary responsibility for supervision of the performance of the Services on behalf of University shall be Gerold Dermid. No other person shall replace or substitute for him/her in the supervisory responsibilities hereunder without the prior written approval of University, which may be granted or withheld at University’s sole discretion.

5. Reporting Requirements. University shall provide written reports to Sponsor on the progress of the performance of Services as outlined or required in the Scope of Work. A final written report shall be furnished to Sponsor upon completion of the Services within 60 days of the last day of the project period and after the final payment has been received.

6. Equipment. All equipment, instruments and materials purchased by University in connection with performance of the Services shall at all times remain under the sole control and ownership of University.

7. Publication and Confidentiality.

7.1 Publication. In furtherance of University's role as a public institution of higher education, it is necessary that significant results of research activities be reasonably available for publication and/or presentation by the University, and Sponsor acknowledges that University may publish and/or present the results of research conducted in connection with this Agreement.

7.2 Confidentiality. Sponsor acknowledges that University is a governmental entity and thus subject to the Nevada Open Records Act, NRS Code 239.005 to 239.011. Pursuant to the Act, this Agreement, and confidential information provided pursuant hereto, may be subject to public disclosure. Any person who provides University with records that such person believes should be protected from disclosure for business reasons must indicate the confidentiality of such records upon disclosure.

8. Insurance/Indemnification.

8.1 Washoe County has established specific indemnification and insurance requirements for contracts/agreements with contractors/consultants to help ensure that reasonable insurance coverage is maintained. Indemnification and hold harmless clauses are intended to ensure that contractors/consultants are aware of and accept the responsibility for losses or liabilities related to their activities. Appendix C is included by reference. All conditions and requirements identified in this Exhibit shall be completed prior to the commencement of any work under this contract/agreement.

8.2 Indemnification by University. To the extent limited in accordance with NRS 41.0305 to NRS 41.039, UNIVERSITY shall indemnify, defend, and hold harmless SPONSOR from and against any and all liabilities, claims, losses, lawsuits, judgments, and/or expenses, including attorney fees, arising either directly or indirectly from any act or failure to act by UNIVERSITY or any of its officers or employees, which may occur during or which may arise out of the performance of this Agreement. UNIVERSITY will assert the defense of sovereign immunity as appropriate in all cases, including malpractice and indemnity actions. UNIVERSITY indemnity obligation for actions sounding in tort is limited in accordance with the provisions of NRS 41.035 to \$150,000 per cause of action.

8.3 Indemnification by Sponsor. SPONSOR will not waive and intends to assert available defenses and limitations contained in Chapter 41 of the Nevada Revised Statutes.

8.4 Contract liability of both parties shall not be subject to punitive damages.

9. Compliance With Laws. In performance of the Services, Sponsor and University shall comply with all applicable federal, state and local laws, codes, regulations, rules and orders.

10. Relationship of Parties. In assuming and performing the obligations of this Agreement, University and Sponsor are each acting as independent parties and neither shall be considered or represent itself as a joint venturer, partner, agent or employee of the other. Neither party shall use the name or any trademark of the other party in any advertising, sales promotion or other publicity

matter without the prior written approval of the other party.

11. Termination. This Agreement may be terminated by either party at any time, by giving written notice thereof to the other party. Such termination shall be effective thirty (30) days after receipt of such notice. Termination shall not relieve either party of any obligation or liability accrued hereunder prior to such termination, or rescind or give rise to any right to rescind any payments made prior to the time of such termination.

12. Uncontrollable Forces. Neither Sponsor nor University shall be considered to be in default of this Agreement if delays in or failure of performance shall be due to uncontrollable forces the effect of which, by the exercise of reasonable diligence, the nonperforming party could not avoid. The term "uncontrollable forces" shall mean any event which results in the prevention or delay of performance by a party of its obligations under this Agreement and which is beyond the control of the nonperforming party. It includes, but is not limited to, fire, flood, earthquakes, storms, lightning, epidemic, war, riot, civil disturbance, sabotage, inability to procure permits, licenses, or authorizations from any state, local, or federal agency or person for any of the supplies, materials, accesses, or services required to be provided by either Sponsor or University under this Agreement, strikes, work slowdowns or other labor disturbances, and judicial restraint.

13. Miscellaneous.

13.1 Assignment. Neither party shall assign or transfer any interest in this Agreement, nor assign any claims for money due or to become due under this Agreement, without the prior written consent of the other party.

13.2 Entire Agreement. This Agreement, with its attachments, constitutes the entire agreement between the parties regarding the subject matter hereof and supersedes any other written or oral understanding of the parties. This Agreement may not be modified except by written instrument executed by both parties.

13.3 Successors and Assigns. This Agreement shall be binding upon and inure to the benefit of the parties, their successors and permitted assigns.

13.4 Notices. Except as provided in Section 3 hereof regarding payment of invoices, any notice or other communication required or permitted to be given to either party hereto shall be in writing and shall be deemed to have been properly given and effective: (a) on the date of delivery if delivered in person during recipient's normal business hours; or (b) on the date of delivery if delivered by courier, express mail service or first-class mail, registered or certified, return receipt requested. Such notice shall be sent or delivered to the respective addresses given below, or to such other address as either party shall designate by written notice given to the other party as follows:

To University

Attn: Director
Office of Sponsored Projects
University of Nevada, Reno
204 Ross Hall MS 325
Reno, NV 89557
ospadmin@unr.edu

To Sponsor:

Heather Kerwin
Washoe County Health District
1001 E. 9th Street Bldg B
Reno Nevada 89512
hkerwin@washoecounty.us

13.5 Order of Precedence. In the event of any conflict, inconsistency or discrepancy amount, the Agreement and any other documents listed below shall be resolved by giving precedence in the following order.

(a) This Agreement including the Exhibits hereto

(b) Purchase Order issued by Sponsor. In the event a purchase order is issued under this Agreement and such purchase order contains standardized terms and conditions, the terms and conditions of this Agreement shall supercede and replace all such purchase order standardized terms and conditions.

13.6 Governing Law and Disputes. This Agreement shall be interpreted and construed in accordance with the laws of the State of Nevada, without application of any principles of choice of laws. Disputes that cannot be resolved by Sponsor and University shall be determined by a court of competent jurisdiction in the State of Nevada.

13.7 Nonwaiver. A waiver by either party of any breach of this Agreement shall not be binding upon the waiving party unless such waiver is in writing. In the event of a written waiver, such a waiver shall not affect the waiving party's rights with respect to any other or further breach.

13.8 Use of Name. Sponsor may not use the name of University in any news release or advertising or any publications directed to the general public without written approval of University.

13.9 Counterparts and Facsimile Signatures. This Agreement may be executed in one or more counterparts each of which shall be deemed an original but all of which together shall constitute one and the same instrument. Signed signature pages may be transmitted by facsimile, and any such signature shall have the same legal effect as an original.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their duly authorized representatives effective as of the day and year first written above.

**WASHOE COUNTY HEALTH
DISTRICT**
"Sponsor"

**BOARD OF REGENTS, NSHE OBO
UNIVERSITY OF NEVADA, RENO**
"University"

By: _____
Signature

By: _____
Signature

Name: Oscar Delgado
(Please print)

Name: Thomas Landis

Title: Chair

Title: Grants and Contracts Manager,
Office of Sponsored Projects

Date: _____

Date: _____

**Washoe County Health District
COVID-19 Response and Resiliency Project
Budget Justification**

24 months (07/01/21 – 06/30/23)

FY 21/22: 07/01/21 – 06/30/22

FY 22/23: 07/01/22 – 06/30/23

The University of Nevada, Reno is on an 8-month academic and 4-month summer calendar schedule

Personnel Salary

FY 21/22: \$874,090.78

FY 22/23: \$900,313.52

Manager, Disease Investigations (Professional) – 4 positions

- Terry Folan
- Jahkota Anderson-Laking
- Taylor Dunn
- Sarah Pawlowski

Role: Oversight of CT's work, mentoring, contact tracing/disease investigation tasks, data quality assurance

FY 21/22: \$61,800 Salary Base; 100% effort for 12 months = $\$61,800 \times 4 = \$247,200$

FY 22/23: \$63,654 Salary Base; 100% effort for 12 months = $\$63,654 \times 4 = \$254,616$

Public Health Contact Tracers (Professional) – 9 positions

Role: Contact tracing, health promotion, referrals

- Emily Kummer
- Jennifer Blair
- Leanne Boner-Welsch
- Ellie Cook
- Karla Meza
- Samantha Leathley
- Cynthia Cabrales
- John Yered
- Mackenzie Christensen

FY 21/22: \$42,848 Salary Base; 100% effort for 12 months = $\$42,848 \times 9 = \$385,632$

FY 22/23: \$44,133.44 Salary Base; 100% effort for 12 months = $\$44,133.44 \times 9 = \$397,200.96$

Disease Control Specialist 1 (Classified) – 4 positions

Role: Contact tracing, disease control, referrals

- Jayne Cooper
- Mahtab Mosavibarab
- Karina Tomco
- Jaime Canon

FY 21/22: \$42,819.24 Salary Base; 100% effort for 12 months = $\$42,819.24 \times 4 = \$171,276.96$

FY 22/23: \$44,103.82 Salary Base; 100% effort for 12 months = $\$44,103.82 \times 4 = \$176,415.28$

Call Center Supervisors (Classified) – 2 positions

Role: Oversight of call center staff's work, mentoring, call center tasks, data quality assurance

- Jamie Starrh
- Shana Young

FY 21/22: \$34,990.91 Salary Base; 100% effort for 12 months = $\$34,990.91 \times 2 = \$69,981.82$

FY 22/23: \$36,040.64 Salary Base; 100% effort for 12 months = $\$36,040.64 \times 2 = \$72,081.28$

Fringe**FY 21/22: \$311,792.69**32.8% Professional: $.328 \times \$632,832 = \$207,568.90$ 43.2% Classified: $.432 \times \$241,258.78 = \$104,223.79$ **FY 22/23: \$321,146.47**32.8% Professional: $.328 \times \$651,816.96 = \$213,795.96$ 43.2% Classified: $.432 \times \$248,496.56 = \$107,350.51$ **Total Direct Costs**

FY 21/22: \$1,185,883.47

FY 22/23: \$1,221,460.00

10% Indirect Costs

FY 21/22: \$118,588.35

FY 22/23: \$122,146.00

Total for WCHD

FY 21/22: \$1,304,471.82

FY 21/22: \$1,343,606.00

UNR NVPHTC Admin Support Costs**~5% of WCHD total direct costs:**FY 21/22: $\$1,185,883.47 \times 5\% = \$59,294.17$ FY 22/23: $\$1,221,460.00 \times 5\% = \$61,073.00$ **UNR NVPHTC Personnel Salary**

FY 21/22

Gerold Dermid $\$94,955.42 \times .1 \text{ FTE}/10\%/1.2 \text{ cal mos} = \$9,495.54$ Kelly Morning $\$67,980 \times .1 \text{ FTE}/10\%/1.2 \text{ cal mos} = \$6,798$ Taylor Lensch $\$82,400 \times .29486 \text{ FTE}/29\%/3.54 \text{ cal mos} = \$24,296.66$

FY 22/23

Gerold Dermid $\$97,804.08 \times .1 \text{ FTE}/10\%/1.2 \text{ cal mos} = \$9,780.41$ Kelly Morning $\$70,019.40 \times .1 \text{ FTE}/10\%/1.2 \text{ cal mos} = \$7,001.94$ Taylor Lensch $\$84,872 \times .29486 \text{ FTE}/29\%/3.54 \text{ cal mos} = \$25,025.56$

Professional Support

FY 21/22: \$40,590.20

FY 22/23: \$41,807.91

Fringe**FY 21/22: \$13,313.59**32.8% Professional: $.328 \times \$40,590.20 = \$13,313.59$ **FY 22/23: \$13,712.99**32.8% Professional: $.328 \times \$41,807.91 = \$13,712.99$ **Total Direct Costs**

FY 21/22: \$53,903.79

FY 22/23: \$55,520.90

10% Indirect Costs

FY 21/22: \$5,390.38

FY 22/23: \$5,552.09

Total for UNR NVPHTC

FY 21/22: \$59,294.17

FY 22/23: \$61,072.99

Combined FY 21/22:

Direct Costs: \$1,239,787.25

Indirect Costs: \$123,978.73 (10% F&A Rate)

Total 21/22 Funding Request: \$1,363,765.98

Combined FY 22/23:

Direct Costs: \$1,276,980.89

Indirect Costs: \$127,698.09 (10% F&A Rate)

Total 22/23 Funding Request: \$1,404,678.99

TOTAL REQUEST (24 months): \$2,768,444.97

Washoe County Health District
COVID-19 Response and Resiliency Project
07/01/2021 – 06/30/2023

RATIONALE

Case investigation and contact tracing, a core disease control measure employed by local and state health department personnel for decades, is a key strategy for preventing further spread of COVID-19. Immediate action is needed. Communities must scale up and train a large workforce and work collaboratively across public and private agencies to stop the transmission of COVID-19.

- Centers for Disease Control and Prevention (2020)

SCOPE OF WORK

This proposal is aimed to provide supplemental public health response and recovery efforts of COVID-19 in Washoe County led by a partnership with the Nevada Public Health Training Center (NVPHTC) at the University of Nevada, Reno. Funding for the staffing and administration of a contact tracing, disease investigation, testing, and health promotion program which will provide support for COVID-19 prevention and control in coordination with Washoe County Health District.

DELIVERABLES

Objective 1: Maintain a team and provide administrative support and oversight for a team of employees involved in contact tracing, disease investigation, and testing services:

Full time: 4 Disease Investigation Managers, 13 Contact Tracers/Disease Investigators, 2 Call Center Supervisors
Part time NVPHTC Administrative Support: .49 FTE total (.1 FTE Dermid, .1 FTE Morning, .29 FTE Lensch)

Successful fulfillment of this objective may include:

1. Recruiting qualified applicants, including applicant screening and assessment (Dermid/Lensch)
2. Onboarding staff by completing new hire paperwork and associated trainings (Lensch)
3. Working with Washoe County Health District on site specific training and onboarding (Lensch)
4. Providing ongoing scheduling, approval of hours and leave, general management, and oversight (Lensch)
5. Providing annual evaluations and benefits support, as appropriate (Dermid/Lensch)
6. Providing UNR communications to employees (Dermid)
7. Handling all performance related human resources support, coaching, and documentation (Morning)
8. Fiscal forecasting; monitoring and communicating about contracts and legal agreements (Dermid)
9. Maintaining office hours for staff support (Lensch)

Objective 2: Ensure staff deliver COVID-19 services in alignment with Washoe County Health District standards.

1. Immediately identify and interview people with SARS CoV-2 infections and COVID-19 (i.e., disease) using motivational interviewing techniques
2. Support isolation and dissemination of information to those who are infected
3. Communicate to contacts of their exposure, assessing their symptoms and risk, and providing instructions for next steps
4. Link those with symptoms to testing and care
5. Maintain accurate record keeping and following data entry protocol
6. Maintain high standards of confidentiality and contact information security

Objective 3: Monitor and evaluate the efficiency and effectiveness of ongoing contact tracing services

1. Serve as a liaison to Washoe County Health District on staff performance and outcomes (Morning/Lensch)
2. Analyze staff outcomes and provide key training and professional development skills support, as appropriate (Morning)
3. Collaborate to compile local, state and federal reports, as appropriate (Lensch)
4. Notify the sponsor of any personnel changes i.e. termination or resignation within no less than two weeks prior to the change. (Dermid/Lensch)

Staff Report
Board Meeting Date: May 27, 2021

DATE: May 20, 2021

TO: District Board of Health

FROM: Kristen Palmer, Fiscal Compliance Officer
775-328-2419, kpalmer@washoecounty.us

Heather Kerwin, Epidemiology Program Manager
775-328-6048, hkerwin@washoecounty.us

Jim English, Regional Operations Chief COVID-19 Response & Vaccine Deployment
775-328-2610, jenglish@washoecounty.us

SUBJECT: Approve Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of \$15,159,010 retroactive to January 15, 2021 through June 30, 2023 to support COVID-19 Epidemiology and Laboratory Capacity (ELC), which includes the creation of 2.0 FTE, fully benefitted, full-time positions (Department Systems Specialist, and Department Systems Technician); and authorize the District Health Officer to execute the Notice of Subaward and any future amendments.

SUMMARY

The Washoe County Health District received a Notice of Subaward on May 11, 2021 from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health to support COVID-19 Epidemiology and Laboratory Capacity (ELC). The funding period is retroactive to January 15, 2021 through June 30, 2023. A copy of the Subaward is attached.

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

District Health Strategic Priority supported by this item:

5. Organizational Capacity: Strengthen our workforce and increase operational capacity to support a growing population.

PREVIOUS ACTION

The Board approved Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health, in the amount of \$8,824,923.00 for the period of January 20, 2020 through June 30, 2022 to support COVID-19 Epidemiology and Laboratory Capacity (ELC).

ADMINISTRATIVE HEALTH SERVICES

1001 East Ninth Street, Building B, Reno, Nevada 89512

AHS Office: 775-328-2410 | Fax: 775-328-3752 | washoecounty.us/health

Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



BACKGROUND/GRANT AWARD SUMMARY

This Award supports the Epidemiology and Communicable Disease Program by providing comprehensive epidemiology services for Washoe County to detect, investigate and respond to communicable diseases to reduce their incidence. The scope of work includes continuing with the public health response and recovery efforts, contact tracing, disease investigations, and COVID-19 testing.

The Subaward provides funding for personnel, operating, contractual, other and indirect expenditures.

FISCAL IMPACT

Should the Board approve this subaward, a request will be made to the Board of County Commissioners to amend the adopted FY21 budget, increasing it by \$13,780,918.00 (\$1,378,092.00 indirect expenses) in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase</u>
2002-IO-TBD -431100	Federal Grants	\$ 13,780,918.00
2002-IO-TBD -701412	Salary Adjustment	\$ 778,106.00
2002-IO-TBD -705360	Benefit Adjustment	\$ 364,561.00
2002-IO-TBD -710100	Professional Services	\$ 192,000.00
2002-IO-TBD -710110	Contracted/Temp Svcs	\$ 10,870,770.00
2002-IO-TBD -710200	Service Contracts	\$ 72,000.00
2002-IO-TBD -710215	Operating Contracts	\$ 96,000.00
2002-IO-TBD -710300	Operating Supplies	\$ 250,441.00
2002-IO-TBD -710334	Copier Expense	\$ 12,000.00
2002-IO-TBD -710350	Office Supplies	\$ 50,000.00
2002-IO-TBD -710500	Other Expense	\$ 1,000,000.00
2002-IO-TBD -711509	Computer Software- non-cap	\$ 95,040.00

RECOMMENDATION

It is recommended that the District Board of Health approve Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of \$15,159,010 retroactive to January 15, 2021 through June 30, 2023 to support COVID-19 Epidemiology and Laboratory Capacity (ELC), which includes the creation of 2.0 FTE, fully benefitted, full-time positions (Department Systems Specialist, and Department Systems Technician); and authorize the District Health Officer to execute the Notice of Subaward and any future amendments.

Subject: Approve ELC Enhancing Detection Expansion Subaward

Date: May 27, 2021

Page 3 of 3

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of \$15,159,010 retroactive to January 15, 2021 through June 30, 2023 to support COVID-19 Epidemiology and Laboratory Capacity (ELC), which includes the creation of 2.0 FTE, fully benefitted, full-time positions (Department Systems Specialist, and Department Systems Technician); and authorize the District Health Officer to execute the Notice of Subaward and any future amendments."



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

Agency Ref. #: **SG 25222**
 Budget Account: 3219
 Category: 13
 GL: 8516
 Sub Org: C5
 Job Number: 9332321V

NOTICE OF SUBAWARD

Program Name: Epidemiology and Laboratory Capacity (ELC) Office of Public Health Investigations and Epidemiology (OPHIE)	Subrecipient's Name: Washoe County Health District (WCHD) Kevin Dick, District Health Officer, WCHD
Address: 4150 Technology Way, Suite #300 Carson City, NV 89706-2009	Address: 1001 East Ninth Street Reno, NV 89502
Subaward Period: January 15, 2021 through June 30, 2023	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400 Dun & Bradstreet: 073786998

Purpose of Award: Washoe County Health District will use these funds to expand on their COVID-19 activities

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

Approved Budget Categories:		FEDERAL AWARD COMPUTATION:	
1. Personnel	\$1,142,667.00	Total Obligated by this Action:	\$ 15,159,010.00
2. Travel	\$0.00	Cumulative Prior Awards this Budget Period:	\$ 0.00
3. Operating	\$300,441.00	Total Federal Funds Awarded to Date:	\$ 15,159,010.00
4. Equipment	\$0.00	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
5. Contractual/Consultant	\$10,870,770.00	Amount Required this Action:	\$ 0.00
6. Training	\$0.00	Amount Required Prior Awards:	\$ 0.00
7. Other	\$1,467,040.00	Total Match Amount Required:	\$ 0.00
TOTAL DIRECT COSTS	\$13,780,918.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
8. Indirect Costs	\$1,378,092.00	Federal Budget Period: 08/01/2020 through 07/31/2021	
TOTAL APPROVED BUDGET	\$15,159,010.00	Federal Project Period: 08/01/2019 through 07/31/2024	

Source of Funds: The Centers for Disease Control and Prevention: ELC Enhancing Detection Expansion	% Funds: 100%	CFDA: 93.323	FAIN: NU50CK000560	Federal Grant #: 6 NU50CK000560-02-04	Grant Award Date by Federal Agency: 01/14/2021
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Agency Approved Indirect Rate: 7.3% **Subrecipient Approved Indirect Rate:** 10%

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.

Incorporated Documents:	Section E: Audit Information Request;
Section A: Grant Conditions and Assurances;	Section F: Current/Former State Employee Disclaimer;
Section B: Description of Services, Scope of Work and Deliverables;	Section G: DHHS Business Associate Addendum; and
Section C: Budget and Financial Reporting Requirements;	
Section D: Request for Reimbursement;	

Name	Signature	Date
Kevin Dick District Health Office, WCHD		
Lindsey Kinsinger OPHIE Manager		
for Lisa Sherych Administrator, DPBH		

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

**SECTION A
GRANT CONDITIONS AND ASSURANCES**

General Conditions

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

Grant Assurances

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

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**
8. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
9. Certification that neither the Recipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations

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

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 Washoe County Health District

Goal 1: Hire staff to assist with COVID-19 activities

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<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>

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1. Hire one Department Systems Specialist	1. Plan, manage, and administer, install, troubleshoot, repair and conduct performance tuning of a variety of servers to include SQL database servers, web servers, file servers, print servers, and proxy servers. Setup and maintain user accounts, printers, and peripherals. Plan, manage, and test back-up procedures and operations to protect data integrity of all servers in the department. Perform desktop and end user computer support, install software and upgrades on local workstations. Diagnose user hardware and software problems to include operating systems, applications suites, messaging, and network connectivity. Research and evaluate business requirements and processes.	07/01/2021	1. Monthly Activity Report
2. Hire one Department Systems Technician	2. Provide support to departmental users, including setting up user-specific screens, installation of software programs and upgrades on local workstations, troubleshooting user hardware/software problems, and performing system administration and maintenance in coordination with Technology Services staff.	07/01/2021	2. Monthly Activity Report
3. Hire 5 POST/POD temp Staff members	3. Review information provided from the client and cross reference it with the appointment/reservation schedule. Verify client information. Adhere note on vehicle with assigned appointment/reservation number. Direct clients to next appropriate station. Pull client paperwork (consent, lab form, and labels) and deliver to testing station. Direct clients to testing station. Manage the daily roster of appointments. Determine availability and approval of drop-in testing. Verify the number of individuals tested, the number of no-shows, and the number of test kits consumed. Direct traffic through the COVID-19 testing site.	07/01/2021	3. Monthly Activity Report
4. Hire one Operations Manager	4. Oversee and manage the Washoe County testing operations, including homebound and non-traditional testing	07/01/2021	4. Monthly Activity Report
5. Hire one Program Manager	5. Identifying and interviewing people with SARS CoV-2 infections and COVID-19 (i.e., disease) using motivational interviewing techniques. Supporting isolation and dissemination of information to those who are infected. Communicating to contacts of their exposure, assessing their symptoms and risk, and providing instructions for next steps. Linking those with symptoms to testing and care. Maintaining accurate record keeping and following data entry protocol. Maintaining high standards of confidentiality and contact information security	07/01/2021	5. Monthly Activity Report
6. Hire Contact Tracers Temp-38 FTE	6. Collect basic demographic information, symptoms, occupation and other health information from callers. Enter and retrieve data including test results in database according to clearly defined instructions and criteria. File, locate and retrieve information according to alphabetical, numerical, coded or other established records maintenance systems; maintain and update filing and/or record systems.	07/01/2021	6. Monthly Activity Report
7. Hire Call Center Staff Temp-20 FTE	7. Provide training, technical assistance and mentorship to Administrative Assistant 1 staff during assigned shifts. Ensure incoming work is processed and assigned to Administrative Assistant 1 staff throughout working day. Ensure Administrative Assistant 1 staff remain productive and on task throughout shift. Take the lead on sensitive or challenging situations or phone calls. Continually work to ensure data confidentiality and security. Provide quality control, review, and data cleaning related to Administrative Assistant 1 staff. Maintain active communication with Manager and attend team meetings.	07/01/2021	7. Monthly Activity Report
8. Hire Call Center Leads Temp-2 FTE	8. Scheduling and supervising a team of up to 10 assigned contact tracers at any given time to provide mentorship and support. Training and providing technical assistance to contact tracers during assigned shifts. Taking the lead on sensitive or challenging cases. Assuring data confidentiality and security. Providing quality control, review, and data cleaning related to contact investigation of the assigned team. Maintaining active communication with Manager and attending team meetings.	07/01/2021	8. Monthly Activity Report
9. Hire Contact Tracer Leads- 4 FTE	9. Scheduling and supervising a team of up to 10 assigned contact tracers at any given time to provide mentorship and support. Training and providing technical assistance to contact tracers during assigned shifts. Taking the lead on sensitive or challenging cases. Assuring data confidentiality and security. Providing quality control, review, and data cleaning related to contact investigation of the assigned team. Maintaining active communication with Manager and attending team meetings.	07/01/2021	9. Monthly Activity Report

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<p>10. Hire Contact Tracer - 10 FTE</p> <p>11. Hire Call Center Leads - 2 FTE</p> <p>12. Hire Epi Data Support- 5 FTE</p> <p>13. Office Assistants - 4 FTE</p>	<p>10. Immediately identifying and interviewing people with SARS CoV-2 infections and COVID-19 (i.e., disease) using motivational interviewing techniques. Supporting isolation and dissemination of information to those who are infected. Communicating to contacts of their exposure, assessing their symptoms and risk, and providing instructions for next steps. Linking those with symptoms to testing and care. Maintaining accurate record keeping and following data entry protocol. Maintaining high standards of confidentiality and contact information security</p> <p>11. Provide training, technical assistance and mentorship to Administrative Assistant 1 staff during assigned shifts. Ensure incoming work is processed and assigned to Administrative Assistant 1 staff throughout working day. Ensure Administrative Assistant 1 staff remain productive and on task throughout shift. Take the lead on sensitive or challenging situations or phone calls. Continually work to ensure data confidentiality and security. Provide quality control, review, and data cleaning related to Administrative Assistant 1 staff. Maintain active communication with Manager and attend team meetings.</p> <p>12. Enter COVID-19 case data into various databases, ensuring data consistency and completeness across systems. Cleaning data, mapping data, verifying data accuracy and validity</p> <p>13. Perform receptionist duties and answer telephones; greet callers and visitors and provide basic information regarding department activities; refer callers and visitors to appropriate personnel or offices; answer general questions; take and relay accurate phone messages.</p>	<p>07/01/2021</p> <p>07/01/2021</p> <p>07/01/2021</p> <p>07/01/2021</p>	<p>10. Monthly Activity Report</p> <p>11. Monthly Activity Report</p> <p>12. Monthly Activity Report</p> <p>13. Monthly Activity Report</p>
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Goal 2: Purchase supplies for COVID activities

Objective	Activities	Due Date	Documentation Needed
<p>1. Purchase office supplies</p> <p>2. Purchase operating supplies</p>	<p>1. Continuity of day to day activities and operations.</p> <p>2. Operating supplies to include but not limited to PPE (i.e., masks, gloves, gowns, PAPR/CAPRs, PAPR chargers, disinfectant/cleaning supplies, safety equipment, testing supplies, POST and POD supplies</p>	<p>07/31/2023</p> <p>07/31/2023</p>	<p>1. Monthly Activity Report</p> <p>2. Monthly Activity Report</p>

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

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SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant Number 6 NU50CK00560-02-04 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 6 NU50CK00560-02-04 from The Centers for Disease Control and Prevention.

Subrecipient agrees to adhere to the following budget:

BUDGET NARRATIVE

Total Personnel Costs		including fringe			Total:		\$1,142,667.00
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>	
<u>Gayle Erickson Administrative Assistant I</u>	\$61,000.00	40%	100%	24	200.00%	\$170,800	
<p>Provide staff support to division/department, including coordination and organization of services and activities; recommendations for organizational or procedural changes affecting support activities; recommendations for improvements in work methods, techniques, systems and equipment. Conduct, coordinate, supervise and monitor special projects, assignments and activities; collect, compile and analyze information on a variety of issues affecting departmental/divisional activities such as program effectiveness, operations, workflow improvement/simplification, or implementation of cost reductions to identify alternatives and provide recommendations for change. Develop recommendations by researching current practice and other criteria to formulate and create new systems or revise established systems and procedures. Class Code: 00174 Date Est: 04/1981 Last Rev: 07/2017 Last Title Chg: FLSA: non-exempt Probation: 12 months CLASS SPECIFICATION 60000174 (Administrative Assistant I) Page 2 Perform a variety of administrative duties for management such as purchasing, contract administration, payment tracking and agencies/customer billings. Formulate, prepare and monitor assigned budget(s) by recommending expenditures for designated accounts, monitoring approved budget(s), coordinating administrative accounting systems and auditing fiscal records to ensure financial integrity. Coordinate/oversee assigned services and activities with other programs, divisions, departments, outside agencies/organizations and others to ensure compliance with relevant local, state and federal guidelines. Implement and interpret operating policies and procedures to assist in the installation of new operating methods and procedures. Initiate and maintain a variety of resource materials, files and records (computerized and manual) for areas of assignment; maintain control files on matters in progress; maintain and update resource materials to aid efficient departmental operations. May supervise staff including training, scheduling, work assignments, work review, performance appraisal, discipline, coaching and development. Ensure that assigned personnel perform duties and responsibilities in a safe and prudent manner that does not expose them or others to unnecessary harm or risk of on-the-job injury</p>							
<u>TBD Office Support Specialist</u>	\$51,000.00	52.5%	100%	24	200%	\$155,550	
<p>Responds to public and staff inquiries and provides information or resolves problems which require explanation of County, departmental or program rules, policies, contracts, board actions, and ordinances; coordinates unit activities with other departmental sections/divisions, departments or outside agencies. Performs clerical and secretarial support services to management, boards and committees; prepares and posts agendas; transcribes, records, and distributes minutes and records; maintains minute books and confidentiality of discussions; affixes County seal to approved documents. Leads, plans and reviews the work of clerical support staff; provides training in work methods, techniques, use and operation of equipment, and participates in performance evaluations; evaluates and recommends improvements in workflow, procedures and use of equipment or forms. Establishes and maintains general and technical record keeping systems; maintains and updates resource and reference materials; encodes, enters and retrieves information using specialized software; produces, verifies and distributes reports. Recruits, selects, organizes, trains, and schedules volunteers; promotes programs within the community; presents topics related to sponsored programs; evaluates program progress and success; maintains all related documentation and records. Encodes, processes, audits, and prepares purchase orders; coordinates with vendors and users and resolves problems; obtains and verifies pricing and other purchasing related information; participates in the bid award process; reconciles purchase orders, change orders and related paperwork to ensure proper billing and payment; maintains all related documentation and records. Performs a variety of advanced general administrative and legal duties; prepares legal notices for publications, mail notices of hearings, and new ordinances; assists in reviewing, recording, indexing, and scanning map documents; research, develops, recommends, and implements changes in office and departmental operating processes and procedures. Maintains financial records; posts prepared data and verifies entry; prepares bank deposits; processes invoices; monitors account balances and performs account transfers. Ensures that assigned personnel perform duties and responsibilities in a safe and prudent manner.</p>							
<u>Petra Bartella Grants Coordinator</u>	\$71,000.00	47%	100%	24	200%	\$208,740	
<p>Research and maintain information on available federal, state, local and private grant funding sources. Prepare grant applications and recommendations for new funding sources in conjunction with needs assessments and program evaluations to better achieve department/program goals and objectives. Compile, prepare and maintain accounting files/records and grant applications. Plan for and coordinate grant reporting processes and prepare and submit required grant performance reports to granting agencies; prepare and review grant closeout materials. Ensure compliance with conditions of grants by assisting with the coordination of agreements, contracts, expenses, activities and federal and state regulations. Coordinate with program managers to participate with the administration of the assigned budget by monitoring expenditures and</p>							

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revenues and determining allowable and unallowable activities and expenses. Monitor and balance grant accounts; may verify availability of funds and/or collaborate on the classification of expenditures. Utilize community support networks by meeting with representatives of government bodies, local businesses, and other groups or organizations to promote program objectives, develop new grant programs and solicit participation, efficiently utilizing available expertise. Class Code: 15153 Date Est: 07/2004 Last Rev: 10/2019 Last Title Chg: FLSA: non-exempt Probation: 12 months CLASS SPECIFICATION 60015153 (Grants Coordinator) Page 2 Prepare and analyze fiscal reports, statements and schedules; prepare new-year, mid-year and year-end reports; ensure timely preparation and submissions of various reports as required by grantor. May administer and monitor professional service agreements. Coordinate and communicate activities with associated County offices, departments, the County Grants Administrator. Develop, monitor and maintain grant project tracking systems to ensure timely preparation of grant applications and implementation of grant requirements. Maintain a variety of files and records related to grant/program activities; prepare financial, statistical and operational reports for compliance with grant requirements. May prepare and recommend the program budget; make recommendations for space utilization and purchase of equipment and supplies; approve expenditures and monitor budget accounts.

	Annual Salary	Fringe Rate	% of Time	Months	Annual % of Months worked	Amount Requested
TBD <u>Department Systems Specialist</u>	\$72,000.00	48%	100%	24	200.00%	\$213,120

Plan, manage, and administer, install, troubleshoot, repair and conduct performance tuning of a variety of servers to include SQL database servers, web servers, file servers, print servers, and, proxy servers. Setup and maintain user accounts, printers, and peripherals. Plan, manage, and test back-up procedures and operations to protect data integrity of all servers in the department. Perform desktop and end user computer support, install software and upgrades on local workstations. Diagnose user hardware and software problems to include operating systems, applications suites, messaging, and network connectivity. Research and evaluate business requirements and processes. Class Code: 17600 Date Est: 12/2013 Last Rev: 03/2014 Last Title Chg: 03/2014 FLSA: non-exempt Probation: 12 months CLASS SPECIFICATION Design, develop, and test business logic/rules and SQL reports. Maintain and configure system databases and database tables. Test and evaluate new products and make recommendations based on results. Monitor network status and performance. Coordinate with County and State IT departments to resolve problems and provide solutions for connectivity and access issues and to coordinate changes in computer systems, networks, and components. Determine user needs and design, develop, program and test web applications using scripting languages and web-based content management systems. Prepare reports on the system, components, and software for management. Research and analyze proposed computer applications to determine appropriate usage and compatibility with County hardware and standards. Coordinate with Technology Services staff to gather information and to make recommendations for the implementation of specialized hardware systems, specialized software systems or applications to ensure systems are functioning properly. Coordinate with Technology Services staff, department staff and vendors in the planning and installation of specialized software, ensuring compatibility of software with all County policies and standards Work with vendors to implement systems and resolve problems in a timely manner. Serve as liaison with users of specialized software to ensure that standards are maintained within vendor-supplied software packages; maintain files of vendor and product information. Maintain inventory of department computer hardware and software, coordinate with Technology Services staff regarding installation of hardware and peripheral devices in accordance with the PC Refresh Program. May generate and approve purchase requisitions for computer hardware and software. Establish data entry standards, create and maintain documentation on database structure; may administer and maintain databases for use by various divisions and outside agencies. Develop, implement and maintain design and content for internet and intranet websites. Design and implement online, interactive web-based data management and reporting systems. Develop and maintain documentation for department and user specific, mission critical, software. Train user department staff responsible for the entry and manipulation of data in the use and capabilities of specialized software. Provide individual and classroom training to department staff in the use and application of specialized hardware and software. Provide support to departmental users, including setting up user-specific screens, installation of software programs and upgrades on local workstations. Diagnose user hardware/software problems in coordination with Technology Services staff, Perform system administration. Assist users in preparing graphic material, training documents, brochures, and various other materials using department specific software. Design, develop, and generate a variety of department specific queries and reports using a variety of report-generating software and information sources. Represent assigned department at meetings with Technology Services and participate on committees involving county information technology.

	Annual Salary	Fringe Rate	% of Time	Months	Annual % of Months worked	Amount Requested
TBD <u>Department Systems Technician</u>	\$63,000.00	50%	100%	24	200.00%	\$189,000

Provide support to departmental users, including setting up user-specific screens, installation of software programs and upgrades on local workstations, troubleshooting user hardware/software problems, and performing system administration and maintenance in coordination with Technology Services staff. Coordinate with Technology Services and department staff to gather information and assist in developing recommendations for the implementation of specialized hardware systems, software systems or applications to ensure systems are functioning properly. Coordinate with Technology Services, department staff, and vendors in the planning and installation of specialized software, ensuring compatibility of software with all County policies and standards. Class Code: 17651 Date Est: 12/2013 Last Rev: 09/2017 Last Title Chg: 03/2014 FLSA: non-exempt Probation: 12 months CLASS SPECIFICATION 60017651 Department Systems Technician Page 2 Develop and maintain internet and intranet websites using web-based content management systems. Serve as liaison with users of specialized software to ensure that standards are maintained within vendor-supplied software packages; maintain files of vendor and product information. Research and analyze proposed computer applications to determine appropriate usage and compatibility with county issued hardware and standards. Respond to assigned department staff as the first level of assistance for computer-related questions or problems involving, hardware, software, or network issues. Setup and maintain user accounts, printers, and peripherals. Assist staff to install, troubleshoot, repair and conduct performance tuning of a variety of servers to include SQL database servers, web servers, file servers, print servers, and, proxy servers. Conduct inventory of department computer hardware and software, coordinate with Technology Services staff regarding installation of hardware and peripheral devices in accordance with the PC Refresh Program. Generate purchase requisitions for computer hardware and software. Assist in developing data entry standards, create and maintain documentation on database structure; may administer and maintain databases for use by various agencies. Develop and maintain documentation for department and user specific, mission critical, software. Provide individual and classroom training to department staff in the use and application of specialized hardware and software. Assist users in preparing graphic material, training documents, brochures, and various other materials using department specific software. Design, develop, and generate a variety of department specific reports using a variety of report-generating software and information sources. May represent assigned departments at meetings with the Technology Services Department and participate on committees involving county information technology.

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Scope of Work: Provide training, technical assistance and mentorship to Administrative Assistant 1 staff during assigned shifts. Ensure incoming work is processed and assigned to Administrative Assistant 1 staff throughout working day. Ensure Administrative Assistant 1 staff remain productive and on task throughout shift. Take the lead on sensitive or challenging situations or phone calls. Continually work to ensure data confidentiality and security. Provide quality control, review, and data cleaning related to Administrative Assistant 1 staff. Maintain active communication with Manager and attend team meetings.				
Name of Contractor, Subrecipient: TBD Call Center Leads Temp-2 FTE		Total	\$241,624	
Method of Selection: Competitive bid				
Period of Performance: July 1, 2021 through June 30, 2023				
Scope of Work: Scheduling and supervising a team of up to 10 assigned contact tracers at any given time to provide mentorship and support. Training and providing technical assistance to contact tracers during assigned shifts. Taking the lead on sensitive or challenging cases. Assuring data confidentiality and security. Providing quality control, review, and data cleaning related to contact investigation of the assigned team. Maintaining active communication with Manager and attending team meetings.				
Name of Contractor, Subrecipient: TBD Contact Tracer Leads- 4 FTE		Total	\$758,016	
Method of Selection: Competitive bid				
Period of Performance: July 1, 2021 through June 30, 2023				
Scope of Work: Scheduling and supervising a team of up to 10 assigned contact tracers at any given time to provide mentorship and support. Training and providing technical assistance to contact tracers during assigned shifts. Taking the lead on sensitive or challenging cases. Assuring data confidentiality and security. Providing quality control, review, and data cleaning related to contact investigation of the assigned team. Maintaining active communication with Manager and attending team meetings.				
Name of Contractor, Subrecipient: TBD Contact Tracer - 10 FTE		Total	\$1,374,572	
Method of Selection: Competitive bid				
Period of Performance: July 1, 2021 through June 30, 2023				
Scope of Work: Immediately identifying and interviewing people with SARS CoV-2 infections and COVID-19 (i.e., disease) using motivational interviewing techniques. Supporting isolation and dissemination of information to those who are infected. Communicating to contacts of their exposure, assessing their symptoms and risk, and providing instructions for next steps. Linking those with symptoms to testing and care. Maintaining accurate record keeping and following data entry protocol. Maintaining high standards of confidentiality and contact information security				
Name of Contractor, Subrecipient: TBD Call Center Leads - 2 FTE		Total	\$246,956	
Method of Selection: Competitive bid				
Period of Performance: July 1, 2021 through June 30, 2023				
Scope of Work: Provide training, technical assistance and mentorship to Administrative Assistant 1 staff during assigned shifts. Ensure incoming work is processed and assigned to Administrative Assistant 1 staff throughout working day. . Ensure Administrative Assistant 1 staff remain productive and on task throughout shift. Take the lead on sensitive or challenging situations or phone calls. Continually work to ensure data confidentiality and security. Provide quality control, review, and data cleaning related to Administrative Assistant 1 staff. Maintain active communication with Manager and attend team meetings.				
Name of Contractor, Subrecipient: TBD Epi Data Support- 5 FTE		Total	\$503,412	
Method of Selection: Competitive bid				
Period of Performance: July 1, 2021 through June 30, 2023				
Scope of Work: Enter COVID-19 case data into various databases, ensuring data consistency and completeness across systems. Cleaning data, mapping data, verifying data accuracy and validity.				
Name of Contractor, Subrecipient: TBD Office Assistants - 4 FTE		Total	\$415,200	
Method of Selection: Competitive bid				
Period of Performance: July 1, 2021 through June 30, 2023				
Scope of Work: Perform receptionist duties and answer telephones; greet callers and visitors and provide basic information regarding department activities; refer callers and visitors to appropriate personnel or offices; answer general questions; take and relay accurate phone messages. Type, proofread and distribute materials such as correspondence, forms and reports. Enter and retrieve data in computer according to clearly defined instructions and criteria. File, locate and retrieve information according to alphabetical, numerical, coded or other established records maintenance systems; maintain and update filing and/or record systems, mailing lists and other specialized record keeping information. Class Code: 0014 Date Est: 03/2001 Last Rev: 10/2015 Last Title Chg: FLSA: Non-exempt Probation: 6 months CLASS SPECIFICATION Scan and upload documents using imaging software and ensure scanned copies are clean and legible for later retrieval; appropriately file and organize documents within the software; review all work for accuracy and completeness; and maintain confidentiality of all information. Maintain and monitor office and/or specialized supplies and related equipment. Duplicate, collate, assemble and distribute materials according to established department policies and procedures. Pick up, receive, open, date stamp, sort and disseminate incoming mail and other materials to appropriate department staff. Photograph new employees and prepare ID badges, ensuring each badge has correct security authorizations for access into appropriate locations.				
Training			Total:	\$0.00
N/A				
Other			Total:	\$1,467,040.00
Contract for moving POST/POD operations		\$1,000,000		
Contract for POST/POD operations (portable office buildings, restrooms, handwashing, etc.)		\$96,000		
Language Line \$8,000/mo. x 24mos		\$192,000		

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Copier Lease / Copy Exp 2 machines @ \$500/mo. x 24 mos.	\$12,000			
Contract COVID testing home bound	\$72,000			
Annual software subscription 80 licenses@ \$1,188 per license	\$95,040			
<i>Justification: Relocation of POST/POD due to current location being multi-use and special events may be held at current site. Sustain continued operations, safely store materials and supplies. Engage with non-English speaking clients. Operational necessity. Reaching disparate populations, typically low income and elderly populations. Scheduling, tracking and result notification.</i>				
TOTAL DIRECT CHARGES				\$ 13,780,918
Indirect Charges		Indirect Rate:	10%	\$1,378,092
Indirect Methodology: WCHD has a 10% indirect rate established with DHHS				
TOTAL BUDGET				Total: \$15,159,010.00

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Applicant Name: Washoe County Health District
PROPOSED BUDGET SUMMARY

Form 2

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	Other Funding	Program Income	TOTAL
SECURED										
ENTER TOTAL REQUEST	\$15,159,010	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$15,159,010

EXPENSE CATEGORY

Personnel	\$1,142,667									\$1,142,667
Travel	\$0									
Operating	\$300,441									\$300,441
Equipment	\$0									
Contractual/Consultant	\$10,870,770									\$10,870,770
Training	\$0									
Other Expenses	\$1,467,040									\$1,467,040
Indirect	\$1,378,092									\$1,378,092

TOTAL EXPENSE	\$15,159,010	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$15,159,010
These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Total Indirect Cost	\$1,375,115
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Total Agency Budget	\$15,159,010
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

C. Program Income Calculation:

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- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

The Subrecipient agrees:

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

- Total reimbursement through this subaward will not exceed \$15,159,010;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional expenditure detail will be provided upon request from the 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 division will make one site visit annually
- 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 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

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SECTION D**

Agency Ref. #: **SG 25222**
 Budget Account: 3219
 GL: 8516
 Draw #: _____

Request for Reimbursement

Program Name: Epidemiology and Laboratory Capacity (ELC) Office of Public Health Investigations and Epidemiology (OPHIE)	Subrecipient Name: Washoe County Health District (WCHD) Kevin Dick, District Health Officer, WCHD
Address: 4150 Technology Way, Suite #300 Carson City, NV 89706-2009	Address: 1001 East Ninth Street Reno, NV 89502
Subaward Period: January 15, 2021 through June 30, 2023	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

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

	Month(s)	Calendar year				
Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$1,142,667.00	\$0.00	\$0.00	\$0.00	\$1,142,667.00	0.0%
2. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Operating	\$300,441.00	\$0.00	\$0.00	\$0.00	\$300,441.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$10,870,770.00	\$0.00	\$0.00	\$0.00	\$10,870,770.00	0.0%
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$1,467,040.00	\$0.00	\$0.00	\$0.00	\$1,467,040.00	0.0%
8. Indirect	\$1,378,092.00	\$0.00	\$0.00	\$0.00	\$1,378,092.00	0.0%
Total	\$15,159,010.00	\$0.00	\$0.00	\$0.00	\$15,159,010.00	0.0%

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
<i>INSERT MONTH/QUARTER</i>	\$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? June 30th

4. What is the official name of your organization? Washoe County Health District

5. How often is your organization audited? Annually

6. When was your last audit performed? December 2020

7. What time-period did your last audit cover? July 1, 2019 - June 30, 2020

8. Which accounting firm conducted your last audit? Eide Bailly

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

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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.

STATE OF NEVADA
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NOTICE OF SUBAWARD

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.

DD_AH _____
DHO _____ KD

Staff Report
Board Meeting Date: May 27, 2021

DATE: May 5, 2021

TO: District Board of Health

FROM: Kristen Palmer, Fiscal Compliance Officer
775-328-2419, kpalmer@washoecounty.us

Daniel Inouye, Air Quality Supervisor
775-784-7214, dinouye@washoecounty.us

SUBJECT: Approval of the donation of various 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.

SUMMARY

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

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

May 23, 2019: The DBOH approved the donation of 3 - skid-mounted monitoring shelters with a current market value estimated at \$-0-. No recipients were identified.

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

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

BACKGROUND

AQMD currently operates and maintains a network of seven (7) monitoring sites located in southern Washoe County. The AQMD provides real-time air pollution data 24/7/365 through websites such as AirNow.gov. Monitoring equipment are generally replaced on a ten-year schedule to ensure data quality requirements are met. Rather than disposing of these obsolete equipment AQMD has established relationships with a number of organizations in the community

Subject: Donation of Obsolete Ambient Air Monitoring Equipment

Date: May 27, 2021

Page 2 of 2

that identified value in the equipment. Past recipients of these donations have been the University of Nevada, Reno (UNR) - Atmospheric Sciences; UNR - Seismology Department; Desert Research Institute; and Washoe County Community Services Department - Facilities Management.

The equipment identified in the following table will follow the process of notifying Washoe County Purchasing, Health District Administrative Health Services, and grantors to confirm the \$-0- value and coordinate the removal of the equipment from the current inventory. The obsolete equipment will be offered to all Washoe County Departments. Equipment with no interest from within the County will then be offered to other air quality management agencies and community organizations.

Quantity	Description	Recipient	Notes
1	E-BAM Portable PM _{2.5} Sampler	TBD	---
9	EnviroNics 6103 Calibrators	TBD	---

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends the District Board of Health approve the donation of various 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.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve the donation of various 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 Report
Board Meeting Date: May 27, 2021

DATE: May 6, 2021
TO: District Board of Health
FROM: Francisco Vega, Director, Air Quality Management Division
775-784-7211, fvega@washoecounty.us
SUBJECT: Recommendation for the Board to uphold an uncontested citation issued to Reno Red Rock, LLC, Case No. 1284, Notice of Violation No. AQMV21-0020 with a \$600.00 penalty.

SUMMARY

The Washoe County Air Quality Management Division (AQMD) staff recommends Notice of Violation (NOV) No. AQMV21-0020 be **upheld** and a fine in the amount of **\$600.00** be levied against Reno Red Rock, LLC for failure to obtain a Dust Control Permit prior to the commencement of a dust generating activity. This action is a **minor violation** of the District Board of Health Regulations Governing Air Quality Management (DBOH Regulations), specifically Section 040.030 C.3. Dust Control Permit Requirements.

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 actions.

BACKGROUND

On December 23, 2020 an Air Quality Specialist Trainee (AQST) was on routine patrol when construction activity was observed at 210 Silver Lake Road that appeared to exceed one 1 acre. The specialist observed the perimeter of the project area and did not see a Dust Control Permit sign posted.

The AQST inquired with Supervisor of F&P Construction to determine if the site had a Dust Control Permit. The Project Manager for F&P Construction stated the site did have a Dust Control Permit but didn't have the Permit Number immediately available. Prior to departing the site, the AQST took photo evidence of the dirt work occurring and the scope of the project.

Upon return to the office, the AQST researched the parcel number using Washoe Regional Mapping System and the air quality databases however was unable to find an active Dust Control

Permit for the project address. The area of disturbance exceeded 1 acre as determined using Washoe Regional Mapping System.

The AQST called Dennis Banks Construction and described the situation. After speaking with a representative with Dennis Banks Construction, it was determined that a Dust Control Permit was not obtained prior to commencement of construction and dirt work activity. The specialist asked them to halt operations immediately and to apply for a Dust Control Permit.

On December 23, 2020 Dennis Banks Construction submitted a Dust Control Permit Application and on December 29, 2020 Dust Control Permit No. APCP20-0237 for 2.25 acres was issued to Reno Red Rock, LLC.

NOV No. AQMV21-0020 and associated documentation supporting the NOV was sent certified mail to the offices of Reno Red Rock LLC and was received on March 30, 2021. The certified mail contained the instructions for filing an appeal of the NOV to the Air Pollution Control Hearing Board and the "Appeal Petition to the Air Pollution Control Hearing Board" form.

An appeal of NOV No. AQMV21-0020 was not exercised by Reno Red Rock LLC within the 10-day appeal timeframe. As such, NOV No. AQMV21-0020 was determined to be final by the AQMD with a penalty amount of \$600.00.

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 Reno Red Rock LLC, Case No. 1284, Notice of Violation No. AQMV21-0020, with a \$600.00 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 No. AQMV21-0020; or
2. The Board may determine to uphold Notice of Violation No. AQMV21-0020 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 Reno Red Rock LLC, Case No. 1284, Notice of Violation No. AQMV21-0020 with a \$600.00 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. 1284, Notice of Violation No. AQMV21-0020, issued to Reno Red Rock LLC.”, or
2. “Move to uphold Case No. 1284, Notice of Violation No. AQMV21-0020, 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 Reno Red Rock LLC to be properly noticed.”

**WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION
1001 East Ninth Street Suite B171
Reno, Nevada 89512**

NOTICE OF VIOLATION

ISSUED TO

**Reno Red Rock, LLC
210 Silver Lake Road
Notice of Violation No. AQMV21-0020
Date of Issuance: March 26, 2021
Case No. 1284**

The Air Quality Management Division of the Washoe County Health District (AQMD) has determined that Reno Red Rock, LLC is in violation of the Washoe County District Board of Health Regulations Governing Air Quality Management 040.030 Section C. 3. Dust Control Permit Requirements.

1. BASIS OF VIOLATION

A. Violation

Failure to obtain a Dust Control Permit prior to commencement of a dust generating activity 1 acre or greater.

B. Regulatory Authority

The Washoe County District Board of Health Regulations Governing Air Quality Management 040.030 Section C. 3. Dust Control Permit Requirements:

DUST CONTROL PERMIT REQUIREMENTS: The owner and/or operator of a dust generating activity shall apply for and obtain a Dust Control Permit prior to commencement of the dust generating activity. In the Dust Control Permit application, the owner and/or operator shall designate a person responsible for compliance with the "District Board of Health Regulations Governing Air Quality Management." Failure to comply with the provisions of an approved Dust Control Permit shall be deemed a violation of this Rule.

C. Facts to Constitute the Violation

On December 23, 2020 an Air Quality Specialist Trainee (AQST) was on routine patrol when construction activity was observed at 210 Silver Lake Road that appeared to exceed one 1 acre. The specialist observed the perimeter of the project area and did not see a Dust Control Permit sign posted.

The AQST inquired with Supervisor of F&P Construction to determine if the site had a Dust Control Permit. The Project Manager for F&P Construction stated the site did have a Dust Control Permit but didn't have the Permit Number immediately available. Prior to departing the site, the AQST took photo evidence of the dirt work occurring and the scope of the project.

Upon return to the office, the AQST researched the parcel number using Washoe Regional Mapping System and the air quality databases however was unable to find an active Dust Control Permit for the project address. The area of disturbance exceeded 1 acre as determined using Washoe Regional Mapping System.

The AQST called Dennis Banks Construction and described the situation. After speaking with a representative with Dennis Banks Construction, it was determined that a Dust Control Permit was not obtained prior to commencement of construction and dirt work activity. The specialist asked them to halt operations immediately and to apply for a Dust Control Permit.

On December 23, 2020 Dennis Banks Construction submitted a Dust Control Permit Application and on December 29, 2020 Dust Control Permit No. APCP20-0237 for 2.25 acres was issued to Reno Red Rock, LLC.

2. APPEAL PROCEDURE AND TIME LIMITATIONS

A. Appeal Procedure

Reno Red Rock, LLC is advised that within (10) working days of the receipt of this Notice of Violation, Reno Red Rock, LLC may submit a written petition for appeal to the Washoe County Air Quality Hearing Board. The written petition for appeal shall be submitted to the AQMD at the following address:

Washoe County Health District
Air Quality Management Division
1001 East Ninth Street Suite B171
Reno, Nevada 89512

Failure to submit a petition for appeal within the specified timeframe will result in the submission of this Notice of Violation to the Washoe County District Board of Health with a recommendation for the assessment of an administrative fine of \$600.00.

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

Company Name Reno Red Rock, LLC.
Contact Name Dennis Banks
Case Number 1284

I. Violation of Section 040.030 Section C.3. Dust Control Permit Requirements

I. Recommended Penalty = \$ 600.00

II. Violation of Section 0

II. Recommended Penalty = \$ 0.00

III. Violation of Section 0

III. Recommended Penalty = \$ 0.00

IV. Violation of Section 0

IV. Recommended Penalty = \$ 0.00

V. Violation of Section 0

V. Recommended Penalty = \$ 0.00

Total Recommended Penalty = \$ 600.00


Senior AQ Specialist/Supervisor

3/26/2021
Date

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

Company Name Reno Red Rock, LLC.
 Contact Name Dennis Banks
 Case Number 1284
 Violation Number AQMV21-0020
 Violation of Section 040.030 Section C.3. Dust Control Permit Requirements
 Permit Condition n/a

I. Base Penalty as specified in the Penalty Table = \$ **600.00**

II. Severity of Violation

A. Public Health Impact

1. Toxicity of Release (For Emissions Exceedances)

Unable to Quantify - 1x Criteria Pollutant - 1x Hazardous Air Pollutant - 2x
 Adjustment Factor **1**

Comment: Administrative Violation

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

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

Comment: Administrative Violation

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

B. Adjusted Base Penalty

Base Penalty \$ 600.00 x Adjustment Factor 1 = \$ **600.00**

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

Adjusted Penalty \$ 600.00 x Number of Days/Weeks/Mo **1** = \$ **600.00**

Comment: Administrative Violation

D. Economic Benefit

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

Comment: No economic benefit was associated with this violation

Penalty Subtotal

Adjusted Base Penalty \$ 600.00 + Economic Benefit \$ 0.00 = \$ **600.00**

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

III. Penalty Adjustment Consideration

A. Mitigating Factors (0 +/- 25%) 0%

Comment _____

B. Compliance History

Similar Violation < 12 months (300%) + 0%

Similar Violation < 3 years (200%) + 0%

Similar Violation > 3 years (150%) + 0%

Previous Unrelated Violations < 5years

5% x , # of previous violations + 0%

Comment: No prior violations

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

IV. Recommended Penalty

Penalty Adjustment:

\$ 600.00	x	0%		=	\$ 0.00
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)			Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$ 0.00

Comment: _____

Adjusted Penalty: _____

\$ 600.00	+/-	\$ 0.00	=		\$ 600.00
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)			Recommended Penalty

John C. Rosta
Senior AQ Specialist/Supervisor

3/26/2021
Date

Administrative Penalty Table

Air Quality Management Division
Washoe County Health District

I. Minor Violations - Section 020.040(C)

Regulation	1st Violation	2nd Violation
0 0.005 Visible Emissions	1000	2500
0 0.030 Dust Control (fugitive)	1000	2000
0 0.035 Open Fires	500	1000
0 0. 0 0 Fire Training	500	1000
0 0.050 Incinerator	1000	2000
0 0.051 Woodstoves	500	1000
0 0.055 Odors	1000	2000
0 0.080 Gasoline Transfer (maintenance)	1000	2000
0 0.200 Diesel Idling	500	1000
050.001 Emergency Episode	1000	2000
0 0.030 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. 1 02	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

Compliance Report

Reno Red Rock, LLC

APN: 087-710-10, 210 Silver Lake Rd.

Reno, NV 89508

On December 23, 2020 AQST Brown was on routine patrol of her area when she noticed dirt work occurring at 210 Silver Lake Rd. that appeared to exceed 1 acre. The specialist observed the perimeter of the project area and did not see a Dust Control Permit Sign posted so she entered the site and requested to speak with the individual who was in charge.

The specialist inquired with Supervisor Francisco of F&P Construction if the site had a Dust Control Permit to which he stated he was unsure and called F&P Construction Representative Jimmy. Jimmy stated the site did have a Dust Control Permit but didn't have the Permit Number immediately available, so the specialist requested that he call her back when he found the information. Prior to departing the site, the specialist took photo evidence of the dirt work occurring and the scope of the project.

Jimmy called the specialist after she had left the site and informed her that there was a Dust Control Permit and that he was having the workers on site post the sign. The specialist warned that if there ultimately was not a Dust Control Permit for the site that operations would need to stop immediately.

Upon return to the office, the specialist researched the parcel number using Washoe Regional Mapping System and Accela however was unable to find an open Dust Control Permit for the project address. The area of disturbance exceeded 1 acre as determined using Washoe Regional Mapping System. The specialist called Jimmy and asked that he provide the Permit Number from the sign to which he responded with the SWPP Permit: SW21-00003. The specialist informed him that was the Storm Water Prevention Plan Permit and that the Dust Control Permit begins with "APCP". Jimmy stated ultimately Dennis Banks Construction LLC was the General Contractor on the project and it would be best to speak with Don Apodaca to verify the Permit.

The specialist spoke with Don Apodaca and described the situation. After Mr. Apodaca spoke with the administrative staff of Dennis Banks Construction, he admitted they had dropped the ball and had not gotten a Dust Control Permit. The specialist asked him to halt operations immediately and to apply for a Dust Control Permit.

On December 23, 2020 Dennis Banks submitted a Dust Control Permit Application and on December 29, 2020 the Dust Control Permit was issued to Reno Red Rock, LLC. The specialist spoke to Dennis Banks Construction Representative Don Apodaca via phone on December 29, 2020 to reiterate the requirements of the Dust Control Sign, Dust Control Logs, and the Dust Control Permit; the specialist also sent an email to Mr. Apodaca with the same information.

Staff Report
Board Meeting Date: May 27, 2021

DATE: May 6, 2021
TO: District Board of Health
FROM: Francisco Vega, Director, Air Quality Management Division
775-784-7211, fvega@washoecounty.us
SUBJECT: Recommendation for the Board to uphold an uncontested citation issued to Truckee Meadows Water Authority, Case No. 1285, Notice of Violation No. AQMV21-0019 with a \$600.00 penalty.

SUMMARY

The Washoe County Air Quality Management Division (AQMD) staff recommends Notice of Violation (NOV) No. AQMV21-0019 be **upheld** and a fine in the amount of **\$600.00** be levied against Truckee Meadows Water Authority for failure to obtain a Dust Control Permit prior to the commencement of a dust generating activity. This action is a **minor violation** of the District Board of Health Regulations Governing Air Quality Management (DBOH Regulations), specifically Section 040.030 C.3. Dust Control Permit Requirements.

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 actions.

BACKGROUND

On December 29, 2020 an Air Quality Specialist Trainee (AQST) conducted a site visit and evaluation of the Washoe Flume Reconstruction project located on APN No. 038-430-10. During the pre-evaluation review, it was determined the 1 acre that was permitted under Dust Control Permit APCP20-0133 only included disturbance to the Flume itself. Upon arrival to the site, the AQST determined that there was a staging area on APN No. 038-870-25 that was a part of the project but was not included in the acreage for APCP20-0133. The staging area had several stockpiles and various construction equipment stationed on site. The AQST took photo evidence of the parcel and departed the site as there was no activity occurring and no workers on site.

Upon arrival to the office, the AQST researched the parcel using Washoe Regional Mapping System and determined that the area of disturbance was approximately 2 acres which would require

a Dust Control Permit per the Washoe County District Board of Health Governing Air Quality Management.

The specialist emailed Truckee Meadows Water Authority and advised them that activity in the staging area should be halted until a Dust Control Permit was obtained.

On January 8, 2021 Washoe County Air Quality issued Dust Control Permit APCP21-0003 for 2 acres to Truckee Meadows Water Authority for the staging area located on APN# 038-870-25.

NOV No. AQMV21-0019 and associated documentation supporting the NOV was sent certified mail to the offices of Truckee Meadows Water Authority and was received on March 30, 2021. The certified mail contained the instructions for filing an appeal of the NOV to the Air Pollution Control Hearing Board and the "Appeal Petition to the Air Pollution Control Hearing Board" form.

An appeal of NOV No. AQMV21-0019 was not exercised by Truckee Meadows Water Authority within the 10-day appeal timeframe. As such, NOV No. AQMV21-0019 was determined to be final by the AQMD with a penalty amount of \$600.00.

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 Truckee Meadows Water Authority, Case No. 1285, Notice of Violation No. AQMV21-0019, with a \$600.00 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 No. AQMV21-0019; or
2. The Board may determine to uphold Notice of Violation No. AQMV21-0019 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 Truckee Meadows Water Authority, Case No. 1285, Notice of Violation No. AQMV21-0019 with a \$600.00 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. 1285, Notice of Violation No. AQMV21-0019, issued to Truckee Meadows Water Authority”, or
2. “Move to uphold Case No. 1285, Notice of Violation No. AQMV21-0019, 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 Truckee Meadows Water Authority to be properly noticed.”

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

March 26, 2021

Truckee Meadows Water Authority
Attn: Jason Barnes
1355 Capital Blvd.
Reno, NV 89520

RE: Notice of Violation AQMV21-0019 associated with Staging Area for TMWA Flume

Dear Mr. Barnes,

On December 29, 2020 the Air Quality Management Division (AQMD) of the Washoe County Health District identified an incident of noncompliance associated with Staging Area for TMWA Flume located at APN 038-870-25 in Verdi, Nevada. The attached Notice of Violation (NOV) No. AQMV21-0019 state the specifics of Case No. 1285.

Based on the incident of noncompliance, Truckee Meadows Water Authority has violated the following Section of the District Board of Health Regulations Governing Air Quality Management (DBOH Regulations):

- 040.030 Section C.3. Dust Control Permit Requirements

Based on the available information associated with Case No. 1285 the AQMD has determined that formal issuance of NOV No. AQMV21-0019 is warranted.

The AQMD makes recommendations to the Washoe County District Board of Health (DBOH) as to what an appropriate penalty may be for a violation of the DBOH Regulations. The penalty is based on the Penalty Table and DBOH Regulations Section 020.040 Civil Fines and Penalties. NOV No. AQMV21-0019 was cited as a violation of Section 040.030 Section C.3. constituting a minor violation per Section 020.040 (C). Therefore, the AQMD is making a recommendation to the DBOH to uphold NOV No. AQMV21-0019 and administer a penalty by rule in the amount of \$600.00 to Truckee Meadows Water Authority.

An appeal of NOV No. AQMV21-0019 may be requested per DBOH Regulation 020.0252 Hearing Board – Appeal Procedure. A copy of the Appeal Petition to the Air Pollution Control Hearing Board is enclosed. Appeal Petitions must be received within (10) days of receipt of this notice. Appeal Petitions may be submitted to:

Washoe County Health District
Air Quality Management Division
1001 East Ninth Street Suite B171
Reno, Nevada 89512

Subject: Notice of Violation AQMV21-0019/Truckee Meadows Water Authority

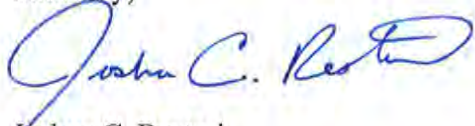
Date: March 26, 2021

Page 2 of 2

Failure to submit an appeal, using the supplied Appeal Petition Form available in Attachment 4, within the specified timeframe will be considered consent of NOV No. AQMV21-0019 with the recommended penalty of \$600.00 to Truckee Meadows Water Authority. The AQMD will then submit NOV No. AQMV21-0019 to the Washoe County District Board of Health. The item will be placed as a consent agenda item with a recommendation for the assessment of an administrative fine of \$600.00. Truckee Meadows Water Authority will receive notice of the submittal to the Washoe County District Board of Health prior to the meeting where the item will be heard.

If you have any questions regarding the information contained in this letter or the attachments, please contact me at (775) 784-7202. If I am unavailable, please contact Francisco Vega at (775) 784-7211.

Sincerely,



Joshua C. Restori

Supervisor, Permitting and Compliance

Washoe County Health District, Air Quality Management Division

Enclosed:

Attachment 1 - Notice of Violation (Final)

Attachment 2 - DBOH Regulations Section 020.040 Civil Fines and Penalties

Attachment 3 - Penalty Table

Attachment 4 - Appeal Petition Form

E-copy: AQMD Enforcement Group

Cert. Mail No. (Return Receipt Required):

9171 9690 0935 0218 6771 83

ATTACHMENT 1

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION
1001 East Ninth Street Suite B171
Reno, Nevada 89512

NOTICE OF VIOLATION

ISSUED TO

**Truckee Meadows Water Authority
Staging Area for TMWA Flume**

APN: 038-870-25

Notice of Violation No. AQMV21-0019

Date of Issuance: March 26, 2021

Case No. 1285

The Air Quality Management Division of the Washoe County Health District (AQMD) has determined that Truckee Meadows Water Authority is in violation of the Washoe County District Board of Health Regulations Governing Air Quality Management Section 040.030 Section C.3. Dust Control Permit Requirements.

1. BASIS OF VIOLATION

A. Violation

Failure to obtain a Dust Control Permit prior to commencement of a dust generating activity 1 acre or greater.

B. Regulatory Authority

The Washoe County District Board of Health Regulations Governing Air Quality Management 040.030 Section C. 3. Dust Control Permit Requirements:

DUST CONTROL PERMIT REQUIREMENTS: The owner and/or operator of a dust generating activity shall apply for and obtain a Dust Control Permit prior to commencement of the dust generating activity. In the Dust Control Permit application, the owner and/or operator shall designate a person responsible for compliance with the "District Board of Health Regulations Governing Air Quality Management." Failure to comply with the provisions of an approved Dust Control Permit shall be deemed a violation of this Rule.

C. Facts to Constitute the Violation

On December 29, 2020 an Air Quality Specialist Trainee (AQST) conducted a site visit and evaluation of the Washoe Flume Reconstruction project located on APN No. 038-430-10. During the pre-evaluation review, it was determined the 1 acre that was permitted under Dust Control Permit APCP20-0133 only included disturbance to the

AIR QUALITY MANAGEMENT

1001 East Ninth Street, Building B-171, Reno, Nevada 89512

AQM Office: 775-784-7200 | Fax: 775-784-7225 | OurCleanAir.com

Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



Public Health
Prevent. Promote. Protect.

Flume itself. Upon arrival to the site, the AQST determined that there was a staging area on APN No. 038-870-25 that was a part of the project but was not included in the acreage for APCP20-0133. The staging area had several stockpiles and various construction equipment stationed on site. The AQST took photo evidence of the parcel and departed the site as there was no activity occurring and no workers on site.

Upon arrival to the office, the AQST researched the parcel using Washoe Regional Mapping System and determined that the area of disturbance was approximately 2 acres which would require a Dust Control Permit per the Washoe County District Board of Health Governing Air Quality Management.

The specialist emailed Truckee Meadows Water Authority and advised them that activity in the staging area should be halted until a Dust Control Permit was obtained.

On January 8, 2021 Washoe County Air Quality issued Dust Control Permit APCP21-0003 for 2 acres to Truckee Meadows Water Authority for the staging area located on APN# 038-870-25.

2. APPEAL PROCEDURE AND TIME LIMITATIONS

A. Appeal Procedure

Truckee Meadows Water Authority is advised that within (10) working days of the receipt of this Notice of Violation, Truckee Meadows Water Authority may submit a written petition for appeal to the Washoe County Air Quality Hearing Board. The written petition for appeal shall be submitted to the AQMD at the following address:

Washoe County Health District
Air Quality Management Division
1001 East Ninth Street Suite B171
Reno, Nevada 89512

Failure to submit a petition for appeal within the specified timeframe will result in the submission of this Notice of Violation to the Washoe County District Board of Health with a recommendation for the assessment of an administrative fine of \$600.00.

ATTACHMENT 2

- B. The notice shall specify:
 1. The section or sections of these regulations alleged to be violated;
 2. The facts alleged to constitute the violation; and
 3. Appeal procedure including any time limitations
- C. The notice may include an order to take corrective action within a reasonable time, which shall be specified. Such an order becomes final unless, within ten (10) days after service of the notice, a person named in the order requests a hearing before the Hearing Board.
- D. With or without the issuance of an order pursuant to **Subsection C**.
 1. The Control Officer may notify the person or persons responsible for the alleged violation to appear before the Hearing Board at a specified time and place; or
 2. The Hearing Board may initiate proceedings for recovery of the appropriate penalty set forth in **Section 020.040** of these regulations.
- E. Nothing in this section prevents the Hearing Board or the Control Officer from making efforts to obtain voluntary compliance through warning, conference or other appropriate means.

020.040
05/28/18)

CIVIL FINES AND PENALTIES (Amended 4/88, 10/20/93, 11/16/94; Revised 8/26/04, 11/16/06,

- A. Except as provided in **Subsections B** and **C**, a violation of any section of these regulations constitutes a major violation. Any violation of a permit condition shall be a major violation as specified in **Section 030.2175** of these regulations.
- B. Any person who commits a major violation of any section of these regulations, other than Sections **020.050** and **020.055**, is guilty of a civil offense and may be required to pay an administrative fine of not more than \$10,000.00. Each day of violation constitutes a separate offense. The District Board of Health may establish a compliance schedule as a part of any civil finding either in lieu of, or in addition to, monetary penalties. Any fines assessed may be held in abeyance pending fulfillment of any compliance schedule.
- C. Any violation of Sections **040.030, 040.035, 040.040(A), 040.050, 040.051, 040.055, 040.080** or **050.001** of these regulations constitutes a minor violation unless the violation occurs on more than two (2) occasions during a period of twelve (12) consecutive months. In that event, the third (3rd) and any subsequent violations constitute major violations.

D. The following fines shall be levied for minor violations of these regulations:

	First Violation	Second Violation
Section 040.030 (Dust Control)		
A. Violation of Dust Permit Condition(s)	not more than 1000	not less than 1000 not more than 2000
B. Visual Emission Violation	not more than 1000	not less than 1000 not more than 2000
Section 040.035 (Open Fires)	not more than 500	not less than 500 not more than 1000
Subsection A of Section 040.040 (Fire Training)	not more than 500	not less than 500 not more than 1000
Section 040.050 (Incinerator Emission)	not more than 1000	not less than 1000 not more than 2000
Section 040.051 (Certified Woodstoves)	not more than 500	not less than 500 not more than 1000
Section 040.055 (Odors)	not more than 1000	not less than 1000 not more than 2000
Section 040.080 (Gasoline Transfer)	not more than 1000	not less than 1000 not more than 2000
Section 040.200 (Diesel Idling)	not more than 500	not less than 500 not more than 1000
Section 050.001 (Emergency Episode)	not more than 1000	not less than 1000 not more than 2000

E. Administrative fines shall be levied by appropriate action of the District Board of Health and recorded in its official minutes. The evidence or information on which the District Board of Health bases its action may include any one or more of the following:

1. The recommendation of the Control Officer based on any Notice of Violation served on any person in accordance with these regulations, if that person has not appeared or requested a hearing before the Hearing Board.

2. The recommendation of the Hearing Board, based on its findings in connection with any appeal or other matter referred to the Board in accordance with these regulations.
 3. Evidence presented before the District Board of Health by any person, public official, or representative of the District Board of Health or District Health Department, provided the person charged with violating any of these regulations has received reasonable notice (at least twenty (20) days in advance) of the hearing at which such evidence is to be presented and is provided an opportunity to present evidence in his defense at the hearing.
- F. Unless the Board of Health bases its decision on the recommendations and/or findings of the Control Officer or the Hearing Board as set forth in **Paragraphs 1 and 2 of Subsection E**, the Board shall base its decision as to whether a violation of these regulations has occurred on the evidence presented before the Board pursuant to **Paragraph 3** of that subsection. Irrelevant, immaterial or unduly repetitious evidence shall be excluded. Documentary evidence may be received in the form of authenticated copies or excerpts if the original is not readily available and, on request, parties shall be given an opportunity to compare the copy with the original. Each party may call and examine witnesses, introduce exhibits, cross-examine opposing witnesses on any matter relevant to the issues even though such matter was not covered in the direct examination, impeach any witness regardless of which party first was called to testify and rebut the evidence against him. The Board of Health may take notice of judicially cognizable facts and/or recognized technical or scientific facts within the Board's specialized knowledge. All decisions of the Board of Health respecting administrative fines shall be in writing or notice of the Board's decision shall be forwarded to the aggrieved party at his last known mailing address.
- G. All fines shall be levied by formal action of the District Board of Health. The Control Officer may suspend, deny or revoke any or all permits of a person who has failed to pay any fine that has been levied by the District Board of Health.
- H. In those cases where it is determined by the District Board of Health that a violation of the Regulations has occurred, the Board at its discretion may choose to waive the fine for a first violation, levy any fine providing it does not exceed the appropriate range limitation, require use of other mitigation methods or schedules of compliance and in emergency situations, require a Stop Work Order to be issued and/or any other combination of remedies to bring about compliance with the Regulations.
- I. All administrative fines collected by the District Board of Health pursuant to this section shall be deposited in the school district fund of Washoe County.
- J. All monetary fines assessed pursuant to violations of **Sections 030.105 or 030.107** for improper asbestos containing material removal, shall be for an amount greater than the estimated savings obtained by the illegal removal.

ATTACHMENT 3

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

Company Name Truckee Meadows Water Authority
Contact Name Jason Barnes
Case Number 1285

I. Violation of Section 040.030 Section C.3. Dust Control Permit Requirements

I. Recommended Penalty = \$ 600.00

II. Violation of Section 0

II. Recommended Penalty = \$ 0.00

III. Violation of Section 0

III. Recommended Penalty = \$ 0.00

IV. Violation of Section 0

IV. Recommended Penalty = \$ 0.00

V. Violation of Section 0

V. Recommended Penalty = \$ 0.00

Total Recommended Penalty = \$ 600.00



Senior AQ Specialist/Supervisor

3/26/2021

Date

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

Company Name Truckee Meadows Water Authority
 Contact Name Jason Barnes
 Case Number 1285
 Violation Number AQMV21-0019
 Violation of Section 040.030 Section C.3. Dust Control Permit Requirements
 Permit Condition n/a

I. Base Penalty as specified in the Penalty Table = \$ **600.00**

II. Severity of Violation

A. Public Health Impact

1. Toxicity of Release (For Emissions Exceedances)

Unable to Quantify - 1x Criteria Pollutant - 1x Hazardous Air Pollutant - 2x
 Adjustment Factor **1**

Comment: Administrative violation

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

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

Comment: Administrative violation

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

B. Adjusted Base Penalty

Base Penalty \$ 600.00 x Adjustment Factor 1 = \$ **600.00**

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

Adjusted Penalty \$ 600.00 x Number of Days/Weeks/Mo **1** = \$ **600.00**

Comment: Administrative violation

D. Economic Benefit

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

Comment: No economic benefit was associated with this violation

Penalty Subtotal

Adjusted Base Penalty \$ 600.00 + Economic Benefit \$ 0.00 = \$ **600.00**

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

III. Penalty Adjustment Consideration

A. Mitigating Factors (0 +/- 25%)

0%

Comment _____

B. Compliance History

Similar Violation < 12 months (300%)

+ 0%

Similar Violation < 3 years (200%)

+ 0%

Similar Violation > 3 years (150%)

+ 0%

Previous Unrelated Violations < 5years

5% x , # of previous violations

+ 0%

Comment: No prior violations

Total Penalty Adjustment Factors – Sum of A & B

0%

IV. Recommended Penalty

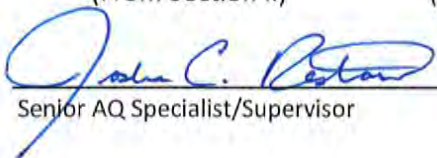
Penalty Adjustment:

\$ 600.00	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:

\$ 600.00	+/-	\$ 0.00	=	\$ 600.00
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended Penalty



Senior AQ Specialist/Supervisor

3/26/2021

Date

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

Regulation	1st Violation	2nd Violation
020.005	Visible Emissions	1000
020.030	Dust Control (fugitive)	2500
020.035	Open Fires	1000
020.040	Fire Training	1000
020.050	Incinerator	2000
020.051	Woodstoves	1000
020.055	Odors	2000
020.080	Gasoline Transfer (maintenance)	2000
020.200	Diesel Idling	1000
050.001	Emergency Episode	2000
020.030	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
030.02	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

ATTACHMENT 4

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

APPEAL PETITION TO THE AIR POLLUTION CONTROL HEARING BOARD

Return to: Washoe County Health District
Air Quality Management Division
1001 East Ninth Street B171
Reno, Nevada 89512
(775) 784-7200

www.OurCleanAir.com

PETITIONER: _____

PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EQUIPMENT OR PROCESS REGISTERED WITH CONTROL OFFICER? YES NO

APPEAL OF ORDER

APPEAL OF VIOLATION

VIOLATION NUMBER: _____ DATE RECEIVED: _____

REGULATION INVOLVED: SECTION: _____

BASIS FOR APPEAL/VARIANCE: _____

PRINT NAME

SIGNATURE

TITLE

DATE

Revised 06-2020

Staff Report
Board Meeting Date: May 27, 2021

DATE: May 6, 2021
TO: District Board of Health
FROM: Francisco Vega, Director, Air Quality Management Division
 775-784-7211, fvega@washoecounty.us
SUBJECT: Recommendation for the Board to uphold an uncontested citation issued to NVIF, Case No. 1286, Notice of Violation No. AQMV21-0018 with a \$650.00 penalty.

SUMMARY

The Washoe County Air Quality Management Division (AQMD) staff recommends Notice of Violation (NOV) No. AQMV21-0018 be **upheld** and a fine in the amount of **\$650.00** be levied against NVIF for failure to obtain a Dust Control Permit prior to the commencement of a dust generating activity. This action is a **minor violation** of the District Board of Health Regulations Governing Air Quality Management (DBOH Regulations), specifically Section 040.030 C.3. Dust Control Permit Requirements.

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 actions.

BACKGROUND

On January 7, 2021 an Air Quality Specialist Trainee (AQST) was on routine patrol when it was noticed that native vegetation had been cleared on APN# 082-092-20 and that the clearance appeared to exceed 1 acre in size. The AQST observed a Dust Control Permit sign at the entrance that indicated the project name was "North Virginia Flex Space Phase I". No dirt work was occurring at the time of observation. The AQST approached the grading contractor, F&P Construction and requested access to the Dust Control Permit and Dust Logs however the grading contractor did not have the requested documents. The specialist took a photo of the Dust Control Permit sign and departed the site.

The AQST returned to the office, and researched the parcel using Washoe Regional Mapping System and determined that the approximate area of disturbance was 2.75 acres.

On January 11, 2021 the AQST called the phone number for Ranger Construction that was listed on the Dust Control Permit sign. The specialist spoke to Kurt Jameson of Ranger Construction who stated that the site had not obtained a Dust Control Permit prior to commencing construction. The specialist advised Mr. Jameson that work on the project should be halted until a Dust Control Permit was obtained. By the afternoon of that day, Mr. Jameson emailed the Dust Control Permit Application to AQMD. Because the approximate area of disturbance was 2.75 acres at the time of observation, the project was in violation of the standard set forth by the District Board of Health Regulations Governing Air Quality 040.030 C. 3.

On January 20, 2021 Dust Control Permit No. APCP21-0009 for 3 acres was issued to NVIF.

NOV No. AQMV21-0018 and associated documentation supporting the NOV was sent certified mail to the offices of NVIF and was received on March 30, 2021. The certified mail contained the instructions for filing an appeal of the NOV to the Air Pollution Control Hearing Board and the "Appeal Petition to the Air Pollution Control Hearing Board" form.

An appeal of NOV No. AQMV21-0018 was not exercised by NVIF within the 10-day appeal timeframe. As such, NOV No. AQMV21-0018 was determined to be final by the AQMD with a penalty amount of \$650.00.

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 NVIF, Case No. 1286, Notice of Violation No. AQMV21-0018, with a \$650.00 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 No. AQMV21-0018; or
2. The Board may determine to uphold Notice of Violation No. AQMV21-0018 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 NVIF, Case No. 1286, Notice of Violation No. AQMV21-0018 with a \$650.00 fine."

Subject: DBOH/NVIF/Case No. 1286

Date: May 27, 2021

Page 3 of 3

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. 1286, Notice of Violation No. AQMV21-0018, issued to NVIF", or
2. "Move to uphold Case No. 1286, Notice of Violation No. AQMV21-0018, 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 NVIF to be properly noticed."

**WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION
1001 East Ninth Street Suite B171
Reno, Nevada 89512**

**NOTICE OF VIOLATION
ISSUED TO**

**NVIF
North Virginia Flex Space
APN: 082-092-19/20
Notice of Violation No.: AQMV21-0018
Date of Issuance: March 26, 2021
Case No. 1286**

The Air Quality Management Division of the Washoe County Health District (AQMD) has determined that NVIF is in violation of the Washoe County District Board of Health Regulations Governing Air Quality Management Section 040.030 Section C.3. Dust Control Permit Requirements.

1. BASIS OF VIOLATION

- A. Violation
Failure to obtain a Dust Control Permit prior to commencement of a dust generating activity one 1 acre or greater.
- B. Regulatory Authority
The Washoe County District Board of Health Regulations Governing Air Quality Management 040.030 Section C. 3. Dust Control Permit Requirements:

DUST CONTROL PERMIT REQUIREMENTS: The owner and/or operator of a dust generating activity shall apply for and obtain a Dust Control Permit prior to commencement of the dust generating activity. In the Dust Control Permit application, the owner and/or operator shall designate a person responsible for compliance with the “District Board of Health Regulations Governing Air Quality Management.” Failure to comply with the provisions of an approved Dust Control Permit shall be deemed a violation of this Rule.

- C. Facts to Constitute the Violation
On January 7, 2021 an Air Quality Specialist Trainee (AQST) was on routine patrol when it was noticed that native vegetation had been cleared on APN# 082-092-20 and that the clearance appeared to exceed 1 acre in size. The AQST observed a Dust Control Permit sign at the entrance that indicated the project name was “North Virginia Flex Space Phase I”. No dirt work was occurring at the time of observation

The AQST approached the grading contractor, F&P Construction and requested access to the Dust Control Permit and Dust Logs however the grading contractor did not have the requested documents. The specialist took a photo of the Dust Control Permit sign and departed the site.

The AQST returned to the office, and researched the parcel using Washoe Regional Mapping System and determined that the approximate area of disturbance was 2.75 acres.

On January 11, 2021 the AQST called the phone number for Ranger Construction that was listed on the Dust Control Permit sign. The specialist spoke to Kurt Jameson of Ranger Construction who stated that the site had not obtained a Dust Control Permit prior to commencing construction. The specialist advised Mr. Jameson that work on the project should be halted until a Dust Control Permit was obtained. By the afternoon of that day, Mr. Jameson emailed the Dust Control Permit Application to AQMD. Because the approximate area of disturbance was 2.75 acres at the time of observation, the project was in violation of the standard set forth by the District Board of Health Regulations Governing Air Quality 040.030 C. 3.

On January 20, 2021 Dust Control Permit No. APCP21-0009 for 3 acres was issued to NVIF.

2. APPEAL PROCEDURE AND TIME LIMITATIONS

A. Appeal Procedure

NVIF is advised that within (10) working days of the receipt of this Notice of Violation, NVIF may submit a written petition for appeal to the Washoe County Air Quality Hearing Board. The written petition for appeal shall be submitted to the AQMD at the following address:

Washoe County Health District
Air Quality Management Division
1001 East Ninth Street Suite B171
Reno, Nevada 89512

Failure to submit a petition for appeal within the specified timeframe will result in the submission of this Notice of Violation to the Washoe County District Board of Health with a recommendation for the assessment of an administrative fine of \$650.00.

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

Company Name NVIF
Contact Name Kevin Sigstad
Case Number 1286

I. Violation of Section 040.030 Section C.3. Dust Control Permit Requirements

I. Recommended Penalty = \$ 650.00

II. Violation of Section 0

II. Recommended Penalty = \$ 0.00

III. Violation of Section 0

III. Recommended Penalty = \$ 0.00

IV. Violation of Section 0

IV. Recommended Penalty = \$ 0.00

V. Violation of Section 0

V. Recommended Penalty = \$ 0.00

Total Recommended Penalty = \$ 650.00


Senior AQ Specialist/Supervisor

3/26/2021
Date

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

Company Name NVIF
 Contact Name Kevin Sigstad
 Case Number 1286
 Violation Number AQMV21-0018

Violation of Section 040.030 Section C.3. Dust Control Permit Requirements
 Permit Condition n/a

I. Base Penalty as specified in the Penalty Table = \$ **650.00**

II. Severity of Violation

A. Public Health Impact

1. Toxicity of Release (For Emissions Exceedances)

Unable to Quantify - 1x Criteria Pollutant - 1x Hazardous Air Pollutant - 2x
 Adjustment Factor **1**

Comment: Administrative violation

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

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

Comment: Administrative violation

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

B. Adjusted Base Penalty

Base Penalty \$ 650.00 x Adjustment Factor 1 = \$ **650.00**

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

Adjusted Penalty \$ 650.00 x Number of Days/Weeks/Mo **1** = \$ **650.00**

Comment: Administrative violation

D. Economic Benefit

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

Comment: No economic benefit was associated with this violation.

Penalty Subtotal

Adjusted Base Penalty \$ 650.00 + Economic Benefit \$ 0.00 = \$ **650.00**

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

III. Penalty Adjustment Consideration

A. Mitigating Factors (0 +/- 25%)

0%

Comment _____

B. Compliance History

Similar Violation < 12 months (300%)

+ 0%

Similar Violation < 3 years (200%)

+ 0%

Similar Violation > 3 years (150%)

+ 0%

Previous Unrelated Violations < 5years

5% x 0, # of previous violations

+ 0%

Comment: No prior violations.

Total Penalty Adjustment Factors – Sum of A & B

0%

IV. Recommended Penalty

Penalty Adjustment:

\$ 650.00	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:

\$ 650.00	+/-	\$ 0.00	=	\$ 650.00
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended Penalty

Justin C. Rafter
Senior AQ Specialist/Supervisor

3/26/2021
Date

Administrative Penalty Table

Air Quality Management Division
Washoe County Health District

I. Minor Violations - Section 020.040(C)

Regulation		1st Violation	2nd Violation
020.005	Visible Emissions	1000	2500
020.030	Dust Control (fugitive)	1000	2000
020.035	Open Fires	500	1000
020.040	Fire Training	500	1000
020.050	Incinerator	1000	2000
020.051	Woodstoves	500	1000
020.055	Odors	1000	2000
020.080	Gasoline Transfer (maintenance)	1000	2000
020.200	Diesel Idling	500	1000
050.001	Emergency Episode	1000	2000
020.030	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: May 27, 2021

DATE: May 6, 2021

TO: District Board of Health

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

SUBJECT: Recommendation for the Board to uphold an uncontested citation issued to CAP Storage South Meadows, LLC, Case No. 1287, Notice of Violation No. AQMV21-0006 with a \$600.00 penalty.

SUMMARY

The Washoe County Air Quality Management Division (AQMD) staff recommends Notice of Violation (NOV) No. AQMV21-0006 be **upheld** and a fine in the amount of **\$600.00** be levied against CAP Storage South Meadows, LLC for failure to obtain a Dust Control Permit prior to the commencement of a dust generating activity. This action is a **minor violation** of the District Board of Health Regulations Governing Air Quality Management (DBOH Regulations), specifically Section 040.030 C.3. Dust Control Permit Requirements.

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 actions.

BACKGROUND

On January 19, 2021 a Dust Control Permit application was received by the AQMD for a new project located at 496 South Meadows Parkway, Reno, NV 89521 which is owned by CAP Storage South Meadows LLC. On the application, the proposed grading/excavation start date was prior to January 19, 2021. This prompted an Air Quality Specialist Trainee (AQST) to investigate the job site to see if work had commenced. Upon arriving at the job site, the AQST observed active grading and excavation. The AQST then returned to the office and placed a call to the general contractor for the project. The AQST advised the general contractor that the work being conducted on site needs to cease until the Dust Control Permit has been issued and all conditions have been met. The general contractor advised that he would call the grading subcontractor immediately and cease activity. After the conversation, the AQST sent a follow up email to the general contractor reiterating that grading and excavation work cannot restart until the Dust Control Permit has been issued.

On January 19, 2021 the AQST observed that the work at the project had stopped.

AIR QUALITY MANAGEMENT

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



On January 21, 2021 the Dust Control Permit APCP21-0016 for 2.20 acres was issued to CAP Storage South Meadows, LLC.

NOV No. AQMV21-0006 and associated documentation supporting the NOV was sent certified mail to the offices of CAP Storage South Meadows, LLC and was received on April 1, 2021. The certified mail contained the instructions for filing an appeal of the NOV to the Air Pollution Control Hearing Board and the "Appeal Petition to the Air Pollution Control Hearing Board" form.

An appeal of NOV No. AQMV21-0006 was not exercised by CAP Storage South Meadows, LLC within the 10-day appeal timeframe. As such, NOV No. AQMV21-0006 was determined to be final by the AQMD with a penalty amount of \$600.00.

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 CAP Storage South Meadows, LLC, Case No. 1287, Notice of Violation No. AQMV21-0006, with a \$600.00 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 No. AQMV21-0006; or
2. The Board may determine to uphold Notice of Violation No. AQMV21-0006 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 CAP Storage South Meadows, LLC, Case No. 1287, Notice of Violation No. AQMV21-0006 with a \$600.00 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. 1287, Notice of Violation No. AQMV21-0006, issued to CAP Storage South Meadows, LLC.", or
2. "Move to uphold Case No. 1287, Notice of Violation No. AQMV21-0006, 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 CAP Storage South Meadows, LLC to be properly noticed."

**WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION
1001 East Ninth Street Suite B171
Reno, Nevada 89512**

**NOTICE OF VIOLATION
ISSUED TO**

**CAP Storage South Meadows, LLC
496 South Meadows Parkway
Reno, Nevada**

**Notice of Violation No.: AQMV21-0006
Date of Issuance: March 26, 2021
Case No. 1287**

The Air Quality Management Division of the Washoe County Health District (AQMD) has determined that CAP Storage South Meadows, LLC is in violation of the Washoe County District Board of Health Regulations Governing Air Quality Management Section 040.030 Section C. 3. Dust Control Permit Requirements.

1. BASIS OF VIOLATION

A. Violation

Failure to obtain a Dust Control Permit prior to commencement of a dust generating activity one (1) acre or greater.

B. Regulatory Authority

The Washoe County District Board of Health Regulations Governing Air Quality Management 040.030 Section C. 3. Dust Control Permit Requirements:

DUST CONTROL PERMIT REQUIREMENTS: The owner and/or operator of a dust generating activity shall apply for and obtain a Dust Control Permit prior to commencement of the dust generating activity. In the Dust Control Permit application, the owner and/or operator shall designate a person responsible for compliance with the "District Board of Health Regulations Governing Air Quality Management." Failure to comply with the provisions of an approved Dust Control Permit shall be deemed a violation of this Rule.

C. Facts to Constitute the Violation

On January 19, 2021 a Dust Control Permit application was received by the AQMD for a new project located at 496 South Meadows Parkway, Reno, NV 89521 which is owned by CAP Storage South Meadows LLC. On the application, the proposed grading/excavation start date was prior to January 19, 2021. This prompted an Air

Quality Specialist Trainee (AQST) to investigate the job site to see if work had commenced. Upon arriving at the job site, the AQST observed active grading and excavation. The AQST then returned to the office and placed a call to the general contractor for the project. The AQST advised the general contractor that the work being conducted on site needs to cease until the Dust Control Permit has been issued and all conditions have been met. The general contractor advised that he would call the grading subcontractor immediately and cease activity. After the conversation, the AQST sent a follow up email to the general contractor reiterating that grading and excavation work cannot restart until the Dust Control Permit has been issued.

On January 19, 2021 the AQST observed that the work at the project had stopped.

On January 21, 2021 the Dust Control Permit APCP21-0016 for 2.20 acres was issued to CAP Storage South Meadows, LLC.

2. APPEAL PROCEDURE AND TIME LIMITATIONS

A. Appeal Procedure

CAP Storage South Meadows, LLC is advised that within (10) working days of the receipt of this Notice of Violation, CAP Storage South Meadows, LLC may submit a written petition for appeal to the Washoe County Air Quality Hearing Board. The written petition for appeal shall be submitted to the AQMD at the following address:

Washoe County Health District
Air Quality Management Division
1001 East Ninth Street Suite B171
Reno, Nevada 89512

Failure to submit a petition for appeal within the specified timeframe will result in the submission of this Notice of Violation to the Washoe County District Board of Health with a recommendation for the assessment of an administrative fine of \$600.00.

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

Company Name CAP Storage South Meadows, LLC
Contact Name Brody Glenn
Case Number 1287

I. Violation of Section 040.030 Section C. 3. Dust Control Permit Requirements

I. **Recommended Penalty** = \$ 600.00

II. Violation of Section 0

II. **Recommended Penalty** = \$ 0.00

III. Violation of Section 0

III. **Recommended Penalty** = \$ 0.00

IV. Violation of Section 0

IV. **Recommended Penalty** = \$ 0.00

V. Violation of Section 0

V. **Recommended Penalty** = \$ 0.00

Total Recommended Penalty = \$ 600.00



Senior AQ Specialist/Supervisor

3/26/2021
Date

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

Company Name CAP Storage South Meadows, LLC
 Contact Name Brody Glenn
 Case Number 1287
 Violation Number AQMV21-0006

Violation of Section 040.030 Section C. 3. Dust Control Permit Requirements
 Permit Condition n/a

I. Base Penalty as specified in the Penalty Table = \$ **600.00**

II. Severity of Violation

A. Public Health Impact

1. Toxicity of Release (For Emissions Exceedances)

Unable to Quantify - 1x Criteria Pollutant - 1x Hazardous Air Pollutant - 2x
 Adjustment Factor **1**

Comment: Administrative violation

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

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

Comment: Administrative violation

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

B. Adjusted Base Penalty

Base Penalty \$ 600.00 x Adjustment Factor 1 = \$ **600.00**

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

Adjusted Penalty \$ 600.00 x Number of Days/Weeks/Mo **1** = \$ **600.00**

Comment: Administrative Violation

D. Economic Benefit

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

Comment: No economic benefit was associated with this violation

Penalty Subtotal

Adjusted Base Penalty \$ 600.00 + Economic Benefit \$ 0.00 = \$ **600.00**

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

III. Penalty Adjustment Consideration

A. Mitigating Factors (0 +/- 25%)

0%

Comment _____

B. Compliance History

Similar Violation < 12 months (300%)

+ 0%

Similar Violation < 3 years (200%)

+ 0%

Similar Violation > 3 years (150%)

+ 0%

Previous Unrelated Violations < 5years

5% x , # of previous violations

+ 0%

Comment: No prior violations

Total Penalty Adjustment Factors – Sum of A & B

0%

IV. Recommended Penalty

Penalty Adjustment:

\$ 600.00	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:

\$ 600.00	+/-	\$ 0.00	=	\$ 600.00
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended Penalty

John C. Resto
Senior AQ Specialist/Supervisor

3/26/2021
Date

Administrative Penalty Table

Air Quality Management Division
Washoe County Health District

I. Minor Violations - Section 020.040(C)

Regulation		1st Violation	2nd Violation
020.005	Visible Emissions	1000	2500
020.030	Dust Control (fugitive)	1000	2000
020.035	Open Fires	500	1000
020.040	Fire Training	500	1000
020.050	Incinerator	1000	2000
020.051	Woodstoves	500	1000
020.055	Odors	1000	2000
020.080	Gasoline Transfer (maintenance)	1000	2000
020.200	Diesel Idling	500	1000
050.001	Emergency Episode	1000	2000

020.030	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
030.02	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: May 27, 2021

DATE: May 6, 2021
TO: District Board of Health
FROM: Francisco Vega, Director, Air Quality Management Division
 775-784-7211, fvega@washoecounty.us
SUBJECT: Recommendation for the Board to uphold an uncontested citation issued to Silver State Construction, LLC, Case No. 1288, Notice of Violation No. AQMV21-0023 with a \$750.00 penalty.

SUMMARY

The Washoe County Air Quality Management Division (AQMD) staff recommends Notice of Violation (NOV) No. AQMV21-0023 be **upheld** and a fine in the amount of **\$750.00** be levied against Silver State Construction, LLC for failure to obtain a Dust Control Permit prior to the commencement of a dust generating activity. This action is a **minor violation** of the District Board of Health Regulations Governing Air Quality Management (DBOH Regulations), specifically Section 040.030 C.3. Dust Control Permit Requirements.

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 actions.

BACKGROUND

On August 18, 2020 an Air Quality Specialist conducted an on-site observation at three lots on Panther Range Court. Several acres had been denuded of vegetation to construct 3 homes. All three parcels are owned by Broken Spur LLC. The specialist spoke to the owner, Michael Casey, and explained that the site needs a Dust Control Permit as more than one (1) acre of soil has been opened and disturbed. Mr. Casey said he will have his contractor submit a Dust Control Permit application on his behalf as soon as possible.

On October 27, 2020 AQMD issued a Dust Control Permit No. APCP20-0173 for Palomino Valley Homes.

NOV No. AQMV21-0023 and associated documentation supporting the NOV was sent certified mail to the offices of Silver State Construction, LLC and was received on April 5, 2021. The

certified mail contained the instructions for filing an appeal of the NOV to the Air Pollution Control Hearing Board and the “Appeal Petition to the Air Pollution Control Hearing Board” form.

An appeal of NOV No. AQMV21-0023 was not exercised by Silver State Construction, LLC within the 10-day appeal timeframe. As such, NOV No. AQMV21-0023 was determined to be final by the AQMD with a penalty amount of \$750.00.

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 Silver State Construction, LLC, Case No. 1288, Notice of Violation No. AQMV21-0023, with a \$750.00 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 No. AQMV21-0023; or
2. The Board may determine to uphold Notice of Violation No. AQMV21-0023 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 Silver State Construction, LLC, Case No. 1288, Notice of Violation No. AQMV21-0023 with a \$750.00 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. 1288, Notice of Violation No. AQMV21-0023, issued to Silver State Construction, LLC.”, or
2. “Move to uphold Case No. 1288, Notice of Violation No. AQMV21-0023, 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 Silver State Construction, LLC to be properly noticed.”

**WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION
1001 East Ninth Street Suite B171
Reno, Nevada 89512**

**NOTICE OF VIOLATION
ISSUED TO**

**Silver State Construction, LLC.
Palomino Valley Homes
Notice of Violation No.: AQMV21-0023
Date of Issuance: March 26, 2021
Case No.: 1288**

The Air Quality Management Division of the Washoe County Health District (AQMD) has determined that Silver State Construction, LLC is in violation of the Washoe County District Board of Health Regulations Governing Air Quality Management Section 040.030 Section C.3. Dust Control Permit Requirements.

1. VIOLATION

- A. Failure to obtain a Dust Control Permit prior to commencement of a dust generating activity (1) acre or greater.

2. BASIS OF VIOLATION

- A. Regulatory Authority
The Washoe County District Board of Health Regulations Governing Air Quality Management 040.030 Section C. 3. Dust Control Permit Requirements:

DUST CONTROL PERMIT REQUIREMENTS: The owner and/or operator of a dust generating activity shall apply for and obtain a Dust Control Permit prior to commencement of the dust generating activity. In the Dust Control Permit application, the owner and/or operator shall designate a person responsible for compliance with the “District Board of Health Regulations Governing Air Quality Management.” Failure to comply with the provisions of an approved Dust Control Permit shall be deemed a violation of this Rule.

B. Facts to Constitute the Violation

On August 18, 2020 an Air Quality Specialist conducted an on-site observation at three lots on Panther Range Court. Several acres had been denuded of vegetation to construct 3 homes. All three parcels are owned by Broken Spur LLC. The specialist spoke to the owner, Michael Casey, and explained that the site needs a Dust Control Permit as more than one (1) acre of soil has been opened and disturbed. Mr. Casey said he will have his contractor submit a Dust Control Permit application on his behalf as soon as possible.

On October 27, 2020 AQMD issued a Dust Control Permit No. APCP20-0173 for Palomino Valley Homes.

3. APPEAL PROCEDURE AND TIME LIMITATIONS

A. Appeal Procedure

Silver State Construction, LLC. is advised that within (10) working days of the receipt of this Notice of Violation, Silver State Construction, LLC. may submit a written petition for appeal to the Washoe County Air Quality Hearing Board. The written petition for appeal shall be submitted to the AQMD at the following address:

Washoe County Health District
Air Quality Management Division
1001 East Ninth Street Suite B171
Reno, Nevada 89512

Failure to submit a petition for appeal within the specified timeframe will result in the submission of this Notice of Violation to the Washoe County District Board of Health with a recommendation for the assessment of an administrative fine of \$750.00

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

Company Name Silver State Construction, LLC.
Contact Name Jorge Cruz
Case Number 1288

I. Violation of Section 040.030 Section C.3. Dust Control Permit Requirements

I. **Recommended Penalty** = \$ 750.00

II. Violation of Section 0

II. **Recommended Penalty** = \$ 0.00

III. Violation of Section 0

III. **Recommended Penalty** = \$ 0.00

IV. Violation of Section 0

IV. **Recommended Penalty** = \$ 0.00

V. Violation of Section 0

V. **Recommended Penalty** = \$ 0.00

Total Recommended Penalty = \$ 750.00



Senior AQ Specialist/Supervisor

3/26/2021

Date

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

Company Name Silver State Construction, LLC.
 Contact Name Jorge Cruz
 Case Number 1288
 Violation Number AQMV21-0023

Violation of Section 040.030 Section C.3. Dust Control Permit Requirements
 Permit Condition n/a

I. Base Penalty as specified in the Penalty Table = \$ **750.00**

II. Severity of Violation

A. Public Health Impact

1. Toxicity of Release (For Emissions Exceedances)

Unable to Quantify - 1x Criteria Pollutant - 1x Hazardous Air Pollutant - 2x
 Adjustment Factor **1**

Comment: Administrative Violation

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

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

Comment: Administrative violation

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

B. Adjusted Base Penalty

Base Penalty \$ 750.00 x Adjustment Factor 1 = \$ **750.00**

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

Adjusted Penalty \$ 750.00 x Number of Days/Weeks/Mo **1** = \$ **750.00**

Comment: Administrative violation

D. Economic Benefit

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

Comment: No economic benefit was associated with this violation

Penalty Subtotal

Adjusted Base Penalty \$ 750.00 + Economic Benefit \$ 0.00 = \$ **750.00**

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

III. Penalty Adjustment Consideration

A. Mitigating Factors (0 +/- 25%)

0%

Comment _____

B. Compliance History

Similar Violation < 12 months (300%)

+ 0%

Similar Violation < 3 years (200%)

+ 0%

Similar Violation > 3 years (150%)

+ 0%

Previous Unrelated Violations < 5years

5% x 0, # of previous violations

+ 0%

Comment: No prior violations

Total Penalty Adjustment Factors – Sum of A & B

0%

IV. Recommended Penalty

Penalty Adjustment:

\$ 750.00	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:

\$ 750.00	+/-	\$ 0.00	=		\$ 750.00
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)			Recommended Penalty

John C. Rosta
Senior AQ Specialist/Supervisor

3/26/2021
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: May 27, 2021

DATE: May 6, 2021
TO: District Board of Health
FROM: Francisco Vega, Director, Air Quality Management Division
 775-784-7211, fvega@washoecounty.us
SUBJECT: Recommendation for the Board to uphold an uncontested citation issued to Toll Brothers NV Limited Partnership, Case No. 1300, Notice of Violation No. AQMV21-0022 with a \$700.00 penalty.

SUMMARY

The Washoe County Air Quality Management Division (AQMD) staff recommends Notice of Violation (NOV) No. AQMV21-0022 be **upheld** and a fine in the amount of **\$700.00** be levied against Toll Brothers NV Limited Partnership for failure to obtain a Dust Control Permit prior to the commencement of a dust generating activity. This action is a **minor violation** of the District Board of Health Regulations Governing Air Quality Management (DBOH Regulations), specifically Section 040.030 C.3. Dust Control Permit Requirements.

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 actions.

BACKGROUND

On March 16, 2021 the Senior Air Quality Specialist contacted Mr. Rick Parkin of Toll Brothers concerning the expiration of the Dust Control Permit for Bella Vista Village C (APCP19-0153). The permit expired on March 13, 2021. The applicant was previously notified by the AQMD of the approaching expiration on January 28, 2021.

A response was received from Mr. John Smith at Toll Brothers concerning the Dust Control Permit. The project was confirmed as active and with over one (1) acre of disturbance. Mr. Smith stated that a new Dust Control Permit would be obtained as soon as possible. The Senior Air Quality Specialist confirmed on March 16, 2021 that the site is still active with a disturbance of over one (1) acre.

On March 22, 2021 Dust Control Permit ACP21-0056 was issued for four (4) acres of disturbance on the Bella Vista Village C project site.

NOV No. AQMV21-0022 and associated documentation supporting the NOV was sent certified mail to the offices of Toll Brothers NV Limited Partnership and was received on March 30, 2021. The certified mail contained the instructions for filing an appeal of the NOV to the Air Pollution Control Hearing Board and the "Appeal Petition to the Air Pollution Control Hearing Board" form.

An appeal of NOV No. AQMV21-0022 was not exercised by Toll Brothers NV Limited Partnership within the 10-day appeal timeframe. As such, NOV No. AQMV21-0022 was determined to be final by the AQMD with a penalty amount of \$700.00.

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 Toll Brothers NV Limited Partnership, Case No. 1300, Notice of Violation No. AQMV21-0022, with a \$700.00 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 No. AQMV21-0022; or
2. The Board may determine to uphold Notice of Violation No. AQMV21-0022 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 Toll Brothers NV Limited Partnership, Case No. 1300, Notice of Violation No. AQMV21-0022 with a \$700.00 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. 1300, Notice of Violation No. AQMV21-0022, issued to Toll Brothers NV Limited Partnership.", or
2. "Move to uphold Case No. 1300, Notice of Violation No. AQMV21-0022, 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 Toll Brothers NV Limited Partnership to be properly noticed."

**WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION
1001 East Ninth Street Suite B171
Reno, Nevada 89512**

**NOTICE OF VIOLATION
ISSUED TO**

**Toll Brothers NV Limited Partnership
Bella Vista Village C
Notice of Violation No.: AQMV21-0022
Date of Issuance: March 26, 2021
Case No. 1300**

The Air Quality Management Division of the Washoe County Health District (AQMD) has determined that Toll Brothers NV Limited Partnership is in violation of the Washoe County District Board of Health Regulations Governing Air Quality Management Section 040.030 Section C.3. Dust Control Permit Requirements.

1. VIOLATION

- A. Failure to obtain a Dust Control Permit prior to commencement of a dust generating activity one (1) acre or greater.

2. BASIS OF VIOLATION

- A. Regulatory Authority
The Washoe County District Board of Health Regulations Governing Air Quality Management 040.030 Section C. 3. Dust Control Permit Requirements:

DUST CONTROL PERMIT REQUIREMENTS: The owner and/or operator of a dust generating activity shall apply for and obtain a Dust Control Permit prior to commencement of the dust generating activity. In the Dust Control Permit application, the owner and/or operator shall designate a person responsible for compliance with the “District Board of Health Regulations Governing Air Quality Management.” Failure to comply with the provisions of an approved Dust Control Permit shall be deemed a violation of this Rule.

B. Facts to Constitute the Violation

On March 16, 2021 the Senior Air Quality Specialist contacted Mr. Rick Parkin of Toll Brothers concerning the expiration of the Dust Control Permit for Bella Vista Village C (APCP19-0153). The permit expired on 3/13/2021. The applicant was previously notified by the AQMD of the approaching expiration on 1/28/2021.

A response was received from Mr. John Smith at Toll Brothers concerning the Dust Control Permit. The project was confirmed as active and with over one (1) acre of disturbance. Mr. Smith stated that a new Dust Control Permit would be obtained as soon as possible. The Senior Air Quality Specialist confirmed on 3/16/2021 that the site is still active with a disturbance of over one (1) acre.

On March 22, 2021 Dust Control Permit APCP21-0056 was issued for four (4) acres of disturbance on the Bella Vista Village C project site.

3. APPEAL PROCEDURE AND TIME LIMITATIONS

A. Appeal Procedure

Toll Brothers NV Limited Partnership is advised that within (10) working days of the receipt of this Notice of Violation, Toll Brothers NV Limited Partnership may submit a written petition for appeal to the Washoe County Air Quality Hearing Board. The written petition for appeal shall be submitted to the AQMD at the following address:

Washoe County Health District
Air Quality Management Division
1001 East Ninth Street Suite B171
Reno, Nevada 89512

Failure to submit a petition for appeal within the specified timeframe will result in the submission of this Notice of Violation to the Washoe County District Board of Health with a recommendation for the assessment of an administrative fine of \$700.00.

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

Company Name Toll Brothers NV Limited Partnership
Contact Name Mr. Rick Parkin
Case Number 1300

I. Violation of Section 040.030 Section C.3. Dust Control Permit Requirements

I. Recommended Penalty = \$ 700.00

II. Violation of Section 0

II. Recommended Penalty = \$ 0.00

III. Violation of Section 0

III. Recommended Penalty = \$ 0.00

IV. Violation of Section 0

IV. Recommended Penalty = \$ 0.00

V. Violation of Section 0

V. Recommended Penalty = \$ 0.00

Total Recommended Penalty = \$ 700.00

Senior AQ Specialist/Supervisor

Date

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

Company Name Toll Brothers NV Limited Partnership
 Contact Name Mr. Rick Parkin
 Case Number 1300
 Violation Number AQMV21-0022

Violation of Section 040.030 Section C.3. Dust Control Permit Requirements
 Permit Condition n/a

I. Base Penalty as specified in the Penalty Table = \$ **700.00**

II. Severity of Violation

A. Public Health Impact

1. Toxicity of Release (For Emissions Exceedances)

Unable to Quantify - 1x Criteria Pollutant - 1x Hazardous Air Pollutant - 2x
Adjustment Factor **1**

Comment: Administrative violation

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

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

Comment: Administrative violation

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

B. Adjusted Base Penalty

Base Penalty \$ 700.00 x Adjustment Factor 1 = \$ **700.00**

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

Adjusted Penalty \$ 700.00 x Number of Days/Weeks/Mon **1** = \$ **700.00**

Comment: Administrative violation

D. Economic Benefit

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

Comment: No economic benefit was associated with this violation

Penalty Subtotal

Adjusted Base Penalty \$ 700.00 + Economic Benefit \$ 0.00 = \$ **700.00**

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

III. Penalty Adjustment Consideration

A. Mitigating Factors (0 +/- 25%)

0%

Comment: _____

B. Compliance History

Similar Violation < 12 months (300%)

+ 0%

Similar Violation < 3 years (200%)

+ 0%

Similar Violation > 3 years (150%)

+ 0%

Previous Unrelated Violations < 5years

5% x 0, # of previous violations

+ 0%

Comment: No prior violations

Total Penalty Adjustment Factors – Sum of A & B

0%

IV. Recommended Penalty

Penalty Adjustment:

\$ 700.00	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:

\$ 700.00	+/-	\$ 0.00	=		\$ 700.00
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)			Recommended Penalty

Senior AQ Specialist/Supervisor

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
040.030	Dust Control (fugitive)	2500
040.035	Open Fires	1000
040.040	Fire Training	1000
040.050	Incinerator	2000
040.051	Woodstoves	1000
040.055	Odors	2000
040.080	Gasoline Transfer (maintenance)	2000
040.200	Diesel Idling	1000
050.001	Emergency Episode	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: May 27, 2021

DATE: May 6, 2021

TO: District Board of Health

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

SUBJECT: Recommendation for the Board to uphold an uncontested citation issued to Toll Brothers NV Limited Partnership, Case No. 1301, Notice of Violation No. AQMV21-0021 with a \$850.00 penalty.

SUMMARY

The Washoe County Air Quality Management Division (AQMD) staff recommends Notice of Violation (NOV) No. AQMV21-0021 be **upheld** and a fine in the amount of **\$850.00** be levied against Toll Brothers NV Limited Partnership for failure to obtain a Dust Control Permit prior to the commencement of a dust generating activity. This action is a **minor violation** of the District Board of Health Regulations Governing Air Quality Management (DBOH Regulations), specifically Section 040.030 C.3. Dust Control Permit Requirements.

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 actions.

BACKGROUND

On March 16, 2021 the Senior Air Quality Specialist contacted Mr. Rick Parkin of Toll Brothers concerning the expiration of the Dust Control Permit for Bella Vista Village D2 (APCP19-0152). The permit expired on March 13, 2021. The applicant was notified by the AQMD of the approaching expiration on January 28, 2021.

A response was received from Mr. John Smith at Toll Brothers concerning the Dust Control Permit. The project was confirmed as active and with over one (1) acre of disturbance. Mr. Smith stated that a new dust control permit would be obtained as soon as possible. The Senior Air Quality Specialist confirmed on March 16, 2021 that the site was still active with a disturbance of over one (1) acre.

On March 22, 2021 Dust Control Permit ACP21-0058 was issued for was issued for seven (7) acres of disturbance on the Bella Vista Village D2 project site.

NOV No. AQMV21-0021 and associated documentation supporting the NOV was sent certified mail to the offices of Toll Brothers NV Limited Partnership and was received on March 30, 2021. The certified mail contained the instructions for filing an appeal of the NOV to the Air Pollution Control Hearing Board and the “Appeal Petition to the Air Pollution Control Hearing Board” form.

An appeal of NOV No. AQMV21-0021 was not exercised by Toll Brothers NV Limited Partnership within the 10-day appeal timeframe. As such, NOV No. AQMV21-0021 was determined to be final by the AQMD with a penalty amount of \$850.00.

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 Toll Brothers NV Limited Partnership, Case No. 1301, Notice of Violation No. AQMV21-0021, with a \$850.00 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 No. AQMV21-0021; or
2. The Board may determine to uphold Notice of Violation No. AQMV21-0021 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 Toll Brothers NV Limited Partnership, Case No. 1301, Notice of Violation No. AQMV21-0021 with a \$850.00 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. 1301, Notice of Violation No. AQMV21-0021, issued to Toll Brothers NV Limited Partnership”, or
2. “Move to uphold Case No. 1301, Notice of Violation No. AQMV21-0021, 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 Toll Brothers NV Limited Partnership to be properly noticed.”

**WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION
1001 East Ninth Street Suite B171
Reno, Nevada 89512**

**NOTICE OF VIOLATION
ISSUED TO**

**Toll Brothers NV Limited Partnership
Bella Vista Village D2
Notice of Violation No.: AQMV21-0021
Date of Issuance: March 26, 2021
Case No. 1301**

The Air Quality Management Division of the Washoe County Health District (AQMD) has determined that Toll Brothers NV Limited Partnership is in violation of the Washoe County District Board of Health Regulations Governing Air Quality Management Section 040.030 Section C.3. Dust Control Permit Requirements.

1. VIOLATION

- A. Failure to obtain a Dust Control Permit prior to commencement of a dust generating activity (1) acre or greater.

2. BASIS OF VIOLATION

- A. Regulatory Authority
The Washoe County District Board of Health Regulations Governing Air Quality Management 040.030 Section C. 3. Dust Control Permit Requirements:

DUST CONTROL PERMIT REQUIREMENTS: The owner and/or operator of a dust generating activity shall apply for and obtain a Dust Control Permit prior to commencement of the dust generating activity. In the Dust Control Permit application, the owner and/or operator shall designate a person responsible for compliance with the “District Board of Health Regulations Governing Air Quality Management.” Failure to comply with the provisions of an approved Dust Control Permit shall be deemed a violation of this Rule.

B. Facts to Constitute the Violation

On March 16, 2021 the Senior Air Quality Specialist contacted Mr. Rick Parkin of Toll Brothers concerning the expiration of the Dust Control Permit for Bella Vista Village D2 (APCP19-0152). The permit expired on 3/13/2021. The applicant was notified by the AQMD of the approaching expiration on 1/28/2021.

A response was received from Mr. John Smith at Toll Brothers concerning the Dust Control Permit. The project was confirmed as active and with over one (1) acre of disturbance. Mr. Smith stated that a new dust control permit would be obtained as soon as possible. The Senior Air Quality Specialist confirmed on 3/16/2021 that the site was still active with a disturbance of over one (1) acre.

On March 22, 2021 Dust Control Permit APCP21-0058 was issued for was issued for seven (7) acres of disturbance on the Bella Vista Village D2 project site.

3. APPEAL PROCEDURE AND TIME LIMITATIONS

A. Appeal Procedure

Toll Brothers NV Limited Partnership is advised that within (10) working days of the receipt of this Notice of Violation, Toll Brothers NV Limited Partnership may submit a written petition for appeal to the Washoe County Air Quality Hearing Board. The written petition for appeal shall be submitted to the AQMD at the following address:

Washoe County Health District
Air Quality Management Division
1001 East Ninth Street Suite B171
Reno, Nevada 89512

Failure to submit a petition for appeal within the specified timeframe will result in the submission of this Notice of Violation to the Washoe County District Board of Health with a recommendation for the assessment of an administrative fine of \$850.00.

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

Company Name Toll Brothers NV Limited Partnership
Contact Name Mr. Rick Parkin
Case Number 1301

I. Violation of Section 040.030 Section C.3. Dust Control Permit Requirements

I. Recommended Penalty = \$ 850.00

II. Violation of Section 0

II. Recommended Penalty = \$ 0.00

III. Violation of Section 0

III. Recommended Penalty = \$ 0.00

IV. Violation of Section 0

IV. Recommended Penalty = \$ 0.00

V. Violation of Section 0

V. Recommended Penalty = \$ 0.00

Total Recommended Penalty = \$ 850.00


Senior AQ Specialist/Supervisor

3/26/2021
Date

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

Company Name Toll Brothers NV Limited Partnership
 Contact Name Mr. Rick Parkin
 Case Number 1301
 Violation Number AQMV21-0021

Violation of Section 040.030 Section C.3. Dust Control Permit Requirements
 Permit Condition n/a

I. Base Penalty as specified in the Penalty Table = \$ **850.00**

II. Severity of Violation

A. Public Health Impact

1. Toxicity of Release (For Emissions Exceedances)

Unable to Quantify - 1x Criteria Pollutant - 1x Hazardous Air Pollutant - 2x
 Adjustment Factor **1**

Comment: Administrative violation

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

Negligible - 1x Moderate - 1.5x Significant - 2x Adjustment Factor **1.0**

Comment: Administrative violation

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

B. Adjusted Base Penalty

Base Penalty \$ 850.00 x Adjustment Factor 1 = \$ **850.00**

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

Adjusted Penalty \$ 850.00 x Number of Days/Weeks/Mo **1** = \$ **850.00**

Comment: Administrative violation

D. Economic Benefit

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

Comment: No economic benefit was associated with this violation

Penalty Subtotal

Adjusted Base Penalty \$ 850.00 + Economic Benefit \$ 0.00 = \$ **850.00**

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

III. Penalty Adjustment Consideration

A. Mitigating Factors (0 +/- 25%)

0%

Comment _____

B. Compliance History

Similar Violation < 12 months (300%)

+ 0%

Similar Violation < 3 years (200%)

+ 0%

Similar Violation > 3 years (150%)

+ 0%

Previous Unrelated Violations < 5 years

5% x 0, # of previous violations

+ 0%

Comment: No prior violations

Total Penalty Adjustment Factors – Sum of A & B

0%

IV. Recommended Penalty

Penalty Adjustment:

\$ 850.00 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:

\$ 850.00 +/- \$ 0.00 = \$ 850.00

Penalty Subtotal
(From Section II)

Total Adjustment Value
(From Section III + Credit)

Recommended Penalty

Justin C. Resto
Senior AQ Specialist/Supervisor

3/26/2021
Date

Administrative Penalty Table

Air Quality Management Division
Washoe County Health District

I. Minor Violations - Section 020.040(C)

Regulation		1st Violation	2nd Violation
020.005	Visible Emissions	1000	2500
020.030	Dust Control (fugitive)	1000	2000
020.035	Open Fires	500	1000
020.040	Fire Training	500	1000
020.050	Incinerator	1000	2000
020.051	Woodstoves	500	1000
020.055	Odors	1000	2000
020.080	Gasoline Transfer (maintenance)	1000	2000
020.200	Diesel Idling	500	1000
050.001	Emergency Episode	1000	2000
020.030	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
030.102	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: May 27, 2021

TO: District Board of Health

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

SUBJECT: Recommendation for the Board to consider approval of a Supplemental Environmental Project for Rilite Aggregate Company as required in Order No. 00004 as a settlement for Notice of Violations associated with Case No.'s 1251, 1270, and 1289.

SUMMARY

The Washoe County Health District, Air Quality Management Division (AQMD) staff recommends approval of a Supplemental Environmental Project (SEP) for Rilite Aggregate Company (Rilite) as required in Order No. 00004 as a settlement for Notice of Violations associated with Case No.'s 1251, 1270, and 1289.

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

Case No. 1217, Notice of Violation No. 5779 was issued on September 19, 2019, for fugitive dust associated with the eastern slope of the aggregate pit owned by the Rilite. Case No. 1217 was settled and an administrative penalty of \$3,380.00 was approved by the DBOH on October 24, 2019.

BACKGROUND

On May 28, 2020, an Air Quality Specialist was dispatched to respond to a fugitive dust complaint at the Rilite aggregate pit located at 9208 Western Skies Drive in Reno, Nevada. The aggregate pit was observed from a vantage point adjacent to the property where fugitive dust was observed in excess of 5 minutes in an hour (per EPA Method 22) and determined to be out of compliance with District Board of Health Regulations and Permit to Operate AAIR16-0722 conditions.

The fugitive dust was originating from an area on the east side of the aggregate pit where a large active slope exists as part of the material processing operations. In this area, material is pushed over and down the slope for continued non-metallic mineral processing at the Rilite aggregate plant. Due to the size of the slope and the nature of the soil, the soil on the slope cannot be properly stabilized to prevent fugitive dust from occurring during wind events.

The AQMD developed Case No. 1251 in association with the incident of noncompliance observed on May 28, 2020 and assessed an administrative penalty in the amount of \$10,000.00 (regulatory maximum per day, per violation) based on prior compliance history at the Rilite pit. A compliance and enforcement meeting was scheduled with Rilite on March 31, 2021 to discuss the Case.

The compliance and enforcement meeting with Rilite was held on March 31, 2021 and attended by Mr. Chris Benna, owner of Rilite, Joe Vietti, manager of Rilite, Joshua Restori, Supervisor of Permitting and Compliance with the AQMD and the AQMD Enforcement Group. During the meeting, the evidence of Case No. 1251 and the administrative penalty of \$10,000.00 was presented. During the meeting, two additional cases were discussed with Rilite, Case No.'s 1270 and 1289. These Cases were generated as a result of noncompliance issues with the same area of the aggregate pit associated with Case No. 1251. As a result, Rilite currently faces three (3) different cases and a potential recommended penalty of \$30,000.00. As a result of the continued noncompliance and potential penalty amount, a SEP was proposed to assist in achieving compliance and providing relief for the complainants.

The SEP would involve Rilite contracting with a third-party engineering firm to develop a long-term solution to the fugitive dust compliance issues occurring with the slope on the east side of the Rilite pit.

The AQMD recommends approval of a SEP for Rilite Aggregate Company as required in Order No. 00004 as a settlement for Notice of Violations associated with Case No.'s 1251, 1270, and 1289. A SEP would assist Rilite in addressing the fugitive dust issues associated with the eastern slope, provide relief for the residents being impacted and benefit the airshed of Washoe County.

FISCAL IMPACT

There are no fiscal impacts resulting from the Board approving a SEP. A SEP is an environmentally beneficial activity completed by a respondent or defendant who agrees to perform the activity as part of a settlement of an enforcement action, but which the respondent is not otherwise legally obligated to perform.

RECOMMENDATION

Staff recommends the Board approval of a SEP for Rilite Aggregate Company as required in Order No. 00004 as a settlement for Notice of Violations associated with Case No.'s 1251, 1270, and 1289.

POSSIBLE MOTION(s)

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

1. "Move to approve of a Supplemental Environmental Project for Rilite Aggregate Company as required in Order No. 00004 as a settlement for Notice of Violations associated with Case No.'s 1251, 1270, and 1289."

**WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION**

1001 East Ninth Street, Suite B171
Reno, Nevada 89512

COMPLIANCE ORDER No. 00004

ISSUED TO

**Rilite Aggregate Company
9208 Western Skies Drive
Reno, Nevada 89511
Permit No.: AAIR16-0722
Date of Issuance: May 19, 2021**

The Washoe County Health District, Air Quality Management Division (AQMD) has determined that Rilite Aggregate Company located at 9208 Western Skies Drive is subject to the requirements of Washoe County District Board of Health Regulations Governing Air Quality Management (DBOH Regulations).

I. BASIS for COMPLIANCE ORDER

A. Regulatory Authority

The DBOH Regulations 020.030 – Notice of Violation states:

“Whenever the Control Officer or his authorized agent or representative has a reasonable cause to believe that any section of these regulations for the prevention, abatement or control of air pollution has been violated, he shall cause written notice to be served upon the person or persons responsible for the alleged violations.

The notice may include an order to take corrective action within a reasonable time, which shall be specified. Such an order becomes final unless, within ten (10) days after service of the notice, a person named in the order requests a hearing before the Hearing Board.”

B. Facts to Constitute the Compliance Order

1. Case No. 1217, Notice of Violation No. 5779 was issued on September 19, 2019, for fugitive dust associated with the eastern slope of the aggregate pit owned by the Rilite Aggregate Company (Rilite). Case No. 1217 was settled with an administrative penalty of \$3,380.00 issued to Rilite and approved by the DBOH on October 24, 2019.

On May 28, 2020, the AQMD was dispatched to respond to a complaint regarding fugitive dust associated with the same eastern slope at Rilite. During the complaint response, fugitive dust was being generated from the same eastern slope identified in Case No. 1217. The fugitive dust was observed in excess of 5 minutes in an hour (per EPA Method 22) and was determined to be out of compliance with the DBOH Regulations and conditional requirements of Permit to Operate AAIR16-0722 issued to Rilite.

The AQMD responded to two additional complaints regarding fugitive dust from the eastern slope at Rilite on November 6, 2020 (Case No. 1270) and February 19, 2020 (Case No. 1289). During each of these complaint responses, fugitive dust was being generated from the eastern slope of the aggregate pit and violations verified.

II. COMPLIANCE ORDER

- A. The following Order is issued on this date pursuant to the powers and duties vested in the Control Officer of the Washoe County Health District (020.030).


Based on the information presented above and made a part of this Order, the Control Officer of the Washoe County Health District, pursuant to authority delegated to him by the District Board of Health, has determined that Rilite Aggregate Company (Rilite) shall comply with the provisions of this Order.

1. Rilite shall conduct a Supplemental Environmental Project (SEP) to address the noncompliance issues associated with Case No.'s 1251, 1270, and 1289.
2. As part of the SEP, Rilite shall contract with a third-party engineering firm to develop a plan on how to address the fugitive dust compliance issues associated with the slope on the east side Rilite's aggregate pit.
 - a. The plan shall include a description of the cause of the noncompliance.
 - b. The plan shall include an engineering description of how the noncompliance will be corrected. The engineering description shall be supported by data and/or manufacturers guarantees.
 - c. The plan shall be submitted to the Control Officer by June 11, 2021.
3. The SEP shall be equal to or greater than 80% of the proposed recommended penalty associated with Case No.'s 1251, 1270 and 1289.
 - a. The proposed recommended penalty associated with Case No.'s 1251, 1270 and 1289 was \$30,000.
 - b. The SEP must be equal to or greater than \$24,000.
4. Rilite shall commence implementation of the SEP within 30 days of the approval by the DBOH.
5. Rilite shall complete all work associated with the SEP no later than September 24, 2021.

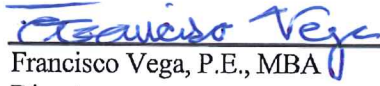
6. Rilite shall submit a report to the Control Officer within 30 days of completing all work associated with the SEP.
 - a. The report shall include a complete description of all work conducted as part of the SEP.
 - b. The report shall include documentation of how the work conducted as part of the SEP has succeeded in addressing the noncompliance issues.
 - c. The report shall include documentation and cost breakdown of the cost of the SEP to demonstrate compliance with requirement above.

III. SIGNATURES

5/21/2021
Date


Joshua Restori
Supervisor, Permitting and Compliance
Air Quality Management Division
Washoe County Health District

5-21-2021
Date


Francisco Vega, P.E., MBA
Director
Air Quality Management Division
Washoe County Health District

5/21/2021
Date


Christopher Benna
Owner
Rilite Aggregate Company

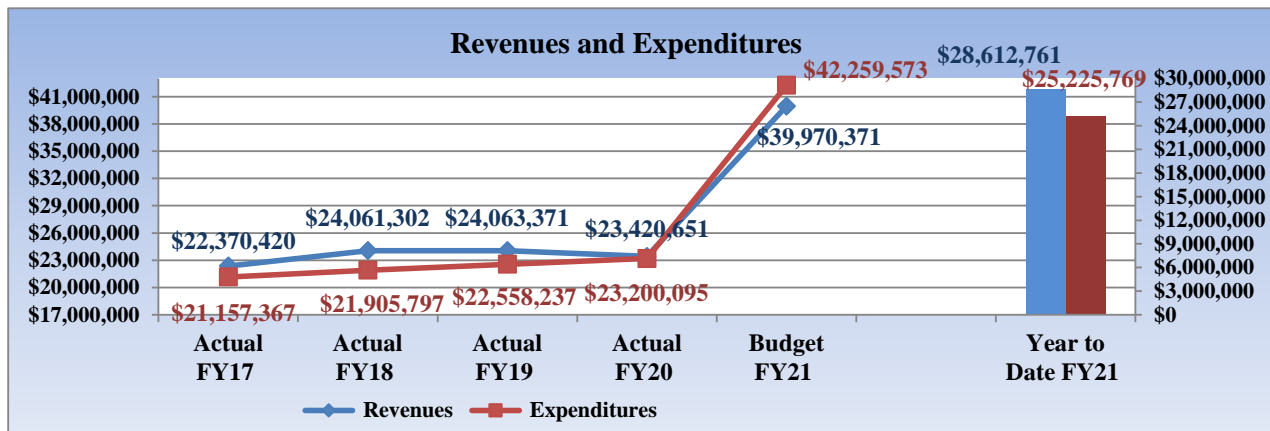
DD NA
DHO *KD*

Staff Report
Board Meeting Date: May 27, 2021

TO: District Board of Health
FROM: Anna Heenan, Administrative Health Services Officer
328-2417, aheenan@washoecounty.us
SUBJECT: Acknowledge receipt of the Health Fund Financial Review for April, Fiscal Year 2021

SUMMARY

The tenth month of FY21 ended with a cash balance of \$11,001,811. The total revenues of \$28,612,761 or 71.6% of budget are up 54.0% or \$10,035,500 over FY20, mainly due to the increased grant revenue for COVID-19 response. The expenditures totaled \$25,225,769 or 59.7% of budget and are up \$6,339,005 or 33.6% compared to FY20.



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.

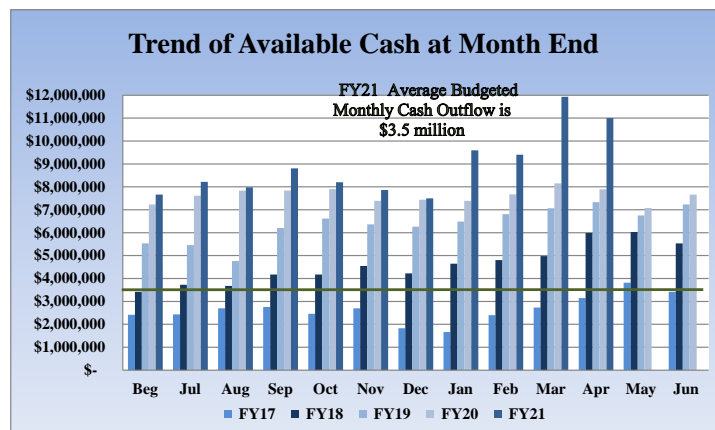
PREVIOUS ACTION

Fiscal Year 2021 Budget was adopted May 19, 2020.

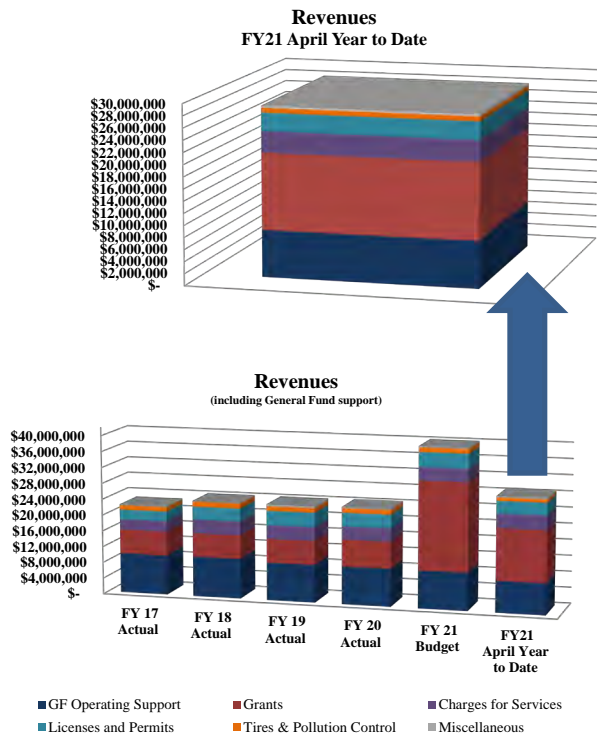
BACKGROUND

Review of Cash

The available cash at the end of April, FY21, was \$11,001,811 which is enough to cover approximately 3.1 months of expenditures. The cash balance is \$3,104,369 greater than FY20. The encumbrances and other liability portion of the cash totals \$4.1 million; the cash restricted as to use is approximately \$1.9 million; leaving a balance of \$5.0 million.

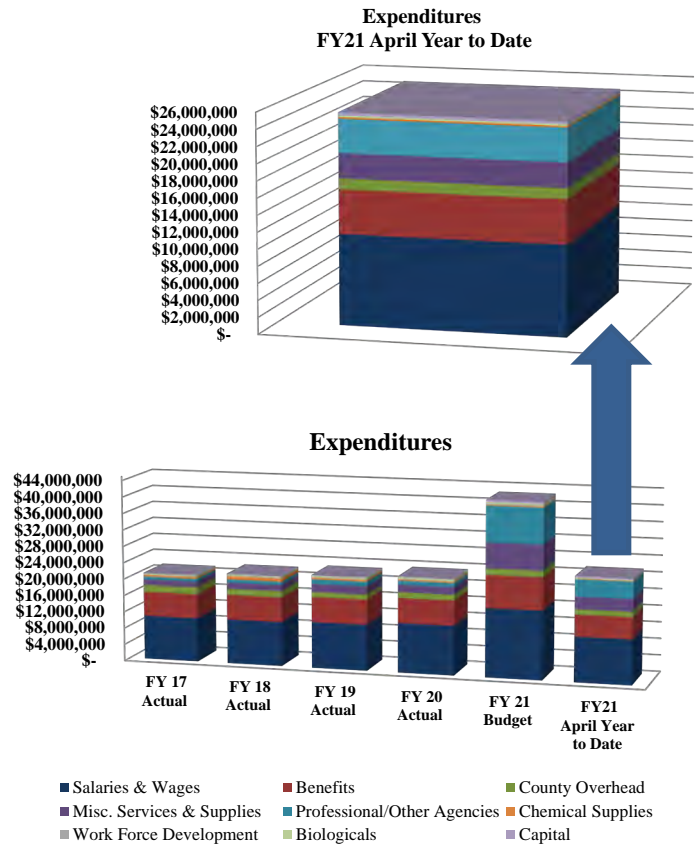


Review of Revenues (including transfers from General Fund) and Expenditures by category



The total **revenues** year to date were \$28,612,761 up \$10,035,500 or 54.0% compared to April FY20. The revenue categories up over FY20 were Federal and State grants of \$12,927,594 up \$9,015,005 or 230.4% due to the COVID-19 grants; licenses and permits of \$3,040,355 up \$274,036 or 9.9%; charges for services of \$3,617,266 up \$742,639 or 25.8% with the largest increase of \$450,540 in total dust plan revenue of \$966,299 and a \$121,897 increase in birth and death certificates revenue of \$601,019; fines and forfeitures of \$103,500 from SB4 fines; and, miscellaneous revenues of \$171,924 up \$38,948 or 29.3% with \$45,000 coming from a contribution from the City of Reno for the relocation of the Reno4 Air Monitoring Station. The revenue category down compared to FY20 was tire and pollution control funding of \$821,409 down \$138,628 or 14.4% mainly in the Air Pollution funding which was down \$121,175. The County General Fund support of \$7,930,713 is level at the FY20 funding.

The total year to date **expenditures** of \$25,225,769 were up \$6,339,005 or 33.6% compared to FY20. Salaries and benefits expenditures for the ten months of FY21 were \$16,169,912 up \$1,152,097 or 7.7% over the prior year and 65.9% of budget. The total services and supplies of \$8,717,056 were up \$4,925,687 or 129.9% compared to FY20 and 50.5% of budget. The major expenditures included in the services and supplies were; the professional services, which totaled \$3,993,997 up \$3,438,161, mainly due to the increase of \$1,698,878 in lab testing and \$2,295,119 for professional and temporary help for COVID-19; the biologicals of \$194,888 down \$38,186 or 16.4%; chemical supplies of \$157,733 down \$137,102 over FY20 due to sufficient inventory on hand for the Mosquito Abatement program; and, County overhead charges of \$1,284,059 up \$116,732 or 10% over FY20. There has been \$338,802 in capital expenditures up \$261,222 over FY20 due to the equipment needed for the COVID-19 response.



Review of Revenues and Expenditures by Division

ODHO has spent \$585,309 down \$405,214 or 40.9% over FY20 due to the reallocation of staff for COVID-19 response; savings from the vacant Director of Programs and Projects position; and a delay in spending the Community Support funding due to the COVID-19 response

AHS has spent \$890,181 down \$50,817 or 5.4% compared to FY20 mainly due to a \$27,274 in salary savings from vacant positions and a \$25,000 reduction in building safety expenditures

AQM revenues were \$3,330,582 up \$800,589 or 31.6% mainly due to an increase in dust plan revenue and a \$45,000 contribution from the City of Reno to help pay for the movement of the Reno4 Air Monitoring Station. The Division spent \$2,274,715 down \$125,932 or 5.2% mainly due to a \$35,780 reduction in salaries and benefits from vacant positions, decrease of \$16,327 in travel costs, and a reduction of \$59,585 in capital expenditures due to the Reno4 Air Monitoring Station built in FY20.

CCHS revenues were \$3,233,872 up \$187,020 or 6.1% over FY20 mainly due to an increase in grant funding and insurance reimbursements. The division spent \$6,224,218 down \$65,004 or 1.0% less than FY20 mainly due to salary savings from vacant positions and deployment of staff to the COVID-19 response.

EHS revenues were \$4,328,437 up \$741,857 or 20.7% over FY20 mainly due to the \$500,000 received from the COVID SB4 funding; \$103,500 in COVID non-compliance fines; and, \$181,811 additional in food services permits. Total expenditures were \$4,647,385 down \$364,392 or 7.3% mainly due to \$155,088 in savings from vacant positions and deployment of staff to the COVID-19 response; \$137,102 less than FY20 in chemical supplies for mosquito abatement; \$51,821 less in temporary help due to the completion of a scanning project for electronic record keeping; and, \$24,280 reduction in travel costs.

EPHP revenues were \$9,789,158 up \$8,306,035 or 560.0% due to additional grant funding. The division spent \$10,603,961 up \$7,350,364 or 225.9% over FY20 due to the cost of the COVID-19 response: with the largest increase of \$2,700,142 in salaries and benefits due to additional staff, overtime, standby, and temporary staff; \$1,698,678 in lab testing; \$1,197,481 needed for additional furniture, software, and equipment for temporary staff; \$350,000 for advertising campaign; and \$1,404,063 for operating supplies.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2016/2017 through April Year to Date Fiscal Year 2020/2021 (FY21)								
	Actual Fiscal Year			FY 2019/2020		Fiscal Year 2020/2021		
	2016/2017	2017/2018	2018/2019	Year End (audited)	April Year to Date	Adjusted Budget	April Year to Date	Percent of Budget FY21 Increase over FY20
Revenues (all sources of funds)								
ODHO	51,228	3,365	-	-	-	-	-	-
AHS	-	-	-	-	-	-	-	-
AQM	2,979,720	3,543,340	3,443,270	3,493,840	2,529,993	3,496,067	3,330,582	95.3% 31.6%
CCHS	3,872,898	4,179,750	4,104,874	4,044,674	3,046,852	4,980,832	3,233,872	64.9% 6.1%
EHS	3,436,951	4,428,294	4,871,791	4,297,872	3,586,580	5,098,283	4,328,437	84.9% 20.7%
EPHP	2,027,242	1,854,862	2,126,580	2,067,409	1,483,123	16,878,332	9,789,158	58.0% 560.0%
GF support	10,002,381	10,051,691	9,516,856	9,516,856	7,930,713	9,516,856	7,930,713	83.3% 0.0%
Total Revenues	\$ 22,370,420	\$ 24,061,302	\$ 24,063,371	\$ 23,420,651	\$ 18,577,261	\$ 39,970,371	\$ 28,612,761	71.6% 54.0%
Expenditures (all uses of funds)								
ODHO	904,268	826,325	1,336,494	1,153,186	990,523	2,021,598	585,309	29.0% -40.9%
AHS	1,119,366	1,016,660	1,059,669	1,083,771	940,998	1,315,204	890,181	67.7% -5.4%
AQM	2,856,957	2,936,261	2,935,843	2,985,827	2,400,647	3,913,776	2,274,715	58.1% -5.2%
CCHS	7,294,144	7,538,728	7,700,440	7,547,364	6,289,222	9,272,861	6,224,218	67.1% -1.0%
EHS	6,366,220	7,030,470	6,669,768	5,815,690	5,011,778	7,990,705	4,647,385	58.2% -7.3%
EPHP	2,616,411	2,557,352	2,856,024	4,614,255	3,253,597	17,745,430	10,603,961	59.8% 225.9%
Total Expenditures	\$ 21,157,367	\$ 21,905,797	\$ 22,558,237	\$ 23,200,095	\$ 18,886,764	\$ 42,259,573	\$ 25,225,769	59.7% 33.6%
Revenues (sources of funds) less Expenditures (uses of funds):								
ODHO	(853,040)	(822,960)	(1,336,494)	(1,153,186)	(990,523)	(2,021,598)	(585,309)	
AHS	(1,119,366)	(1,016,660)	(1,059,669)	(1,083,771)	(940,998)	(1,315,204)	(890,181)	
AQM	122,763	607,078	507,427	508,014	129,346	(417,710)	1,055,867	
CCHS	(3,421,246)	(3,358,978)	(3,595,566)	(3,502,690)	(3,242,370)	(4,292,029)	(2,990,346)	
EHS	(2,929,269)	(2,602,177)	(1,797,977)	(1,517,818)	(1,425,198)	(2,892,422)	(318,949)	
EPHP	(589,169)	(702,490)	(729,444)	(2,546,846)	(1,770,474)	(867,097)	(814,803)	
GF Operating	10,002,381	10,051,691	9,516,856	9,516,856	7,930,713	9,516,856	7,930,713	
Surplus (deficit)	\$ 1,213,053	\$ 2,155,505	\$ 1,505,134	\$ 220,557	\$ (309,503)	\$ (2,289,203)	\$ 3,386,992	
Fund Balance (FB)	\$ 4,180,897	\$ 6,336,402	\$ 7,841,536	\$ 8,062,093		\$ 5,772,890		
FB as a % of Expenditures	19.8%	28.9%	34.8%	34.8%		13.7%		

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

Date: DBOH meeting May 27, 2021
Subject: Fiscal Year 2021, April Financial Review
Page 4 of 4

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 April, Fiscal Year 2021.

POSSIBLE MOTION

Move to acknowledge receipt of the Health Fund financial review for April, Fiscal Year 2021.

Period: 1 thru 10 2021
 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	2021 Plan	2021 Actuals	Balance	Act%	2020 Plan	2020 Actual	Balance	Act%
422503 Environmental Permits	127,376-	82,434-	44,942-	65	82,438-	83,393-	956	101
422504 Pool Permits	305,703-	259,634-	46,069-	85	272,588-	227,750-	44,838-	84
422505 RV Permits	29,386-	29,870-	485	102	32,198-	27,833-	4,365-	86
422507 Food Service Permits	1,636,378-	1,483,785-	192,593-	88	1,483,902-	1,261,973-	221,928-	85
422508 Wat Well Const Perm	91,018-	171,206-	80,188	188	179,055-	102,550-	76,505-	57
422509 Water Company Permits	3,298-	11,058-	7,760	335	66,145-	12,157-	53,987-	18
422510 Air Pollution Permits	709,437-	596,461-	112,976-	84	650,135-	583,294-	66,841-	90
422511 ISDS Permits	412,744-	349,842-	62,903-	85	263,853-	257,602-	6,251-	98
422513 Special Event Permits	194,950-	1,734-	193,216-	1	175,849-	123,358-	52,491-	70
422514 Initial Applic Fee	116,022-	94,331-	21,691-	81	88,434-	86,409-	2,025-	98
* Licenses and Permits	3,626,311-	3,040,355-	585,956-	84	3,294,595-	2,766,319-	528,276-	84
431100 Federal Grants	20,916,911-	11,901,332-	9,015,579-	57	6,502,886-	3,351,538-	3,151,348-	52
431105 Fed. Grants-Indirect	508,832-	709,364-	200,532	139	494,709-	386,713-	107,996-	78
432100 State Grants	673,512-	280,227-	393,285-	42	919,314-	156,858-	762,456-	17
432105 State Grants-Indirect	41,013-	36,671-	4,342-	89	2,525-	17,480-	14,955-	692
432310 Tirs See NRS 444A.090	525,000-	400,117-	124,883-	76	486,000-	417,570-	68,430-	86
432311 Pol Ctrl 445B.830	628,105-	421,292-	206,813-	67	628,105-	542,467-	85,638-	86
* Intergovernmental	23,293,373-	13,749,003-	9,544,370-	59	9,033,539-	4,872,625-	4,160,914-	54
460160 Other General Govt	10,000-	96-	9,904		10,000-	121-	9,879	8
460162 Services O Agencies	65,000-	55,067-	9,933-	85	64,040-	53,324-	10,716-	83
460173 Reimbursements - Reno	156,000-	160,655-	4,655	103	181,467-	144,916-	36,551-	80
460500 Other Immunizations					6,204-	1,336-	4,868-	22
460501 Medicinal Clinic Svcs								
460508 Tuberculosis								
460509 Water Quality								
460510 IT Overlay								
460511 Birth Death Certific	589,467-	601,019-	11,552	102	515,000-	479,122-	35,878-	93
460512 Duplication Service	68,154-	96,235-	28,081	141	100,888-	127,617-	26,729	126
460513 Other Health Services								
460514 Food Service Certifa								
460516 Pgm Inc-3rd Prty Rec	223,000-	226,764-	3,764	102	196,807-	211,329-	14,522	107
460518 STD Fees	15,000-	26,649-	11,649	178	36,190-	27,228-	8,962-	75
460519 Outpatient Services								
460520 Eng Serv Health	295,255-	311,305-	16,051	105	209,943-	277,212-	67,269	132
460521 Plan Review - Pools	2,588-	35,848-	33,260	1,385	6,212-	13,707-	7,495	221
460523 Plan Review - Food S	99,442-	79,974-	19,468-	80	90,059-	86,892-	3,168-	96
460524 Family Planning	88,000-	94,382-	6,382	107	51,700-	75,065-	23,365	145
460525 Plan Review - Vector	82,843-	96,022-	13,179	116	76,465-	74,892-	1,573-	98
460526 Plan Review-Air Quality	118,045-	90,279-	27,765-	76	115,940-	76,004-	39,936-	66
460527 NCE-AQM	272,665-	281,118-	8,453	103	263,732-	224,049-	39,683-	85
460528 NESHAP-AQM	249,213-	188,771-	60,442-	76	247,948-	174,984-	72,964-	71
460529 Assessments-AQM	120,422-	62,633-	57,789-	52	132,000-	70,240-	61,760-	53
460530 Inspector Registr-AQ	3,485-		3,485-		3,328-	963-	2,365-	29

Period: 1 thru 10 2021
 Accounts: GO-P-L P&L Accounts
 Business Area: *
 Fund: 202 Health Fund
 Fund Center: 000 Default Washoe County
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2021 Plan	2021 Actuals	Balance	Act%	2020 Plan	2020 Actual	Balance	Act%
460531 Dust Plan-Air Quality	578,414-	966,299-	387,884	167	659,365-	515,759-	143,606-	78
460532 Plan Rvw Hotel/Motel		4	4-			3,948-	3,948	
460534 Child Care Inspection	23,263-	19,819-	3,444-	85	23,234-	19,064-	4,170-	82
460535 Pub Accomod Inspectn	29,316-	27,928-	1,388-	95	29,345-	22,430-	6,915-	76
460570 Education Revenue		196,407-	33,826-	85		193,575-	14,608-	93
460723 Other Fees	230,234-	3,617,266-	297,460	109	208,183-	2,874,627-	353,425-	89
* Charges for Services	3,319,806-	103,500-	103,500		3,228,052-			
441078 COVID Non Comp Fines		103,500-	103,500					
* Fines and Forfeitures		2-	2					
481150 Interest-Non Pooled		6,238-	2,712-	70	4,500-	4,746-	246	105
484000 Donations, Contributions	8,950-	1,812-	4,188-	30	6,721-	4,372-	2,349-	65
484050 Donation Fed Pgm Inc	6,000-	66,666-	58,565-	53	195,438-	63,544-	131,894-	33
484195 Non-Govt'l Grants	125,231-	5,605-	19,381-	22	30,604-	12,951-	17,653-	42
484197 Non-Gov. Grants- Ind.	24,987-	84,533-	35,676	173	48,854-	43,641-	5,213-	89
485100 Reimbursements	48,857-	7,067-	7,067		150,000-	3,723-	146,277-	2
485300 Other Misc Govt Rev		171,924-	42,100-	80	436,116-	132,976-	303,140-	30
* Miscellaneous	214,024-	20,682,048-	9,771,466-	68	15,992,302-	10,646,548-	5,345,754-	67
** Revenue	30,453,514-	9,065,982	2,076,586	81	10,815,100	8,545,673	2,269,427	79
701110 Base Salaries	11,141,668	371,008	137,531	73	351,414	379,766	28,351-	108
701120 Part Time	508,540	681,649	176,849-	135	445,526	367,170	78,356	82
701130 Pooled Positions	504,800	34,520	30,201-	799	4,319	935	3,383	22
701140 Holiday Work	4,319							
701150 xcContractual Wages								
701199 Lab Cost Sav-Wages	144,900	68,329	76,571	47	157,065	72,757	84,309	46
701200 Incentive Longevity	63,017	491,557	428,540-	780	63,517	213,770	150,252-	337
701300 Overtime	300	223	77	74	300	186	114	62
701403 Shift Differential	38,000	63,652	25,652-	168	38,000	34,104	3,896	90
701406 Standby Pay	5,000	821	4,179	16	5,000	1,653	3,347	33
701408 Call Back		94,469-	4,122,265	2-	1,010,330	3,709	1,006,621	0
701412 Salary Adjustment	4,027,795	137,098	91,872	60	199,393	266,877	67,484-	134
701413 Vac Payoff Sick Term	228,970	73,886	70,034-	1,918	1,226	16,398	15,171-	1,337
701414 Vacation Denied-Payoff	3,852	17,551	17,551-		28,350	31,164	2,813-	110
701417 Comp Time		18,026	18,026-			2,083	2,083-	
701419 Comp Time - Transfer								
701500 Merit Awards								
* Salaries and Wages	16,671,159	10,928,933	5,742,226	66	13,119,542	9,936,244	3,183,298	76
705110 Group Insurances	1,526,134	1,245,299	280,834	82	1,477,850	1,147,127	330,723	78
705115 ER HSA Contribs	170,000	201,075	31,075-	118	149,160	162,667	13,507-	109
705190 OPEB Contribution	1,113,772	765,291	348,481	69	1,118,614	932,178	186,436	83
705199 Lab Cost Sav-Benef								
705210 Retirement	3,441,515	2,801,751	639,764	81	3,303,746	2,630,867	672,878	80
705215 Retirement Calculation	12,578		12,578					
705230 Medicare April 1986	163,320	152,503	10,818	93	157,625	137,402	20,223	87

Period: 1 thru 10 2021
 Accounts: GO-P-L P&L Accounts
 Business Area: *

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

Accounts	2021 Plan	2021 Actuals	Balance	Act's	2020 Plan	2020 Actual	Balance	Act's
705240 Insur Budgeted Inar	46,656		46,656		36,465		36,465	
705320 Workmens Comp	77,146	62,564	14,583	81	77,087	59,893	17,194	78
705330 Unemply Comp	11,501	12,496	995-	109	9,982	11,397	1,415-	114
705360 Benefit Adjustment	1,320,613		1,320,613		253,842	39	253,802	0
* Employee Benefits	7,883,235	5,240,979	2,642,256	66	6,584,370	5,081,571	1,502,799	77
710100 Professional Services	776,619	1,016,438	239,819-	131	713,822	157,217	556,606	22
710101 Lab Testing Services	1,855,689	1,698,878	156,811	92		277-		
710103 Radiology						37		
710105 Medical Services	11,288	8,684	2,605	77	12,948	4,322	8,626	33
710108 MD Consultants	55,401	35,057	20,344	63	50,536	42,407	8,129	84
710110 Contracted/Temp Svcs	4,916,689	1,083,459	3,833,230	22	321,145	113,488	207,657	35
710155 Lobbying Services	600	300	300	50	600		600	
710200 Service Contract	364,847	351,286	13,561	96	80,047	40,452	39,596	51
710201 Laundry Services	1,822	2,122	300-	116	1,850	1,065	785	58
710203 Landscape Maint.								
710205 Repairs and Maintenance	10,307	13,075	2,768-	127	13,450	6,967	6,483	52
710210 Software Maintenance	4,200	4,543	343-	108	11,151	8,396	2,755	75
710212 Software Subscription	183,510	128,683	54,827	70				
710215 Operating Contracts	1,624,558	67,891	1,556,667	4				
710300 Operating Supplies	1,128,964	732,181	396,783	65	391,389	161,088	230,301	41
710302 Small Tools & Allow	1,735	282	1,453	16	1,300	1,293	7	99
710308 Animal Supplies	1,600		1,600		1,535		1,535	
710310 Parts and Supplies		8,488	8,488-					
710312 Special Dept Expense	100,000		100,000					
710319 Chemical Supplies	236,200	157,733	78,468	67	297,250	294,835	2,415	99
710325 Signs and Markers		2,800	2,800-					
710334 Copy Machine Expense	42,096	22,868	19,228	54	30,028	14,681	15,346	49
710335 Copy Mach-Copies	8,850	8,285	566	94	9,965	7,611	2,355	76
710347 Medical Supplies						248	248-	
710350 Office Supplies	106,019	93,389	12,631	88	83,521	32,168	51,353	39
710355 Books and Subscriptions	10,990	23,343	12,353-	212	6,940	6,940	0-	100
710360 Postage	17,034	21,265	4,231-	125	18,269	16,715	1,554	91
710361 Express and Courier	100	38	62	38	100		100	
710391 Fuel & Lube								
710400 Pats to O Agencies	920,975	151,481	769,494	16	416,085	238,088	177,997	57
710412 Do Not Use								
710500 Other Expense	256,565	18,556	238,009	7	175,691	47,031	128,659	27
710502 Printing	35,729	67,272	31,543-	188	42,450	23,519	18,931	55
710503 Licenses & Permits	9,345	7,468	1,877	80	8,480	3,841	4,639	45
710504 Registration	1,900	6,945	5,045-	366		706	706-	
710505 Rental Equipment		23,109	23,109-		200	76	124	38
710506 Dept InsDeductible		1,446	1,446-		150	800	650-	533
710507 Network and Data Lines	12,260	12,440	180-	101	12,730	13,461	731-	106

Period: 1 thru 10 2021 P&L Accounts
 Accounts: GO-P-L
 Business Area: *
 Fund: 202
 Fund Center: 000
 Functional Area: 000
 Health Fund
 Default Washoe County
 Standard Functional Area Hiera

Accounts	2021 Plan	2021 Actuals	Balance	Act%	2020 Plan	2020 Actual	Balance	Act%
710508 Telephone Land Lines	48,215	42,247	5,968	88	37,811	30,024	7,787	79
710509 Seminars and Meetings	68,690	17,263	51,427	25	80,259	43,552	36,707	54
710512 Auto Expense	13,948	2,371	11,577	17	13,303	4,522	8,781	34
710513 Property Losses						3,321	3,321-	
710514 Regulatory Assessments	25,000	23,657	1,343	95	25,000	23,392	1,608	94
710519 Cellular Phona	14,565	11,593	2,972	80	15,279	13,210	2,069	86
710529 Dues	21,755	15,346	6,409	71	25,080	14,707	10,373	59
710535 Credit Card Fees	60,890	29,015	31,875	48	67,640	52,437	15,203	78
710546 Advertising	158,674	60,357	98,317	38	233,981	81,202	152,779	35
710551 Cash Discounts Lost		124	124-			5	5-	
710563 Recruitment		799	799-			978	978-	
710571 Safety Expense	68,000	22,701	45,299	33	86,611	73,168	13,443	84
710577 Uniforms & Special C	7,800	41,577	33,777-	533	3,200	2,300	900	72
710585 Undesignated Budget	631,771		631,771		553,436		553,436	
710594 Insurance Premium	5,815	6,174	359-	106	5,815	5,605	210	96
710600 IT Lease-Office Space	83,722	60,796	22,926	73	70,532	59,860	10,672	85
710620 IT Lease-Equipment						61	61-	
710701 Emergency Shelter Care	350,411	194,888	155,523	56	371,940	233,074	138,866	63
710703 Biologicals								
710713 Post Adoption Refer	9,040	2,712	6,328	30	5,876-	4,972	10,848-	85-
710714 Referral Services	63,216	66,974	3,759-	106	90,480	83,481	6,999	92
710721 Outpatient						882	882-	
710872 Food Purchases	22,710	12,013	10,697	53	22,910	9,070	13,840	40
711008 Combined Utilities	107,715	89,763	17,952	83	105,282	87,735	17,547	83
711010 Utilities								
711011 Waste Removal		11,483	11,483-		5,000	1,807	3,193	36
711050 Propane		495	495-					
711100 ESD Asset Management	46,200	42,280	3,920	92	44,980	41,920	3,060	93
711113 Equip Srv Replace	58,410	46,285	12,125	79	58,429	39,254	19,174	67
711114 Equip Srv O & M	53,015	42,574	10,441	80	52,608	40,513	12,095	77
711115 Equip Srv Motor Pool	5,000		5,000		5,000	5,469	469-	109
711116 ESD Vehicle Lease								
711117 ESD Fuel Charge	27,211	18,827	8,384	69	29,193	20,860	8,333	71
711119 Prop & Liab Billings	95,845	79,871	15,974	83	95,845	79,871	15,974	83
711210 Travel	207,562	1,112	206,450	1	198,584	89,743	108,841	45
711212 Meals and Lodging		608	15,392	4	15,827	5,447	10,380	34
711213 Travel-Non Duty Pers	16,000	179	179-					
711300 Cash Over Short								
711399 ProCard in Process								
711400 Overhead - General Fund	1,540,871	1,284,059	256,812	83	1,400,792	1,167,327	233,465	83
711410 Overhead - Admin								
711502 Build Imp nonCapital						598	598-	

Period: 1 thru 10 2021 P&L Accounts
 Accounts: GO-P-L
 Business Area: *
 Fund: 202 Health Fund
 Fund Center: 000 Default Washoe County
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2021 Plan	2021 Actuals	Balance	Act%	2020 Plan	2020 Actual	Balance	Act%
711503 Road Bridge non Capital		663	663-					
711504 Equipment nonCapital	295,013	494,713	199,701-	168	115,441	120,400	4,959-	104
711508 Computers nonCapital	195,643	47,964	147,679	25	56,517	14,987	41,530	27
711509 Comp Sftw nonCap	191,781	103,216	88,565	54	14,672	43,527	28,855-	297
* Services and Supplies	17,190,379	8,644,504	8,545,875	50	6,597,204	3,737,009	2,860,195	57
781001 Land Imprv Capital						12,383	12,383-	
781002 Build Imprv Capital		161,185	106,509	60	16,000	65,197	16,000	42
781004 Equipment Capital	267,694	177,616		100	154,413		89,216	
781007 Vehicles Capital								
781009 Comp Sftw Capital								
* Capital Outlay	445,311	338,802	106,509	76	25,000	77,580	25,000	40
** Expenses	42,190,084	25,153,217	17,036,867	60	195,413	18,832,404	117,833	71
* 621001 Transfer From General	9,516,856-	7,930,713-	1,586,143-	83	26,496,529	7,930,713-	7,664,125	83
812230 TF to Regional Permt	9,516,856-	7,930,713-	1,586,143-	83	9,516,856-	7,930,713-	1,586,143-	83
814430 To Reg Permits Capit	69,489	72,552	3,063-	104	73,123	54,360	18,763	74
* Transfers Out	69,489	72,552	3,063-	104	73,123	54,360	18,763	74
** Other Financing Src/Use	9,447,367-	7,858,162-	1,589,205-	83	9,443,733-	7,876,353-	1,567,380-	83
*** Total	2,289,203	3,386,992-	5,676,195	148-	1,060,494	309,503	750,990	29



Regional Emergency Medical Services Authority

A non-profit community service using no taxdollars

REMSA

FRANCHISE COMPLIANCE REPORT

APRIL 2021



**REMSA Accounts Receivable Summary
Fiscal 2020**

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected 33%
July	4,253	\$5,839,002.20	\$1,372.91	\$1,372.84	\$ 453.04
August	4,224	\$5,806,006.60	\$1,374.53	\$1,373.06	\$ 453.11
September	4,089	\$5,622,367.80	\$1,375.00	\$1,373.28	\$ 453.18
October	4,409	\$6,040,357.20	\$1,370.01	\$1,372.93	\$ 453.07
November	4,251	\$5,800,733.40	\$1,364.56	\$1,372.14	\$ 452.80
December	4,347	\$5,981,323.40	\$1,375.97	\$1,372.47	\$ 452.92
January	4,227	\$6,306,218.60	\$1,491.89	\$1,372.79	\$ 453.02
February	3,780	\$5,623,933.60	\$1,487.81	\$1,372.79	\$ 491.69
March	4,093	\$6,108,707.20	\$1,492.48	\$1,372.79	\$ 491.97
April					
May					
June					
Totals	37,673	\$53,128,650.00	\$1,411.68		

Current Allowable Average Bill: \$1,517.66

Year to Date: April 2021

COMPLIANCE			
Month	Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul-20	6 Minutes 08 Seconds	88%	84%
Aug-20	6 Minutes 38 Seconds	87%	90%
Sep-20	6 Minutes 16 Seconds	89%	96%
Oct-20	6 Minutes 05 Seconds	89%	93%
Nov-20	6 Minutes 40 Seconds	88%	92%
Dec-20	6 Minutes 24 Seconds	89%	90%
Jan-21	6 Minutes 31 Seconds	88%	90%
Feb-21	6 Minutes 01 Seconds	90%	92%
Mar-21	6 Minutes 15 Seconds	88%	86%
Apr-21	6 Minutes 17 Seconds	88%	82%
May-21			
Jun-21			



Fiscal Year to Date

Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
6 Minutes 19 Seconds	89%	90%

Year to Date: April 2021

AVERAGE RESPONSE TIMES BY ENTITY				
Month/Year	Priority	Reno	Sparks	Washoe County
Jul-20	P-1	5:28	6:05	8:50
	P-2	6:04	6:53	9:10
Aug-20	P-1	5:57	6:44	9:16
	P-2	6:32	7:35	9:32
Sep-20	P-1	5:32	6:31	8:36
	P-2	6:19	7:08	9:01
Oct-20	P-1	5:21	6:08	8:56
	P-2	6:00	7:59	9:03
Nov-20	P-1	5:54	6:39	9:24
	P-2	6:34	7:26	10:28
Dec-20	P-1	5:39	6:29	9:47
	P-2	6:18	6:28	9:30
Jan-21	P-1	5:45	6:35	9:35
	P-2	6:23	7:06	10:14
Feb-21	P-1	5:25	6:00	9:15
	P-2	5:52	6:26	9:09
Mar-21	P-1	5:25	6:20	9:16
	P-2	6:09	6:46	9:58
Apr-21	P-1	5:40	6:22	10:07
	P-2	6:22	6:59	10:34
May-21	P-1			
	P-2			
Jun-21	P-1			
	P-2			

Fiscal Year to Date: April 2021

Priority	Reno	Sparks	Washoe County
P1	5:37	6:24	9:16
P2	6:15	6:59	9:36



**REMSA OCU INCIDENT DETAIL REPORT
PERIOD: 04/01/2021 THRU 04/30/2021**

CORRECTIONS REQUESTED					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	4/2/21 14:03	4/2/21 14:11	1C10	0:30:38	0:07:59
Zone A	4/2/21 18:32	4/2/21 18:36	1C32	0:12:14	0:04:25
Zone A	4/4/21 9:37	4/4/21 9:37	1C10	23:59:57	0:00:26
Zone A	4/5/21 12:23	4/5/21 12:26	1C36	0:02:39	0:02:39
Zone A	4/5/21 21:34	4/5/21 21:42	1C38	0:11:27	0:08:24
Zone A	4/6/21 5:44	4/6/21 5:47	1C41	0:41:14	0:03:24
Zone A	4/9/21 17:31	4/9/21 17:39	1C02	0:10:59	0:08:09
Zone A	4/10/21 10:52	4/10/21 10:58	1C41	0:22:36	0:05:58
Zone A	4/11/21 19:11	4/11/21 19:17	1C39	0:13:00	0:05:57
Zone A	4/11/21 21:43	4/11/21 21:43	1M26	23:59:54	0:00:16
Zone A	4/12/21 13:05	4/12/21 13:06	1C17	-0:01:24	0:00:36
Zone A	4/12/21 18:00	4/12/21 18:07	1C33	0:20:53	0:06:16
Zone A	4/13/21 10:09	4/13/21 10:25	1C35	0:16:40	0:16:40
Zone E	4/14/21 13:31	4/14/21 13:45	1C44	0:14:33	0:14:33
Zone A	4/15/21 11:53	4/15/21 11:54	1C17	-0:00:11	0:00:30
Zone A	4/17/21 17:00	4/17/21 17:11	1C39	0:10:26	0:10:26
Zone A	4/21/21 10:05	4/21/21 10:13	1C39	0:13:08	0:08:00
Zone B	4/21/21 13:52	4/21/21 14:02	1N04	0:31:05	0:10:18
Zone A	4/22/21 15:06	4/22/21 15:12	1C03	0:21:22	0:05:52
Zone A	4/23/21 9:28	4/23/21 9:34	1N38	0:05:36	0:05:36
Zone A	4/23/21 23:46	4/23/21 23:46	1C42	-0:00:38	0:00:12
Zone A	4/25/21 14:29	4/25/21 14:35	1C22	0:22:15	0:06:02
Zone A	4/27/21 15:33	4/27/21 15:35	1C44	-0:00:12	0:01:48

UPGRADE REQUESTED				
Zone	Priority Original	Priority Upgrade	Response Time Original	Response Time Correct
NONE				



EXEMPTIONS REQUESTED				
Incident Date	Approval	Exemption Reason	Zone	Response Time
04/03/2021	Exemption Approved	Overload	Zone A	:09:33
04/03/2021	Exemption Approved	Overload	Zone B	:18:38
04/10/2021	Exemption Approved	Overload	Zone A	:31:28
04/10/2021	Exemption Approved	Overload	Zone A	:10:07
04/10/2021	Exemption Approved	Overload	Zone A	:13:35
04/10/2021	Exemption Approved	Overload	Zone A	:09:19
04/10/2021	Exemption Approved	Overload	Zone A	:09:21
04/10/2021	Exemption Approved	Overload	Zone A	:10:54
04/10/2021	Exemption Approved	Overload	Zone B	:22:36
04/10/2021	Exemption Approved	Overload	Zone A	:10:24
04/10/2021	Exemption Approved	Overload	Zone A	:12:25
04/10/2021	Exemption Approved	Overload	Zone A	:13:00
04/10/2021	Exemption Approved	Overload	Zone A	:16:42
04/10/2021	Exemption Approved	Overload	Zone A	:13:25
04/12/2021	Exemption Approved	Overload	Zone A	:22:01
04/12/2021	Exemption Approved	Overload	Zone A	:10:05
04/12/2021	Exemption Approved	Overload	Zone A	:11:54
04/12/2021	Exemption Approved	Overload	Zone A	:13:02
04/12/2021	Exemption Approved	Overload	Zone A	:11:50
04/12/2021	Exemption Approved	Overload	Zone A	:11:50
04/12/2021	Exemption Approved	Overload	Zone A	:09:09
04/13/2021	Exemption Approved	Overload	Zone A	:12:51
04/13/2021	Exemption Approved	Overload	Zone A	:11:33
04/13/2021	Exemption Approved	Overload	Zone A	:11:41
04/13/2021	Exemption Approved	Overload	Zone A	:12:12
04/13/2021	Exemption Approved	Overload	Zone B	:17:35
04/17/2021	Exemption Approved	Overload	Zone A	:23:13
04/17/2021	Exemption Approved	Overload	Zone A	:09:29
04/17/2021	Exemption Approved	Overload	Zone A	:13:49
04/17/2021	Exemption Approved	Overload	Zone A	:10:17
04/18/2021	Exemption Approved	Overload	Zone A	:09:19
04/18/2021	Exemption Approved	Overload	Zone A	:22:03
04/18/2021	Exemption Approved	Overload	Zone A	:27:33
04/18/2021	Exemption Approved	Overload	Zone A	:11:55
04/18/2021	Exemption Approved	Overload	Zone A	:10:51
04/18/2021	Exemption Approved	Overload	Zone A	:13:19
04/18/2021	Exemption Approved	Overload	Zone A	:09:10
04/18/2021	Exemption Approved	Overload	Zone A	:11:30
04/20/2021	Exemption Approved	Overload	Zone A	:09:08
04/20/2021	Exemption Approved	Overload	Zone A	:10:42
04/20/2021	Exemption Approved	Overload	Zone A	:10:30
04/20/2021	Exemption Approved	Overload	Zone A	:11:09



04/20/2021	Exemption Approved	Overload	Zone B	:24:14
04/20/2021	Exemption Approved	Overload	Zone A	:19:21
04/20/2021	Exemption Approved	Overload	Zone A	:13:08
04/20/2021	Exemption Approved	Overload	Zone A	:13:18
04/28/2021	Exemption Approved	Overload	Zone A	:17:26
04/28/2021	Exemption Approved	Overload	Zone A	:11:18
04/28/2021	Exemption Approved	Overload	Zone A	:12:24
04/29/2021	Exemption Approved	Overload	Zone A	:10:04
04/29/2021	Exemption Approved	Overload	Zone A	:09:06



GROUND AMBULANCE OPERATIONS REPORT APRIL 2021

1. Overall Statics

- a) Total number of system responses: 6,614
- b) Total number of responses in which no transports resulted: 2,760
- c) Total number of system transports (including transports to out of county):
4,251

2. Call Classification

- a) Cardiopulmonary Arrests: 1.4%
- b) Medical: 47.8%
- c) Obstetrics (OB): 0.2%
- d) Psychiatric/Behavioral: 6.4%
- e) Transfers: 17.1%
- f) Trauma – MVA: 5.8%
- g) Trauma – Non MVA: 17.2%
- h) Unknown: 4%

3. Medical Director's Report

- a) The Clinical Director or designee reviewed:
 - 100% of cardiopulmonary arrests
 - 100% of pediatric patients (transport and non-transport)
 - 100% of advanced airways (excluding cardio pulmonary arrests)
 - 100% of STEMI alerts or STEMI rhythms
 - 100% of deliveries and neonatal resuscitation
 - 100% Advanced Airway Success rates for nasal/oral intubation and King Airway placement for adult and pediatric patients.

Total number of ALS Calls: 1,363

Total number of above calls receiving QA Reviews: 208

Percentage of charts reviewed from the above transports: 15.2%



APRIL 2021 MONTHLY REMSA EDUCATION REPORT

DISCIPLINE	CLASSES	STUDENTS
ACLS	14	92
BLS (CPR)	71	294
Heartsaver (CPR)	48	170
ITLS/PHTLS	2	2
PALS	10	33

COMMUNITY OUTREACH APRIL 2021

Point of Impact		
4/17/2021	Checkpoint with Foster Kinship: 21 vehicles and 25 car seats check; 2 seats donated	2 staff; 6 volunteers
Cribs for Kids/Community		
4/1/2021	Immunize Nevada Community Meeting	
4/1/2021	Safe Kids Advisory Mini-Gold Tournament Meeting	
4/2/2021	Child Death Review	
4/7/2021	Cribs for Kids Train-the-Trainer	6 participants
4/7/2021	Attended Comprehensive Opioid Abuse Site-based Program (COAP) meeting	
4/8/2021	Northern NV MCH Coalition Meeting	
4/8/2021	Vision Zero Truckee Meadows Task Force Meeting	
4/15/2021	Nevada SHSP Occupant Protection Meeting	
4/15/2021	Statewide Discussion-Pedestrian Safety Meeting	
4/20/2021	Safe Kids Advisory Mini-Gold Tournament Meeting	
4/26-28/21	Lifesaver National Virtual Conference	
4/1/2021	Immunize Nevada Community Meeting	



REMSA

Reno, NV
Client 7299



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

EMS System Report

April 1, 2021 to April 30, 2021

Your Score

97.34

Number of Your Patients in this Report

150

Number of Patients in this Report

7,079

Number of Transport Services in All EMS DB

171



REMSA
April 1, 2021 to April 30, 2021



Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **04/01/2021** and **04/30/2021**.

The overall mean score for the standard questions was **97.34**; this is a difference of **3.78** points from the overall EMS database score of **93.56**.

The current score of **97.34** is a change of **-0.25** points from last period's score of **97.59**. This was the **10th** highest overall score for all companies in the database.

You are ranked **1st** for comparably sized companies in the system.

91.49% of responses to standard questions had a rating of Very Good, the highest rating. **99.52%** of all responses were positive.

5 Highest Scores



5 Lowest Scores

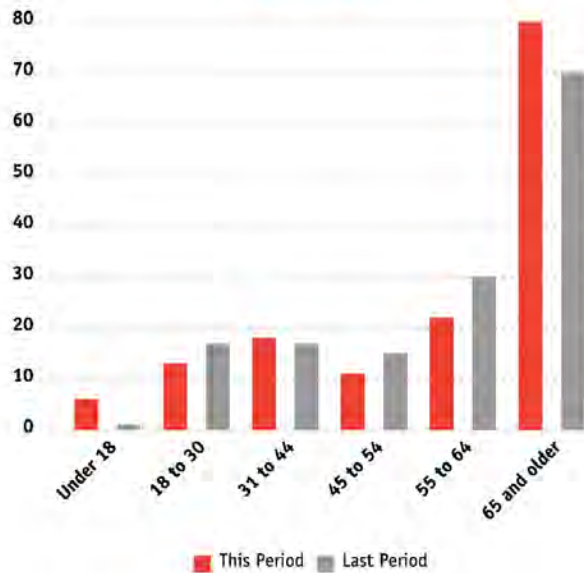




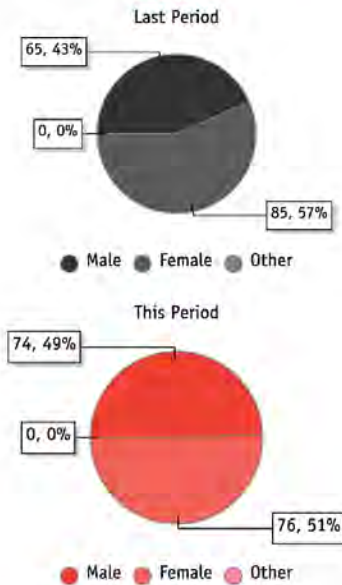
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	1	0	1	0	6	2	4	0
18 to 30	17	8	9	0	13	6	7	0
31 to 44	17	7	10	0	18	11	7	0
45 to 54	15	7	8	0	11	6	5	0
55 to 64	30	14	16	0	22	14	8	0
65 and older	70	29	41	0	80	35	45	0
Total	150	65	85	0	150	74	76	0

Age Ranges



Gender





REMSA
April 1, 2021 to April 30, 2021

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.

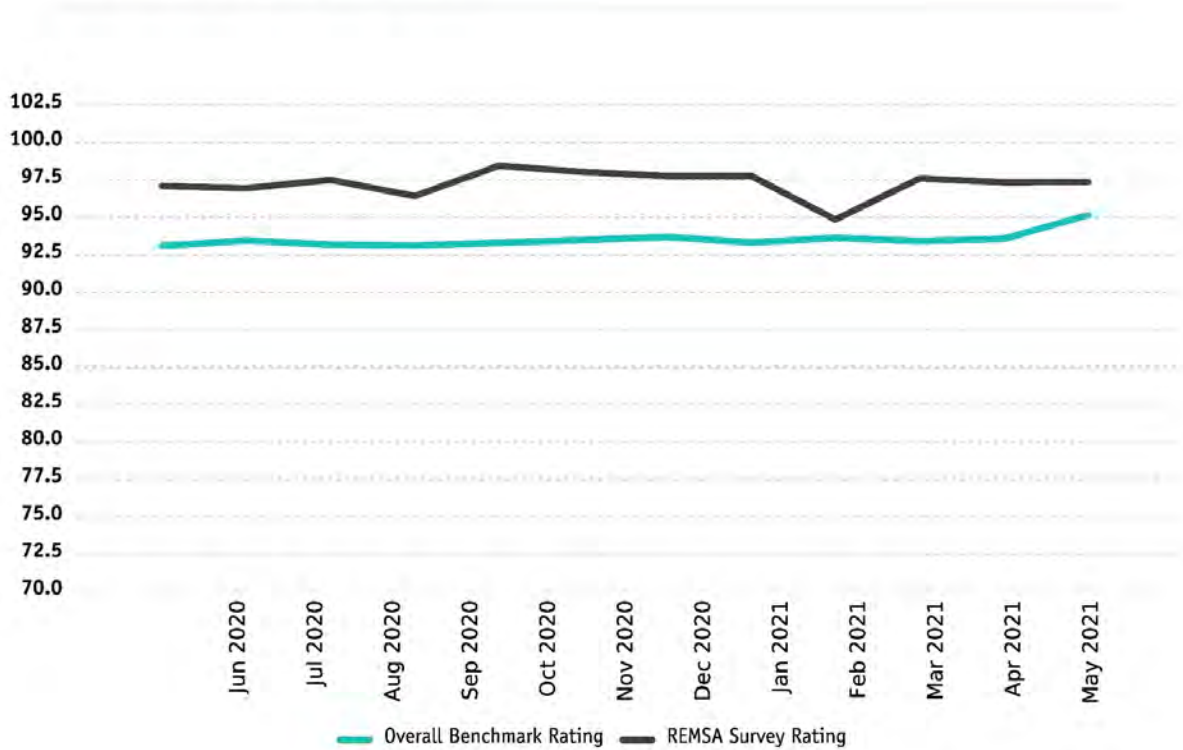
	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021
Helpfulness of the person you called for ambulance service	98.86	99.15	98.37	98.30	96.83	97.01	97.85	98.46	98.13	96.53	97.69	94.40
Extent to which you were told what to do until the ambulance arrived	98.86	99.15	98.91	98.30	96.79	96.88	97.83	98.45	98.13	96.26	98.36	94.40
Extent to which the ambulance arrived in a timely manner	96.66	96.43	95.26	95.80	94.26	97.68	98.04	96.53	97.96	95.11	98.37	96.43
Cleanliness of the ambulance	99.17	97.78	98.59	98.41	96.98	99.17	99.06	98.33	98.47	97.20	98.99	99.35
Skill of the person driving the ambulance	97.76	96.31	97.56	97.22	96.23	97.63	97.79	98.35	97.93	95.68	97.88	97.83
Care shown by the medics who arrived with the ambulance	98.17	97.17	97.32	98.32	96.80	99.00	97.51	97.83	97.64	94.83	97.82	98.17
Degree to which the medics took your problem seriously	98.33	97.99	97.32	98.32	96.73	99.50	98.33	97.32	97.64	95.00	97.48	98.15
Degree to which the medics listened to you and/or your family	97.73	96.98	96.50	97.60	96.36	99.31	97.99	96.96	97.29	94.05	97.43	97.93
Extent to which the medics kept you informed about your treatment	97.55	96.61	96.94	97.71	96.00	97.59	98.14	97.40	97.92	94.18	97.07	98.21
Extent to which medics included you in the treatment decisions (if	98.06	96.84	97.29	96.85	96.10	98.71	97.91	98.32	97.78	94.44	96.95	97.14
Degree to which the medics relieved your pain or discomfort	95.81	95.20	92.65	93.23	94.55	95.60	96.79	96.92	96.83	90.36	94.81	91.76
Medics' concern for your privacy	98.61	97.10	97.37	97.69	97.00	98.84	98.41	97.57	98.05	95.65	98.58	98.35
Extent to which medics cared for you as a person	98.67	97.15	97.28	98.65	97.49	98.94	98.33	97.97	96.96	95.27	97.97	99.00
Professionalism of the staff in our ambulance service billing office	91.67	95.83	91.67	100.00		100.00	100.00	100.00	100.00	100.00	85.00	93.75
Willingness of the staff in our billing office to address your needs	91.67	95.83	91.67	100.00		100.00	100.00	100.00	100.00	100.00	100.00	87.50
How well did our staff work together to care for you	98.78	97.24	97.77	98.48	97.31	99.12	98.49	98.00	97.83	95.21	97.28	98.97
Extent to which the services received were worth the fees charged	75.00	82.14	50.00	85.07	94.11	98.33	97.62	98.02	98.03	90.63	97.31	88.69
Overall rating of the care provided by our Emergency Medical Transportation	98.31	97.45	97.11	98.31	97.12	98.99	97.98	97.50	97.67	95.24	97.62	97.82
Likelihood of recommending this ambulance service to others	98.39	97.92	98.01	98.55	97.23	98.80	98.14	98.31	97.80	95.41	97.73	98.26
Your Master Score	97.98	97.09	96.94	97.50	96.42	98.44	98.03	97.76	97.76	94.85	97.59	97.34
Your Total Responses	150	150	150	150	150	150	150	150	150	150	150	150



REMSA
April 1, 2021 to April 30, 2021



Monthly tracking of Overall Survey Score





REMSA GROUND AMBULANCE APRIL 2021 CUSTOMER REPORT

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
1	01/21/2021	"If he could rate REMSA a ten, he definitely would." "He appreciated that the medics kept him in the loop, and did a good job relieving pain. They were also very nice." "The medics were fast acting and on the ball."			
2	01/21/2021	"The operator was excellent." "It was a very busy day for ambulance crews. They got there as soon as they could. The driver was excellent." "She has the ambulance membership, and feels it is great to have that."	"She appreciated that the medics saved her life. She did not realize that she was in that much trouble."	"She said that she wanted REMSA to think about having more available crews in busy times."	
3	01/21/2021	"POA said that they appreciated how they helped her up some stairs."	"POA said that the medics were very respectful."		
4	01/21/2021	"The medics cared about how he felt and about relieving his pain."	"The medics showed a lot of compassion and concern."		
5	01/21/2021		"The medics took him to the hospital. They were kind to him."		
6	01/21/2021	"Very courteous driver." "He appreciated that the medics talked to him on the way to the hospital. He also appreciated that they gave him a choice to walk to the ambulance, instead of being wheeled on the gurney."	"The medics were concerned, kind and courteous. They did over and above what was expected of them."		
7	01/21/2021	"She had an arterial bleed and the driver did not do a code red."	"The medics were very attentive."	"The medics need to go code red, if there is an arterial bleed. She was concerned for her life. She	Stacie S.



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
				would like someone from REMSA to call her about this."	
8	01/21/2021	"He appreciated how the medics helped him get out of his jacket, after his accident. They did a good job helping him with his pain."	"The medics were great. They were there quick and got him to the ambulance quickly. Class A service."		
9	01/21/2021		"The medics were very prompt with taking vitals. They did well at starting the IV too."		
10	01/21/2021	"The operator stayed on the phone with him until the medics arrived." "Ambulance was spotless." "The medics were very thorough. They helped him with his pain."	"He could feel the medics overall concern for him."		
11	01/21/2021	"The medics were very respectful."	"The medics were good at checking her out and taking her to the ER. They worked well as a team."		
12	01/22/2021	"The medics were very attentive and very caring."	"She felt that the medics treated her very nicely, they always have."		
13	01/22/2021		"He felt that the medics did everything well."		
14	01/22/2021	"Those medics were really nice."	"The medics did a fine job."		
15	01/22/2021	"The medics were very concerned." "The medics did very well taking care of him."	"The medics were careful handling him on the gurney."		
16	01/22/2021	"The ambulance could use new shocks. The bumps were painful." "The medics joked with him to keep his mind off of his pain." "It	"The medics were very friendly and attentive."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
		was a good experience overall."			
17	01/23/2021	"The operator was great." "The ambulance was prompt."	"The medics were good at keeping her calm and comfortable."		
18	01/23/2021	"The ambulance was clean. The ride was smooth," "Very kind and nice medics."	"The medics were training a medic and did a good job with that. The medics were very thorough and professional."		
19	01/23/2021		"Everything was done well."		
20	01/23/2021		"Patient stated the medics patiently talked her through everything and let her make the decision to go to the hospital. She is very thankful and grateful for the care and service."		
21	01/23/2021		"Patient stated everything seemed to be done well."		
22	01/23/2021		"The mother took the survey regarding her infant son. She said the medics were very caring and helpful to her and it was a smooth transition into the hospital."		
23	01/24/2021		"Patient's medical POA took the survey. She stated the ambulance arrived very quickly, they safely got the patient up off the floor and got him to the hospital. She said everything was done		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			well."		
24	01/24/2021		"Patient noted the medics were very caring, quick to arrive and compassionate."		
25	01/24/2021		"The medics were caring, talked the patient through the entire experience and put her at ease. She said she doesn't think they could have done anything better."		
26	01/24/2021		"Patient stated she doesn't remember the ambulance experience. However, she wants it noted her husband told her the ambulance arrived quickly and the medics were very courteous and professional."		
27	01/24/2021		"Patient stated due to the crisis situation he has little recollection of the event. However, he wants it put down that the medics got him to the hospital quickly and he received good care until he got to the hospital. He has no complaints whatsoever."		
28	01/24/2021	"Patient stated he wasn't paying attention to the cleanliness or driving ability so he bypassed the questions."	"Patient stated the medics fulfilled the needs he had with graciousness and dignity. He is very thankful for the care	"If there was a way to get him out of his house without having to walk outside on his own that would have helped."	Stacie S.



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			he received."		
29	01/24/2021		"Everything was done well."		
30	01/25/2021	"Patient's brother called for the ambulance, he told him the dispatcher was very good."	"Patient stated this was his first ambulance ride and it exceeded his expectations, all of his needs were met and he felt well cared for."		
31	01/25/2021		"The timeliness of their arrival and the fact that the medics listened well to what the patient wanted. She said they listened very carefully."		
32	01/26/2021		"Patient noted the timely arrival and the medics were kind, courteous and professional."		
33	01/26/2021	"Medical POA noted the dispatcher respected the request to relay no fireman or lights be used."	"Medical POA stated the medics had very good teamwork as they got they carried the patient outside and had to traverse the snow and ice."		
34	01/26/2021		"The medics listened well and had great overall compassion."		
35	01/27/2021	"The medics were very thorough. They were very busy taking care of him."	"The medics took care of him very well. They got the IV started easily."		
36	01/27/2021	"The driver was good at warning her about upcoming bumps." "The medics kept her calm. They listened to her and did not cut off her Ugg	"The medics were very hands on and kept a good eye on her. They helped the pain from her injury and watched her		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
		boot." "The medics worked together to get her up off of the ground."	heart condition. She wished to say thank you to all who helped her."		
37	01/27/2021	"The ambulance was really clean. The driver was a safe driver." "The medics were very nice."	"The medics made her very comfortable while traveling to the hospital."		
38	01/27/2021	"The ambulance was there within minutes and was really clean."	"The medics did their best to make her feel comfortable."		
39	01/27/2021	"The medics were very kind and gentle."	"The medics did a good job getting her up off of the floor."		
40	01/28/2021	"The medics talked him through what they were going to do." "It was a good experience with REMSA."	"The medics were talkative and helpful."		
41	01/28/2021	"The medics were very professional." "The medics were very helpful."	"The medics took their time helping her to get up. They made sure she did not fall on the way to the ambulance."		
42	01/28/2021	"The driver did great in the snow." "The medics were talkative, and good at explaining things."	"She appreciated that they came from an hour away."		
43	01/28/2021		"The medics had to get a gurney to the back of the house to pick up the patient. He said they did that remarkably well."		
44	01/28/2021		"Patient stated the medics were ""awesome"". She said the entire experience was positive. Also, she had very small veins and they were able to get an IV started		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			without any pain to her and that's unusual. She is very pleased with the care."		
45	01/29/2021		"Patient stated everything was done well, plus the ambulance arrived quickly and it was a clean ride."		
46	01/29/2021		"The medics worked well together while they were caring for him. They got an IV started right away."	"Lower your prices and pay your paramedics more wage."	
47	01/30/2021		"Patient stated the medics did the best they could do and that's what ""kept him ticking."" He said he's still here because of REMSA ambulance service."		
48	01/30/2021		"Patient noted he was a little bit out of it so he can't answer all of the questions. However, he wants it put down the service was very good and he made it safely to the hospital."		
49	01/30/2021		"Patient says she would like to send a 'thank you' to the medics who took care of her, they made sure she was comfortable."		
50	01/30/2021		"Patient noted the medics were very efficient, knowledgeable and		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			quite kind to her. She felt very well cared for while she was with the ambulance service."		
51	01/30/2021		"Patient said the medics broke everything down for her as to what was going on with her breathing so that she could understand what was happening. She said that helped her so much and she felt comfortable with them."		
52	01/31/2021		"When the medics asked what was wrong, they listened intently while the patient explained how she felt and what was happening. They also immediately gave her oxygen and that helped her feel better. She is very happy with the care."		
53	01/31/2021		"The medics explained why they couldn't give her pain medication, it had to be given at the hospital. They explained it in terms the patient could understand. She also said they were very kind to her while they took care of her."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
54	01/31/2021		"Patient said it was a smooth transition into the hospital and he can only say good things about his care from the ambulance service."		
55	01/31/2021		"Patient noted the medics were very personable and talked with her the whole way to the hospital. This put her at ease and made her feel comfortable."		
56	01/27/2021		"Patient stated, ""No comment.""		
57	02/01/2021	"I think they did a good job."		"Nothing I can think of. They were good."	
58	02/01/2021		"The medics did really great. He wanted to say thank you."		
59	02/02/2021		"The medics are always fantastic! The experience is always great even given the circumstances."		
60	02/02/2021		"Patient noted the medics were caring and kept her well informed."		
61	02/02/2021		"Patient stated the ambulance service was prompt and attentive."		
62	02/02/2021	"The driver was awesome."	"The medics were courteous, and deliberate with their care. They were great with communication too."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
63	02/03/2021		"The medics were very informative. The medics saved his life in the air."		
64	02/03/2021		"The ambulance ride was for transport between hospitals. The medics got her to where she needed to go and well with that."		
65	02/04/2021		"Everything was done in a timely manner, from the initial assessment to delivering him to the hospital."		
66	02/04/2021		"The medics did very well. She has had a number of rides and this time, she was very pleased with the service."		
67	02/04/2021		"The medics were almost immediately able to relieve the pain. The patient is very thankful."	"Play music in the back of the ambulance."	
68	02/04/2021			"Listen to the patient. The medics didn't really think he needed to go to the hospital but ended up spending 16 days there."	TONOPAH
69	02/04/2021		"The mother took the survey regarding her infant. Upon arrival the medics did a very good job of calming the child and keeping the parents up to date on the situation."	"Patient's mother noted she had to call a second time to get an ambulance to come out. She believes they should have been dispatched after the first call."	Matt H.



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
71	02/05/2021		"Medics were great; super easy-going people."		
73	02/06/2021		"The medics were amazing; very nice people"		
74	02/07/2021	"The medics were very courteous and kind."	"The medics got there quickly. They got her to the hospital quickly too. They did everything they could to get her checked in quickly."		
75	02/07/2021		"Everything was done well."		
76	02/07/2021		"They came for me and took care of me."		
77	02/07/2021		"Patient said she doesn't remember much but does want it put down how quickly the ambulance arrived after her daughter called and how kind the medics were to her."		
79	02/09/2021		"It was a smooth check-in at the hospital."	"Ask before you cut off someone's shirt."	
81	02/09/2021		"Patient stated the medics did their jobs and he can't ask for more than that."	"Better pain control."	
82	02/09/2021		"Patient stated everything was done well."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
83	02/09/2021		"The medics were very kind and gentle."		
84	02/10/2021		"Patient stated from the time of arrival to her delivery at the hospital the service was amazing. She felt very well care for and they made her feel at ease, the medics were wonderful and caring. The pain was also well managed."		
85	02/10/2021		"Patient stated the medics were professional when they entered, they were assessing and questioning the entire time they were working on getting him out the door and on the way to the hospital. They were quietly efficient."		
86	02/10/2021		"Medics were great; was in an immense amount of pain but medics were able to treat patient with great care and were very attentive to their needs"		
87	02/10/2021		"He appreciated that the medics calmed him by keeping good conversation going."		
88	02/10/2021	"Mom said that the medics had good communication skills. They eased her mind that her child was	"Mom appreciated that the concern shown, by the medics, came from		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
		going to be okay." "The overall service was really wonderful."	the heart."		
89	02/11/2021	"The medics helped her off of the floor very well. They examined her to see if she should go to the hospital."	"The medics handled her situation very well. They were very patient with her."		
91	02/11/2021	"The ambulance got there very quickly, it is not very far away." "They did a great job starting the IV en route. They were good at bringing his wheel chair down two steps to the gurney." "The medics were very concerned with his health. They did not leave until the hospital took over."	"The medics did a good job taking care of everything. They treating him by what he was telling them, not by what the instruments said and he appreciated that."	"He suggested using the same stick on electrodes for the ekgs as the hospital to save money."	
92	02/12/2021			"Patient stated he knows he lives way out, but the response time should be better or else have an ambulance closer."	
93	02/12/2021		"The professionalism and communication were both well done."		
94	02/12/2021	"They realized the issues and got here almost immediately." "They worked well together and got me to the hospital right away."		"They were good, nothing could have been better."	
96	02/12/2021		"Rides are always well; very attentive and caring people"		
97	02/13/2021		"The medics talked to the patient the entire		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			time and were very professional. He felt safe and the medics also took him to the hospital he requested."		
98	02/13/2021	"The medics helped her make the decision to take the ambulance to the hospital."	"The medics were very concerned for her health."		
99	02/13/2021		"The medical care was very good and he was smoothly loaded up into the ambulance."	"Patient noted the ride was very, very rough. He linked it to riding in a truck with hard springs."	
100	02/14/2021	"Medics were phenomenal; really great people."	"Very professional staff"		
101	02/14/2021	"Patient noted she did not pay attention to the cleanliness or driving."	"Patient stated the medics listened very well when she was telling them about her medical condition and medications. She was impressed with the detailed listening and care she received. They also gave oxygen and that helped tremendously."		
102	02/14/2021	"The medics were very competent." "The annual membership is a good idea to have. The medics worked well together. The medics had worked together for a while."	"The medics came promptly, even though they live far from downtown."		
104	02/14/2021		"Mother said that everything was good."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
105	02/15/2021		"Patient felt he was well cared for and wants to say Thank You to the medics who cared for him."		
106	02/15/2021	"The driver was great." "The medics were so wonderful." "The REMSA medics are always so good."	"The medics were very caring. They were concerned, and asked questions about her health. The also asked about medicines she was taking."		
107	02/15/2021		"The way the medics immediately attended to the patient when they arrived and continued to attend on the way to the hospital. The patient said there was no hesitation at all."		
108	02/16/2021		"Patient stated everything was done well."		
109	02/16/2021		"Patient stated everything the medics did was very well done. He has no complaints. He felt he had nothing to worry about."		
110	02/16/2021	"The medics were wonderful with their compassion and kindness. They were very careful with her."	"The REMSA medics were excellent in every way possible."		
111	02/17/2021	"He appreciated that the medics included him in treatment decisions."	"The medics definitely communicated very well."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
112	02/17/2021		"Patient noted the medics have him a thorough assessment when they arrived."		
113	02/17/2021	"They got here very quickly" "They were unable to relieve my pain."		"Nothing, I was very satisfied with my experience."	
114	02/18/2021		"Patient stated the medics were very caring and comforting when she needed it. Everything was done well."		
115	02/18/2021	"The medics were very concerned. They wanted to make sure she got the care she needed. They gave her options." "The medics were very helpful."			
116	02/18/2021		"Patient noted the medics did their job and they did it well. He has no complaints or suggestions."		
117	02/18/2021	"POA called the non-emergency number and felt the operator was very helpful." "POA said that a medic was complimentary on how nice the layout of their home helped them to get her outside easily." "POA said they have an annual membership, and that is great to have."	"POA said that the medics comforted her and reassured her."		
118	02/18/2021	"Medics were very friendly and outgoing, but made sure to do what was best in favor of the patient even if patient did not know what they were doing." "Patient is always impressed with REMSA's work that is provided"	"Medics know what they are doing and they do it well."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
		overall, and is very grateful to know that the help they may need will be happily provided by great medical personnel."			
119	02/19/2021		"Mother said that the medics were friendly, and interacted with her daughter in a positive way."		
120	02/20/2021		"The medics were nice, polite and did a good job."		
121	02/20/2021	"The operator was excellent." "The medics helped her with her pain by giving her some medication. They were very concerned for her pain. The medics were young and had great personalities." "She would give REMSA a ten."	"The medics had to get her off of the ground and onto the gurney. They were so gentle moving her."		
122	02/20/2021		"Everything was done well."	"Not be so expensive."	
123	02/20/2021	"The ambulance was brand new and spotless."	"She appreciated that the medics explained things that were inside the ambulance and talked to her during the transport between hospitals."		
124	02/21/2021	"He appreciated that the medics came right away, relieved pain and took him to the hospital."	"The medics were really nice, courteous and helpful. Everything was very good."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
125	02/21/2021	"Parents both agreed that the ambulance was super clean, and the driver was great." "Father said that the medics took the parents from panic mode to calm." "Father said he did not have the words to describe how well the medics did for their child."	"The medics showed up quickly. They were super caring, and communicated well. They were correct with their diagnosis and had the medication with them to help."		
126	02/21/2021		"Patient stated from the moment they arrived they exhibited good teamwork with each other and communicated well with him. They also relieved his pain to the best of their ability."		
127	02/21/2021		"Patient stated the ambulance arrived faster than he would have ever expected after his wife called. He also noted the care was exceptional from beginning to end and the medics seemed to work well together."	"The cost seems high."	
128	02/22/2021		"Great people; very understanding"		
129	02/22/2021	"The medics were friendly and compassionate. They treated him like a brother."	"The medics checked him out and were very careful handling him. They helped him into a chair. They helped by carrying in cases of water. They went above and		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			beyond."		
130	02/22/2021		"Patient stated the medics were really there for him when he needed them, and also took very good care of him."		
131	02/22/2021		"Patient stated this was only a short trip to coordinate with the helicopter portion. He is very impressed with both sets of medics and how well everyone worked together."	"It is a bit cramped and a short space for a tall person."	
132	02/22/2021		"The medical POA took the survey. He said the medics were very knowledgeable and efficient. In fact, they passed information to him that the hospital neglected to tell him. He thinks the ambulance service was great all of the way around."		
134	02/22/2021	"They were very kind during transport." "The transport went very smoothly, and they were caring."		"No, they were excellent!!!"	
135	02/23/2021	"Nice and polite and phenomenal. My husband even thought they were amazing too."		"I really could not have had a more perfect crew they were great!!"	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
136	02/23/2021		"The crew was phenomenal; was medically induced, but the care provided was remarkable given the circumstances."		
137	02/24/2021	"POA did not ride in the ambulance."	"Patient's medical POA took the survey. She stated the ambulance arrived very quickly after she called. She also said the medics were ""dynamic"" together in their teamwork."		
138	02/24/2021		"The medics did everything well overall."		
139	02/24/2021	"They were a great."	"The medics calmed her down. They checked everything well. The medics were top notch."		
140	02/25/2021		"Patient stated she has been on a few Remsa rides and she has never been disappointed. She said the key is consistency and they are consistently excellent."		
142	02/26/2021		"She appreciated that the medics took her problem seriously."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
143	02/26/2021		"Patient stated the medics saved his life and he cannot express how grateful he is. He said they were intelligent, knowledgeable and professional."		
144	02/26/2021		"The ambulance arrived almost immediately after his wife called."		
146	02/27/2021		"Everything was excellent. The medics were great."		
147	02/27/2021		"The medics were very empathetic and listened well without making assumptions."	"The POA said when she called for the ambulance she was transferred 4 times, which meant she had to repeat the situation 4 times. There must be a better way to do calls."	Matt H.
148	02/28/2021	"She felt the medics treated her like a person, and not a number."	"The medics were very empathetic and understanding."		
149	02/28/2021	"The ride was bumpy because of the roads." "A good Samaritan and the medics saved his life."	"The medics helped him stand up, and get him to the ambulance. They were really kind."		
FOLLOW UP					
7	5/5/21 1312, left a message for the pt. Stacie. 5/6/21 1125, I left a message - Stacie 5/6/21 1425, did not get a call back from the pt will close this ticket. Stacie				
28	5/5/21 1338, I spoke to the pt, who was very nice. He did not have a complaint and he did not know where it came from. He told me it was easier for him to walk outside, it was just cold outside. I apologized, he told me he has never had any problems with REMSA then he had a billing question				



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
		and I sent him to billing. No further, Stacie			
68		Incident occurred in Tonopah. Re-assigned			
69		<p>Depending on what city the caller is in, the call will go to the primary PSAP. They will transfer the caller to REMSA.</p> <p>On this specific call, received at 12:49 and EMD was completed. Call was coded as an omega for the complaint of inability to urinate. Caller was transferred to nurse for further evaluation to determine recommended care level. Caller was transferred back to EMS for a non-emergent ambulance after caller stated she was not breathing normally.</p> <p>This is normal practice if further symptoms are discovered at any point during evaluation that requires an ambulance response. -Matt H.</p>			
147		<p>This is the only call for service at that address for that day. The PCR does not have the patient's address or phone number and unless I have that or a time they potentially called 911 before going to the doctor's office, I have no way of confirming or denying they called before. -Matt H.</p> <p>Dispatch notified: 14:13 Unit on scene: 14:18</p>			



APRIL 2021

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

EMS ON THE HILL DAY

We participated in EMS on the hill day where we had the opportunity to speak with our federal legislators about issues important to EMS.



DONATE LIFE MONTH

REMSA participated in Northern Nevada Donor Network's efforts during the month of April to help encourage the message for community members to become organ donors. REMSA EMS Manager, Andrew Massey and Director of EMS Operations, Paul Burton both participated in NNDN's first responders media event at DoughBoy's Donuts.

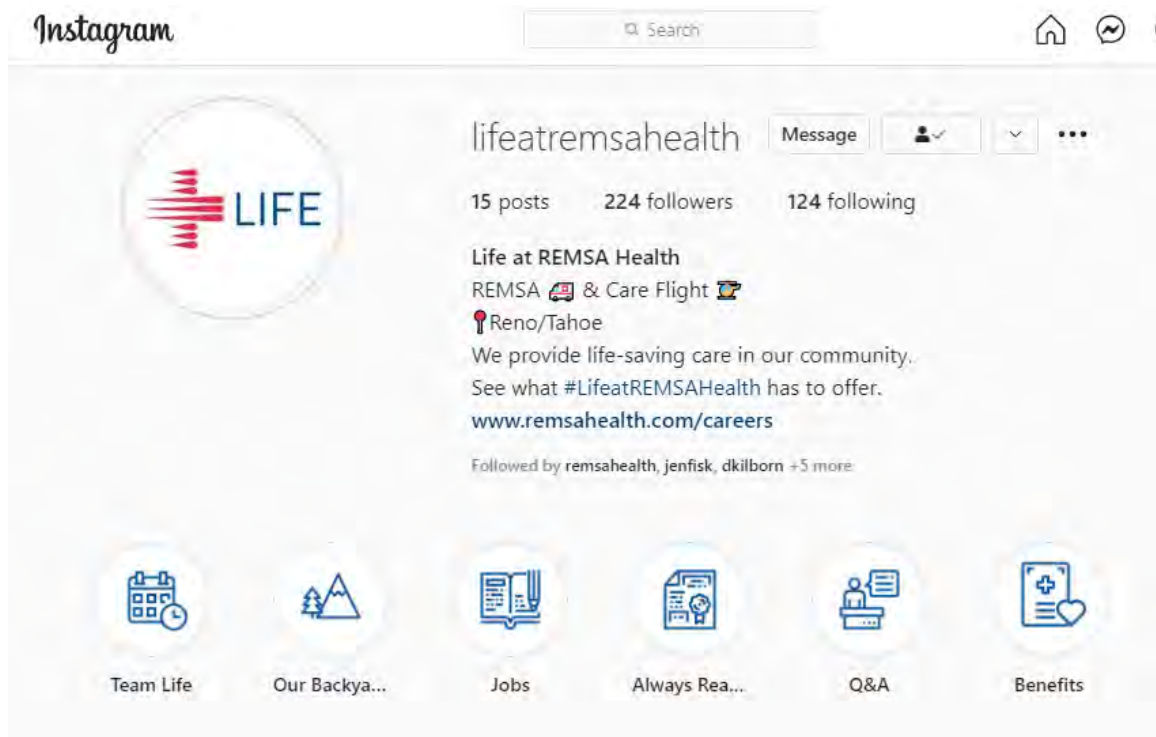




PUBLIC & COMMUNITY RELATIONS

REMSA LAUNCHES NEW INSTAGRAM ACCOUNT

We launched another Instagram account, lifeatremsahealth – An employee centric page to help us attract new talent while showcasing our amazing team and lifestyle.





**REMSA 2020-21 Penalty Fund Reconciliation as of
March 31, 2021**

**2020-21 Penalty Fund Dollars Accrued by
Month**

Month	Amount
July 2020	8,916.19
August 2020	14,106.85
September 2020	11,012.69
October 2020	11,232.45
November 2020	13,538.25
December 2020	10,433.63
January 2021	12,828.33
February 2021	9,499.41
March 2021	12,880.74
April 2021	
May 2021	
June 2021	
Total Penalty Fund Dollars Accrued	\$104,302.03

2020-21 Penalty Fund Dollars Encumbered by Month

Program	Amount	Description	Submitted
Fiscal Year 2020 Approved Carryover	7,993.52	Fiscal Year 2020 over- expenditure approved carryover	Jan 2021
CARES (Cardiac Registry to Enhance Survivability)	2,500.00	Annual Subscription Fee	Jan 2021
Community AEDs	7,466.25	5 Community AEDs Donated	Jan 2021

**Total Encumbered as
of 03/31/2021** **\$17,959.77**

**Penalty Fund Balance
at 03/31/2021** **\$86,342.26**



**REMSA INQUIRIES
APRIL 2021**

No inquiries for April 2021.

DD ND _____
DHO _____ KD

Staff Report
Board Meeting Date: May 27, 2021

DATE: May 10, 2021
TO: District Board of Health
FROM: Julie Hunter, EMS Coordinator
jdhunter@washoecounty.us
SUBJECT: Discussion and possible approval of the revisions to the REMSA Compliance Franchise Checklist.

SUMMARY

The EMS Oversight Program and REMSA met in April and May 2021 to review and revise the REMSA Compliance Franchise Checklist. This agenda item is for discussion and possible approval of the revisions to the REMSA Compliance Franchise Checklist.

PREVIOUS ACTION

- On May 26, 2016, the DBOH approved the REMSA Compliance Checklist.
- In March 2021, the EMS Oversight Program reviewed the checklist for consistency and formal documentation requirements as related to the Franchise Agreement.
- In April and May 2021, the EMS Oversight Program and REMSA reviewed the suggested changes and mutually agreed upon the revisions.

BACKGROUND

The EMS Oversight Program worked to review and revise the REMSA Compliance Checklist in April and met with REMSA to review the suggested revisions and additions to the checklist. The revisions were made to align more closely with the Franchise Agreement and to ensure documentation provided to the EMS Oversight Program was valid and accurate according to the franchise agreement. The DBOH last reviewed and approved the checklist on May 26, 2016.

Many of the changes include the addition of formal documentation from REMSA, language to clarify documentation needed to meet the language in the Franchise Agreement, as well as the removal of redundant documents. The changes to the Franchise Compliance Checklist are clarified in the redline version.

FISCAL IMPACT

There is no fiscal impact to the Board on this agenda item.

Subject: REMSA Franchise Agreement Checklist

Date: May 27, 2021

Page 2 of 2

RECOMMENDATION

Staff recommends the Board to approve the revisions to the REMSA Compliance Franchise Checklist.

POSSIBLE MOTION

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

“Move to approve the revisions to the REMSA Compliance Franchise Checklist.”

ATTACHMENTS

- REMSA Franchise Compliance Checklist Redline
- Final Draft REMSA Franchise Compliance Checklist

REMSA Franchise Compliance Checklist

Franchise Article	Title	Compliance Documentation	Responsible Party	Date Received	Reviewer's Notes
1	Definitions	1.1 Definitions Definitions are stated in the franchise, but are not part of compliance determination			
2	Granting of Exclusive Franchise	2.1 Exclusive Market Rights <input type="checkbox"/> The franchise agreement signed by DBOH and REMSA which gives REMSA the exclusive market rights within the franchise service area <input type="checkbox"/> All disaster agreements <input type="checkbox"/> All mutual aid agreements	WCHD		
			REMA		
			REMSA		
		2.2 Franchise Service Area <input type="checkbox"/> Map of the REMSA franchise area	WCHD		
		2.3 Level of Care <input type="checkbox"/> A copy of state certification for ALS services <input type="checkbox"/> ALS Transport Policy <input type="checkbox"/> ILS Transfer or Transport Policy	REMSA		
		2.4 Term The franchise term is stated in the franchise, but is not part of compliance determination until 2024			
		2.5 Periodic Review Terms will be evaluated in 2024 and 2030			
		2.6 Oversight Fee <input type="checkbox"/> Copies of quarterly invoices paid to the EMS Program	WCHD		
	2.7 Supply Exchange and Reimbursement <input type="checkbox"/> The current signed supply exchange/reimbursement agreements with each fire agency <input type="checkbox"/> Confirmation that jurisdictions were reimbursed	REMSA			
		WCHD			

REMSA Franchise Compliance Checklist

		2.8 No Obligation for Subsidy <input type="checkbox"/> A statement from REMSA attesting they do not receive any funding/monetary subsidy from the Cities of Reno and Sparks and Washoe County	REMSA		
3	Governing Body	3.1 REMSA Board of Directors <input type="checkbox"/> Formal list of Board members (letter from the Board or minutes) <input type="checkbox"/> Legal confirmation via letter from the Chair, that all contractual relationships involving a member of the REMSA Board have been approved by a majority of the disinterested members	REMSA		
		3.2 Board Member Separation <input type="checkbox"/> A signed statement by each Board member that declares any contracts/conflicts of interest, and states the Board member is not an employee of REMSA or the contractor	REMSA		
		3.3 Meetings <input type="checkbox"/> Formal list of six Board meetings held, with a quorum of its members, during the fiscal year from the Chair of the Board (or approved meeting minutes)	REMSA		
4	Contract Competitive Bidding and Market Survey	4.1 Market Survey and Competitive Bidding A market survey or competitive bid will be completed December 31, 2021, with the following documents required: <ol style="list-style-type: none"> a) Letter of recommendation of Consultant approved by the DISTRICT b) Market areas recommended for review c) Consultant contract confirming reliable date for comparison d) Competitive bid or performance improvements, depending upon completion of the market study 	REMSA		

REMSA Franchise Compliance Checklist

		e) Approval of no bid required (approved meeting minutes) f) Competitive bid, if applicable			
5	Communications	5.1 Radio <input type="checkbox"/> Current 800 MHz MOU Formal documentation that identifies communication capabilities with current 911 system requirements	REMSA		
		5.2 Dispatch <input type="checkbox"/> Documentation of secondary emergency communication system and operational drill conducted annually (AAR) <input type="checkbox"/> Documentation of CAD system <input type="checkbox"/> Documentation of CAD to CAD meetings that demonstrate progress towards interface <input type="checkbox"/> Documentation that demonstrates progress towards AVL connections between agencies	REMSA		
		5.3 Change of Priority <input type="checkbox"/> Formal documentation of the number of calls that were upgraded and downgraded and why this action occurred (<i>included in monthly report</i>) list of number of and types of calls and why	REMSA		
6	Data and Records Management	6.1 Data and Records <input type="checkbox"/> CAD to CAD interface documentation to demonstrate obtain and utilize combined identifiers which will be used to analyze EMS responses and PSAP data (reference 5.2) <input type="checkbox"/> Log/list of data and records requested by DHO during the fiscal year (if applicable)	REMSA From 5.2		
			WCHD		

REMSA Franchise Compliance Checklist

7	Response Compliance and Penalties	7.1 Response Zones <input type="checkbox"/> Date(s) of meeting(s) of the annual map review and documentation of agreement between REMSA and the DISTRICT (meeting minutes) <input type="checkbox"/> Zone A report – 90% of all P1 calls have a response time of 8:59 or less <input type="checkbox"/> Zones B, C and D report – 90% of all P1 calls have a collective response time of 15:59, 20:59 and 30:59 <input type="checkbox"/> Zone E report – total number of calls	WCHD		
		7.2 Response Determinants <input type="checkbox"/> Meeting date(s) of the EMD determinants jointly reviewed by the REMSA MD and fire agency MDs <input type="checkbox"/> Forma summary of all pertinent outcomes/decisions including updates/changes to determinants, if any	REMSA		
		7.3 Zone Map <input type="checkbox"/> Documentation of annual map review <input type="checkbox"/> List of changes to the map, if applicable <input type="checkbox"/> Documentation of response map locations made available to the public (DISTRICT website)	WCHD 7.1 and 2.2a		
		7.4 Response Time Reporting <input type="checkbox"/> Monthly call/response data with address and zone information <input type="checkbox"/> Total number of responses in the fiscal year (<i>collected from the OCU</i>) <input type="checkbox"/> EMS staff monthly review documentation	WCHD		

REMSA Franchise Compliance Checklist

		7.5 Penalties <input type="checkbox"/> Penalty fund dollars verification letter from REMSA and all penalty fund reconciliation documents for the fiscal year <input type="checkbox"/> CPI calculation <input type="checkbox"/> Formal documentation of all penalties – all calls that incurred penalties and numbers of minutes per month <input type="checkbox"/> Priority 1 penalty fund analysis for the fiscal year (<i>submitted by independent accounting firm</i>) <input type="checkbox"/> Agree-upon procedures related to Priority 1 Penalty Fund (<i>submitted by independent accounting firm</i>)	REMSA		
			WCHD		
			REMSA		
			REMSA		
			REMSA		
		7.6 Exemptions <input type="checkbox"/> Exemption reports (<i>collected from the OCU</i>) <input type="checkbox"/> Description of REMSA’s internal exemption approval process <input type="checkbox"/> Any exemption disputes between REMSA and its contractor reviewed by the DHO, if any <input type="checkbox"/> Letter detailing approved exemptions by the DHO <input type="checkbox"/> Exemption request(s) and any approvals by the DHO or designee, during the fiscal year, if applicable	REMSA/WCHD		
			REMSA		
			WCHD		
			WCHD		
			REMSA		

REMSA Franchise Compliance Checklist

		7.7 Penalty Fund <input type="checkbox"/> Formal letter from REMSA confirming penalty funds are recorded monthly in a separate restricted account <input type="checkbox"/> Formal documentation of costs of penalties used on educations or community programs <input type="checkbox"/> Exemption request(s) and any approvals by the DHO, or designee, during the fiscal year, if applicable	REMSA		
		7.8 Health Officer Approval <input type="checkbox"/> Letter to the DHO requesting use of penalty fund dollars <input type="checkbox"/> Letter of approval from the DHO	REMSA		
			WCHD		
8	Patient Billing	8.1 Average Patient Bill <input type="checkbox"/> Letter from DHO informing REMSA of the CPI adjustment <input type="checkbox"/> Formal letter(s) from REMSA on schedule of rates, changes and fees as they occur throughout the fiscal year <input type="checkbox"/> Formal explanation of the average bill calculations that are reported monthly to DBOH	REMSA From 7.5		
		8.2 Increase Beyond CPI <input type="checkbox"/> REMSA shall present a financial impact statement and other supporting documentation <input type="checkbox"/> Additional information, if requested by the DISTRICT <input type="checkbox"/> The DISTRICT will respond in 90 days to approve or reject request	REMSA/ WCHD		

REMSA Franchise Compliance Checklist

		8.3 Overage in Bill Amount <input type="checkbox"/> Only applicable if REMSA exceeds the maximum average patient bill a) The authorized average bill b) The adjusted dollar amount	REMSA		
		8.4 Third Party Reimbursement <input type="checkbox"/> Formal explanation of billing policies/procedures related to billing third parties and mitigating out of pocket expenses (letter from REMSA)	REMSA		
		8.5 Prepaid Subscription Program <input type="checkbox"/> Silver Saver brochure <input type="checkbox"/> Formal number of enrolled members as of June 30 (letter from REMSA) • REMSA establish limit for number of times service is used by an individual and report terms to DISTRICT (letter from REMSA)	REMSA		
		8.6 Billing <input type="checkbox"/> Documentation that states REMSA is responsible for patient billing	REMSA		
		8.7 Accounting Practices <input type="checkbox"/> Documentation that the independent auditor adheres to GAAP and GAAS	REMSA Auditor		
		8.8 Audit <input type="checkbox"/> Current fiscal year financial audit from independent auditor <input type="checkbox"/> Form 990 from the previous fiscal year <input type="checkbox"/> Agreed upon procedures on the average bill (submitted by an independent auditing firm)	REMSA		

REMSA Franchise Compliance Checklist

9	Personnel and Equipment	9.1 Dispatch Personnel Training <input type="checkbox"/> Formal list of dispatch personnel that dispatch 911 and routine transfer calls that includes EMD certification, EMT/Paramedic certification number and expiration date <input type="checkbox"/> List of new dispatch personnel that dispatch 911 and routing transfer calls and training completed within their first 6 months of employment <ul style="list-style-type: none"> • Documentation of extension of 6 month training (if applicable) 	REMSA		
		9.2 Dispatch Accreditation <input type="checkbox"/> A copy of the certification from the International Academy of Emergency Dispatch as Accredited Center of Excellence (ACE)	REMSA		
		9.3 Personnel Licensing and Certification <input type="checkbox"/> Formal lists of attendants, EMTs, Paramedics, and EMD certified personnel that includes certification number and expiration date <input type="checkbox"/> Letter from State EMS confirming adherence to Chapter 450B	REMSA		
			WCHD		
		9.4 ICS Training <input type="checkbox"/> Formal list of individuals who completed MCIP training (letter from REMSA) <input type="checkbox"/> List of individuals trained in ICS (<i>certificates of completion on file at REMSA</i>) <input type="checkbox"/> Formal list of field operational management personnel (both part time and full time) <input type="checkbox"/> Formal list of REMSA REOC representatives	REMSA		
9.5 Ambulance Markings <input type="checkbox"/> Dates of quarterly EMS program “spot checks”	WCHD				

REMSA Franchise Compliance Checklist

		9.6 Ambulance Permits and Equipment <input type="checkbox"/> List of all REMSA ambulances (send to State to verify) <input type="checkbox"/> Letter from State EMS office confirming adherence to Chapter 450B (NAC/NRS)	REMSA		
			WCHD From 9.3		
		9.7 Field Supervisor Staffing <input type="checkbox"/> Formal example of a week’s supervisor shift schedule <input type="checkbox"/> Supervisor job description	REMSA		
		9.8 Medical Director <input type="checkbox"/> Medical Director’s CV (from State EMS) <input type="checkbox"/> Documentation that MD meets NAC450B. 505 state requirements (coordination with State EMS)	WCHD		
10	Quality Assurance	10.1 Personnel <input type="checkbox"/> Written identification of the individuals(s) responsible for the internal coordination of medical quality assurance issues	REMSA		
		10.2 Review <input type="checkbox"/> Formal documentation of the quality assurance reviews of ambulance runs for at least 5% of the previous month’s ALS calls (<i>included in the monthly Operations Report</i>)	REMSA 12.1a		
11	Community and Public Education	11.1 CPR Courses <input type="checkbox"/> Formal list of all CPR public courses offered during the fiscal year (<i>included in the monthly Operations Report</i>)	12.1a		
		11.2 Community Health Education <input type="checkbox"/> Multimedia campaign(s) about a current need within the community (<i>included in the monthly Operations Report</i>)	12.1a		

REMSA Franchise Compliance Checklist

		11.3 Clinical Skills <input type="checkbox"/> List of clinical skill experience(s) offered for specific prehospital care personnel through participating hospitals and the number of attendees, if necessary	REMSA		
		11.4 Fire EMS Training <input type="checkbox"/> Formal documentation of quarterly Fire EMS trainings and dates	REMSA		
12	Reporting	12.1 Monthly Reports <input type="checkbox"/> Monthly Operations Reports presented to the DBOH <ul style="list-style-type: none"> • Response Time Reporting • CAC edits and call priority reclassification • Comments and complaints • Investigations and inquiries • Average patient bill • Education and training activities 	REMSA		
		12.2 Annual Reports <input type="checkbox"/> All documentation for the Compliance Report should be submitted to the WCHD no later than 180 days after end of fiscal year (December 31). (Documentation submitted to the EMSPProgram@washoecounty.us email) <input type="checkbox"/> Documentation of compliance monitoring by the DISTRICT within 90 days of the calendar year (March 31)	REMSA		
13	Failure to Comply Remedies	13.1 Failure to Comply with Agreement Failure to comply is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the franchise			
		13.2 Notice of Noncompliance			

REMSA Franchise Compliance Checklist

		Notice if noncompliance is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the franchise			
		13.3 Failure to Correct/Rescission of Agreement Failure to correct/rescission is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the franchise			
		13.4 Alternate to Rescinding Agreement Alternate to rescinding is stated in the franchise, but is not part of the compliance determination unless REMSA does not comply with the terms of the franchise			
14	Dispute Resolution	14.1 Agreement to Mediate Disputes Agreement to mediate disputes is stated in the franchise, but is not part of compliance determination unless a dispute occurs			
15	Financial Assurance/Continuity of Operations	15.1 Financial Assurance/Continuity of Operations <input type="checkbox"/> Documentation of the performance security in the amount of 3 million dollars – demonstrating that it is a reserve amount in the equity statement of the REMSA <i>financials</i> (included in the financial audit)	REMSA		
16	Insurance and Indemnification	16.1 Insurance <input type="checkbox"/> REMSA’s insurance certificates for general liability insurance, automobile liability, worker’s compensation and employer’s liability <input type="checkbox"/> Documentation that the WWCHD is listed as an additional insured	REMSA		
		16.2 Indemnification <input type="checkbox"/> Signed franchise agreement	WCHD		

REMSA Franchise Compliance Checklist

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

The Review’s Notes column shall be used to indicate REMSA’s compliance with each checklist item. Compliance will be indicated as follows:

- Full Compliance – Documentation was provided and fulfilled the checklist requirement(s).
- Substantial Compliance – Documentation was provided but did not entirely fulfill the checklist requirement(s).
- Non-Compliance – No documentation was provided, or documentation provided did not fulfill the checklist requirements(s).

REMSA Franchise Compliance Checklist

Franchise Article	Title	Compliance Documentation	Responsible Party	Date Received	Reviewer's Notes
1	Definitions	1.1 Definitions <ul style="list-style-type: none"> Definitions are stated in the franchise, but are not part of compliance determination 			
2	Granting of Exclusive Franchise	2.1 Exclusive Market Rights <ul style="list-style-type: none"> <input checked="" type="checkbox"/> The franchise agreement signed by DBOH and REMSA in May 2014, which gives REMSA the exclusive market rights within the franchise service area <input type="checkbox"/> All disaster agreements and/or mutual aid agreements <input type="checkbox"/> All mutual aid agreements 2.2 Franchise Service Area <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Map of the REMSA franchise area 2.3 Level of Care <ul style="list-style-type: none"> <input type="checkbox"/> A copy of state certification for ALS services a) <input type="checkbox"/> ALS Transport Policy b) <input type="checkbox"/> ILS Transfer or Transport Policy a) Documentation that demonstrates the staffing model for 9-1-1 units and interfacility transfer units 2.4 Term <ul style="list-style-type: none"> The franchise term is stated in the franchise, but is not part of compliance determination until 2024 2.5 Periodic Review	WCHD REMSA <u>REMSA</u> <u>WCHD</u> <u>REMSA</u> REMSA		

2	Granting of Exclusive Franchise <i>(continued)</i>	<ul style="list-style-type: none"> Requirement of periodic review is stated in the franchise, but is not part of compliance determination until 2024 Terms will be evaluated in 2024 and 2030. 			
		2.6 Oversight Fee <ul style="list-style-type: none"> <input type="checkbox"/> Copies of quarterly invoices paid to the EMS Program 	WCHD		
		2.7 Supply Exchange and Reimbursement <ul style="list-style-type: none"> a) <input type="checkbox"/> The current signed supply exchange/reimbursement agreements with each fire agency <input type="checkbox"/> Confirmation that jurisdictions were reimbursed 	REMSA		
		2.8 No Obligation for Subsidy <ul style="list-style-type: none"> a) <input type="checkbox"/> A statement from the external auditor that from REMSA attesting they does not receive any funding/monetary subsidy from the Cities of Reno and Sparks and Washoe County b) <input checked="" type="checkbox"/> 501C3 articles of incorporation <input type="checkbox"/> Disclosure of grant funding for franchise ground ambulance services, if any 	WCHD	REMSA	

3	Governing Body	<p>3.1 REMSA Board of Directors</p> <ul style="list-style-type: none"> <input type="checkbox"/> Formal List of Board members <u>(letter from the Board or minutes)</u> <input type="checkbox"/> Legal confirmation <u>via letter from the Chair</u>, that all contractual relationships involving a member of the REMSA Board have been approved by a majority of the disinterested members <p>3.2 Board Member Separation</p> <ul style="list-style-type: none"> <input type="checkbox"/> A signed statement by each Board member that declares any contracts/conflicts of interest, and states the Board member is not an employee of REMSA or the contractor <p>3.3 Meetings</p> <ul style="list-style-type: none"> a) <input type="checkbox"/> Formal List of six Board meetings held, <u>with a quorum of its during members, during the fiscal year from the Chair of the Board (or approved meeting minutes)</u> <input type="checkbox"/> Statement from the DHO that the REMSA Board attesting held six Board meetings were held with a quorum of its members 	REMSA REMSA	REMSA	REMSA REMSA REMSA REMSA REMSA REMSA REMSA REMSA
4	Contract, Competitive Bidding and Market Survey	<p>4.1 Market Survey and Competitive Bidding</p> <ul style="list-style-type: none"> <u>A market survey or competitive bid is stated in the franchise, but is not part of compliance determination until will be completed December 31, 2021 with the following documents required:</u> <ol style="list-style-type: none"> <u>Letter of recommendation of Consultant approved by the DISTRICT</u> <u>Market areas recommended for review</u> <u>Consultant contract confirming reliable data for comparison</u> <u>Competitive bid or performance improvements, depending upon completion of the market study</u> <u>Approval of no bid required (approved meeting minutes)</u> <u>Competitive bid, if applicable</u> 	<u>REMSA</u>		

5	Communications	<p>5.1 Radio</p> <ul style="list-style-type: none"> • a) <input checked="" type="checkbox"/> Current 800 MHz MOU • <u>Formal documentation that identifies communication capabilities with current 911 system requirements</u> b) <input type="checkbox"/> A checklist and timeline that demonstrates outcomes/progress made concerning compatible communications with the Washoe County Regional Communications System (WCRCS) 	REMSA		
		<p>5.2 Dispatch</p> <ul style="list-style-type: none"> • <u>Documentation of secondary emergency communication system and operational drill conducted annually (AAR)</u> • <u>Documentation of CAD system</u> • a) <input type="checkbox"/> Documentation of at least one check/drill conducted on the backup system during the year • b) <input type="checkbox"/> Documentation of one operational drill on the backup system, including dates and names of the individuals who participated • <input type="checkbox"/> A brief summary of the drill and an AAR-IP • d) <input type="checkbox"/> Documentation of CAD to CAD meetings <u>that demonstrate and progress towards interface</u> • e) <input type="checkbox"/> A timeline of meetings/discussions that demonstrate REMSA's progress toward the establishment of the CAD to CAD interface • f) <input type="checkbox"/> A timeline of meetings/discussions that <u>Documentation that demonstrates REMSA's progress towards AVL connections between agencies</u> 	REMSA		
			REMSA		
			REMSA		

		<p>provided or reasonable justification why request was not adhered to)</p> <ul style="list-style-type: none"> • 			
7	<p>Response Compliance and Penalties</p>	<p>7.1 Response Zones</p> <ul style="list-style-type: none"> • <input type="checkbox"/> REMSA Franchise map (Zones A—E) • <input type="checkbox"/> Date(s) of meeting(s) of the annual map review <u>and documentation of agreement between REMSA and the DISTRICT-(meeting minutes).</u> • <input type="checkbox"/> Zone A report – 90% of all P1 calls have a response time of 8:59 or less • <input type="checkbox"/> Zones B, C and D report – 90% of all P1 calls have a collective response time of 15:59, 20:59 and 30:59 • <input type="checkbox"/> Zone E report – total number of calls <p>7.2 Response Determinants</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Meeting date(s) of the EMD determinants jointly reviewed by the REMSA MD and fire agency MDs • <input type="checkbox"/> Form A summary of all pertinent outcomes/decisions - including updates/changes to determinants, if any 	<p><u>WCHD</u> <u>2.2a</u></p> <p>REMSA</p>		

7	<p>Response Compliance and Penalties (continued)</p>	<p>7.3 Zone Map</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Documentation of annual map review Date(s) of meeting(s) of the annual map review • <input type="checkbox"/> List of changes to the map, if applicable • <input type="checkbox"/> Documentation of response map locations made available to the public (DISTRICT website) List of locations of the REMSA franchise map • <p>7.4 Response Time Reporting</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Monthly call/response data with address and zone information (collected from the OCU) • <input type="checkbox"/> Total number of responses in the fiscal year (collected from the OCU) • <input type="checkbox"/> EMS staff monthly review documentation <p>7.5 Penalties</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Penalty fund dollars verification letter from REMSA and all penalty fund reconciliation documents for the fiscal year • <input type="checkbox"/> CPI calculation • <input type="checkbox"/> Formal documentation of all penalties – all calls that incurred penalties and numbers of minutes per month. • <input type="checkbox"/> Priority 1 penalty fund analysis for the fiscal year (submitted by independent accounting firm) • <input type="checkbox"/> Agreed-upon procedures related to Priority 1 Penalty Fund (submitted by independent accounting firm) 	<p>WCHD <u>7.1 and 2.2a</u></p> <p>WCHD</p> <p>WCHD</p> <p>REMSA</p> <p>WCHD</p> <p>REMSA</p> <p>REMSA</p> <p>REMSA</p> <p>REMSA /WCHD</p>		
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8	Patient Billing	8.1 Average Patient Bill <ul style="list-style-type: none"> <input type="checkbox"/> <u>Letter from DHO informing REMSA of the CPI adjustment</u>CPI calculation <input type="checkbox"/> <u>Formal L</u>etter(s) from REMSA on schedule of rates, changes and fees as they occur throughout the fiscal year <input type="checkbox"/> <u>Formal E</u>xplanation of the average bill calculations that are reported monthly to DBOH 	REMSA From 7.5		
		8.2 Increase Beyond CPI <ul style="list-style-type: none"> <u>— Only applicable if REMSA requests an increase beyond the annual CPI adjustment</u> <u>REMSA shall present a financial impact statement and other supporting documentation</u> <u>Additional information, if requested by the DISTRICT</u> <u>The DISTRICT will respond in 90 days to approve or reject request.</u> 	REMSA & WCHD WCHD		
		8.3 Overage in Bill Amount <ul style="list-style-type: none"> <u>— Only applicable if REMSA exceeds the maximum average patient bill</u> <ul style="list-style-type: none"> <u>a) The authorized average bill</u> <u>b) The adjusted dollar amount</u> 8.4 Third Party Reimbursement <ul style="list-style-type: none"> <input type="checkbox"/> <u>Formal E</u>xplanation of billing policies/procedures related to billing third parties and mitigating out of pocket expenses (<u>letter from REMSA</u>) 8.5 Prepaid Subscription Program <ul style="list-style-type: none"> <input type="checkbox"/> Silver Saver brochure <input type="checkbox"/> <u>Formal</u> number of enrolled members as of June 30 (<u>letter from REMSA</u>) 	REMSA REMSA REMSA		

8	Patient Billing (Continued)	<ul style="list-style-type: none"> • <u>REMSA establish limit for number of times service is used by an individual and report terms to DISTRICT (letter from REMS)</u> <p>8.6 Billing</p> <ul style="list-style-type: none"> • a) <input type="checkbox"/> Documentation that stating REMSA is responsible for patient billing-REMSA organizational chart showing placement of billing department • <p>8.7 Accounting Practices</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Documentation that the independent auditor adheres to GAAP and GAAS <p>8.8 Audit</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Current fiscal year financial audit from independent auditor • <input type="checkbox"/> Form 990 from the previous fiscal year • e) <input type="checkbox"/> Agreed-upon procedures on the average bill (submitted by an independent auditing firm) 	REMSA WCHD REMSA <u>Auditor</u> REMSA <u>Auditor</u>		
9	Personnel and Equipment	<p>9.1 Dispatch Personnel Training</p> <ul style="list-style-type: none"> • <input type="checkbox"/> <u>Formal</u> List of dispatch personnel that dispatch 911 and routine transfer calls that includes EMD certification, EMT/Paramedic certification number and expiration date • <input type="checkbox"/> List of new dispatch personnel that dispatch 911 and routine transfer calls and <u>calls and</u> training completed within their first 6-months of employment • <u>Documentation of extension of 6 month training (if applicable).</u> <p>9.2 Dispatch Accreditation</p> <ul style="list-style-type: none"> • <input type="checkbox"/> A copy of the certification from of the <u>International National</u> Academy of Emergency Medical Dispatchers as 	REMSA REMSA		

9	Personnel and Equipment (continued)	<p>accreditation of the Accredited Center of Excellence (ACE)</p> <ul style="list-style-type: none"> <input type="checkbox"/> List of ACE standards/requirements <p>9.3 Personnel Licensing and Certification</p> <ul style="list-style-type: none"> <input type="checkbox"/> Formal List of attendants, EMTs, Paramedics, and EMD certified personnel that includes certification number and expiration date <input type="checkbox"/> Letter from State EMS confirming adherence to Chapter 450B <p>9.4 ICS Training</p> <ul style="list-style-type: none"> <input type="checkbox"/> Formal List of individuals who completed MCIP training (letter from REMSA) <input type="checkbox"/> List of individuals trained in ICS 100 (<i>certificates of completion on file at REMSA</i>) <input type="checkbox"/> List of individuals trained in ICS 200 (<i>certificates of completion on file at REMSA</i>) <input type="checkbox"/> List of individuals trained in ICS 300 (<i>certificates of completion on file at REMSA</i>) <input type="checkbox"/> List of individuals trained in ICS 400 (<i>certificates of completion on file at REMSA</i>) <input type="checkbox"/> List of individuals trained in ICS 700 (<i>certificates of completion on file at REMSA</i>) <input type="checkbox"/> Formal List of field operational management personnel (both part-time and full-time) <input type="checkbox"/> Formal List of REMSA REOC representatives 	<p>WCHD</p> <p>REMSA</p> <p>WCHD</p> <p>REMSA</p> <p>REMSA</p>		
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9	Personnel and Equipment <i>(continued)</i>	<p>9.5 Ambulance Markings</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dates of quarterly EMS program “spot checks” <p>9.6 Ambulance Permits and Equipment</p> <ul style="list-style-type: none"> <input type="checkbox"/> List of all REMSA ambulances <u>List of all REMSA ambulances, (send to state to verify).</u> <input type="checkbox"/> List of all ambulance capital equipment: monitors, power cots, stair chairs, etc. <input type="checkbox"/> Letter from State EMS office confirming adherence to Chapter 450B (NAC/NRS) <p>9.7 Field Supervisor Staffing</p> <ul style="list-style-type: none"> <input type="checkbox"/> Formal Eexample of a week’s supervisor shift schedule <input type="checkbox"/> Supervisor job description <p>9.8 Medical Director</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical Director’s CV (from State EMS) <input type="checkbox"/> Documentation that MD meets NAC 450B. 505 state requirements (coordination with State EMS) 	<p>WCHD</p> <p>REMSA</p> <p><u>REMSA WC</u> <u>HD</u> From 9.3</p> <p>REMSA</p> <p>WCHD</p>		
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10	Quality Assurance	<p>10.1 Personnel</p> <ul style="list-style-type: none"> <input type="checkbox"/> Written identification of the <u>of the</u> individual(s) responsible for the internal coordination of medical quality assurance issues <p>10.2 Review</p> <ul style="list-style-type: none"> <input type="checkbox"/> <u>Formal documentation of the Q</u>quality assurance reviews of ambulance runs for at least 5% of the previous month's ALS calls <i>(included in the monthly Operations Report)</i> <input type="checkbox"/> Summary of the quality assurance review activities conducted throughout the fiscal year 	REMSA		
11	Community Relations and Public Education	<p>11.1 CPR Courses</p> <ul style="list-style-type: none"> <input type="checkbox"/> <u>Formal L</u>ist of all CPR public courses offered during the fiscal year – separated into REMSA employee conducted training and REMSA affiliated trainings <i>(included in the monthly Operations Report)</i> <p>11.2 Community Health Education</p> <ul style="list-style-type: none"> <input type="checkbox"/> Multimedia campaign(s) about a current need within the community <u>community</u> <i>(included in the monthly Operations Report)</i> <p>11.3 Clinical Skills</p> <ul style="list-style-type: none"> <input type="checkbox"/> List of clinical skill experience(s) offered for specific prehospital care personnel through participating hospitals and the number of attendees, if necessary 	12.1a	12.1a	REMSA
11	Community Relations and Public Edu. <i>(continued)</i>	<p>11.4 Fire EMS Training</p> <ul style="list-style-type: none"> <input type="checkbox"/> <u>Formal documentation of List of</u> quarterly Fire EMS trainings and dates 	REMSA		

12	Reporting	<p>12.1 Monthly Reports</p> <ul style="list-style-type: none"> <input type="checkbox"/> Monthly Operations Reports presented to the DBOH <ul style="list-style-type: none"> a) Response Time Reporting b) CAD edits and call priority reclassification c) Comments and complaints d) Investigations and inquiries e) Average patient bill f) Education and training activities <p>12.2 Annual Reports</p> <ul style="list-style-type: none"> <input type="checkbox"/> All documentation for the Compliance Report should be submitted to the WCHD no later than 180 days after end of fiscal year (December 31). (Documentation submitted to the EMSProgram@washoeconomy.us email). <input type="checkbox"/> Documentation of compliance monitoring by the DISTRICT within 90 days of the calendar year (March 31) 	REMSA		
			REMSA		
			WCHD		
13	Failure to Comply/ Remedies	<p>13.1 Failure to Comply with Agreement</p> <ul style="list-style-type: none"> Failure to comply is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the Franchise <p>13.2 Notice of Noncompliance</p> <ul style="list-style-type: none"> Notice of noncompliance is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the Franchise <p>13.3 Failure to Correct/Rescission of Agreement</p> <ul style="list-style-type: none"> Failure to correct/rescission is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the Franchise <p>13.4 Alternate to Rescinding Agreement</p> <ul style="list-style-type: none"> Alternate to rescinding is stated in the franchise, but is not part of compliance determination unless determination 			

		<u>unless</u> REMSA does not comply with the terms of the Franchise			
14	Dispute Resolution	14.1 Agreement to Mediate Disputes <ul style="list-style-type: none"> • Agreement to mediate disputes is stated in the franchise, but is not part of compliance determination unless a dispute occurs 			
15	Financial Assurance/Continuity of Operations	15.1 Financial Assurance/Continuity of Operations <ul style="list-style-type: none"> • <input type="checkbox"/> Documentation of the performance security in the amount of 3 million dollars - demonstrating that it is a reserve amount in the equity statement of the REMSA financials (<i>included in the financial audit</i>) 	REMSA		
16	Insurance and Indemnification	16.1 Insurance <ul style="list-style-type: none"> • <input type="checkbox"/> REMSA’s insurance certificates for general liability insurance, automobile liability, workers compensation and employer’s liability • <input type="checkbox"/> Documentation that the WCHD is listed as an additional insured 16.2 Indemnification <ul style="list-style-type: none"> • <input checked="" type="checkbox"/> Signed franchise agreement 16.3 Limitation of Liability <ul style="list-style-type: none"> • <input checked="" type="checkbox"/> NRS Chapter 41 • <input checked="" type="checkbox"/> Signed franchise agreement 	REMSA WCHD WCHD		
17	Miscellaneous	17.1 REMSA Contract with Other Entities <ul style="list-style-type: none"> • <input type="checkbox"/> All current contracts, service agreements MAAs and MOUs with other political entities 	REMSA		

17	Miscellaneous <i>(continued)</i>	<p>17.2 Governing Law; Jurisdictions</p> <ul style="list-style-type: none"> Governing law: jurisdictions are stated in the franchise, but are not part of compliance determination <p>17.3 Assignment</p> <ul style="list-style-type: none"> Assignment is stated in the franchise, but is not part of compliance determination <p>17.4 Severability</p> <ul style="list-style-type: none"> Severability is stated in the franchise, but is not part of compliance determination <p>17.5 Entire Agreement/Modification</p> <ul style="list-style-type: none"> Entire agreement/modification is stated in the franchise, but is not part of compliance determination <p>17.6 Benefits</p> <ul style="list-style-type: none"> Benefits are stated in the franchise, but are not part of compliance determination <p>17.7 Notice</p> <ul style="list-style-type: none"> Notice is stated in the franchise, but is not part of compliance determination 			
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The Reviewer’s Notes column shall be used to indicate REMSA’s compliance with each checklist item. Compliance will be indicated as follows:

- Full Compliance - Documentation was provided and fulfilled the checklist requirement(s).
- Substantial Compliance - Documentation was provided, but did not entirely fulfill the checklist requirement(s).
- Non- Compliance - No documentation was provided, or documentation provided did not fulfill the checklist requirement(s).

DD_ND____
DHO_____KD

Staff Report
Board Meeting Date: May 27, 2021

DATE: May 7, 2021
TO: District Board of Health
FROM: Julie Hunter, EMS Coordinator
jdhunter@washoecounty.us
SUBJECT: Presentation, discussion, and possible approval of the revised Washoe County EMS Strategic Plan (2019-2023), a requirement of the Interlocal Agreement for the Emergency Medical Services Oversight.

SUMMARY

The EMS Oversight Program and the EMS partners met bi-weekly in February, March, and April 2021 to determine additions and updates to the Washoe County EMS Strategic Plan (2019-2023). This agenda item is for discussion and possible approval of the revised Washoe County EMS Strategic Plan (2019-2023), a requirement of the Interlocal Agreement for Emergency Medical Services Oversight, to the District Board of Health (DBOH).

PREVIOUS ACTION

- On May 2, 2019, the EMS Advisory Board approved the plan, with edits to be presented to the District Board of Health (DBOH).
- On May 23, 2019, the DBOH approved the plan with the suggested revisions to Goal #3 and #4.
- The last progress report on the Strategic Plan was given to EMSAB on February 6, 2020.
- On May 6, 2021, the EMS Advisory Board approved the revised Strategic Plan.

BACKGROUND

The EMS Oversight Program was created through an Interlocal Agreement (ILA) signed by the City of Reno (RENO), City of Sparks (SPARKS), Washoe County (WASHOE), Truckee Meadows Fire Protection District (FIRE), and the Washoe County Health District. Within the ILA there are eight duties outlined for the EMS Oversight Program.

The ILA tasks the EMS Oversight Program to "...maintain a Five-Year Strategic Plan to ensure the continuous improvement of Emergency Medical Services in the area of standardized equipment, procedures, technology training, and capital investments to ensure that proper future operations continue to perform including Dispatching Systems, Automated Vehicle Locations

Systems, Records Management Systems, Statistical Analysis, Regional Medical Supply and Equipment, and other matters related to strategic and ongoing Emergency Medical Services and approved by RENO, SPARKS, WASHOE and FIRE.”

Beginning in August 2015, the EMS Program Manager worked with Washoe County agencies to develop a strategic plan. The stakeholders included representatives from each jurisdiction, REMSA and a regional communications representative. As part of the development of the strategic plan, the process for evaluation and update was included. Every two years, beginning in October 2018, the regional partners convened to review the status of the current strategies and objectives. Upon completion of the review of existing strategies and objectives, the EMS Oversight Program would begin to develop goals, objectives, and strategies for upcoming years. This would create a new rolling strategic planning document. The strategic plan, with the outline of the evaluation and update, was heard and approved at the October 6, 2016 EMS Advisory Board meeting and October 27, 2016 District Board of Health. The review process began in August 2018 with an assessment of the current EMS Strategic Plan and discussions on future ideas for improving the EMS system. The stakeholders met monthly to revise the plan and develop new goals, objectives, and strategies. The final meeting was held on April 11, 2019 to review the final draft of the Washoe County EMS Strategic Plan 2019-2023 in its entirety, and on May 2, 2019, the EMS Advisory Board approved the plan, with edits to be presented to the DBOH. On May 23, 2019 the DBOH approved the Strategic Plan with the suggested EMSAB revisions to Goal #3 and #4. The most recent update of the plan was provided to the EMSAB February 2020, this progress report is outlined in Goal #6 of the Strategic Plan.

The EMS Coordinator started hosting bi-weekly meetings in February 2021 with the EMS Task Force (REMSA, Reno Fire, Sparks Fire, Truckee Meadows Fire EMS) to review the recommendations in the TriData Report and the CPSM Report (EMS-related recommendations only). The team agreed that the recommendations will be categorized as complete, no longer relevant or prioritized. The recommendations that remained a priority and were not included in the Strategic Plan were incorporated into the existing goals and objectives. These priorities include:

1. Training
2. Legal protection
3. Priority response
4. Automatic response agreements
5. Standardize performance measures across all agencies

The Task Force met April 28, 2021 to review the final suggestions for the additions of the five priorities. Below is a summary of the revisions and additions of goals, objectives, and strategies to be included in the updated plan:

- Goal #1 – Enhance utilization of EMS resources by matching calls for service with appropriate resources through alternative protocols and transportation options by November 4, 2021. (No revision)

- Objective 1.1. Develop appropriate protocols to determine service level for low acuity EMS calls that receive an alternative response by January 1, 2022. (Date revision)
 - Strategy 1.1.5: EMS first response, prioritize and determine who goes to what calls by January 1, 2022. (Addition)
- Goal #2 – Enhance pre-hospital EMS performance through use of technology, collaborative training and monitoring national trends by February 1, 2023. (Revised)
 - Objective 2.2. Increase depth of resources able to respond to EMS calls for service in Washoe County by December 31st annually. (No revision)
 - Strategy: 2.2.4: Research and review full and unrestricted automatic response arrangement with EMS partners by January 1, 2022. (Addition)
 - Objective 2.4: Develop and conduct joint training opportunities where REMSA and Fire agencies can train together quarterly. (Addition)
 - Strategy 2.4.1. Re-establish training committee (version 2.0) by January 1, 2022. (Addition)
- Goal #4 – Design an enhanced EMS response system through improved continuity of care by January 31, 2021. (No revision)
 - Objective 4.1. Establish a regional process that continuously examines performance of the EMS system by August 2020. (No revision)
 - Strategy 4.1.5: Review and evaluate performance measures and standards across all agencies that meet the needs of patient care by January 1, 2022. (Addition)
- Goal #7 – Research legal protection for all agencies by July 2022. (Addition)
 - Objective 7.1. Research legal protection for all agencies to ensure staff understand their legal protection by July 1, 2022. (Addition)
 - Strategy 7.1.1. Research and identify legal gaps and deficiencies by July 1, 2022. (Addition)
 - Strategy 7.1.2. Determine if a new bill needs to be sponsored with the addition of language that protects EMS responders by July 1, 2022 for the next legislative session. (Addition)

On May 6, 2021 the EMS Oversight Program presented the revised Strategic Plan to the EMS Advisory Board. The EMS Advisory Board approved the Strategic Plan revisions and approved the recommendation to present the revised plan to the District Board of Health.

FISCAL IMPACT

There is no fiscal impact to the Board on this agenda item.

RECOMMENDATION

Staff recommends the Board approve the revised Washoe County EMS Strategic Plan (2019-2023).

Subject: Washoe County EMS Strategic Plan

Date: May 27, 2021

Page 4 of 4

POSSIBLE MOTION

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

“Move to approve the revised Washoe County EMS Strategic Plan (2019-2023).”

ATTACHMENTS

- Strategic Plan Goals Redline
- Final Draft Washoe County EMS Strategic Plan (2019-2023)

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

Washoe County EMS
Strategic Plan
2019-2023



Public Health
Prevent. Promote. Protect.

The Washoe County Emergency Medical Services (EMS) Five-Year Strategic Plan was created with EMS Advisory Board support, and developed and/or reviewed by the following agencies:

Stakeholder Organizations and County Departments

- Airport Authority Fire Department
- Gerlach Volunteer Fire Department
- North Lake Tahoe Fire Protection District
- Pyramid Lake Fire Rescue
- REMSA
- Reno Dispatch
- Reno Fire Department
- Sparks Dispatch
- Sparks Fire Department
- Truckee Meadows Fire Protection District
- Washoe County Communications
- Washoe County EMS Oversight Program
- Washoe County Shared Communication System

Approved By

- District Board of Health
- EMS Advisory Board

Distributed To

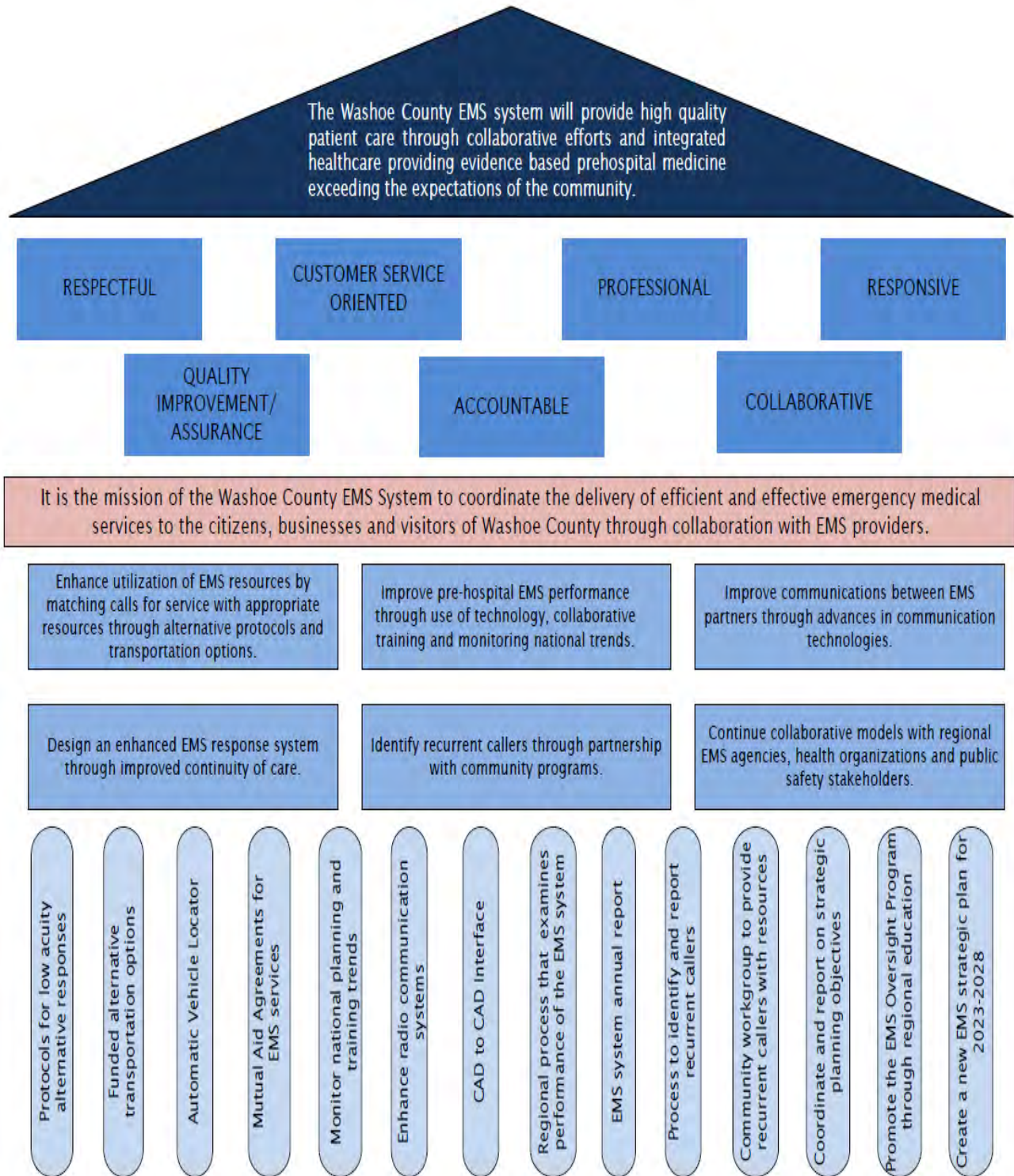
- Incline Village Community Hospital
- Northern Nevada Medical Center
- Renown Regional Medical Center
- Saint Mary’s Regional Medical Center
- Stakeholder Organizations and County Departments
- Veterans Affairs Sierra Nevada Health Care System

Record of Change	Date	Agency
Initial Plan approved by DBOH	05/02/2019	WCHD
Revisions Goal #1, 2 and 4 Addition of Goal #7	4/28/2021 effective May 6, 2021	WCHD

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Strategic Plan at a Glance



Executive Summary

Washoe County is the second largest EMS region in the state of Nevada. It is 6,551 square miles in size and has approximately 433,000 residents. Washoe County is diverse geographically in its mountainous, urban, suburban, rural and wilderness/frontier terrain.

There are many EMS system stakeholder organizations including police and fire agencies, dispatch centers, healthcare organizations, and a contracted ambulance provider. The current ambulance contractor provides service to Washoe County; excluding the Gerlach Volunteer Fire Department service area and the North Lake Tahoe Fire Protection District.

The best EMS systems are based on collaborations among the diverse organizations that comprise the EMS system. When these organization's strengths are emphasized by system-wide integration and a culture of trust, the EMS system can more effectively capitalize on new opportunities and mitigate threats to the system. The planning process for Washoe County was supported by and involved EMS stakeholder leadership.

The initial Washoe County EMS Five-Year Strategic Plan was created between August 2015 and October 2016 to guide the future direction of the Washoe County EMS System. The assessment process evaluated the strengths and weaknesses, as well as the opportunities and threats facing the EMS system from national, regional and local influences. The information obtained through the analysis created goals to optimize the structure, processes, and outcomes of the EMS Strategic Plan, focusing on: 1) maintaining or improving clinical care and patient satisfaction; and 2) improving operational efficiency and collaboration across the region.

The strategic planning process was collaborative and included consensus building processes within the region and provided periodic updates to the EMS Advisory Board and District Board of Health. The results of this process were the EMS System's Mission, Vision, Values, Goals and Objectives. The first iteration of the EMS Strategic Plan was approved by the EMS Advisory Board on October 6, 2016, and approved by the District Board of Health on October 27, 2016.

In August 2018, the stakeholders reconvened to conduct an assessment of the current EMS Strategic Plan and discuss additional ideas for improving the EMS system. The stakeholders then met on a monthly basis to revise the plan and develop new goals, objectives and strategies. The Washoe County EMS Strategic Plan (2019-2023) was approved by the EMS Advisory Board on May 2, 2019, and approved by the District Board of Health on May 23, 2019.

The six goals within Washoe County EMS Strategic Plan are most relevant to the EMS system's ability to adapt to the changing healthcare environment, specifically focusing on pre-hospital care. Three goals within the strategic plan focus on improvements

related to clinical care and matching resources with patient needs. The remaining three goals focus on improving operational efficiencies within the county, both internally and externally through collaboration. These include proposed changes to existing processes that will positively impact the EMS System in its entirety.

Emergency Medical Services Mission, Vision and Values

Mission Statement

It is the mission of the Washoe County EMS System to coordinate the delivery of efficient and effective emergency medical services to the citizens, businesses and visitors of Washoe County through collaboration with EMS providers.

Vision

The Washoe County EMS system will provide high quality patient care through collaborative efforts and integrated healthcare, providing evidence-based prehospital medicine exceeding the expectations of the community.

Values of the Washoe County EMS System

- **Respectful:** To be open-minded of all stakeholder's views and ideas.
- **Customer Service Oriented:** To be responsive to our customers' needs, striving to provide high quality services in a respectful and courteous manner.
- **Accountable:** To be responsible for our behaviors, actions and decisions.
- **Professional:** To be dedicated in our service to the region and ourselves through adherence of recognized policies, rules and regulations. This includes maintaining the highest moral and ethical standards.
- **Responsive:** To rapidly identify emerging issues and respond appropriately.
- **Quality Improvement/Assurance:** To continuously evaluate operations, procedures and practices, to ensure the EMS system is meeting the needs of our patients and stakeholders.
- **Collaborative:** To work together toward delivering efficient and effective emergency medical services to the citizens, businesses, and visitors of Washoe County.

Emergency Medical Services Authority

Washoe County is comprised of three political jurisdictions, the City of Reno, City of Sparks and unincorporated Washoe County. In addition to the political bodies and their operational policy decisions, the State Division of Public and Behavioral Health also oversees EMS licensing and certifications within Washoe County.

There are multiple regulations that impact how the EMS system operates in Washoe County. At the State level, Nevada Revised Statute 450B is the overarching legislation that identifies minimum requirements for EMS services. In addition, the Nevada Administrative Code includes codified regulations for EMS personnel and agencies.

At the local government level, by the authority established through Nevada Revised Statute (NRS 439.370 et seq.) and the 1986 Interlocal Agreement (last amended 1993), the Washoe County Health District has jurisdiction over all public health matters in Reno, Sparks, and Washoe County through the policy-making Washoe County District Board of Health (DBOH). Through this authority, the DBOH established an exclusive ambulance franchise in August 1986 in Washoe County, excluding Gerlach and the North Lake Tahoe Fire Protection District. This Franchise was awarded to the Regional Emergency Medical Services Authority (REMSA) in May 1987. Through a regional process, the agreement was amended, restated and approved by the DBOH in May 2014. As part of the regional process, one recommendation for improvement of the delivery of patient care and outcomes and the delivery of emergency medical services, was the creation of a Regional Emergency Medical Oversight Program through an Inter Local Agreement (ILA).

The ILA was fully executed in August 2014, and is an agreement between five political jurisdictions; City of Sparks¹, City of Reno², Washoe County Board of County Commissioners³, District Board of Health⁴, and Truckee Meadows Board of Fire Commissioners⁵. The ILA establishes an Emergency Medical Services Advisory Board (EMS Advisory Board).

The EMS Advisory Board is comprised of the following members:

- a. City Manager, Reno
- b. City Manager, Sparks
- c. County Manager, Washoe County
- d. District Health Officer
- e. Emergency Room Physician (DBOH Appointment)

¹ Referred to as "SPARKS" within the ILA

² Referred to as "RENO" within the ILA

³ Referred to as "WASHOE" within the ILA

⁴ Referred to as "DISTRICT" within the ILA

⁵ Referred to as "FIRE" within the ILA

f. Hospital Continuous Quality Improvement (CQI) Representative (DBOH Appointment)

The purpose of the EMS Advisory Board is to review reports, evaluations and recommendations of the Regional Emergency Medical Services Oversight Program and to discuss issues related to regional emergency medical services. The function of the EMS Advisory Board is to thoroughly discuss changes within the regional EMS system prior to making recommendations to the respective Board(s), of the five signatories, and placing items on an agenda for possible approval and implementation.

Additionally, the EMS Advisory Board can make recommendations to the District Health Officer and/or the District Board of Health related to performance standards and attainment of those standards, medical protocols, communication, coordination, and other items of importance to a high performing Regional Emergency Medical Services System, and providing for concurrent review and approval by the Managers of the City of Reno, City of Sparks and Washoe County, striving to have a uniform system maintained for the region whenever possible.

The ILA also established the Regional Emergency Medical Services Oversight Program (Program). The purpose of the Program is to provide oversight of all emergency medical services provided by the EMS personnel within the signatory jurisdictions, as well as REMSA. Additionally, the Program is expected to achieve the duties outlined within the ILA. The program consists of a Program Manager, Program Coordinator and Statistician. The eight duties specifically detailed within the ILA are:

1. Monitor the response and performance of each agency providing Emergency Medical Services and provide recommendations to each agency for the maintenance, improvement, and long-range success of the Emergency Medical Services;
2. Coordinate and integrate provision of Medical Direction for RENO, SPARKS, WASHOE, FIRE and REMSA providing emergency medical services;
3. Recommend regional standards and protocols for RENO, SPARKS, WASHOE, FIRE and REMSA;
4. Measure performance, analysis of system characteristics, data and outcomes of the Emergency Medical Services and provide performance measurement and recommendations to RENO, SPARKS, WASHOE, FIRE and REMSA;
5. Collaborate with REMSA, RENO, SPARKS, WASHOE, FIRE and DISTRICT on analysis of EMS response data and formulation of recommendations for modifications or changes to the Regional Emergency Medical Response Map;
6. Identify sub-regions as may be requested by RENO, SPARKS, WASHOE, FIRE or the DISTRICT to be analyzed and evaluated for potential recommendations

regarding EMS response services in order to optimize the performance of system resources;

7. Provide a written Annual Report on the State of Emergency Medical Services to RENO, SPARKS, WASHOE, FIRE and REMSA, covering the preceding fiscal year (July 1st to June 30th), containing measured performance in each agency including both ground and rotary wing air ambulance services provided by REMSA in Washoe County; the compliance with performance measures established by the District Emergency Medical Services Oversight Program in each agency, and audited financial statements and an annual compliance report by REMSA as required in the exclusive Emergency Medical Ambulance Service Franchise;
8. Maintain a Five-Year Strategic Plan to ensure the continuous improvement of Emergency Medical Services in the area of standardized equipment, procedures, technology training, and capital investments to ensure that proper future operations continue to perform, including Dispatching Systems, Automated Vehicle Locations Systems, Records Management Systems, Statistical Analysis, Regional Medical Supply and Equipment, and other matters related to strategic and ongoing Emergency Medical Services and approved by RENO, SPARKS, WASHOE and FIRE.

The ILA also outlines the duties of the signatories, which support the expectation that the strategic planning objectives will be achieved. Those duties are:

- a. Providing information, records, and data on Emergency Medical Services dispatch and response from their respective Public Safety Answering Points (PSAPs) and Fire Services, for review, study and evaluation by DISTRICT.
- b. Participating in working groups established by DISTRICT for coordination, review, evaluation, and continuous improvement of Emergency Medical Services.
- c. Participating in establishing and utilizing a Computer Aided Dispatch (CAD) – to – CAD two-way interface with REMSA, which provides for the instantaneous and simultaneous transmission of call-related information for unit status updates;
- d. Working cooperatively with DISTRICT to provide input to the development of the Five Year Strategic Plan and to ensure consistent two-way communication and coordination of the Emergency Medical Services System between RENO, SPARKS, WASHOE, FIRE, and REMSA in the future, as technologies, equipment, systems, and protocols evolve;
- e. Participating on the Regional Emergency Medical Services Advisory Board;
- f. Striving to implement recommendations of DISTRICT, or submitting those recommendations to their governing bodies for consideration and possible

action, if determined necessary and appropriate by the respective managers;
and

- g. Submitting recommendations regarding the Emergency Medical Services System to DISTRICT for implementation, or for consideration and possible action by the District Board of Health, if determined necessary and appropriate by the District Health Officer.

Strategic Plan Process, Objectives and Implementation

Washoe County has a two tiered system response to emergency medical calls. When an individual dials 9-1-1, the call routes through one of three Public Safety Answering Points (PSAPs): Reno, Sparks or Washoe County. Jurisdictional fire departments are dispatched to a medical call by PSAP personnel. If appropriate, the caller is then transferred to REMSA's communications center for Emergency Medical Dispatch (EMD). EMD allows REMSA dispatch to prioritize the caller's chief complaint, to dispatch appropriate resources, and provide pre-arrival instruction to the caller.

There are several agencies and organizations involved in the response to an emergency medical call. The EMS Advisory Board recognizes the need to provide optimal emergency care under the varied conditions throughout Washoe County. Therefore, the EMS Advisory Board strives to influence the coordination of all stakeholders, as it develops and sustains a system to ensure appropriate and adequate emergency medical services. With this in mind, the Five-Year EMS strategic plan was constructed.

To ensure the objectives of the entire region were considered, the EMS Working Group convened and participated in a SWOT analysis. The SWOT analysis looks at the strengths (internal), weaknesses (internal), opportunities (external), and threats (external) for the regional EMS system. Representatives from both dispatch and operations for the EMS agencies provided input and feedback on the development of the strategic plan. The EMS Oversight Program met frequently with the representatives to review the goals, objectives, and strategies, while discussing realistic timelines for implementation. These meetings were an integral part of the process to ensure the regional planning goals mirrored the jurisdictional strategic planning goals of the individual EMS agencies. This culminated in the development of a regional strategic plan for the EMS Advisory Board's consideration.

The Washoe County EMS strategic plan includes goals, objectives and strategies. The six goals of the strategic plan are broad statements, to identify future achievements of the Washoe County EMS system. Each goal includes objectives designed to measure progress towards the attainment of the goal. The strategies for each goal describe a major approach or method for attaining the objectives.

Additionally, the strategic plan outlines the method to achieve effective and efficient solutions to system-wide challenges. The strategic plan calls for maximum collaboration, to achieve the objectives and strategies within the five year planning period (2019-2023). Through continued collaboration, the strategic plan can be updated to capitalize on new opportunities or to mitigate threats to the system. This

process will ensure key stakeholders remain involved in regional emergency medical services planning activities.

Goal #1	
<p>Enhance utilization of EMS resources by matching calls for service with appropriate resources through alternative protocols and transportation options by November 4, 2021.</p>	
<p>Objective 1.1. Develop appropriate protocols to determine service level for low acuity EMS calls that receive an alternative response by January 1, 2022.</p>	<p>Strategy 1.1.1. Develop regional Standard Operating Procedures to address responses to low acuity calls by January 1, 2019.</p> <p>Strategy 1.1.2. Determine data elements required for process verification by January 30, 2019.</p> <p>Strategy 1.1.3. Presentation to the EMS Advisory Board about service levels for low acuity calls by February 7, 2019.</p> <p>Strategy 1.1.4. Analyze, interpret and report data elements to EMS Advisory Board and partner agencies biannually, beginning July 1, 2019.</p> <p>Strategy 1.1.5: EMS first response; prioritize and determine who responds to what calls by January 1, 2022.</p>
<p>Objective 1.2. Develop standardized procedures for eligible patients to receive funded alternative transportation to obtain medical care at an alternative destination by November 4, 2021.</p>	<p>Strategy 1.2.1. Continue research on alternative transportation options utilized across the United States, by October 31, 2020.</p> <p>Strategy 1.2.2. If applicable, develop processes to select eligible patients to receive funded alternative transport to facilities that accept patients who meet alternative destination criteria (e.g. urgent care, physician’s office criteria), by August 31, 2021.</p> <p>Strategy 1.2.3. If applicable, obtain approval by the EMS Advisory Board for standardized procedures for patients to receive funded alternative transportation to obtain medical care, by November 4, 2021.</p>

Goal #2

Enhance pre-hospital EMS performance through use of technology, collaborative training and monitoring national trends by February 1, 2023.

<p>Objective 2.1. Implement regional usage of Automatic Vehicle Locator (AVL) technology to dispatch closest available unit by February 2023.</p>	<p>Strategy 2.1.1. Verify and revise the regional assessment to update existing AVL capabilities equipment and recognize other potential factors for dispatching the closest EMS responder by June 30, 2020.</p> <p>Strategy 2.1.2. Approval to utilize AVL to dispatch the closest available unit to EMS calls by individual Councils/Boards and EMS Advisory Board, by December 31, 2021.</p> <p>Strategy 2.1.3. Develop regional dispatching process that will utilize AVL technology to dispatch the closest unit to EMS calls for service by June 30, 2022.</p> <p>Strategy 2.1.4. Provide a report to EMS Advisory Board on implementation of AVL dispatching by February 2023.</p>
<p>Objective 2.2. Increase depth of resources able to respond to EMS calls for service in Washoe County by December 31st annually.</p>	<p>Strategy 2.2.1. Identification of operational opportunities by Washoe County EMS agencies through a review of mutual aid agreements (MAA) and/or memorandum of understanding (MOU) that include EMS services for Washoe County annually.</p> <p>Strategy 2.2.2. Deliver EMS Oversight Program agency MAAs/MOUs with partner agencies as necessary by December 31, annually.</p> <p>Strategy 2.2.3. Provide an annual update to EMS Advisory Board on all MAA/MOU process changes, additional agreements and any recommendations by February 28 annually.</p> <p>Strategy 2.2.4. Research and review full and unrestricted automatic response arrangement with EMS partners by January 1, 2022.</p>

Goal #2 (continued)

Enhance pre-hospital EMS performance through use of technology, collaborative training, and monitoring national trends by February 1, 2023.

Objective 2.3. Monitor national trends and plan for response, specifically active assailant, by December 31, 2020.

Strategy 2.3.1. Identify regional workgroup and integrate to monitor and identify current national trends relating to active assailant response by February 28, 2020.

Strategy 2.3.2. Conduct assessment of regional response equipment (protective, medical and supportive) maintained by EMS and law enforcement agencies by March 31, 2020.

Strategy 2.3.3. Participate in regional response plan reviews and updates, as requested biennially, or after a national or international incident, beginning April 2020.

Objective 2.4. Develop and conduct joint training opportunities where REMSA and Fire agencies can train together quarterly.

Strategy 2.4.1. Re-establish training committee (version 2.0) by January 1, 2022.

Goal #3

Improve communications between EMS partners through advances in communication technologies by June 30, 2023.

Objective 3.1.
Enhance radio communication systems within Washoe County by June 30, 2023.

Strategy 3.1.1. REMSA will maintain interoperability between UHF and 800 MHz through a gateway connection between REMSA and Washoe County Regional Communication System (WCRCS) during the P25 upgrade system roll out.

Strategy 3.1.2. Develop a comprehensive migration interoperability plan for WCRCS that outlines the enhancement of the radio communication system to include completion of upgrades, maintenance of REMSA gateway connection and identified equipment needs by December 31, 2019.

Strategy 3.1.3. REMSA and regional public safety partners will develop a plan to upgrade their systems, coordinating with contractor and WCRCS, by June 30, 2020.

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Objective 3.2.
Establish a CAD-to-CAD interface between the three PSAPs and REMSA dispatch center by December 2022.

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Strategy 3.2.2. As technology allows, City of Reno to implement configuration process regarding data exchange by December 2019.

Strategy 3.2.3. Dispatch centers begin work on policies, processes, procedures and training on CAD-to-CAD by October 2020.

Strategy 3.2.4. The additional PSAPs will implement CAD-to-CAD by December 2022.

Goal #4

Design an enhanced EMS response system through improved continuity of care by January 31, 2021.

Objective 4.1. Establish a regional process that continuously examines performance of the EMS system by August 2020.

Strategy 4.1.1. In accordance with the Pre-hospital Medical Advisory Committee (PMAC) approved CQI processes create a regional team, which would work to improve the system through examination of system performance by June 30, 2019.

Strategy 4.1.2. The regional team will determine goals and identify performance measures, utilizing individual agency metrics, to be used for the regional continuous quality improvement program by November 30, 2019.

Strategy 4.1.3. Acceptance by the EMS Advisory Board of the performance initiatives to be used during the review process by February 2020.

Strategy 4.1.4. Present information from the quarterly meeting to the appropriate entity, beginning August 2020.

Strategy 4.1.5. Review and evaluate performance measures and standards across all agencies that meet the needs of patient care by January 1, 2022.

Objective 4.2. Produce an annual report on EMS system performance that includes hospital outcome data by January 31, 2021.

Strategy 4.2.1. Collaborate with hospital partners on data available for submission to the EMS Oversight Program for cardiac, stroke and STEMI patients by February 7, 2020.

Strategy 4.2.2. Pilot the annual report with hospital outcome data with one regional hospital by April 2020.

Strategy 4.2.3. Draft for distribution an annual report with relevant regional hospital partner data included by June 30, 2020.

Strategy 4.2.4. Review annual report with ePCR implementation and determine enhancements available for hospital outcome data, by October 31, 2020.

Strategy 4.2.5. Draft for distribution an

	annual report with enhanced data included by January 31, 2021.
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<p>Goal #5</p> <p>Identify recurrent callers through partnership with community programs by November 2021.</p>	
<p>Objective 5.1. Develop a process to identify and report the recurrent callers in the community by December 31, 2019.</p>	<p>Strategy 5.1.1. Research, understand and work within the confines of HIPAA limitations for data sharing amongst first-responder and healthcare agencies by July 31, 2019.</p> <p>Strategy 5.1.2. Identify the community partner(s) to report recurrent caller information for follow-up by July 31, 2019.</p> <p>Strategy 5.1.3. Develop the process and/or variables for defining and identifying recurrent callers that are misusing the system by December 31, 2019.</p>
<p>Objective 5.2. Participate in community workgroup to provide recurrent callers with other resources, reducing the impact to the EMS system, by November 30, 2021.</p>	<p>Strategy 5.2.1. Obtain information regarding social, health and other community services that are available for recurrent callers, by March 31, 2019.</p> <p>Strategy 5.2.2. Contribute to Countywide committee/workgroup to review possible recurrent callers that could be eligible for resources/options other than 911, by December 31, 2020.</p> <p>Strategy 5.2.3. Determine data elements required for committee/workgroup program</p>

	<p>verification by June 30, 2021.</p> <p>Strategy 5.2.4. Analyze impact annually and report to the EMS Advisory Board and regional partners, beginning November 2021.</p>
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Goal #6	
<p>Continue collaborative models with regional EMS agencies, health organizations and public safety stakeholders.</p>	
<p>Objective 6.1. Coordinate and report on strategic planning objectives quarterly through June 2023.</p>	<p>Strategy 6.1.1. Maintain Gantt chart for the regional partners with the details of the goals by June 30, 2019.</p> <p>Strategy 6.1.2. Maintain structured feedback loops for the current initiatives of the strategic plan goals.</p> <p>Strategy 6.1.3. Provide progress reports to the EMS Advisory Board quarterly.</p>
<p>Objective 6.2. Promote the EMS Oversight Program through regional education of the strategic plan’s goals and initiatives through June 2023.</p>	<p>Strategy 6.2.1. Maintain current structure of reporting to the signatories of the Inter-Local Agreement and ambulance franchisee Board for updates on the status of the regional EMS system annually, beginning June 2019.</p>
<p>Objective 6.3. Create a new EMS strategic plan for 2023-2028 by February 2023.</p>	<p>Strategy 6.3.1. Conduct a SWOT analysis with regional partners to determine current strengths, weaknesses, opportunities and threats by February 2022.</p> <p>Strategy 6.3.2. Create a committee to meet monthly develop the strategic plan by February 28, 2022.</p> <p>Strategy 6.3.3. Present EMS strategic plan to the EMS Advisory Board by February 2023.</p>

Goal #7	
Research legal protection for all agencies by July 2022.	
Objective 7.1. Research legal protection for all agencies to ensure staff understand their legal protection by July 1, 2022.	Strategy 7.1.1. Research and identify legal gaps and deficiencies by July 1, 2022. Strategy 7.1.2. Determine if a new bill needs to be sponsored with the addition of language that protects EMS responders by July 1, 2022 for the next legislative session.

Strategic Plan Evaluation and Update

In an effort to ensure the successful implementation of the strategies and objectives of the EMS Advisory Board strategic plan, the EMS Oversight Program will develop a Gantt chart. The chart will be distributed to the regional partners upon approval of the strategic plan by the District Board of Health. The chart will be reviewed semi-annually to ensure all projected timelines remain achievable. Progress on the strategic planning strategies and objectives will be included in the “Program and Performance Data Update” staff report at the EMS Advisory Board meeting.

In 2022, the stakeholders should conduct a SWOT analysis and develop a Washoe County EMS Strategic Plan for 2023-2028. Upon completion, the EMS Oversight Program will bring a new 5-year strategic plan to the EMS Advisory Board for review, input and approval.

EMS Oversight Program, EMSProgram@washoecounty.us

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

Washoe County EMS Strategic Plan 2019-2023



Public Health
Prevent. Promote. Protect.

The Washoe County Emergency Medical Services (EMS) Five-Year Strategic Plan was created with EMS Advisory Board support, and developed and/or reviewed by the following agencies:

Stakeholder Organizations and County Departments

- Airport Authority Fire Department
- Gerlach Volunteer Fire Department
- North Lake Tahoe Fire Protection District
- Pyramid Lake Fire Rescue
- REMSA
- Reno Dispatch
- Reno Fire Department
- Sparks Dispatch
- Sparks Fire Department
- Truckee Meadows Fire Protection District
- Washoe County Communications
- Washoe County EMS Oversight Program
- Washoe County Shared Communication System

Approved By

- District Board of Health
- EMS Advisory Board

Distributed To

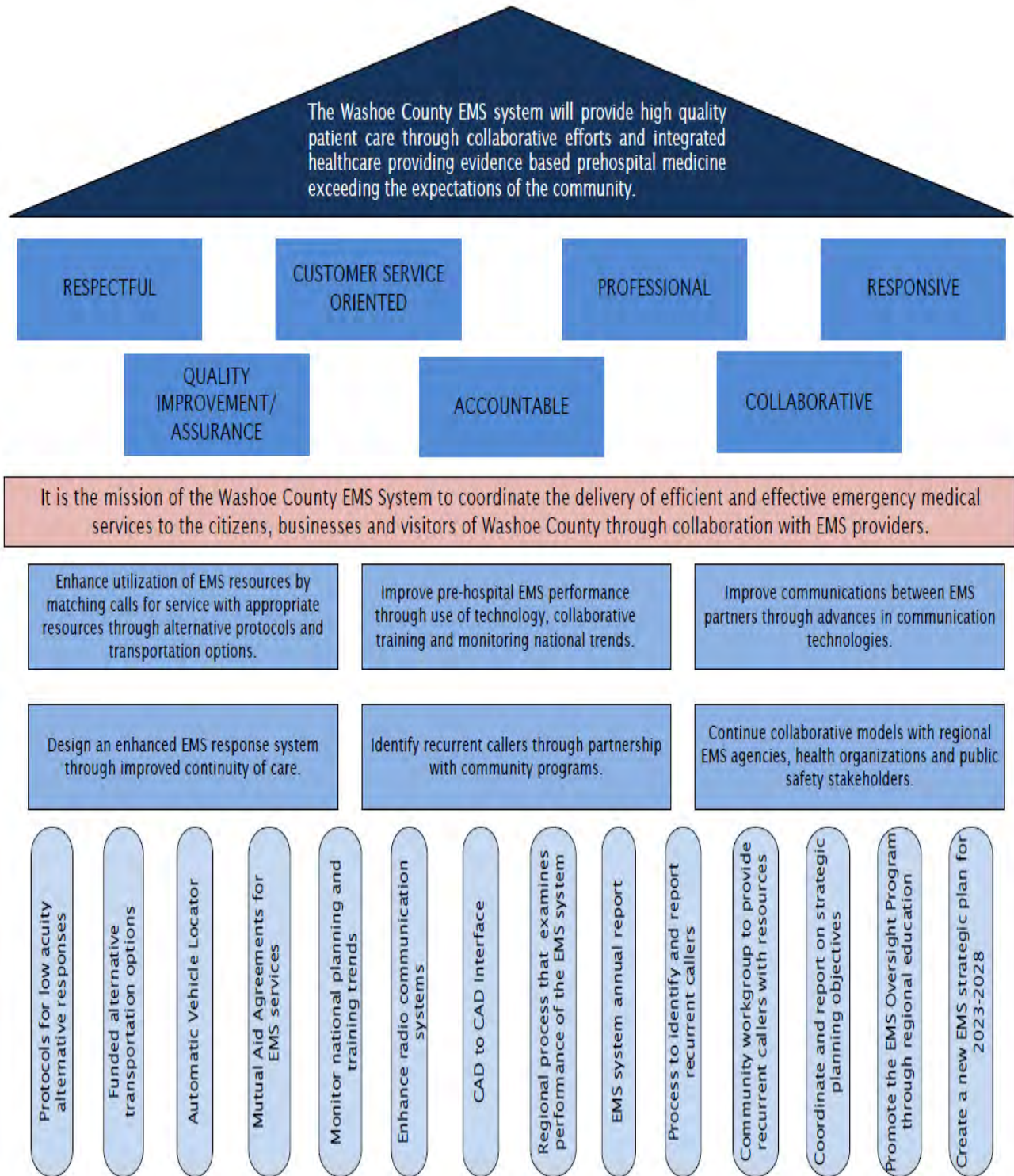
- Incline Village Community Hospital
- Northern Nevada Medical Center
- Renown Regional Medical Center
- Saint Mary’s Regional Medical Center
- Stakeholder Organizations and County Departments
- Veterans Affairs Sierra Nevada Health Care System

<u>Record of Change</u>	<u>Date</u>	<u>Agency</u>
<u>Initial Plan approved by DBOH</u>	<u>05/02/2019</u>	<u>WCHD</u>
<u>Revisions Goal #1, 2 and 4 Addition of Goal #7</u>	<u>4/28/2021</u>	<u>WCHD</u>

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Strategic Plan at a Glance



Executive Summary

Washoe County is the second largest EMS region in the state of Nevada. It is 6,551 square miles in size and has approximately 433,000 residents. Washoe County is diverse geographically in its mountainous, urban, suburban, rural and wilderness/frontier terrain.

There are many EMS system stakeholder organizations including police and fire agencies, dispatch centers, healthcare organizations, and a contracted ambulance provider. The current ambulance contractor provides service to Washoe County; excluding the Gerlach Volunteer Fire Department service area and the North Lake Tahoe Fire Protection District.

The best EMS systems are based on collaborations among the diverse organizations that comprise the EMS system. When these organization's strengths are emphasized by system-wide integration and a culture of trust, the EMS system can more effectively capitalize on new opportunities and mitigate threats to the system. The planning process for Washoe County was supported by and involved EMS stakeholder leadership.

The initial Washoe County EMS Five-Year Strategic Plan was created between August 2015 and October 2016 to guide the future direction of the Washoe County EMS System. The assessment process evaluated the strengths and weaknesses, as well as the opportunities and threats facing the EMS system from national, regional and local influences. The information obtained through the analysis created goals to optimize the structure, processes, and outcomes of the EMS Strategic Plan, focusing on: 1) maintaining or improving clinical care and patient satisfaction; and 2) improving operational efficiency and collaboration across the region.

The strategic planning process was collaborative and included consensus building processes within the region and provided periodic updates to the EMS Advisory Board and District Board of Health. The results of this process were the EMS System's Mission, Vision, Values, Goals and Objectives. The first iteration of the EMS Strategic Plan was approved by the EMS Advisory Board on October 6, 2016, and approved by the District Board of Health on October 27, 2016.

In August 2018, the stakeholders reconvened to conduct an assessment of the current EMS Strategic Plan and discuss additional ideas for improving the EMS system. The stakeholders then met on a monthly basis to revise the plan and develop new goals, objectives and strategies. The Washoe County EMS Strategic Plan (2019-2023) was approved by the EMS Advisory Board on May 2, 2019, and approved by the District Board of Health on May 23, 2019.

The six goals within Washoe County EMS Strategic Plan are most relevant to the EMS system's ability to adapt to the changing healthcare environment, specifically focusing on pre-hospital care. Three goals within the strategic plan focus on improvements

related to clinical care and matching resources with patient needs. The remaining three goals focus on improving operational efficiencies within the county, both internally and externally through collaboration. These include proposed changes to existing processes that will positively impact the EMS System in its entirety.

Emergency Medical Services Mission, Vision and Values

Mission Statement

It is the mission of the Washoe County EMS System to coordinate the delivery of efficient and effective emergency medical services to the citizens, businesses and visitors of Washoe County through collaboration with EMS providers.

Vision

The Washoe County EMS system will provide high quality patient care through collaborative efforts and integrated healthcare, providing evidence-based prehospital medicine exceeding the expectations of the community.

Values of the Washoe County EMS System

- **Respectful:** To be open-minded of all stakeholder's views and ideas.
- **Customer Service Oriented:** To be responsive to our customers' needs, striving to provide high quality services in a respectful and courteous manner.
- **Accountable:** To be responsible for our behaviors, actions and decisions.
- **Professional:** To be dedicated in our service to the region and ourselves through adherence of recognized policies, rules and regulations. This includes maintaining the highest moral and ethical standards.
- **Responsive:** To rapidly identify emerging issues and respond appropriately.
- **Quality Improvement/Assurance:** To continuously evaluate operations, procedures and practices, to ensure the EMS system is meeting the needs of our patients and stakeholders.
- **Collaborative:** To work together toward delivering efficient and effective emergency medical services to the citizens, businesses, and visitors of Washoe County.

Emergency Medical Services Authority

Washoe County is comprised of three political jurisdictions, the City of Reno, City of Sparks and unincorporated Washoe County. In addition to the political bodies and their operational policy decisions, the State Division of Public and Behavioral Health also oversees EMS licensing and certifications within Washoe County.

There are multiple regulations that impact how the EMS system operates in Washoe County. At the State level, Nevada Revised Statute 450B is the overarching legislation that identifies minimum requirements for EMS services. In addition, the Nevada Administrative Code includes codified regulations for EMS personnel and agencies.

At the local government level, by the authority established through Nevada Revised Statute (NRS 439.370 et seq.) and the 1986 Interlocal Agreement (last amended 1993), the Washoe County Health District has jurisdiction over all public health matters in Reno, Sparks, and Washoe County through the policy-making Washoe County District Board of Health (DBOH). Through this authority, the DBOH established an exclusive ambulance franchise in August 1986 in Washoe County, excluding Gerlach and the North Lake Tahoe Fire Protection District. This Franchise was awarded to the Regional Emergency Medical Services Authority (REMSA) in May 1987. Through a regional process, the agreement was amended, restated and approved by the DBOH in May 2014. As part of the regional process, one recommendation for improvement of the delivery of patient care and outcomes and the delivery of emergency medical services, was the creation of a Regional Emergency Medical Oversight Program through an Inter Local Agreement (ILA).

The ILA was fully executed in August 2014, and is an agreement between five political jurisdictions; City of Sparks¹, City of Reno², Washoe County Board of County Commissioners³, District Board of Health⁴, and Truckee Meadows Board of Fire Commissioners⁵. The ILA establishes an Emergency Medical Services Advisory Board (EMS Advisory Board).

The EMS Advisory Board is comprised of the following members:

- a. City Manager, Reno
- b. City Manager, Sparks
- c. County Manager, Washoe County
- d. District Health Officer
- e. Emergency Room Physician (DBOH Appointment)

¹ Referred to as "SPARKS" within the ILA

² Referred to as "RENO" within the ILA

³ Referred to as "WASHOE" within the ILA

⁴ Referred to as "DISTRICT" within the ILA

⁵ Referred to as "FIRE" within the ILA

f. Hospital Continuous Quality Improvement (CQI) Representative (DBOH Appointment)

The purpose of the EMS Advisory Board is to review reports, evaluations and recommendations of the Regional Emergency Medical Services Oversight Program and to discuss issues related to regional emergency medical services. The function of the EMS Advisory Board is to thoroughly discuss changes within the regional EMS system prior to making recommendations to the respective Board(s), of the five signatories, and placing items on an agenda for possible approval and implementation.

Additionally, the EMS Advisory Board can make recommendations to the District Health Officer and/or the District Board of Health related to performance standards and attainment of those standards, medical protocols, communication, coordination, and other items of importance to a high performing Regional Emergency Medical Services System, and providing for concurrent review and approval by the Managers of the City of Reno, City of Sparks and Washoe County, striving to have a uniform system maintained for the region whenever possible.

The ILA also established the Regional Emergency Medical Services Oversight Program (Program). The purpose of the Program is to provide oversight of all emergency medical services provided by the EMS personnel within the signatory jurisdictions, as well as REMSA. Additionally, the Program is expected to achieve the duties outlined within the ILA. The program consists of a Program Manager, Program Coordinator and Statistician. The eight duties specifically detailed within the ILA are:

1. Monitor the response and performance of each agency providing Emergency Medical Services and provide recommendations to each agency for the maintenance, improvement, and long-range success of the Emergency Medical Services;
2. Coordinate and integrate provision of Medical Direction for RENO, SPARKS, WASHOE, FIRE and REMSA providing emergency medical services;
3. Recommend regional standards and protocols for RENO, SPARKS, WASHOE, FIRE and REMSA;
4. Measure performance, analysis of system characteristics, data and outcomes of the Emergency Medical Services and provide performance measurement and recommendations to RENO, SPARKS, WASHOE, FIRE and REMSA;
5. Collaborate with REMSA, RENO, SPARKS, WASHOE, FIRE and DISTRICT on analysis of EMS response data and formulation of recommendations for modifications or changes to the Regional Emergency Medical Response Map;
6. Identify sub-regions as may be requested by RENO, SPARKS, WASHOE, FIRE or the DISTRICT to be analyzed and evaluated for potential recommendations

regarding EMS response services in order to optimize the performance of system resources;

7. Provide a written Annual Report on the State of Emergency Medical Services to RENO, SPARKS, WASHOE, FIRE and REMSA, covering the preceding fiscal year (July 1st to June 30th), containing measured performance in each agency including both ground and rotary wing air ambulance services provided by REMSA in Washoe County; the compliance with performance measures established by the District Emergency Medical Services Oversight Program in each agency, and audited financial statements and an annual compliance report by REMSA as required in the exclusive Emergency Medical Ambulance Service Franchise;
8. Maintain a Five-Year Strategic Plan to ensure the continuous improvement of Emergency Medical Services in the area of standardized equipment, procedures, technology training, and capital investments to ensure that proper future operations continue to perform, including Dispatching Systems, Automated Vehicle Locations Systems, Records Management Systems, Statistical Analysis, Regional Medical Supply and Equipment, and other matters related to strategic and ongoing Emergency Medical Services and approved by RENO, SPARKS, WASHOE and FIRE.

The ILA also outlines the duties of the signatories, which support the expectation that the strategic planning objectives will be achieved. Those duties are:

- a. Providing information, records, and data on Emergency Medical Services dispatch and response from their respective Public Safety Answering Points (PSAPs) and Fire Services, for review, study and evaluation by DISTRICT.
- b. Participating in working groups established by DISTRICT for coordination, review, evaluation, and continuous improvement of Emergency Medical Services.
- c. Participating in establishing and utilizing a Computer Aided Dispatch (CAD) – to – CAD two-way interface with REMSA, which provides for the instantaneous and simultaneous transmission of call-related information for unit status updates;
- d. Working cooperatively with DISTRICT to provide input to the development of the Five Year Strategic Plan and to ensure consistent two-way communication and coordination of the Emergency Medical Services System between RENO, SPARKS, WASHOE, FIRE, and REMSA in the future, as technologies, equipment, systems, and protocols evolve;
- e. Participating on the Regional Emergency Medical Services Advisory Board;
- f. Striving to implement recommendations of DISTRICT, or submitting those recommendations to their governing bodies for consideration and possible

action, if determined necessary and appropriate by the respective managers;
and

- g. Submitting recommendations regarding the Emergency Medical Services System to DISTRICT for implementation, or for consideration and possible action by the District Board of Health, if determined necessary and appropriate by the District Health Officer.

Strategic Plan Process, Objectives and Implementation

Washoe County has a two tiered system response to emergency medical calls. When an individual dials 9-1-1, the call routes through one of three Public Safety Answering Points (PSAPs): Reno, Sparks or Washoe County. Jurisdictional fire departments are dispatched to a medical call by PSAP personnel. If appropriate, the caller is then transferred to REMSA's communications center for Emergency Medical Dispatch (EMD). EMD allows REMSA dispatch to prioritize the caller's chief complaint, to dispatch appropriate resources, and provide pre-arrival instruction to the caller.

There are several agencies and organizations involved in the response to an emergency medical call. The EMS Advisory Board recognizes the need to provide optimal emergency care under the varied conditions throughout Washoe County. Therefore, the EMS Advisory Board strives to influence the coordination of all stakeholders, as it develops and sustains a system to ensure appropriate and adequate emergency medical services. With this in mind, the Five-Year EMS strategic plan was constructed.

To ensure the objectives of the entire region were considered, the EMS Working Group convened and participated in a SWOT analysis. The SWOT analysis looks at the strengths (internal), weaknesses (internal), opportunities (external), and threats (external) for the regional EMS system. Representatives from both dispatch and operations for the EMS agencies provided input and feedback on the development of the strategic plan. The EMS Oversight Program met frequently with the representatives to review the goals, objectives, and strategies, while discussing realistic timelines for implementation. These meetings were an integral part of the process to ensure the regional planning goals mirrored the jurisdictional strategic planning goals of the individual EMS agencies. This culminated in the development of a regional strategic plan for the EMS Advisory Board's consideration.

The Washoe County EMS strategic plan includes goals, objectives and strategies. The six goals of the strategic plan are broad statements, to identify future achievements of the Washoe County EMS system. Each goal includes objectives designed to measure progress towards the attainment of the goal. The strategies for each goal describe a major approach or method for attaining the objectives.

Additionally, the strategic plan outlines the method to achieve effective and efficient solutions to system-wide challenges. The strategic plan calls for maximum collaboration, to achieve the objectives and strategies within the five year planning period (2019-2023). Through continued collaboration, the strategic plan can be updated to capitalize on new opportunities or to mitigate threats to the system. This

process will ensure key stakeholders remain involved in regional emergency medical services planning activities.

Goal #1	
<p>Enhance utilization of EMS resources by matching calls for service with appropriate resources through alternative protocols and transportation options by November 4, 2021.</p>	
<p>Objective 1.1. Develop appropriate protocols to determine service level for low acuity EMS calls that receive an alternative response by July 1, 2019 <u>January 1, 2022</u>.</p>	<p>Strategy 1.1.1. Develop regional Standard Operating Procedures to address responses to low acuity calls by January 1, 2019.</p> <p>Strategy 1.1.2. Determine data elements required for process verification by January 30, 2019.</p> <p>Strategy 1.1.3. Presentation to the EMS Advisory Board about service levels for low acuity calls by February 7, 2019.</p> <p>Strategy 1.1.4. Analyze, interpret and report data elements to EMS Advisory Board and partner agencies biannually, beginning July 1, 2019.</p> <p><u>Strategy 1.1.5: EMS first response; prioritize and determine who responds to what calls by January 1, 2022.</u></p>
<p>Objective 1.2. Develop standardized procedures for eligible patients to receive funded alternative transportation to obtain medical care at an alternative destination by November 4, 2021.</p>	<p>Strategy 1.2.1. Continue research on alternative transportation options utilized across the United States, by October 31, 2020.</p> <p>Strategy 1.2.2. If applicable, develop processes to select eligible patients to receive funded alternative transport to facilities that accept patients who meet alternative destination criteria (e.g. urgent care, physician’s office criteria), by August 31, 2021.</p> <p>Strategy 1.2.3. If applicable, obtain approval by the EMS Advisory Board for standardized procedures for patients to receive funded alternative transportation to obtain medical care, by November 4, 2021.</p>

Goal #2

~~Improve-Enhance~~ pre-hospital EMS performance through use of technology, collaborative training and monitoring national trends by February 1, 2023.

<p>Objective 2.1. Implement regional usage of Automatic Vehicle Locator (AVL) technology to dispatch closest available unit by February 2023.</p>	<p>Strategy 2.1.1. Verify and revise the regional assessment to update existing AVL capabilities equipment and recognize other potential factors for dispatching the closest EMS responder by June 30, 2020.</p> <p>Strategy 2.1.2. Approval to utilize AVL to dispatch the closest available unit to EMS calls by individual Councils/Boards and EMS Advisory Board, by December 31, 2021.</p> <p>Strategy 2.1.3. Develop regional dispatching process that will utilize AVL technology to dispatch the closest unit to EMS calls for service by June 30, 2022.</p> <p>Strategy 2.1.4. Provide a report to EMS Advisory Board on implementation of AVL dispatching by February 2023.</p>
<p>Objective 2.2. Increase depth of resources able to respond to EMS calls for service in Washoe County by December 31st annually.</p>	<p>Strategy 2.2.1. Identification of operational opportunities by Washoe County EMS agencies through a review of mutual aid agreements (MAA) and/or memorandum of understanding (MOU) that include EMS services for Washoe County annually.</p> <p>Strategy 2.2.2. Deliver EMS Oversight Program agency MAAs/MOUs with partner agencies as necessary by December 31, annually.</p> <p>Strategy 2.2.3. Provide an annual update to EMS Advisory Board on all MAA/MOU process changes, additional agreements and any recommendations by February 28 annually.</p> <p><u>Strategy 2.2.4. Research and review full and unrestricted automatic response arrangement with EMS partners by January 1, 2022.</u></p>

Goal #2 (continued)

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Objective 2.3. Monitor national trends and plan for response, specifically active assailant, by December 31, 2020.

Strategy 2.3.1. Identify regional workgroup and integrate to monitor and identify current national trends relating to active assailant response by February 28, 2020.

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Strategy 2.3.3. Participate in regional response plan reviews and updates, as requested biennially, or after a national or international incident, beginning April 2020.

Objective 2.4. Develop and conduct joint training opportunities where REMSA and Fire agencies can train together quarterly.

Strategy 2.4.1. Re-establish training committee (version 2.0) by January 1, 2022.

Goal #3

Improve communications between EMS partners through advances in communication technologies by June 30, 2023.

Objective 3.1.
Enhance radio communication systems within Washoe County by June 30, 2023.

Strategy 3.1.1. REMSA will maintain interoperability between UHF and 800 MHz through a gateway connection between REMSA and Washoe County Regional Communication System (WCRCS) during the P25 upgrade system roll out.

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Goal #4

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Strategy 4.1.1. In accordance with the Pre-hospital Medical Advisory Committee (PMAC) approved CQI processes create a regional team, which would work to improve the system through examination of system performance by June 30, 2019.

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Goal #5	
Identify recurrent callers through partnership with community programs by November 2021.	
<p>Objective 5.1. Develop a process to identify and report the recurrent callers in the community by December 31, 2019.</p>	<p>Strategy 5.1.1. Research, understand and work within the confines of HIPAA limitations for data sharing amongst first-responder and healthcare agencies by July 31, 2019.</p> <p>Strategy 5.1.2. Identify the community partner(s) to report recurrent caller information for follow-up by July 31, 2019.</p> <p>Strategy 5.1.3. Develop the process and/or variables for defining and identifying recurrent callers that are misusing the system by December 31, 2019.</p>
<p>Objective 5.2. Participate in community workgroup to provide recurrent callers with other resources, reducing the impact to the EMS system, by November 30, 2021.</p>	<p>Strategy 5.2.1. Obtain information regarding social, health and other community services that are available for recurrent callers, by March 31, 2019.</p> <p>Strategy 5.2.2. Contribute to Countywide committee/workgroup to review possible recurrent callers that could be eligible for resources/options other than 911, by December 31, 2020.</p> <p>Strategy 5.2.3. Determine data elements required for committee/workgroup program</p>

	<p>verification by June 30, 2021.</p> <p>Strategy 5.2.4. Analyze impact annually and report to the EMS Advisory Board and regional partners, beginning November 2021.</p>
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<h3 style="color: #4F81BD;">Goal #6</h3> <p>Continue collaborative models with regional EMS agencies, health organizations and public safety stakeholders.</p>	
<p>Objective 6.1. Coordinate and report on strategic planning objectives quarterly through June 2023.</p>	<p>Strategy 6.1.1. Maintain Gantt chart for the regional partners with the details of the goals by June 30, 2019.</p> <p>Strategy 6.1.2. Maintain structured feedback loops for the current initiatives of the strategic plan goals.</p> <p>Strategy 6.1.3. Provide progress reports to the EMS Advisory Board quarterly.</p>
<p>Objective 6.2. Promote the EMS Oversight Program through regional education of the strategic plan’s goals and initiatives through June 2023.</p>	<p>Strategy 6.2.1. Maintain current structure of reporting to the signatories of the Inter-Local Agreement and ambulance franchisee Board for updates on the status of the regional EMS system annually, beginning June 2019.</p>
<p>Objective 6.3. Create a new EMS strategic plan for 2023-2028 by February 2023.</p>	<p>Strategy 6.3.1. Conduct a SWOT analysis with regional partners to determine current strengths, weaknesses, opportunities and threats by February 2022.</p> <p>Strategy 6.3.2. Create a committee to meet monthly develop the strategic plan by February 28, 2022.</p> <p>Strategy 6.3.3. Present EMS strategic plan to the EMS Advisory Board by February 2023.</p>

<u>Goal #7</u>	
<u>Research legal protection for all agencies by July 2022.</u>	
<u>Objective 7.1. Research legal protection for all agencies to ensure staff understand their legal protection by July 1, 2022.</u>	<u>Strategy 7.1.1. Research and identify legal gaps and deficiencies by July 1, 2022.</u> <u>Strategy 7.1.2. Determine if a new bill needs to be sponsored with the addition of language that protects EMS responders by July 1, 2022 for the next legislative session.</u>

Strategic Plan Evaluation and Update

In an effort to ensure the successful implementation of the strategies and objectives of the EMS Advisory Board strategic plan, the EMS Oversight Program will develop a Gantt chart. The chart will be distributed to the regional partners upon approval of the strategic plan by the District Board of Health. The chart will be reviewed semi-annually to ensure all projected timelines remain achievable. Progress on the strategic planning strategies and objectives will be included in the “Program and Performance Data Update” staff report at the EMS Advisory Board meeting.

In 2022, the stakeholders should conduct a SWOT analysis and develop a Washoe County EMS Strategic Plan for 2023-2028. Upon completion, the EMS Oversight Program will bring a new 5-year strategic plan to the EMS Advisory Board for review, input and approval.

EMS Oversight Program, EMSProgram@washoecounty.us

DD ED _____

DHO _____

KD

Staff Report
Board Meeting Date: May 27, 2021

DATE: March 18, 2021

TO: District Board of Health

FROM: James English, EHS Supervisor
775-328-2610, jenglish@washoecounty.us

SUBJECT: PUBLIC HEARING: Discussion and possible action to adopt amendments to the Regulations of the Washoe County District Board of Health Governing Public Accommodation Facilities (Regulations) as amended and adopted by the Nevada Department of Health and Human Services on April 30, 2021 as required by Senate Bill 4 of the 32nd Special Session (2020) with an effective date of June 1, 2021, and to repeal the Regulations of the Washoe County District Board of Health Governing 447E Regulations Related to SARS-COV-2 and Public Accommodation Facilities as approved at the special meeting of the District Board of Health on September 10, 2020. **(FOR POSSIBLE ACTION)**

SUMMARY

The Nevada Department of Health and Human Services (NDHHS) adopted revisions to Nevada Administrative Code (NAC) 447E on April 30, 2021. Pursuant to Section 15 of Senate Bill 4 of the 32nd Special Session (2020) (SB4), the District Board of Health (Board) must adopt a substantively identical regulation or amend or repeal its substantively identical regulation in a conforming manner.

After the original adoption of the emergency regulations as required by SB4, the Board approved the permanent Regulations of the Washoe County District Board of Health Governing Public Accommodation Facilities incorporating the Regulations of the Washoe County District Board of Health Governing 447E Regulations Related to SARS-COV-2 at the December 17, 2020 board meeting. Therefore, the original emergency regulations should now be repealed.

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

The initial emergency regulations were approved by the Board at a special meeting on September 10, 2020. Upon approval of the emergency regulations, staff worked on permanent Regulations Governing Public Accommodation Facilities. The Business Impact Statement for the proposed regulations was presented and approved through a public hearing process at the regularly

ENVIRONMENTAL HEALTH SERVICES

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scheduled meeting on November 19, 2020. Regulations Governing Public Accommodation Facilities were approved by the Board at the regularly scheduled meeting on December 17, 2020 through the public hearing process.

BACKGROUND

The 32nd Special Session of the Nevada Legislature passed SB4 establishing requirements for the NDHHS to adopt emergency regulations for the prevention and response to COVID-19 in public accommodation facilities. NAC 447E establishes minimum standards for cleaning, requires adoption of protocols and procedures by facilities concerning the prevention of and response to COVID-19, provides for compliance inspections of facilities in certain counties, and limits the civil liability of certain businesses for personal injury or death resulting from COVID-19.

Based on SB4, the Washoe County Health District adopted NAC 447E by reference at a special meeting on September 10, 2020 as adopted by NDHHS on August 31, 2020, with the understanding permanent regulations governing public accommodation facilities must be adopted within six months following the designated timelines established in NRS 237.

On December 17, 2020, the Board adopted Permanent Regulations Governing Public Accommodation Facilities which were subsequently approved by the State Board of Health on March 5, 2021. On April 28, 2021 the Washoe County Health District (WCHD) was notified of a public hearing regarding an amendment to the SARS-COV-2 Public Accommodation Regulations, this public hearing was held on April 30, 2021 at which time the regulations were amended.

The WCHD received the amended final regulations on May 3, 2021 at which time WCHD drafted proposed amended regulations. Proposed changes can be found on page 63 with the addition of:

“Section 130.020 “Appendix A” Section 0447E.048 effective June 1, 2021, was approved and adopted by the Washoe County Health District on May 27, 2021, following prior approval and adoption by the State of Nevada Department of Health and Human Services on April 30, 2021.”

“Section 130.030 “Appendix A” is by reference the most current version of 447E Regulations related to SARS-COV-2 and Public Accommodation Facilities, including any subsequent amendments, approved and adopted by the State Department of Health and Human Services as required by Senate Bill 4 of the 32nd Special Session (2020).”

The additional language amended within 447E can be found on page 66 which is in reference to social distancing between employees and other employees, employees and guests or between guests as outlined below in the following addition:

“447E.048 “To the extent reasonably possible” defined.

“To the extent reasonably possible,” as used in Section 12(1)(a) of Senate Bill 4 of the 32nd Special Session, means the degree to which a facility can reasonably implement recommended protocols, which may include consideration of the following factors:

1. Practical and economic feasibility of implementation by the facility;

2. Consistency with CDC recommendations;
3. Consistency with any COVID-19 mitigation plans and requirements of the county in which the business is located;
4. Risk of transmission of COVID-19 to employees and the public; and
5. Rate of positive test results of COVID-19 and number of new COVID-19 cases in the county reported by the Division.”

The regulations in their entirety were posted to the WCHD website on May 10, 2021 and can be viewed through the following link:

https://www.washoecounty.us/health/files/ehs/regulations/PACC_Regs_04-23-2021_May_2021_Draft.pdf

All properties affected by the regulations were notified via email, and a ZOOM public workshop discussing the proposed changes was held on Friday, May 14, 2021. The workshop was well attended with 43 individuals present. There was no opposition to the proposed changes to the regulations, nor the recommended plan to permanently repeal the original emergency regulations approved on September 10, 2020.

FISCAL IMPACT

There is no fiscal impact from the Board adopting the proposed language in the draft regulations. No new fees are proposed as part of these regulation changes nor are any fees being eliminated. It is noted the original funding provided by the State of Nevada to implement and carry out this program expired on December 30, 2020, and therefore, the ongoing inspections associated with this regulation should be considered an unfunded mandate.

RECOMMENDATION

Staff recommends the Washoe County District Board of Health adopt amendments to the Regulations of the Washoe County District Board of Health Governing Public Accommodation Facilities (Regulations) as amended and adopted by the Nevada Department of Health and Human Services on April 30, 2021 as required in Senate Bill 4 of the 32nd Special Session (2020) with an effective date of June 1, 2021, and repeal the Regulations of the Washoe County District Board of Health Governing 447E Regulations Related to SARS-COV-2 and Public Accommodation Facilities as approved at the special meeting of the District Board of Health on September 10, 2020.

POSSIBLE MOTION

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

Move to adopt the amendments to the Regulations of the Washoe County District Board of Health Governing Public Accommodation Facilities (Regulations) as amended and adopted by the Nevada Department of Health and Human Services on April 30, 2021 as required in Senate Bill 4 of the 32nd Special Session (2020) with an effective date of June 1, 2021, and repeal the Regulations of the Washoe County District Board of Health Governing 447E Regulations Related to SARS-COV-2 and Public Accommodation Facilities as approved at the special meeting of the District Board of Health on September 10, 2020.”

**Air Quality Management
Division Director Staff Report
Board Meeting Date: May 27, 2021**

DATE: May 27, 2021

TO: District Board of Health

FROM: Francisco Vega, P.E., Division Director
775-784-7211; fvega@washoecounty.us

SUBJECT: Program Update - EPA's Reconsideration of Vehicle Standards Waiver, American Lung Association Releases 2021 State of The Air Report, States Challenge Administrations Approach to Climate Metric, Monitoring and Planning, Permitting and Compliance.

1. Program Update

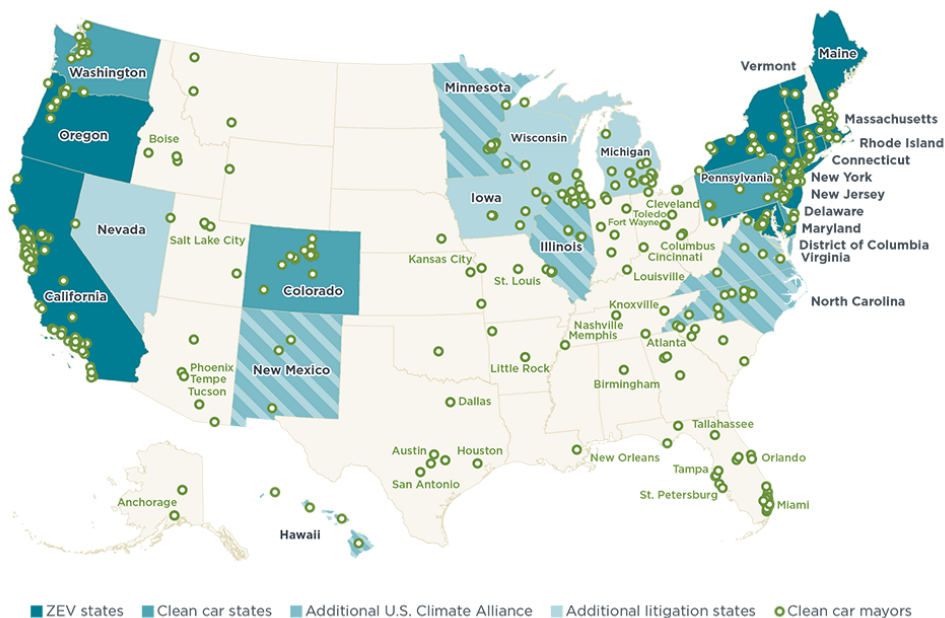
a. EPA's Reconsideration of Vehicle Standards Waiver

On April 26, 2021, the Environmental Protection Agency (EPA) announced that it is formally reconsidering the Trump Administration's withdrawal of a waiver of preemption that previously allowed California to regulate greenhouse gas (GHG) emissions from cars and light trucks. The EPA's action follows a similar proposal issued last week by the National Highway Traffic Safety Administration (NHTSA) to repeal a rule regarding preemption of state and local laws related to fuel economy standards. The EPA and NHTSA actions are a first step toward reinstating California's authority, and that of states opting into California's program, to enforce California's GHG emission standards for cars and light trucks, and reflect the Biden Administration's focus on restoring local efforts to combat climate change.

The Clean Air Act generally preempts state and local governments from "adopt[ing] or attempt[ing] to enforce any standard relating to the control of emissions from new motor vehicles or new motor vehicle engines" 42 U.S.C. § 7543(a). The Act provides a limited exception for California, pursuant to which California is eligible to seek and receive a waiver of preemption from EPA. See 42 U.S.C. § 7543(b)(1). For the past 30 years, California has relied on EPA waivers to adopt and enforce emission standards for cars, trucks and other vehicles.

The reason this is important to Washoe County and Nevada is that the act allows other states to adopt California's motor vehicle emission standards under section 177. Section 177 requires, among other things, that such standards be identical to the California standards for which a waiver has been granted. States are not required to seek EPA approval

under the terms of section 177. The states Clean Cars Nevada initiative seeks to adopt California's motor vehicle emission standards.



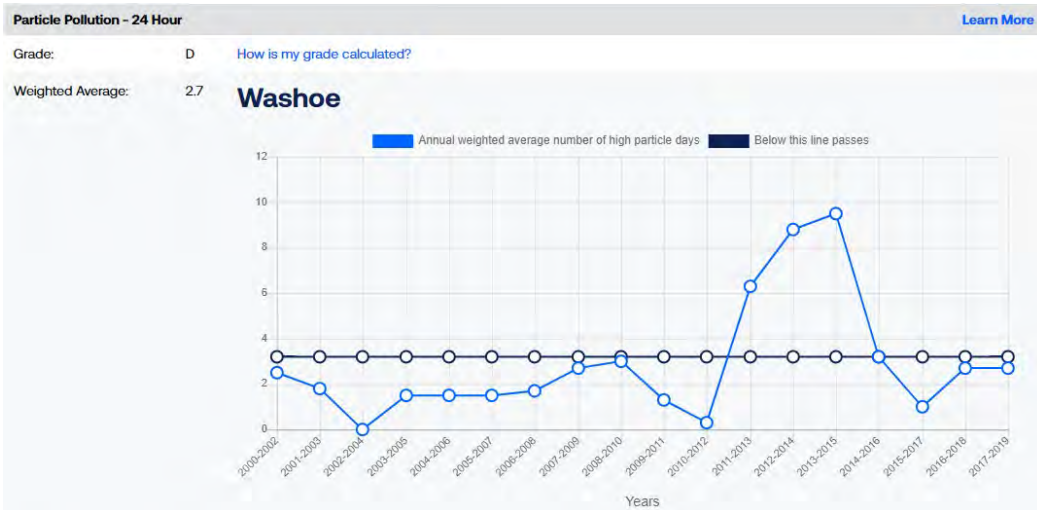
EPA's reconsideration and the states Clean Cars Nevada initiative are critical steps in bringing Washoe County back into compliance with the health based National Ambient Air Quality Standard for ozone.

Additional information available at <https://www.epa.gov/newsreleases/epa-reconsiders-previous-administrations-withdrawal-californias-waiver-enforce>

b. American Lung Association Releases 2021 State of The Air Report

The American Lung Association (ALA) has released its latest State of the Air report. The "State of the Air" 2021 report finds that despite some nationwide progress on cleaning up air pollution, more than 40% of Americans - over 135 million people - are living in places with unhealthy levels of ozone or particle pollution. The "State of the Air" report looks at two of the most widespread and dangerous air pollutants, ozone and fine particulate matter. The air quality data used in the report is collected at official monitoring sites across the United States by the federal, state, local and tribal governments. The Lung Association calculates values reflecting the air pollution problem and assigns grades for ozone and daily and long-term measures of particle pollution. This year's report presents data from 2017, 2018 and 2019, the most recent quality-assured nationwide air pollution data publicly available.

It should be noted that the data presented by the ALA in the report takes into account emissions from anthropogenic sources and does not exclude any exceptional events. Presented below are the grades assigned by the ALA to Washoe County and the associated data.



Additional information available at <https://www.lung.org/research/sota/city-rankings/states/nevada/washoe>

c. States Challenge Administrations Approach to Climate Metric

A new coalition of states is taking aim at the new administration's approach to calculating the financial impacts of climate change. Louisiana led nine other states in a lawsuit challenging President Joe Biden's decision to restore Obama-era values for an analytical tool called the social cost of greenhouse gases. Agencies use the metric to assess the harm caused by emissions of carbon dioxide, methane, and other gases. The Trump administration slashed the value, and the Biden administration reversed course in February.

In their complaint, the attorneys general argued that the president lacked the authority to raise the climate metric under the Constitution, which they said gives that power to Congress. They added that the interim social cost of carbon would devastate key sectors of the American economy.

"If the Executive Order stands, it will inflict hundreds of billions or trillions of dollars of damage to the U.S. economy for decades to come," the lawsuit says. "It will destroy jobs, stifle energy production, strangle America's energy independence, suppress agriculture, deter innovation and impoverish working families."

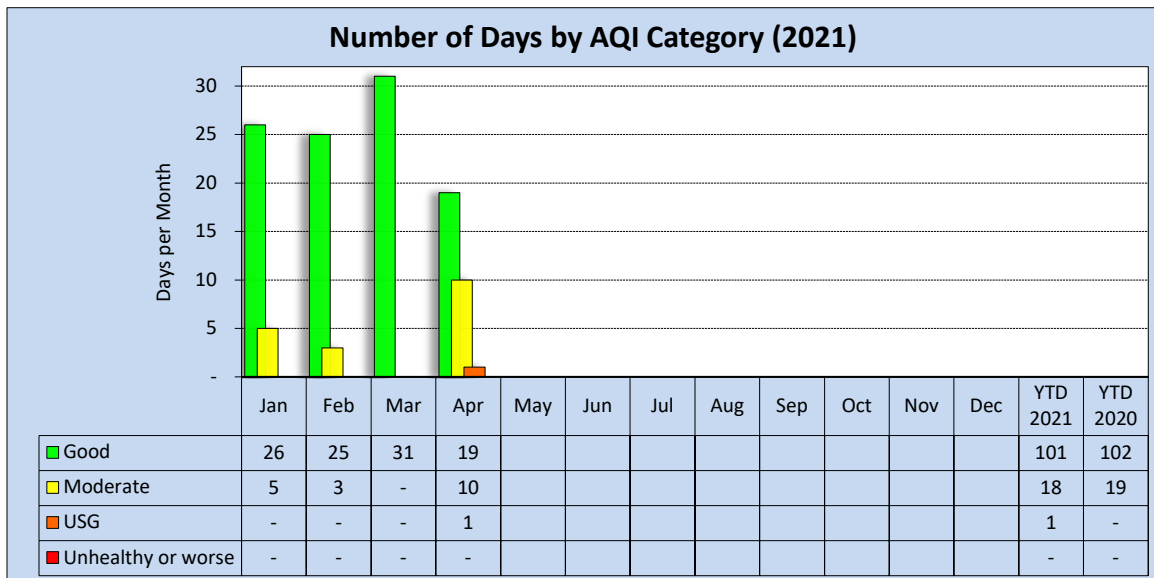
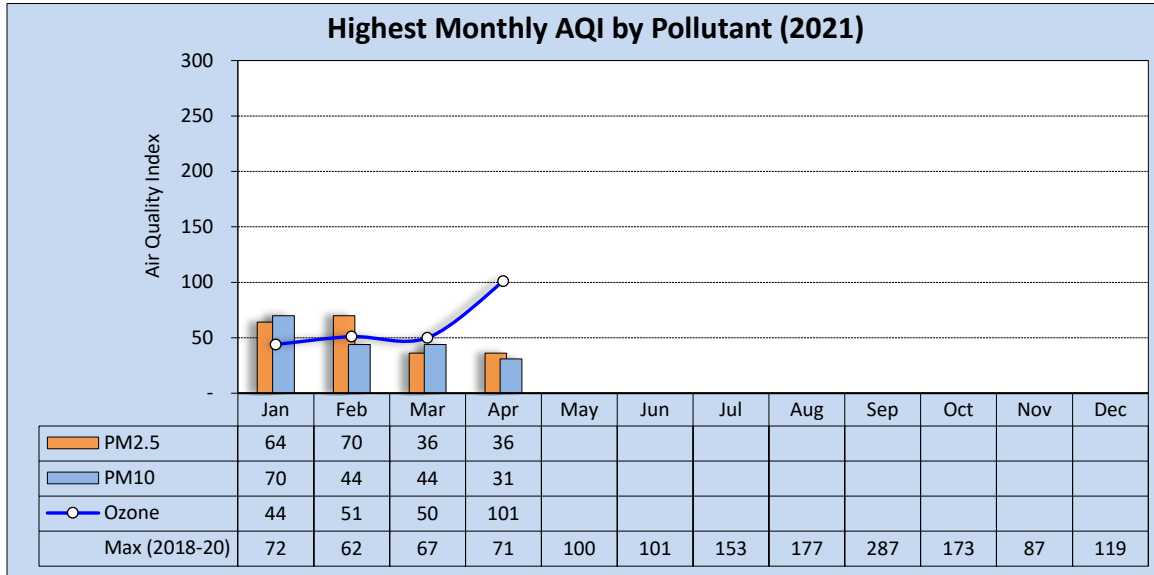
Once a ruling is reached it will provide precedent for the use of financial impacts of climate change in regulatory proceedings for the federal government.

Additional information available at <https://news.bloomberglaw.com/environment-and-energy/states-challenge-biden-approach-to-climate-metric-in-new-lawsuit>

Francisco Vega, P.E., MBA
Division Director

2. Divisional Update

- a. Below are two charts detailing the most recent ambient air monitoring data. The top chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three (3) years in the data table for comparison. The bottom chart indicates the number of days by AQI category and includes the previous year to date for comparison.



Ambient air monitoring data in these charts represent midnight to midnight concentrations to illustrate comparisons to the NAAQS. These 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.

3. Program Reports

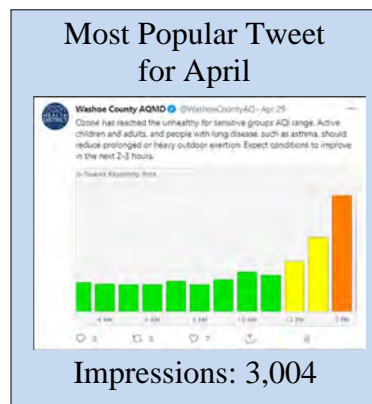
a. Monitoring and Planning

April Air Quality: There was one exceedance of the ozone National Ambient Air Quality Standard (NAAQS) during April. The highest ozone, PM_{2.5}, and PM₁₀ concentrations for the month are listed in the table below.

Pollutant	Concentration	Date	Site	Notes
Ozone (8-hour)	0.071 ppm	04/29	Lemmon Valley	First ozone exceedance in April since 2008
PM _{2.5} (24-hour)	8.6 µg/m ³	04/01	Sparks	---
PM ₁₀ (24-hour)	33 µg/m ³	04/13	Toll	---

Data Certification: Air monitoring data for calendar year 2020 was certified on April 27, 2021. Certification means the Environmental Protection Agency (EPA) can make regulatory decisions based on the data such as NAAQS “attainment” and “nonattainment” designations. Portions of Washoe County are now officially in violation of the 8-hour Ozone, 24-hour PM_{2.5}, and 24-hour PM₁₀ NAAQS.

Nevada Diesel Emission Mitigation Fund: The next round of applications will be accepted in the Fall of 2021. The impact of COVID-19 on Nevada has resulted in fiscal uncertainty for many fleets in the state. This is particularly true for public school, transit, and many municipal and state fleets that have participated in the program. Due to the economic uncertainty resulting from the pandemic, this allows more time for applications to be accepted through the Fall of 2021. Further, it will allow the Nevada Division of Environmental Protection (NDEP) the opportunity to assess the program’s effectiveness on reducing harmful air pollution and consider potential new strategies, before charting an appropriate path forward. All active projects receiving grants will continue to be funded to completion. NDEP anticipates the announcement of a new funding cycle by September 30, 2021, followed by a 60-day application acceptance period. Project award announcements would follow in the first quarter of 2022. More information can be found at <https://ndep.nv.gov/air/vw-settlement>.



Daniel K. Inouye
 Supervisor, Monitoring and Planning

b. Permitting and Compliance

April

Staff reviewed forty (40) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

In April 2021, Staff conducted thirty-five (35) stationary source inspections; sixteen (16) gasoline station inspections; and one (1) initial compliance inspection. Staff was also assigned eighteen (18) new asbestos abatement projects, monitoring the removal of approximately fifty-two thousand seven-hundred eighty-five (52,785) square feet and seven-hundred sixty-four (764) linear feet of asbestos-containing materials. Staff received thirteen (13) facility demolition projects to monitor. Each asbestos demolition and renovation notification and construction notification projects are monitored regularly until each project is complete and the permit is closed. Further, there were nineteen (19) new construction/dust projects comprised of an additional one-hundred thirty (130) acres. Staff documented fifty-one (51) construction site inspections. During the month enforcement staff also responded to nineteen (19) complaints.

Type of Permit	2021		2020	
	April	YTD	April	Annual Total*
Renewal of Existing Air Permits	100	377	102	1,088
New Authorities to Construct	7 (New and Major Modifications)	20	9	60
Dust Control Permits	19 (130 acres)	80 (1791 acres)	38 (376 acres)	238 (3,708 acres)
Wood Stove (WS) Certificates	36	126	22	418
WS Dealers Affidavit of Sale	15 (7 replacements)	38 (24 replacements)	0 (0 replacements)	108 (65 replacements)
WS Notice of Exemptions	745 (12 stoves removed)	2,998 (31 stoves removed)	539 (3 stoves removed)	8,740 (58 stoves removed)
Asbestos Assessments	52	226	74	648
Asbestos Demo and Removal (NESHAP)	31	80	19	242

*Totals have been adjusted to reflect the addition of April 2021.

COMPLAINTS	2021		2020	
	April	YTD	April	Annual Total
Asbestos	0	0	1	10
Diesel Idling	1	2	0	3
Dust	15	29	19	141
Nuisance Odor	1	29	2	36
Permit to Operate	2	4	0	4
Burn Code	0	0	0	0
General	0	0	0	0
TOTAL	19	64	22	194
NOV's	April	YTD	April	Annual Total
Warnings	3	33	0	5
Notice of Violation	0	11*	0	3
TOTAL	3	44	0	8

*Correction – There have been 11 Notices of Violation issued to date in 2021

Joshua C. Restori,
 Supervisor, Permitting & Compliance

**Community and Clinical Health Services
Director Staff Report
Board Meeting Date: May 27, 2021**

DATE: May 7, 2021
TO: District Board of Health
FROM: Lisa Lottritz, MPH, RN
 775-328-6159; llottritz@washoecounty.us
SUBJECT: Divisional Update – Teen Pregnancy Prevention Month; 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: COVID-19 Testing; COVID-19 Vaccinations.

1. Divisional Update –

a. Teen Pregnancy Prevention Month



According to the National Campaign to Prevent Teen and Unintended Pregnancy there has been a 70% decline in the teen birth rate in the United States since 1991. Nevada has seen a similar trend with a decrease in both the teen pregnancy rate and the teen birth rate. In Nevada, the teen pregnancy rate decreased 74% between 1988 and 2017 and the teen birth rate decreased 70% between 1988 and 2019. Following state and local trends Washoe County has also seen similar decreases in the teen birth rate over the past several decades.

The declining teen pregnancy and teen birth rate in Nevada and the United States are multifactorial and include increased access to contraception, increased access to fact-based sexual health education, and less risky sexual behaviors by teens. Data for the 2020 Nevada Youth Risk Behavior Survey (YRBS) is not available yet; however, data from the 2019 YRBS continues to demonstrate a decline in risky sexual behaviors by Nevada teens. According to the 2019 YRBS results, 33% of teens reported ever having sex compared with 36.8% of teens in 2017 and 48% in 2005. The number of teens who were currently sexually active in 2019 (sexual activity in the past 3 months) also declined 10% from 2017. The 2019

YRBS also indicated increased knowledge and access to contraceptives. Only 13.5% of teens did not use any method of contraception at last sexual intercourse in 2019 compared with 16.8% in 2017.

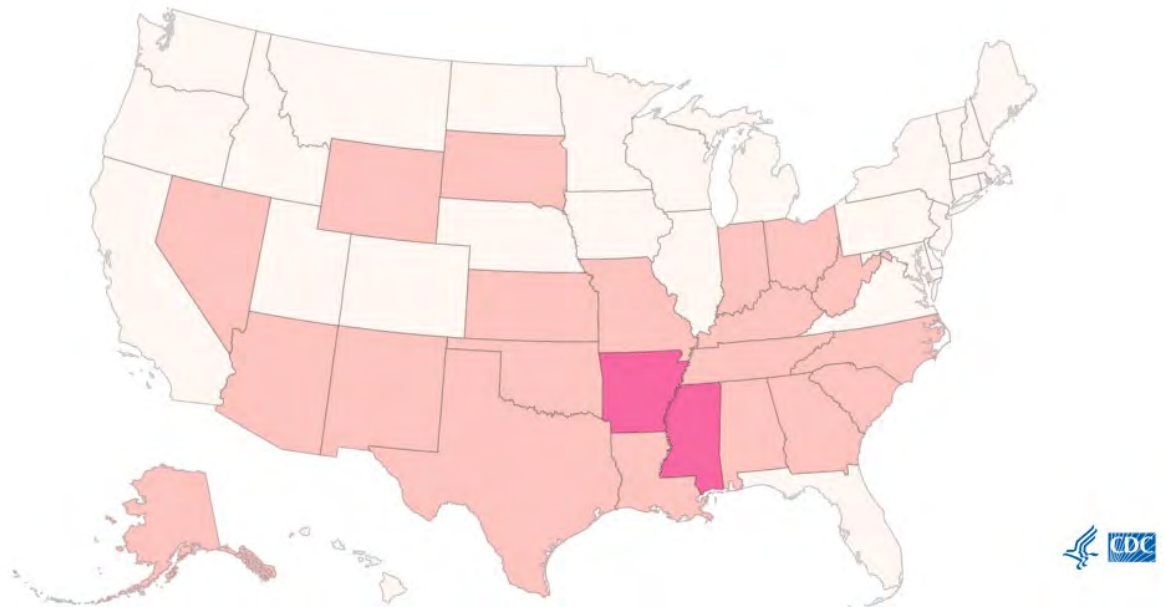
Although the teen pregnancy and teen birth rate have seen significant declines, it is important that we are not satisfied with this progress. The teen birth rate in the United States is still higher than that of many other countries, including Canada and the United Kingdom. Additionally, there are significant disparities in the teen birth rate in the United States. In 2018, the teen birth rate was significantly higher among Hispanic and Black teen girls. Teens who are homeless, living in foster care, or involved with the juvenile justice system also have higher birth rates.

Teen Birth Rate 2018

Hispanic	26.7 births per 1,000 females
Black	26.3 births per 1,000 females
White	12.1 births per 1,000 females

Nevada ranks 33 out of 50 states for the teen birth rate and the teen birth rate in Nevada is higher than our neighboring Western states. Washoe County ranks in the second worst quartile for teen birth rates when compared to other Nevada counties. Additionally, the repeat teen birth rate remains a challenge as it is estimated that 17% of teen births were to teens who already had a child.

Teen Birth Rate by State - 2019



○ 6.6 - <17.6 births/1,000 females

● 28.6 - <39.6 births/1,000 females

● 17.6 - <28.6 births/1,000 females

Access to confidential sexual and reproductive health services is an essential component in the prevention of teenage pregnancy, however it remains a barrier for many teens. In a survey of adolescents visiting a family planning clinic, nearly 70% of teens surveyed whose parents did not know they were at the clinic said they would not use the clinic's services if parental involvement was required and 20% said they would use unsafe sex practices if services were not confidential.

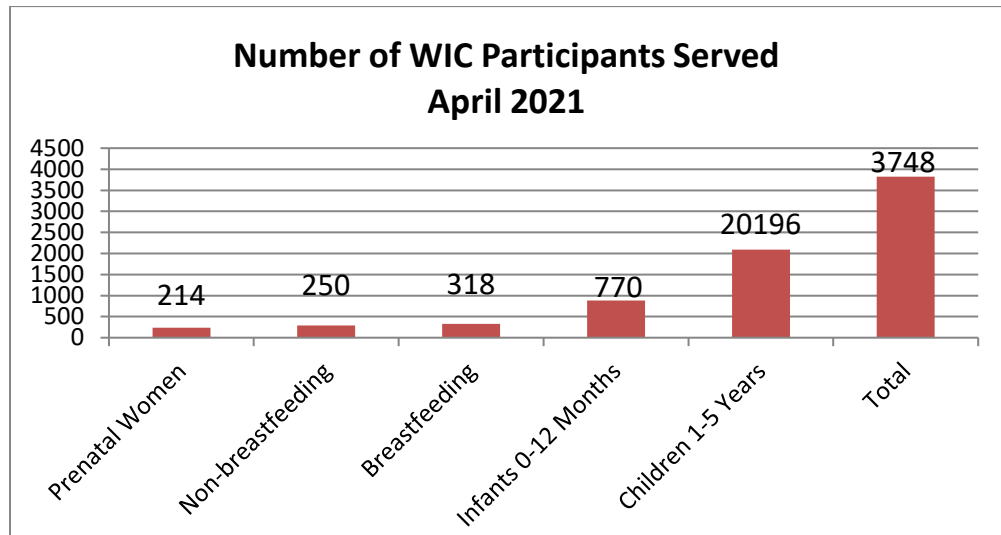
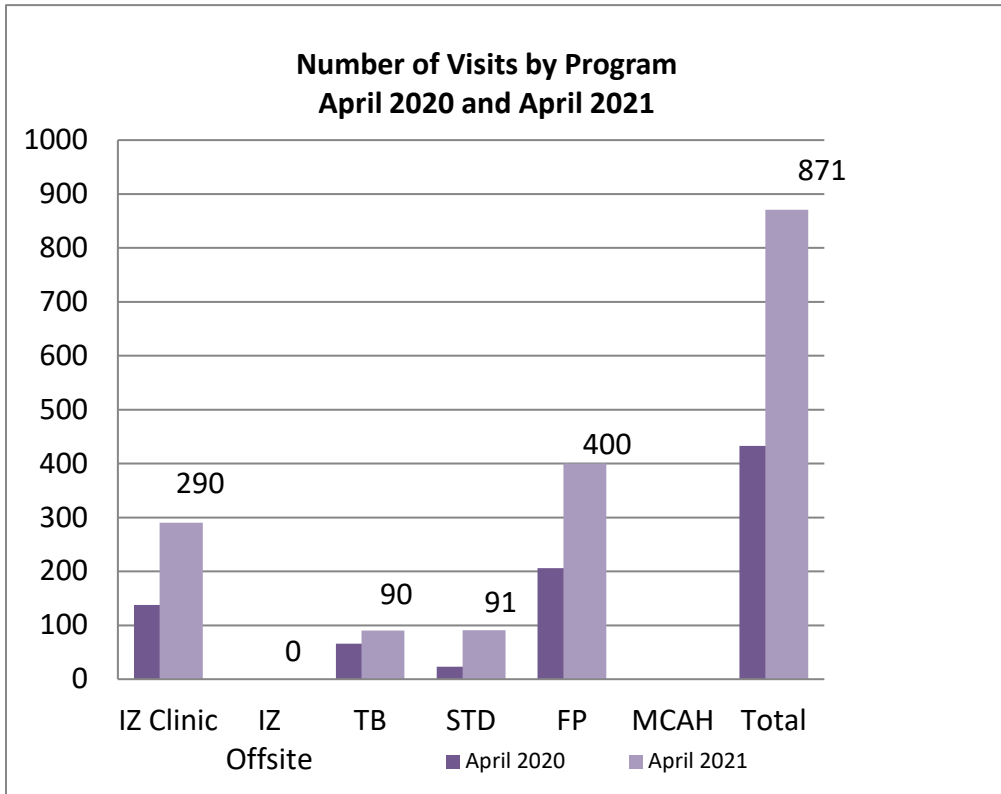
The Family Planning and Sexual Health Program (FPSHP) within CCHS is a federally funded family planning program with an ongoing commitment to the provision of confidential sexual and reproductive health services to the teens of our community and is an essential component of reducing the teen pregnancy rate. Although services are confidential, family participation is always encouraged and teens can discuss abstinence, preventing sexual coercion, and safe sexual practices with health care providers.

The FPSHP continues to strive to provide teens with education and access to confidential sexual and reproductive health services with community outreach. The FPSHP continues to offer Seventeen Days, an evidence-based interactive program designed to educate young women ages 14-19 about contraception and sexually transmitted diseases. Future plans include providing sexual and reproductive health services at the Eddy House and resumption of presentations regarding birth control and sexual health to various high school students that were disrupted by the pandemic.

It is unclear what effect the COVID-19 pandemic will have on the teen pregnancy rate. Stay at home orders and school closures due to the pandemic limits a teens access to sexual and reproductive health services. Historically speaking when schools closed during the Ebola outbreak in Africa some communities experienced a 65% increase in their teen pregnancy rate.

Most teens pregnancies are unplanned with teens saying they did not intend to become pregnant or cause a pregnancy. It is important that we help teens match their intentions with their actions. The prevention of teen pregnancy has many positive impacts on our community as well including reducing poverty and improving a young person's lifelong income, improving health and child welfare, increasing the high school graduation rate, supporting responsible fatherhood, and reducing other risky behaviors. Teen Pregnancy Prevention Month provides an excellent opportunity for communities to reflect on the progress made while continually looking for ways to build upon what has already been accomplished.

Data & Metrics



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

2. Program Reports – Outcomes and Activities

- a. **Sexual Health (Outreach and Disease Investigation)** – The Sexual Health Program is tracking and providing information to WCHD's Government Affairs Liaison on several bills related to HIV, STD, and Family Planning.
- SB275 seeks to modernize laws related to HIV transmission and decriminalizes unintentional HIV transmission. This bill also seeks to bring HIV in line with how all other communicable diseases are addressed.
 - SB211 requests primary care providers and emergency departments to offer HIV and STD (chlamydia, gonorrhea, and syphilis) testing to their patients, aged 15-64. By following CDC and the U.S. Preventive Services Task Force recommendations, the goal of this legislation is to increase the number of people who know their disease status, thereby allowing public health to conduct disease intervention to reduce the spread of disease.
 - SB325 seeks to allow pharmacists to dispense pre-exposure prophylaxis (PrEP) to prevent HIV acquisition by following guidelines set forth by CDC and the FDA.
 - SB190 seeks to allow pharmacists to dispense self-administered hormonal contraceptives to increase access to birth control methods.
 - AB192 increases the frequency of testing for syphilis and other STDs (chlamydia and gonorrhea) for pregnant women to identify disease at certain points in a pregnancy and at delivery for a woman that has not been engaged in prenatal care.

Passage of these bills will increase access to services, help to destigmatize STDs, including HIV, and provide more tools to intervene in disease transmission and promote more positive health outcomes.

- b. **Immunizations** – Mhervin Dagdagan, RN has resigned from his position in the Immunization Program, however he will return as an Intermittent RN. Lisa Iacoboni, RN has transferred to the Immunization Program and will continue her duties as a lead in the COVID-19 vaccination POD. Tasha Pascal, RN has transferred to the TB Program. The Immunization Program will begin interviewing applicants to replace staff that have left the program and to meet the needs of the new COVID-19 grant.

Immunization Program staff continue to lead and support COVID-19 vaccination activities at the Point of Dispensing (POD) events six days a week, train new staff and volunteers as vaccine dispensers or assistants, redistribute COVID-19 vaccine to community providers, and provide support and assistance to community partners who provide COVID-19 vaccination. Additionally, nurses are conducting phone calls to clients with vaccine related incidents at the POD and responding to medical questions related to COVID-19 vaccine. POD nursing staff trained 4 United States Forest Service (USFS) EMTs for Washoe County and 9 USFS EMTs from the Quad

Counties, 5 VA nurses from FEMA, 3 National Guard medics, 15 MRC medical volunteers and 20 RN's from the temp agency in April 2021.

Immunization staff completed 2 quality improvement activities with VFC providers and continued to support providers to ensure safe vaccine storage and handling, provided relocation of vaccine to ensure providers have adequate vaccine on hand, and training new provider coordinators and staff..

Immunization clerical staff are diligently overseeing data entry for COVID-19 vaccine as well as continuing to serve our community with routine immunizations in the Immunization Clinic which served 290 community members and administered 817 doses of childhood and adult vaccines during the month of April.

- c. **Tuberculosis Prevention and Control Program** - TB clinic staff welcome Tasha Pascal who joins our TB staff coming from the Immunization program where she managed COVID-19 vaccine inventory. Tasha is replacing Lisa Iacoboni who has been permanently reassigned to Immunizations as a COVID-19 vaccine POD lead. Staff are currently providing care for two active cases, both extrapulmonary, ocular and kidney. The ocular TB case is experiencing improvement in vision and staff are hoping for continued improvement with ongoing treatment. A kidney case has experienced complications unrelated to TB treatment. Staff are currently evaluating a high-risk suspect for a third extrapulmonary case.

A previous presumptive extrapulmonary case was unable to tolerate treatment, staff will continue to follow this case and monitor for signs of TB disease. Staff continue to evaluate and provide treatment for LBTI to B1 immigrants as indicated as well as assist community providers in providing care for private LTBI patients. Of note, there have been only three B1 immigrants seen since January 1, 2021, presumably due to the pandemic and subsequent travel restrictions. Staff have been asked to provide and have begun working on an Epi News article which is due May 14, 2021.

- d. **Reproductive and Sexual Health Services** — Family Planning staff completed the OPA Title X Virtual Review on April 22, 2021. Staff is awaiting feedback from OPA. A Memorandum of Understanding with the Eddy House Drop-in Center was signed, and reproductive health services will be offered at the Eddy House beginning on May 7, 2021. Family Planning staff has been given approval to resume services at the Washoe County Sheriff's Office on May 12, 2021. The Family Planning Program has been providing service onsite at the Women's and Families Homeless Shelter monthly. Staff continue to educate and administer flu, Tdap, HPV and Hepatitis A & B vaccines in the Family Planning/Sexual Health clinic to participants 18 years and older through a grant funded by the State of Nevada. Redirect request was submitted to the State to purchase vaccines with staff budget savings and was approved by the State, awaiting board approval. Staff is currently preparing for an audit of the vaccine program.

- e. **Chronic Disease Prevention Program (CDPP)** – CDPP staff promoted National Public Health Week (April 5-11) through social media posts on health equity, strengthening community, and uplifting mental health.

Staff attended the 2021 Northern Nevada Diversity Summit hosted by UNR.

CDPP did a mass mailing to healthcare providers in Washoe County promoting cessation resources including the Nevada Tobacco Quitline (free tobacco cessation resource for adults) and My Life, My Quit (free tobacco cessation resource for teens).

CDPP worked with Washoe County Geographic Information Systems (GIS) to create a map of behavioral health and substance abuse treatment facilities in Washoe County. This map is being used to identify facilities to recruit in adopting tobacco free campus policies and help improve health outcomes for the population they serve.

Staff presented to Eddy House Executive Director and Marketing Director on smoke-free, vape-free and tobacco free policies, and provided technical assistance to expand their current policy.

Staff held the first youth tobacco prevention and advisory groups, which included youth from multiple Boys and Girls Club Teen Centers.

Staff supported the Green Team's Worksite Garden and helped with the coordination of planting day on April 22, 2021 to promote physical activity and healthy eating in the workplace.

- f. **Maternal, Child and Adolescent Health (MCAH)** – FIMR staff facilitated a meeting between Count the Kicks and Health Plan of Nevada Medicaid to explore grant funding options for the Count the Kicks App. Staff has been working on recruitment of Tribal members to the review team and are following up on a referral to the Nevada State Tribal Liaison to the Inter-Tribal Council of the Nevada WIC Department. Staff continue to attend Washoe County Child Death Review and provide information on fetal infant deaths in our community. Staff is disseminating information and gathering donations for the Pregnancy Infant Loss Organization of the Sierras Annual Garage Sale to be held June 12, 2021. Staff are currently preparing for yearly audit from the funding source. Maternal Child Health staff continue to follow lead cases in children and newborn screenings upon request.
- g. **Women, Infants and Children (WIC)** – WIC staff are continuing to provide services for all eligible Washoe County families safely and effectively. The recent extension of the public health emergency declaration for COVID-19 ensures that WIC flexibilities are now in place through at least mid-August. Last year, the US Department of Agriculture (USDA) extended crucial WIC

flexibilities until 30 days after the expiration of the public health emergency. The WCDH-WIC program is operating on a hybrid model that is being used by most local agencies in Nevada. The hybrid model brings in participants who prefer an in-person appointment or staff determine to see in-person, and clients who request a one-on-one lactation support while protecting the vulnerable and hesitant participants under waivers. Additionally, the Department of Homeland Security has announced that as of March 9th, 2021, it will no longer apply the August 2019 final rule on Public Charge. This means that applying for or receiving WIC are not considered as part of the public charge inadmissibility determination. More specifically, a non-citizen to the United States will not be deported, denied entry to the country, or denied permanent status because they receive or received WIC benefits. Receiving WIC does not affect an individual's immigration status and does not affect a non-citizen's ability to become a U.S. citizen or lawful permanent resident.

- h. **COVID-19 Testing** – 1,005 COVID-19 tests were conducted at the Point of Screening and Testing (POST) site in April. Current testing schedule is Monday, Wednesday, and Friday.
- i. **COVID-19 Vaccination** – There were 50 COVID vaccination clinics in April (26 first dose and 24 second dose clinics). Approximately 50,082 individuals were vaccinated in April.

DD	ED
DHO	KD

**Environmental Health Services
Division Director Staff Report
Board Meeting Date: May 27, 2021**

DATE: May 7, 2021
TO: District Board of Health
FROM: Erin Dixon, Division Director
775-328-2644; edixon@washoecounty.us
SUBJECT: Environmental Health Services (EHS) Division: **Program Updates;**
Consumer Protection (Food/Food Safety, Commercial Plans, Permitted Facilities);
Environmental Protection (Land Development, Safe Drinking Water, Vector-Borne
Diseases, Waste Management); and **Inspections.**

COVID-19 Response

Environmental Health Services has been engaged in the COVID-19 response and adoption of the Local Authority Plan has resulted in the following activities:

- Spas (hot tubs) may open with social distancing. Staff are conducting opening inspections for all the spas that request one. There are approximately 176 permitted spas in our region.
- Staff are reviewing and approving Large Gathering Plans for community events with more than 500 participants during the month of May.
- Staff are educating permit holders on how the reopening plan impacts their operations. Examples of impacted permit holders include Food establishments, Temporary food permits, Invasive Body Decorations, and Pools/Spas.

Consumer Protection

Food/Food Safety

- The Food Safety Program is ecstatic to report that it was awarded the 2021 Samuel J. Crumbine Consumer Protection Award. This is a prestigious award given annually to local environmental health jurisdictions that demonstrate unsurpassed achievements in providing outstanding food protection services to their communities. Click here for the full [Award Application](#) or the [Appendix](#). The application demonstrates the tremendous accomplishments the program has made over the last six years.
- The Food Safety Program has been focused on training new staff. Two staff have successfully completed the initial food inspection field training. This training must include at least 25 joint field inspections with a trainer who has successfully completed all elements of the training program for our programs continued conformance with Standard Two of the FDA Retail Program Standards. Two additional staff are slated to begin the training program this month as well.
- Epidemiology (EPI) – Trainees are finishing their food training and permitted facilities training and will be added into the Epi rotations next month. Samples were collected for 2 childcare

outbreaks with Norovirus GII being implicated in one of the outbreaks and Astrovirus, Rotavirus, Norovirus GII and COVID all found in the other childcare.

Epidemiology	JAN 2021	FEB 2021	MAR 2021	APR 2021	2021 YTD	2020
Foodborne Disease Complaints	8	6	4	8	26	130
Foodborne Disease Interviews	4	5	2	5	16	66
Foodborne Disease Investigations	0	1	0	0	1	7
CD Referrals Reviewed	13	13	13	18	57	82
Product Recalls Reviewed	13	19	26	27	85	61
Child Care/School Outbreaks Monitored	1	1	2	10	14	64

- Temp Foods/Special Events – EHS has started receiving applications for Temporary Food Permits and Sampling Permits for events being scheduled during the upcoming season.

Commercial Plans –

- Staff presented “Backflow Prevention and how it pertains to plan review and permitting in Washoe County” to the Northern Nevada Chapter of the International Association of Plumbing and Mechanical Officials (IAPMO) on April 13, 2021.
- 101 commercial plan reviews were completed during April 2021, with a total of 372 plan reviews completed in 2021.
- All plan reviews are being completed within the Regional goal of 10 business days.
- 42 building permit inspections were completed during April 2021, with an average of 33 per month.
- 34 commercial development reviews were conducted during April 2021.
- Commercial plans are down 6% compared to the same time in 2020, and down 38% compared to the same time in 2019.

Community Development	JAN 2021	FEB 2021	MAR 2021	APR 2021	2021 YTD	2020
Development Reviews	41	28	50	34	153	357
Commercial Plans Received	85	73	113	101	374	1,059
Commercial Plan Inspections	21	33	36	42	133	396
Water Projects Received	1	5	1	10	17	64
Lots/Units Approved for Construction	251	233	197	192	873	1,685

Permitted Facilities

- Public Accommodations – Inspections for Public Accommodations (PACC) continue to be conducted utilizing the new regulations and Field Guide. Staff met with representatives from Southern Nevada Health District (SNHD) to review regulatory requirements and to ensure consistency in the application of requirements. WCHD’s regulations closely mirror SNHD regulations which have been in place for several years.
- Public Bathing – Seasonal Pool and Spa (hot tub) openings for 2021 have begun. As of early May, Spas were allowed to open under the region’s local control plan. The program welcomed a Public Service Intern who is completing training and will assist with pool inspections and seasonal opening inspections.
- Training – A second trainee is finishing up training in Permitted Facilities and another newly hired trainee will start training on May 11. Training went well for trainee staff who have completed the program and are currently completing inspections independently. Additionally, the Training

Manual is being updated with new links for online supplements and revisions for inspections based on new regulations and procedures in the field.

Environmental Protection

Land Development

- Open positions on the Sewage Wastewater and Sanitation Hearing Board (SWS) have been promoted to the public. Current members who are up for re-appointment have been asked to submit a volunteer application if they would like to be re-appointed.
- Septic plan numbers are 50% higher than April 2020 and well permits are 37% higher than April 2020. These numbers appear to be in line with pre-COVID plan review demand.
- The Well Inspection Standard Operating Procedure has been fully updated and finalized and staff are now working on formalizing all Septic related SOP's.
- Staff are reviewing the Sewage, Wastewater, and Sanitation regulations to identify appropriate updates.

Land Development	JAN 2021	FEB 2021	MAR 2021	APR 2021	2021 YTD	2020
Plans Received (Residential/Septic)	79	75	83	90	327	705
Residential Septic/Well Inspections	109	99	136	114	459	1,075
Well Permits	13	11	16	23	63	131

Safe Drinking Water (SDW)

- Water project reviews and the Interlocal Agreement audit functions are continuing as agreed. All Safe Drinking Water functions remain suspended with the cancellation of the contract other than minor communications between the agencies as needed. With the approval of the new contract by the District Board of Health in April, staff are evaluating the workload and plan to train another staff member in this program.

Vector-Borne Diseases (VBD)

- Aerial larvicide treatment schedules have been added to the website with links to the specific product label information for each flight. <https://www.washoecounty.us/health/programs-and-services/environmental-health/vector-borne-diseases/index.php>
- Pre-aerial notifications were made for the May 5 aerial larvicide including social media notifications, a press release, and physical walkway notifications on impacted area trails. The School District, local law enforcement, and fire departments were also notified.
- Two additional New Jersey trap locations have been secured in the western region of the Truckee Meadows to improve mosquito population monitoring. These include the Rancho San Rafael Park and Lakeridge Golf Course areas.
- Program staff have begun conducting routine ground larval surveillance and treatments of small area sources.

Vector	JAN 2021	FEB 2021	MAR 2021	APR 2021	2021 YTD	2020
Total Service Requests	1	0	2	9	12	135
Mosquito Pools Tested	0	0	0	0	0	280
Mosquito Surveys and Treatments	0	2	1	63	66	72

Waste Management (WM)

Date: May 27, 2021

Subject: EHS Division Director's Report

Page: 4 of 4

- Over 2,000 pounds of Personal Protection Equipment (PPE) was diverted from landfills to a recycling company from our POD and POST COVID-19 operations.
- The Health District recycled 342 pounds of batteries.
- Staff continues to focus on permit renewal and reporting requirements.

NAC447E – SB-4

- Two facilities have been inspected a third time for NAC 447E compliance at the time of this submission and staff anticipates completion of this third round for all facilities by the end of the month.

Inspections

EHS 2020 Inspections	JAN 2021	FEB 2021	MAR 2021	APR 2021	2021 YTD	2020
Child Care	5	8	5	4	22	142
Food/Exempt Food	354	496	602	558	2,010	4,264
Schools/Institutions	9	25	32	35	101	199
Tattoo/Permanent Make-Up (IBD)	5	7	9	8	29	112
Temporary IBD Events	0	0	0	0	0	1
Liquid Waste Trucks	5	4	4	2	15	110
Mobile Home/RV Parks	6	8	5	10	29	202
Public Accommodations	17	19	22	6	64	130
Aquatic Facilities/Pool/Spas	4	19	13	35	71	408
RV Dump Station	2	1	1	1	5	17
Underground Storage Tanks	0	0	0	0	0	10
Waste Management	11	6	8	19	44	211
Temporary Foods/Special Events	0	0	0	5	5	48
Complaints	47	40	41	55	183	911
TOTAL	465	633	742	738	2,578	6,765
EHS Public Record Requests	346	397	608	417	1,768	3,249

**Epidemiology and Public Health Preparedness
Division Director Staff Report
Board Meeting Date: May 27, 2021**

TO: District Board of Health

FROM: Nancy Diao, ScD, EPHP Division Director
775-328-2443, ndiao@washoecounty.us

SUBJECT: Communicable Disease, Public Health Preparedness, Emergency Medical Services, Vital Statistics.

Communicable Disease (CD)

SARS-CoV-2 (COVID-19)

By end of April, Washoe County Health District's Epidemiology Program and COVID Unit received reports of 45,343 cumulative cases of COVID-19. November case counts were the highest on record to date, contributing to one-quarter (25%) of cumulative cases reported by month.

At this time, 97% of the cases reported in the past 14 days have been assigned to a disease investigator.

Month Reported	# COVID-19 Cases Reported	Avg # Cases per Day	% of Cumulative Cases
2020			
March	143	5	0.3%
April	767	26	1.7%
May	659	21	1.5%
June	1228	41	2.7%
July	2368	76	5.2%
August	2099	68	4.6%
September	2300	77	5.1%
October	4034	130	8.9%
November	11356	379	25.0%
December	10313	333	22.7%
2021			
January	5534	179	12.2%
February	1637	58	3.6%
March	1424	46	3.1%
April	1481	49	3.3%

Figure 1 below provides an overview to date of the total number of confirmed COVID-19 cases reported to Washoe County on a weekly basis since its first appearance.

Fig 1: Total Number of Confirmed COVID-19 Cases by Week Reported in Washoe County, 2020-2021

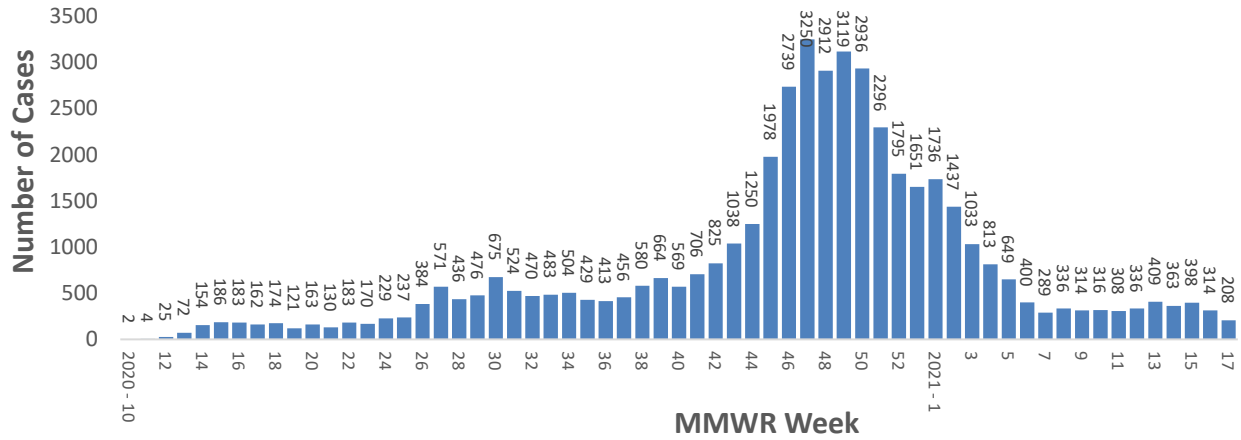


Figure 2 illustrates the number of new cases per 100,000 over the course of an eight-week period, starting from the second week in March to end of May. The case rates fluctuated weekly ranging from 43.92 and 86.16 cases per 100,00 population. The low and substantial thresholds per 100,000 population are based on the CDC's indicators of community transmission.¹

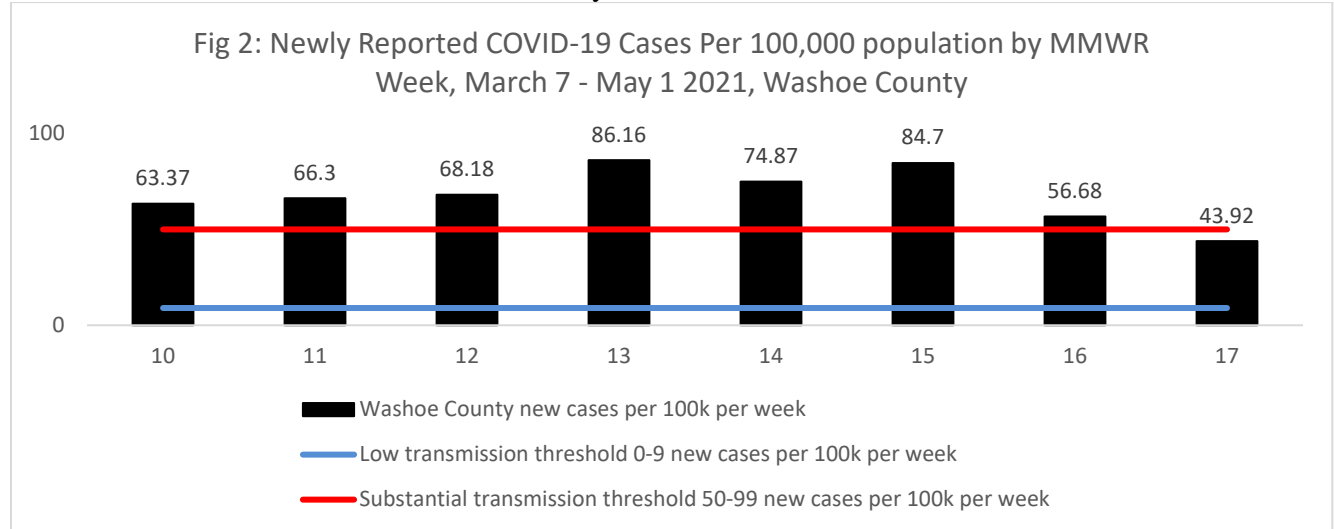
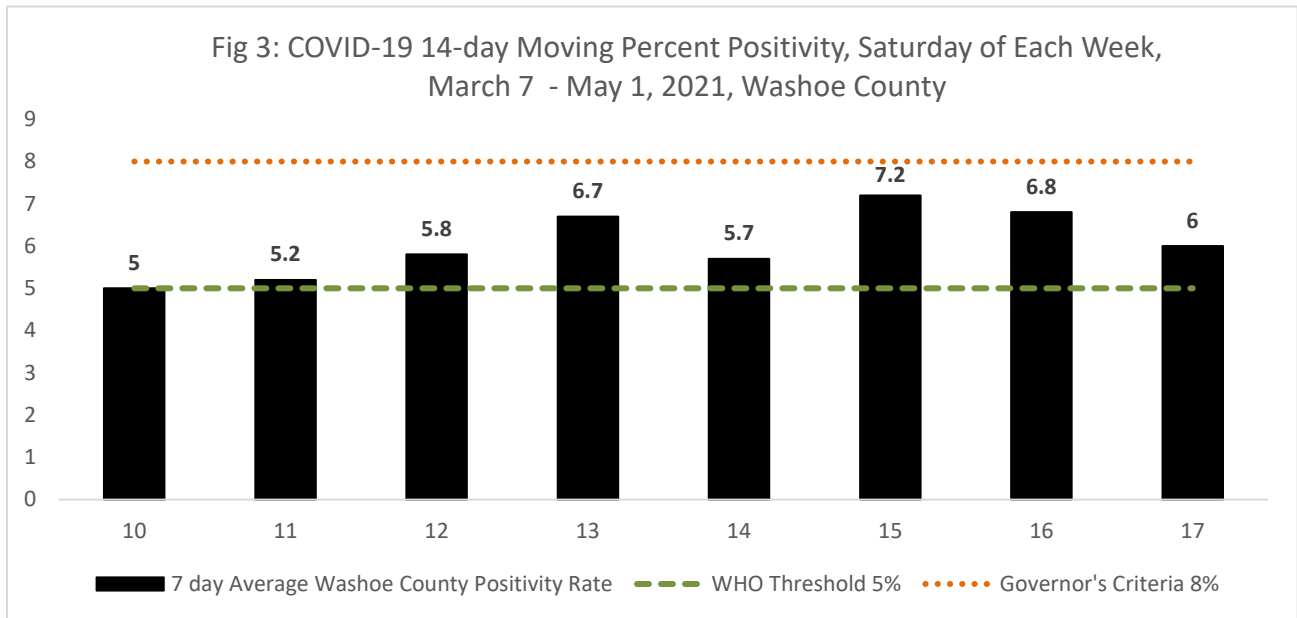


Figure 3 illustrates the percent positivity on the Saturday of each week. Percent positivity is defined as the number of tests that are positive divided by the total number of tests conducted on a given date. These data are calculated on a daily basis by the Nevada Department of Health and Human Services

¹ <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html#footnote-1a>

and the trends are provided in context with the Governor's COVID-19 Task Force threshold of 8% and the World Health Organizations' threshold of 5%. The percent positivity has fluctuated between 5.0% and 7.2% over the past 8 weeks.



A Pediatric Task Force was created August of 2020 to triage the intensive case identification and contact tracing efforts anticipated in school and daycare settings. The Task Force was composed of 17 members, with at least six working each day, seven days a week, prioritizing investigations of any case 0 to 18 years, to identify possible school and daycare exposures.

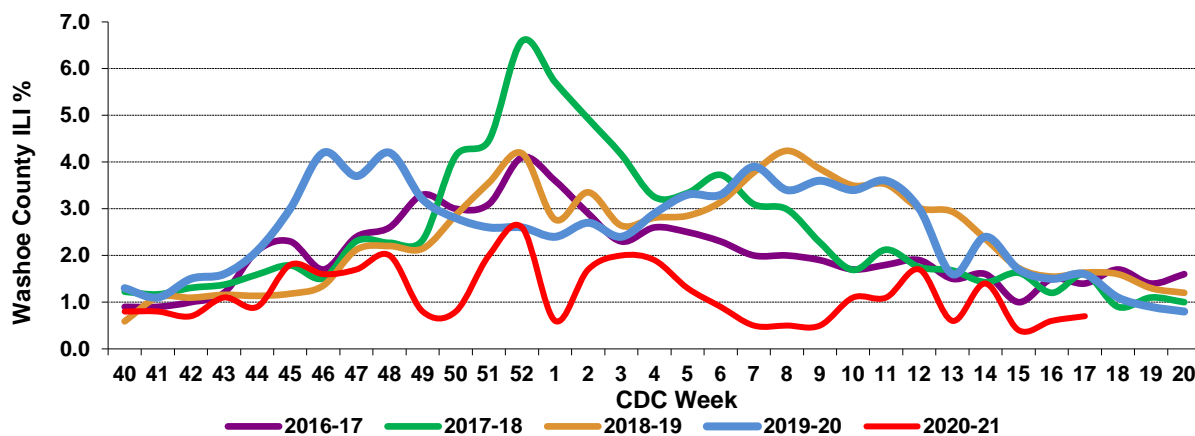
The County has since asked approximately 30 County staff to be stood up to conduct disease investigation and contact tracing for Washoe County School District. These individuals were trained by the Epidemiology Program and COVID disease investigation staff and guided by Pediatric Technical Advisors who are expert pediatric task force members. The Epidemiology Program Manager and Disease Investigator Team Leads meet weekly with the Washoe County School District's Student Health Services staff and School District leadership to update processes. Currently the County staff are assisting the School District personnel to conduct contact tracing in classrooms, while the Washoe County Health District staff are focused on conducting the case investigation and identifying contacts outside the school setting.

The Epidemiology Program has continued to host the weekly local provider call Fridays at 0900. This call offers an opportunity for the Nevada State Public Health Laboratory, area hospitals, first responder agencies, IHCC members and local physicians to provide updates and ask questions as they relate to COVID-19. As of late September, vaccine partners have joined this call to provide weekly updates. On average there are 65 persons who attend this virtual meeting each week.

Outbreaks – There have been 14 declared outbreaks over the course of April, all but two were gastrointestinal (GI) outbreaks in daycare/childcare settings. The other two included a rash outbreak in a school and a COVID-like illness/Influenza-like illness outbreak, also in a school setting.

Seasonal Influenza Surveillance - Influenza surveillance season officially started the week of September 27, 2020. Washoe County continues to experience low levels of Influenza-like Illness (ILI) activity. As of week 17 (2021 calendar week), ILI activity is slightly up, however still below the Nevada and Regional baselines. To date there have been 11 hospitalizations and one influenza associated death. Figure 4 illustrates the 2020-2021 seasonal ILI activity has remained lower compared to the past four seasons across the majority of the season.

Fig 4. ILI Activity Reported by Sentinel Providers, Washoe County Influenza Surveillance, 2016-2021 Seasons



General Communicable Diseases – During the month of April, 248 positive labs for reportable conditions were investigated by the Epidemiology team, this is a slight decrease compared to March (n=290).

There was a backlog of data in the 2020 calendar year, during which the epidemiology staff were operating in the COVID response. To date the epidemiology program has caught back up with all diseases, with the exception of hepatitis B and C.

Public Health Emergency Preparedness (PHEP)

Preparedness Planning Efforts – PHEP program is currently in the process of updating the Medical Countermeasures (MCM) Plan and Isolation and Quarantine Benchbook. The program is also developing the Chemical, Biological, Radiological, Nuclear and Explosives (CBRNE) Annex and Resource Requesting for Healthcare Organizations Annex. All these documents are expected to be completed by the end of the fiscal year but will be subject to continuing updates throughout the WCHD COVID-19 response.

COVID-19 Response - The PHEP program also continues the publication of the weekly Incident Action Plan (IAP) for vaccine operations in WebEOC. Public Health Preparedness (PHP) staff also conducts weekly debriefs (hot washes) with vaccine operation staff at the distribution site. The intent of the regular debrief is to capture operational improvement items across all the activities at the Point of Dispensing (POD) and Point of Screening and Testing (POST) site. The improvement items are documented in an After-Action Report (AAR) that includes an Improvement Plan (IP) which assigns staff to work on the identified issue to fix/improve them. These improvement items also directly inform the continued development of WCHD plans such as the Medical Countermeasures Plan, Pandemic Influenza Plan and the POD Operations Manual. The intent is to continuously improve operations and the planning documents that ultimately will be the blueprint for the next public health emergency response.

The Medical Reserve Corps (MRC) volunteers are individuals who are either medical (e.g., EMT, RN, MD) or non-medical experience/professional training. These volunteers staff a variety of positions such as Medical Recovery Lot, Vaccinators, Forms, etc., based on their professional certification(s). Public Health Preparedness (PHP) is also coordinating with a variety of community partners who are volunteering their time to support the COVID-19 Vaccine Operations.

Organization	Role	Number of Volunteers
WCHD MRC	Medical and Non-medical, vaccinators, evaluators, recovery lot, traffic	464
National Guard	POST & POD	35
State of Nevada Board of Pharmacy	Pharmacists and Pharmacy Techs, drawing vaccine	56
UNR School of Community Health Sciences	College students, Recovery Lot	27
IZ Nevada	Evaluators	64
CERT	Traffic	10
Federal Agencies* (FEMA, USDA)	Operations, vaccinators	17
Total		673

In the month of April, WCHD partnered with Northern Nevada Medical Group, Sparks Fire and Reno Fire to host remote COVID-19 vaccination PODs. These PODs occurred over 15 separate dates at locations such as County parks, the Nugget, the Atlantis, the Peppermill Casino Resorts, Alf Sorenson and Evelyn Mount Community Centers. The WCHD provided approximately 125 MRC volunteers in support of these PODs.

During the week of April 19, National Volunteer Appreciation Week, the volunteers were greeted at the POD by a customized banner thanking them for their efforts. They received a small thank you goody bag with Extra gum and a note letting them know they are "Extra" special. The volunteers and all POD staff received a hosted lunch one afternoon during the week.

The COVID-19 Call Center received a total of 1,762 risk assessments over the month of April, with some entered by end-users through the web portal, and others entered by the Call Center staff.

As of May 5, 2021, the COVID-19 Call Center was staffed with a total of 33 personnel, comprised of six UNR paid contractors, 12 members of the National Guard, nine Talent Framework temporary agency staff, five Federal Emergency Management Agency (FEMA) personnel and one Washoe County Health District employee. A total of 4 personnel were assigned to COVID-19 testing specific tasks, and all other staff were assigned to both testing and vaccine related items. An additional 19 staff members from the State of Nevada, FEMA and Talent Framework process vaccine data entry daily.

Healthcare Preparedness Planning (HPP)/Inter-Hospital Coordinating Council (IHCC)

Exercises and Trainings - On April 16, the Healthcare Public Health Emergency Response Coordinator (PHERC) attended the Western Region Burn Consortium Creek Fire tabletop exercise (TTX), Part II exercise. The objectives of this exercise helped identify open burn beds and support patient movement in collaboration with local, state, and regional agencies as well as identify patient movement considerations for vulnerable populations, including children. This exercise required non-burn centers to take and treat burn injury patients for up to 96 hours.

On April 12-15, the Healthcare PHERC and three coalition partners participated in the virtual 2021 Preparedness Summit. Lessons learned, such as a need to fully leverage this moment to overhaul the long-neglected infrastructure of our public health systems, updating social media communications for future events, and how to sustain relationships that were made during COVID-19 were identified. Items such as this will be discussed at the next IHCC meeting in May.

On April 20, the Healthcare PHERC, REMSA and Renown participated in an Active Shooter Exercise with the Veterans Administration (VA) hospital at one of their outpatient clinics. Command kits were discussed as well as lessons learned.

On April 23, the initial planning meeting for Reno Rising 2021- National Disaster Medical System (NDMS) TTX happened with NDMS participating hospitals, REMSA, WCHD EMS Coordinator, Healthcare PHERC, Washoe County Emergency Manager, Reno VA medical Center and the Reno Tahoe Airport Authority. The goal of this exercise is to determine the ability for the NDMS partners to mobilize and employ health and medical resources essential to support the federal patient movement into the Reno area. A full-scale patient movement exercise will happen in July 2022, based on lessons learned from this TTX exercise.

Upcoming Exercises and Trainings –

- The Burn Care and Mass Casualty Course and Tabletop exercise will be held on May 4.
- Evacuation Med Sled Training will be held at NNMC on May 19.
- The Emergent Evacuation Course and Tabletop exercise will be held on June 7, 8 and 10.
- Reno Rising - 2021 NDMS Tabletop Exercise (TTX) will be held on July 22.

Preparedness Planning - The Healthcare PHERC has been part of a Western Region Burn committee that has developed a Healthcare Coalition (HCC) Burn Surge Annex Template in addition to supplemental guidelines that may assist healthcare facilities care for patients. This aligns with the Assistant Secretary of Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) HCC template and Mass Burn Event recommendations and with state and Western Region Burn Disaster Consortia (WRBDC) recommendations. This Burn Surge Annex will be updated and included in the Mass Casualty Incident (MCI) plan for Washoe County in coordination with Healthcare Coalition Partners. The Alternate Care Site plan has been updated to reflect after action items from COVID-19 and will be reviewed by Healthcare Coalition Partners in May for approval.

On April 30, the Healthcare PHERC, coalition partners and EMS partners met to review and update the MAEA plan. Revisions will be made and provided to the IHCC in May.

On April 21-22, sixteen coalition partners picked up n95 masks and twelve coalition partners had Med sleds available for pick up. Training for the use of sleds will take place on May 19.



EMS Oversight Program

EMS Partners/Task Force - The EMS Coordinator and EMS Partners incorporated the priorities from the review of the recommendations in the TriData and EMS recommendations in the CPSM Report into the EMS Strategic Plan. These priorities include:

1. Training
2. Legal protection
3. Priority response

4. Automatic response agreements
5. Standardize performance measures across all agencies

The Strategic Plan was presented and approved by EMSAB on May 6, 2021 and will be presented to DBOH for approval on May 27, 2021.

Emergency Medical Services Advisory Board (EMSAB) - The EMSAB scheduled to meet May 6 to discuss the revisions to the EMSAB bylaws. The bylaws were revised to closer align to the Interlocal Agreement (ILA). Partners will have the opportunity to make requests to the EMSAB for possible action by requesting an agenda item through EMS Oversight Program staff. The EMSAB will have a standing agenda item at the DBOH meetings on a quarterly basis to provide updates and progress, the chairman will lead these presentations. Chair Krutz will provide an update to the DBOH June 24, 2021.

REMSA Exemption Requests - The blanket exemption to response times expired on April 26, 2021. Table 1 summarizes REMSA Exemption Requests.

Table 1. REMSA Exemption Requests							
Exemption	System Overload	Status 99	Weather	Other	Total	Under Review	Approved
January 2021	23	2	*3 (BWE)		28		28
February 2021	5				5		5
March 2021	13				13		13
April	52				52	5	47

*Blanket Weather Exemption (BWE) requests received were for three separate weather incidents which lead to 13 late calls.

REMSA Call Compliance - Due to low call volumes in the separately defined response Zones B, C and D, REMSA compliant response will be calculated in accordance with the Amended and Restated Franchise Agreement for Ambulance Service dated May 2, 2014, as combined zones B, C, and D for all Priority 1 calls. Calculations for Zones B/C/D and "All Zones" were removed because the previous calculations for Zones B/C/D separately and "All Zones" do not align with REMSA's Franchise Agreement. Table 2 summarizes REMSA's compliance.

Table 2. REMSA Percentage of Compliant Priority 1 Responses by Zones		
Month	Zone A	Zone B, C, and D
July 2020	*88%	*84%
August 2020	*85%	*88%
September 2020	*89%	*96%
October 2020	*88%	*93%
November 2020	*87%	*90%
December 2020	*89%	*90%
January 2021	*86%	*87%

February 2021	*89%	*90%
March 2021	*87%	*83%
April 2021	*87%	*81%

*The REMSA Percentage of Compliant Priority Responses will not be recalculated retroactive to July 1, 2020, which would show 100% compliance in all zones, due to the approval of the blanket exemption. REMSA and the Oversight Program acknowledge that there is still the need to review response times even with the blanket exemption approval. Compliance percentage will still show the actual response compliance percentage in Zone A and B/C/D to continue to evaluate actual response time. Although the calls will not be recalculated, REMSA will not be held against them during this blanket approval time period.

Trauma Data Report – The Washoe County 2019 Trauma Data Report was presented to and approved by EMSAB on May 6, 2021. Highlights from the report indicated that there was a decrease in trauma incidents per 100,000 population, however, there was a noticeable increase in incidents in the 65 and older age groups. Major contributors to accidents in this age group are unintentional tripping and falling. In 2019 compared to previous years, there was an increase in unintentional trauma activities and a decrease in intentional trauma incidents.

Franchise Compliance/Miscellaneous - The Franchise Agreement Compliance Checklist was revised and reviewed with REMSA. The Compliance Checklist revision is complete, and an agenda item is being presented to the DBOH for possible approval. The checklist was last reviewed and approved by the DBOH May 26, 2016.

Community of Service Development – Memo Review - The EMS Oversight Program reviews and analyzes project applications received from the Planning and Building Division and Community Services Department (CSD) and provides comments and/or conditions for the applications to the CSD. Relevant agency comments are included in the staff report and agency conditions are incorporated as Conditions of Approval. The Program reviewed seven project applications for the month of April and submitted comments on two. The EMS Oversight program has also incorporated REMSA and the Truckee Meadows Fire Protection District agency where the project is located for review and comments to include regarding EMS impacts. REMSA and Fire had no comments for the projects in April.

Vital Statistics

Vital Statistics has continued to serve the public through the mail, online and in-person. Vital Statistics registered 512 deaths and 479 births, and corrections were made for 16 deaths and 52 births during April. Vital statistics also submit weekly records on decedent information for HIV/AIDS and a monthly update to senior services.

Table 1: Number of Processed Death and Birth Records

April	In Person	Mail	Online	Total
Death	1722	53	399	2174
Birth	928	85	409	1422
Total	2650	138	808	3596

**Office of the District Health Officer
District Health Officer Staff Report
Board Meeting Date: May 27, 2021**

DATE: May 17, 2021
TO: District Board of Health
FROM: Kevin Dick, District Health Officer
 775-328-2416; kdick@washoecounty.us
SUBJECT: District Health Officer Report – Local Authority Plan, COVID-19 Response, Joint Information Center, Washoe County Budget Process Update, Public Health Accreditation, Community Health Improvement Plan, Workforce Development, and Public Communications and Outreach.

Local Authority Plan

The Board of County Commissioner (BCC) approved the Local Authority Plan which was endorsed by the necessary parties during their May 3 meeting which was then approved by the Governor the same day. On May 11, the BCC approved an amendment allowing nightclubs, dayclubs, and adult entertainment to reopen in Washoe County, subject to social distancing requirements and vaccination or testing requirements for topless dancers. On May 13, the CDC released their new guidance which allows fully vaccinated individuals not to wear masks or socially distance which became effective under the local authority plan.

COVID-19 Response

As of May 17 Washoe County is considered moderate for community transmission of COVID-19 per the CDC criteria. For the first time since the State County Tracking criteria was established Washoe County is not flagged for any criteria. New cases per 100,000 population over a 30-day period stand at 194, below the threshold of 200, and test positivity rates are at 4.8% below the 8% threshold. Testing demand has fallen significantly but remains well above the threshold of 100 daily tests per 100,000 population, at 160.

Vaccination efforts continue and we are now able to provide vaccinations to children that are twelve and older. Vaccinations are now provided to those who show up at our POD without an appointment and we have initiated a number of community based PODs to bring vaccinations to people where they are. Homebound vaccinations also continue.

While we have seen a decline in the rate of people initiating vaccinations, that decline has not been as abrupt in Washoe County as in other areas of Nevada. In Washoe County as of May 16, 80,680 doses have been administered per 100,000 population, this compares with 70,620 in the Quad Counties area,

65,300 in Clark County, and 52,380 in the remainder of the state. 53.16% of the County population that are twelve of older have initiated vaccinations, and 44.34% of the twelve and older population has completed vaccinations.

Significant investment has been made to relocate the POD at the Livestock Events Center to a more permanent location that will allow for other events including the Reno Rodeo to occur at the Events Center. Community Services Division (CSD) personnel assisted with the paving and infrastructure design and contracting for the paving of the area where the Armory previously stood and the POD structures and materials were moved to the new location with the assistance of the Nevada National Guard contingent over the period of May 15 -18.

The Nevada National Guard and other federal support personnel are beginning to demobilize some of their personnel and this will continue in phases until they fully demobilize in September. Discussions are occurring on the future transition from the regional incident management team structure to the Health District providing services in support of vaccinations, testing, disease investigation, and contact tracing. Unknowns include whether the region will experience any future surges in cases, as well as whether a booster will be required in the future and if so at what frequency.

Joint Information Center (JIC)

The JIC sent expanded messaging in early April regarding the eligibility requirements for the COVID-19, which was opened to all residents on April 5, 2021. We also launched a new scheduling tool that required public education.

In addition to the weekly newsletters, we also spearheaded communication regarding the local control plan. Lastly, we issued a press release regarding the more-contagious COVID-19 B.1.1.7 variant.

From the Health District communication perspective, we informed the public about an aerial mosquito abatement going on in early May and supported the FDA's action to ban menthol cigarettes and flavored cigars.

Washoe County Budget Process Update

At the May 11 Board of County Commissioners (BCC) meeting the BCC acknowledged a status report from the County for the Fiscal Year 2022 (FY22) Budget. Staff reported that amidst the better than anticipated financial status, challenges remain, including ongoing pandemic response/recovery costs, expansion of regional homelessness services, legally obligated property tax refund, 2021 Nevada Legislative Session impacts, replenishment of Stabilization and Risk Management reserves, and restoration of funding reduced/eliminated in the FY21 budget.

The County Manager's FY22 Recommended Budget includes the Health District County General Fund support of \$9,516,856 which has been at this level since Fiscal Year 2019. The BCC reaffirmed the goals to maintain services, keep employees working, and use reserves wisely. A public hearing has been set for May 18 for the BCC to adopt the FY22 budget which includes the Health District Budget of \$25.6 million, excluding the additional \$19.5 million COVID-19 response grant funding that will be added into the Health District budget for FY21 with the balance of funding carried into FY22.

Public Health Accreditation

Staff attended a webinar, “PHAB Guidance on Scope and Process” to learn about the new revisions and requirements of the Annual Report, due September 2021. PHAB revised its Scope of Authority policy to include more population-based services and interventions and be more inclusive of activities of health departments.

Community Health Improvement Plan

Implementation of the community health improvement plan is well underway. A tracking system is being developed to better track progress of CHIP activities and accomplishments.

Behavioral Health and Housing and Homelessness- Smaller workgroups are actively working on CHIP action plan items. We continue to monitor the items included in the CHIP that are included in bills currently making their way through the legislative process.

Nutrition and Physical Activity- The Family Health Festival committee is planning for the “Back to School” event on July 24th. The event will include school vaccinations, pediatric screenings as well as other direct services for families. Over the past year, the 5210 Healthy Washoe Program has been paused due to COVID however, TMCC is in the process of registering to be a 5210 Healthy Washoe partner. A presentation was delivered to TMCC’s Wellness Committee and they are actively working on scheduling a presentation with their leadership team to begin the program.

Workforce Development

Revisions to the external customer service survey are being drafted for review. The revisions implemented in 2021 will remain the same for the next three years to assess data and identify trends. Beginning July 1, the survey will open for one year and the survey will be distributed through multiple avenues in an effort to increase participation from the community.

Att.: April Media Mentions

DATE

STORY

Inquiries

4/1/2021

[KOLO: Washoe County, Quad-County vaccine eligibility lowered to age 16 and older](#)

[This is Reno: County warns of possible surge in new cases](#)
[KUNR: KUNR Event Recap: Northern Nevada COVID-19 Vaccine Rollout](#)
[KOLO: TMFPD hosting drive through vaccine clinic Saturday](#)
[RGJ: UNR researchers show it's possible to predict spikes of COVID-19 cases with wastewater](#)
[KOLO: Washoe County COVID-19 Update: 68 new cases, 74 recoveries](#)
[KRNV: How to sign up for the COVID-19 vaccine in northern Nevada](#)

KOLO: Ryan Canaday asked how long until our COVID-19 appoints were booked. About 30 minutes.

KOH: Daniela Sonino interviewed Andrea Esp about volunteers needed.
KTVN: Asked to shoot b-roll from the POD.
KRNV: Asked to do a live shot from the POD.

4/5/2021

[This is Reno: County proposing to lift capacity restrictions on businesses if social distancing maintained](#)
[KTVN: COVID-19 Vaccines Available For Residents 16 And Older](#)
[Associated Press: All Nevadans 16+ now eligible: State expects wide eligibility to draw big wave to vaccines](#)
[KOLO: Washoe County, Quad-County vaccine eligibility lowered to age 16 and older](#)
[KOH: Washoe County Health District needs volunteers – Andrea Esp interviewed](#)
[KOLO: Washoe County COVID-19 Update: 211 new infections, 130 recoveries](#)
[This is Reno: COVID-19 vaccine scheduling opens for those 16 and older](#)
[KUNR: Photos From The Field: A Year In The Pandemic](#)
[Capitol Radio: California Coronavirus Updates: Nevada Expects Big Wave Of Vaccine Sign Ups As Eligibility Widens](#)
[Nevada Independent: What happened here: How Nevadans changed the course of the pandemic and how it in turn changed us](#)
[KRNV: UPDATED: How to sign up for the COVID-19 vaccine in northern Nevada](#)

KOLO: Ryan Canaday interviewed Scott Oxarart about COVID-19 FAQs.
KTVN: Valentina Bonaparte did a live shot at the POD.

4/6/2021

[KTVN: Vaccine appointments available through the Health District](#)
[KRNV: COVID-19 Vaccines Available For Residents 16 And Older](#)
[KOH: Positivity rate continues to climb](#)
[KUNR: Washoe County Health District launches new scheduling platform](#)
[KOH: Washoe County announces new COVID-19 scheduling tool](#)
[KOLO: Washoe County COVID-19 Update: 211 new infections, 130 recoveries](#)

KTVN: Paul Nelson interviewed Scott Oxarart about vaccines; did a live shot from POD

Reno News & Review: Frank X. Mullen inquired about race/ethnicity info for vaccines administered in Washoe County.

This is Reno: Bob Conrad asked for a statement regarding the Truckee Meadows COVID Risk Meter going back up to orange.

4/7/2021

[KRNV: All social distancing rules to be dropped when Washoe County hits 75% vaccination rate](#)

[KTVN: You can now select your vaccine type at LEC](#)

[KRNV: About 24 percent of Washoe County residents are fully vaccinated](#)

[KOLO: Washoe County COVID-19 Update: 65 new cases, 68 recoveries](#)
[KTVN: Washoe County Commissioners Scheduled to Discuss Proposed Reopening Plan on Thursday](#)
[This is Reno: Washoe County proposing to lift capacity restrictions on businesses if social distancing maintained](#)
[KOLO: Washoe Co. reopening plan calls for eased COVID-19 restrictions](#)

Reno News & Review: Frank X. Mullen requested an interview about vaccine hesitancy.

KTVN: Ryan Canaday asked if people who reside in one county can get a vaccine in another county. Spoke to the state; it's allowed but not recommended.

4/8/2021

[RGJ: Lucey unsuccessfully pushes to drop mask mandate in Washoe as counties take over COVID mitigation measur](#)

[KTVN: Vaccinations Continue To Increase In Washoe County](#)

[This is Reno: COVID-19 Risk Meter inches back into high range](#)

	<p>KOLO: Commissioners vote 4 to 1 in favor of amended reopening plan KTVN: Janssen vaccine supply to drop KOLO: Washoe County COVID-19 Update: 1 death, 100 recoveries RGJ: Test positivity rate increases in Washoe County and across the state</p>	
4/9/2021	<p>KOLO: Washoe County COVID-19 vaccine information</p> <p>KTVN: Vaccine Passports Are Not A Focus In Northern Nevada</p> <p>KTVN: Do I need the vaccine if I already got COVID-19? KRVN: J&J vaccine shipments decrease Moonshine Ink (Lake Tahoe): Addressing Questions About Covid Vaccine Safety Lotus Radio: Smoke Free Truckee Meadows interview with Kelli Goatley-Seals</p>	<p>KTVN: Paul Nelson asked us about vaccine passports. No interview was done but generally we have concerns with vaccine equity.</p> <p>KOLO: Ed Pearce asked if it was a good idea to laminate your vaccine card; Staples apparently is doing it for free. Our stance is we don't have any guidance yet on what to do with those cards yet so don't laminate it yet but definitely store it in a safe place.</p>
4/12/2021	<p>This is Reno: County health board opposes proposed changes to reopening plan KOH: Washoe County COVID-19 report KOH: Vaccine hesitancy story</p>	<p>KTVN: Paul Nelson request permission. KRVN: Kenzie Margiott asked for the link to today's media briefing. KOLO: Audrey Owsley inquired about COVID-19 reports. KOLO: Ed Pearce asked some COVID-19 questions.</p>
4/13/2021	<p>KOLO: Push back on Washoe County reopening plan amendments KTVN: COVID-19 Increases Among Younger Nevadans, Drops Among Older Population KTVN: Nevada to 'Pause' J&J Vaccine While U.S. Investigates Reports of Rare Blood Clots RGJ: Washoe County residents scheduled to get Janssen vaccine will now receive Moderna or Pfizer KOLO: Nevada announces "pause" of J&J vaccine after reports of blood clots Associated Press: Nevada joins states pausing use of Johnson & Johnson vaccine</p> <p>This is Reno: Virtual COVID-19 Vaccine Town Hall, Wednesday, April 14</p> <p>KTVN: Demand still high for COVID-19 vaccine KTVN: COVID-19 transmission high with athletic events KRVN: County asks that you fill out questionnaire in advance KOLO: COVID-19 update KOLO: COVID-19 update for athletics</p>	<p>KTVN: Michelle Lorenzo asked about the Janssen vaccine. RGJ: Kristin Oh asked about the Janssen vaccine. Associated Press: Scott Sonner asked about the Janssen vaccine. KRVN: Jenee Ryan asked about the Janssen vaccine. RGJ: Siobhan McAndrew asked about contact tracing for athletics. KOLO: Kelsey Marier asked about breakthrough cases.</p> <p>Reno News & Review: Frank X. Mullen will conduct an interview with Christabell Sotelo tomorrow about COVID-19 in the Hispanic Community.</p>
4/14/2021	<p>KRVN: Washoe County Pauses use of Janssen Vaccine</p> <p>KOH: Janssen vaccine pause</p> <p>KUNR: Janssen vaccine pause</p> <p>3News (Las Vegas): Health experts say the J&J pause shouldn't affect Nevada's vaccine efforts KTVN: Nevada Woman One Of Six With Serious Reaction To Johnson & Johnson Vaccine KOLO: Washoe County COVID-19 Update: More than 250K vaccine doses administered KOLO: Johnson and Johnson vaccine side effect case linked to Nevada RGJ: Nevada woman was one of six who suffered severe reaction to Johnson & Johnson COVID-19 vaccine</p>	<p>KOLO: Booked an interview with Kelsey Marier and Heather Kerwin for next Wednesday about breakthrough COVID-19 cases (Those who get COVID-19 after receiving a COVID-19 vaccine).</p> <p>KOLO: Ed Pearce requested an interview about the Janssen vaccine.</p> <p>Reno News & Review: Christabell Sotelo-Zecena was interviewed by Frank X. Mullen about vaccine hesitancy in the Hispanic Community.</p>

4/15/2021	Associated Press: Full reopenings June 1 concern Washoe County health officer KTVN: Washoe County Building New Permanent Vaccination Site KOLO: Vaccines through the eyes of local minorities	<p>Associated Press: Scott Sonner asked if Washoe County was presenting at today's State COVID-19 Task Force meeting. Nope, next Thursday.</p> <p>RGJ: Siobhan McAndrew asked about contact tracing for athletics again.</p> <p>KTVN: They took some b-roll of construction of the new POD site.</p>
4/16/2021	KOLO: J & J vaccine 'pause': Local agencies adapt KRNV: Reno doctor says severe reaction to Janssen vaccine is 'one in a million cases' RGJ: Blame flew after Damonte Ranch-Spanish Springs final football game was canceled. Here's what happened KTVN: Some Vaccine PODs See Decreasing Demand KTVN: Homebound vaccines available Associated Press: Vegas vaccine site closing due to demand drop; new cases up	<p>KTVN: Cynthia Sandoval requested permission to shoot their live shots at the POD and take b-roll of the recovery lot.</p> <p>KOLO: Kelsey Marier requested permission to shoot live shots at the POD.</p> <p>RGJ: Jason Hidalgo asked for clarification on the dashboard.</p> <p>KOLO: Denise Wong wanted to clarify some of the POD site details.</p> <p>Associated Press: Scott Sonner requested details on the POD move.</p> <p>KOLO: Kelli Goatley-Seals was interviewed by Ariana Bennett for Face The State on Wednesday; will air on Sunday.</p>
4/19/2021	KRNV: COVID-19 vaccine site workers given free lunch KOLO: New POD vaccination site Reno News & Review: Shots reaching Latinos' arms Reno News & Review: Bridging a language barrier Washoe County: Fentanyl-related deaths have more than doubled in Washoe County over the past year. KOLO: Washoe County says there are vaccine appointments available KRNV: Reno Rodeo 'committed' to having 100% capacity at 2021 event	<p>KRNV: Madison McKay inquired about the lunch ITS Logistics provided on Saturday.</p> <p>Las Vegas Review Journal: Mary Hines interviewed Heather Kerwin about COVID-19 disease investigation.</p> <p>KTVN: Bryan Hofmann asked about fentanyl-related deaths</p> <p>RGJ: Kristin Oh asked about fentanyl-related deaths</p> <p>KOLO: Ed Pearce interviewed Scott Oxarart about vaccine cards. Don't laminate them just yet.</p> <p>KTVN: They came to the vaccine recovery lot and shot b-roll.</p> <p>RGJ: Jason Hidalgo had some vaccine data questions.</p>
4/20/2021	KRNV: Bishop Manogue High School forced to shut down due to COVID-19 outbreak KOLO: Vaccination card do's and don'ts KTVN: 8,000 Vaccine Appointments Available At Health District POD RGJ: Updated: Bishop Manogue COVID-19 cases linked to several social gatherings KOH: Washoe County Has Thousands of Vaccine Appointments Available KUNR: Washoe County Inching Closer To 50% Vaccination KRNV: More open slots available at Health District KOLO: 148 new cases in Washoe County over last 3 days KOLO: People need to return for their second dose KOH: People need to return for their second shot KRNV: More open slots available at Health District	<p>RGJ: Siobhan McAndrew requested information related to a B.1.1.7 case at Bishop Manogue.</p> <p>KTVN: Ryan Canaday interviewed Scott Oxarart about the COVID-19 vaccine.</p> <p>KUNR: Stephanie Serrano asked about youth sports and COVID-19 transmission.</p>
4/21/2021	KRNV: Demand for COVID-19 vaccine decreasing in Nevada well before herd immunity benchmark RGJ: Washoe County sees large spike in B.1.1.7 variant cases of COVID-19 KTVN: 67 Additional Cases of UK COVID-19 Variant Confirmed in Washoe County KOLO: WCHD confirms 67 new cases of UK COVID-19 variant KUNR: KUNR Today: Nevada Responds To Chauvin Guilty Verdict, Bishop Manogue Sees COVID-19 Outbreak KRNV: Ask Joe: why are some people seeing \$40 charge for Covid vaccine? KOLO: Nevada mask mandate will stay in effect KRNV: Demand for COVID-19 vaccine decreasing in Nevada well before herd immunity benchmark	<p>RGJ: Kristin Oh requested information related to B.1.1.7 cases.</p> <p>KTVN: Paul Nelson interviewed Heather Kerwin about the COVID-19 variants.</p> <p>KRNV: Zac Slotemaker asked about B.1.1.7.</p>
4/22/2021	KOLO: Health experts: it's possible to get COVID-19 between vaccine doses RGJ: Health district, city of Reno reject COVID-19 reopening plan approved by Washoe County	<p>RGJ: Anjeanette Damon requested Kevin Dick's non-endorsement letter to state task force late last night.</p> <p>KRNV: Kenzie Margiott requested Kevin Dick's non-endorsement letter to state task force late last night.</p>

	<p>Associated Press: Vegas-area lawmakers link capacity to COVID-19 vaccine rates</p> <p>This is Reno: County to change COVID-19 plan after rebukes from Reno, Health District and School District</p> <p>Nevada Independent: Washoe to continue to work on reopening plan as other counties' proposals advance through</p> <p>KTVN: Health Officials encouraging everyone to get vaccinated</p> <p>KUNR: 45,000 total cases of COVID-19 in Washoe County</p> <p>KRNV: Bishop Manogue affected by new B.1.1.7 cases</p> <p>RGJ: State task force says Washoe County needs city, health district support for reopening plan</p> <p>RGJ: Health district, city of Reno reject COVID-19 reopening plan approved by Washoe County</p>	<p>KOLO: Steve Timko requested Kevin Dick's non-endorsement letter to state task force late last night.</p> <p>This is Reno: Bob Conrad requested Kevin Dick's non-endorsement letter to state task force.</p> <p>KTVN: Paul Nelson had a question about Local Control.</p>
4/23/2021	<p>KRNV: Washoe County to submit revised reopening plan to state's task force</p> <p>KTVN: Health Leaders Concerned Over Decline In COVID-19 Vaccine Appointments</p> <p>Nevada Sports Net: Wolf Pack plans on 'full stadium, full normal football experience' in 2021</p> <p>KTVN: COVID-19 spread happening through private gatherings</p> <p>KTVN: Was the COVID-19 vaccine developed too quick?</p> <p>KRNV: County Commission plan not endorsed by Health District</p> <p>KUNR: B.1.1.7 variant in Washoe County</p> <p>KRNV: Bishop Manogue affected by new B.1.1.7 cases</p> <p>RadioSource.com: Washoe County Health District utilizes the VoiceStar AM radio station</p>	<p>KTVN: Valentina Bonaparte interviewed Scott Oxarart about Janssen vaccine and did a live shot at the POD.</p> <p>KRNV: Kenzie Margiott requested permission to film the POD.</p> <p>KOLO: Denise Wong asked about vaccine percentages in Washoe County.</p> <p>RGJ: Siobhan McAndrew asked about COVID-19 in schools.</p>
4/26/2021	<p>Nevada Independent: Casinos, other gaming establishments to follow new county rules on occupancy, social distancing</p> <p>Associated Press: Health officials try to reverse declining vaccination rates in Nevada</p> <p>This is Reno: County proceeds with Janssen vaccine, more than half of the community vaccinated</p> <p>KOH: COVID-19 case update</p> <p>KTVN: Was the COVID-19 vaccine developed too quick?</p>	<p>RGJ: Anjeanette Damon inquired about the POD operation and the Reno Rodeo in June.</p> <p>KTVN: Victor from KTVN took some b-roll and did a live shot at the POD.</p> <p>UNR: A student journalist took some b-roll from the POD.</p> <p>This is Reno: Bob Conrad had some COVID-19 questions and questions about Nancy Diao from her briefing</p> <p>KTVN: Asked for Nancy Diao's title.</p> <p>RGJ: Siobhan McAndrew asked about COVID-19 cases in schools</p>
4/27/2021	<p>KRNV: Health District to continue using Janssen vaccine</p> <p>RGJ: More students being excluded for COVID-19 cases, but school district isn't tracking totals</p> <p>KRNV: Keep wearing your mask; be honest with contact tracers</p> <p>KTVN: Washoe County resuming use of Janssen vaccine</p> <p>KRNV: COVID-19 'Stanford COVID-19 study' not a good study</p> <p>KOLO: Washoe County to resume Janssen vaccine</p> <p>RGJ: Reno Rodeo and vaccination program plan to co-exist at Reno Livestock Events Center</p> <p>KTVN: Washoe County to Hold Special Meeting to Approve New Reopening Plan After Losing Endorsements</p>	<p>RGJ: Anjeanette Damon had follow-up questions about the POD operation during Reno Rodeo.</p> <p>KTVN: Bryan Hofmann from KTVN asked about people not getting their second COVID-19 shot.</p> <p>UNR: Another journalism student asked about the POD.</p> <p>RGJ: Jenny Kane asked for a statement about Burning Man canceling the 2021 event.</p> <p>KRNV: Is interested in doing a story about homebound COVID-19 vaccines. We're working to set them up for a story this week.</p> <p>RGJ: Siobhan McAndrew asked about COVID-19 cases in schools</p>
4/28/2021	<p>RGJ: Tribe, health officials breathe a sigh of relief after Burning Man cancellation</p> <p>KOLO: KOLO ATE: BJ's Barbecue Company</p> <p>KTVN: Why do you still have to wear masks after fully vaccinated?</p> <p>KRNV: Washoe County resuming use of Janssen vaccine</p> <p>KOH: One COVID-19-related death reported</p> <p>KRNV: Rise in college-aged kids getting COVID-19</p>	<p>KRNV: Zac Slotemaker interviewed Katie Doyle about homebound vaccines.</p> <p>KTVN: Victor received his COVID-19 vaccine today and had a cameraman in the front seat with him.</p>

4/29/2021	KRVN: Homebound vaccine program offers hope to Washoe County residents Las Vegas Review-Journal: Nevada wages war on coronavirus mutants KUNR: Rodeo will share parking lot with County vaccination site 99.1 Talk: Burning Man canceled, Health District weighs in KOH: One COVID-19-related death reported KTVN: Journalist gets vaccine administered, talks to city about vaccine promotion efforts	KRVN: Shelby Sheehan interviewed Kelli Goatley-Seals about teen vaping and COVID-19. KTVN: Requested more info for the aerial mosquito abatement.
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4/30/2021	KRVN: COVID-19 vaccine rates continue to drop across Washoe County, health leaders not worried KTVN: COVID-19 vaccine Q&A FOX5 (Las Vegas): They ran the KRVN story in Las Vegas about our homebound vaccine program KRVN: There are no PODS shutting down in Reno, unlike Vegas KTVN: What May 1 means for COVID-19 measures KTVN: Vaccine demand still high in Washoe County KOH: WCHD to conduct mosquito abatement May 5	KOLO: Kurt Schroeder interviewed Lisa Sheretz about FDA ban on menthol cigarettes/flavored cigars. KRVN: Requested information about FDA ban on menthol cigarettes. KTVN: Cynthia Sandoval requested information about ID needed to get a vaccine. NPR: Reporter requested statement regarding Burning Man cancelation on Thursday.
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Total	153	78
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Press Releases

4/1/2021	All residents 16 years and older are eligible for the COVID-19 vaccine in Washoe County on April 5
4/5/2021	New COVID-19 vaccine scheduling tool launched; soonest appointment available is week of April 12
4/8/2021	Washoe County Press release: Washoe County Commissioners proposed amendments to a plan for local authority over COVID response to be brought back at a future meeting for approval
4/9/2021	Weekly COVID-19 Vaccine Community Newsletter – April 9, 2021
4/12/2021	Residents urged to fill out screening questionnaire before COVID-19 vaccine appointment at Livestock Events Center
4/13/2021	Residents with Janssen vaccine appointments will receive either Moderna or Pfizer vaccine
4/16/2021	Weekly COVID-19 Vaccine Community Newsletter – April 16, 2021
4/21/2021	67 additional cases of B.1.1.7 variant confirmed in Washoe County, 112 total
4/23/2021	Weekly COVID-19 Vaccine Community Newsletter – April 23, 2021
4/29/2021	Health District – Vector Borne Disease Program to conduct aerial larviciding starting May 5
4/30/2021	Health District strongly supports FDA working to ban menthol cigarettes, flavored cigars
4/30/2021	Weekly COVID-19 Vaccine Community Newsletter – April 30, 2021

Total	12
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Social Media Followers	WCHD Facebook: 5,380 (+6 since April 1) WCHD Twitter: 2,510 (+22 since April 1)
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