

**WASHOE COUNTY  
DISTRICT BOARD OF HEALTH**

Denis Humphreys, OD, Chairman  
Matt Smith, Vice Chairman  
George Furman, MD,  
Councilman Dan Gustin  
Commissioner Kitty Jung  
Amy J Khan, MD, MPH  
Councilwoman Julia Ratti

**ANNOTATED AGENDA**

Meeting of the  
DISTRICT BOARD OF HEALTH  
Building B  
South Auditorium  
1001 East Ninth Street  
Reno, Nevada  
**July 22, 2010**  
1:00 PM  
**NOTICE**

PURSUANT TO NRS 241.020, PLEASE BE ADVISED THAT THE AGENDA FOR THE DISTRICT BOARD OF HEALTH MEETING HAS BEEN POSTED AT THE FOLLOWING LOCATIONS: WASHOE COUNTY HEALTH DISTRICT (1001 E. 9TH ST), RENO CITY HALL (1 E. 1ST ST), SPARKS CITY HALL (431 PRATER WAY), WASHOE COUNTY ADMINISTRATION BUILDING (1001 E. 9TH ST), AND ON THE WASHOE COUNTY HEALTH DISTRICT WEBSITE @ [WWW.WASHOECOUNTY.US/HEALTH](http://WWW.WASHOECOUNTY.US/HEALTH). PUBLIC COMMENT IS LIMITED TO THREE (3) MINUTES PER PERSON.

The Board of Health may take action on the items denoted as “(action)”.

**Business Impact Statement** – A Business Impact Statement is available at the Washoe County Health District for those items denoted with a \$

1. Call to Order, Pledge of Allegiance Led by Invitation	HELD
2. Roll Call	HELD
3. Public Comment (3 minute time limit per person)	NO COMMENTS PRESENTED
4. Approval/Deletions to the Agenda for the July 22, 2010 (action)	APPROVED AS AMENDED
5. Approval/Additions/Deletions to the Minutes of the June 24, 2010 Meeting (action)	APPROVED

6. Recognitions

INTRODUCTION OF NEW EMPLOYEE  
PEGGY QUIVLAN

PEGGY QUIVLAN

YEARS-OF-SERVICE  
LUPE JIMENEZ – 5 YEAR  
MARCK WICKMAN – 5 YEARS  
JENNIFER HOWELL – 10 YEARS  
DEBORAH CHICAGO – 15 YEARS  
LILIA SANDOVAL – 15 YEARS  
KATIE HILL – 20 YEARS  
TONY MACALUSO – 20 YEARS

7. Consent Agenda

Matters, which the District Board of Health may consider in one motion. Any item, however, may be discussed separately by Board member request. Any exceptions to the consent agenda must be stated prior to approval.

A. Air Quality Management Cases

- 1. Recommendation to Uphold Citations Unappealed to the Air Pollution Control Hearing Board
  - a. Service Master Anytime – Case No. 1052, NOV No. 4426 (action)

UPHELD \$8,000 FINE LEVIED

- 2. Recommendations of Cases Appealed to the Air Pollution Control Hearing Board
  - a. No Cases This Month

B. Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board

- 1. No Cases This Month

C. Budget Amendments / Interlocal Agreements

- 1. Retroactive Approval of District Health Officer's Acceptance of Subgrant Amendment #2 from the Nevada State Health Division in the Amount of \$1,052,883 in Support of the Public Health Preparedness H1N1 Phase 3 Grant Program, IO-10782 (action)
- 2. Retroactive Approval of District Health Officer's Acceptance of Subgrant Amendment #2 from the Nevada State Health Division in the Amount of \$585,283 in Support of the Public Health Preparedness H1N1 Focus Area 1 Grant Program, IO-10780 (action)
- 3. Retroactive Approval of District Health Officer's Acceptance of Subgrant Amendment #1 from the Nevada State Health Division, Bureau of Health Planning and Statistics for the Public Health Preparedness – Assistant Secretary for Preparedness and Response (ASPR) Grant Program that Extends the Term of the Grant Period for One Year Through June 30, 2011, and Authorizes Expenditures Based on the Actual Remaining Balance in an Amount Not to Exceed 15% of the FY09 Award (action)
- 4. Approval of Notice of Grant Award dated June 18, 2010 from the Department of Health and Human Services Public Health Service in the Amount of \$785,000 in Support of the Family Planning Program for the Period of July 1, 2010 to June 29, 2011 (action)
- 5. Approval of Notice of Subgrant Award from the Nevada State Health Division for the Womens, Infants, and Children (WIC) Clinic Program in the Total Amount of \$1,191,109 in Support of Salaries and Benefits, Travel and Training, and Operating Expenditures for the Period of October 1, 2010 Through September 30, 2011; and Approval of Amendments Totaling an Increase of \$74,353 in Both Revenue and Expenses to the Adopted FY 11 WIC Clinic Grant Program, IO 10031, to Bring the FY 11 Adopted Budget Into Alignment with the Grant (action)
- 6. Ratification of Interlocal Agreement Between the Washoe County Health District and Washoe County Through its Department of Juvenile Services to Provide Consultative and Clinical Services for the Period Upon Ratification Through June 30, 2011 (action)
- 7. Approval of Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP) Facility Membership Application; and Approval of MMCAP Facility Membership Agreement with an Approximate Value Amount of \$94,800 (action)

APPROVED

APPROVED

APPROVED

APPROVED

APPROVED

APPROVED

APPROVED

- |     |   |                                   |
|-----|---|-----------------------------------|
| 8.  | Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health<br>A. No Cases This Month  |                                   |
| 9.  | Regional Emergency Medical Services Authority <b>CONTINUED TO AUGUST MEETING</b><br>A. Review and Acceptance of the Operations and Financial Report for June 2010 (action)<br>B. Update of REMSA's Community Activities Since June 2010   | CONTINUED TO 8/26/2010            |
| 10. | Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for June 2010 (action)  | ACCEPTED                          |
| 11. | Update – Fiscal Year 2011 Budget  | PRESENTED                         |
| 12. | District Board of Health Ambulance Service Committee Update   | PRESENTED                         |
| 13. | Discussion of and Possible Direction to Staff Regarding the Board of County Commissioners Final Deliberation of the Diamonte Fire and Fire Based EMS Master Plan (action)   | PRESENTED                         |
| 14. | Follow-up Discussion and Possible Direction to Staff Regarding the Joint Meeting of July 13, 2010, with the Board of County Commissioners (action)  | DISCUSSED WITH DIRECTION TO STAFF |
| 15. | Update on the Washoe County District Board of Health Regulations Governing Solid Waste Management   | PRESENTED WITH DIRECTION TO STAFF |
| 16. | Informational Update on the Health District's Medical Reserve Corps (MRC)   | PRESENTED                         |
| 17. | Staff Reports and Program Updates<br>A. <b>Director, Epidemiology and Public Health Preparedness</b> – Communicable Disease; Public Health Preparedness (PHP) Activities<br>B. <b>Director, Community and Clinical Health Services</b> – No Report This Month<br>C. <b>Director, Environmental Health Services</b> – Vector-Borne Disease and Prevention Program; Illegal Vendors; Special Events; Pools and Spas' Public Information and Outreach<br>D. <b>Director, Air Quality Management</b> - Monthly Report of Air Quality: Everything Green, Monitoring/Planning Activities, Permitting Activities, Compliance/Inspection Activity, and Enforcement Activity<br>E. <b>Administrative Health Services Officer</b> – No Report This Month<br>F. <b>District Health Officer</b> – Visit by Dr. Mary Wakefield, Health Resources and Services Administration (HRSA) Administrator; Joint Meeting of the Board of County Commissioners (BCC) and the District Board of Health (DBOH); Attendance at NACCHO Annual Meeting | PRESENTED                         |
| 18. | Board Comment – Limited to Announcements or Issues for Future Agendas   | COMMENTS PRESENTED                |
| 19. | Adjournment (action)  | ADJOURNED                         |

**NOTE:** Items on the agenda without a time designation may not necessarily be considered in the order in which they appear on the agenda.  
Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, PO Box 11130 Building "B", Reno, NV 89520-0027 or by calling 328-2416.

**WASHOE COUNTY  
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**AGENDA**

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1:00 PM	1.	Call to Order, Pledge of Allegiance Led by Invitation	Dr. Humphreys
	2.	Roll Call	Ms. Smith
	3.	Public Comment (3 minute time limit per person)	Dr. Humphreys
	4.	Approval/Deletions to the Agenda for the July 22, 2010 (action)	Dr. Humphreys
	5.	Approval/Additions/Deletions to the Minutes of the June 24, 2010 Meeting (action)	Dr. Humphreys



6. Recognitions Dr. Humphreys
- A Introduction of New Employee
    - 1. Peggy Quinlan - EHS
  - B. Years-of-Service
    - 1. Maria Jimenez – WIC - 5 Years
    - 2. Melissa Peek – EPHP – 5 Years
    - 3. Mark Wickman – EHS – 5 Years
    - 4. Jennifer Howell – CCHS – 10 Years
    - 5. Deborah Chicago - CCHS – 15 Years
    - 6. Lisa Lottritz – CCHS – 15 Years
    - 7. Lilia Sandoval – WIC – 15 Years
    - 8. Katie Hill – CCHS – 20 Years
    - 9. Tony Macaluso – EHS – 20 Years
7. Consent Agenda Dr. Humphreys
- Matters, which the District Board of Health may consider in one motion. Any item, however, may be discussed separately by Board member request. Any exceptions to the consent agenda must be stated prior to approval.
- A. Air Quality Management Cases
    - 1. Recommendation to Uphold Citations Unappealed to the Air Pollution Control Hearing Board Mr. Bonderson
      - a. Service Master Anytime – Case No. 1052, NOV No. 4426 **(action)**
    - 2. Recommendations of Cases Appealed to the Air Pollution Control Hearing Board Mr. Bonderson
      - a. No Cases This Month
  - B. Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board Mr. Coulter
    - 1. No Cases This Month
  - C. Budget Amendments / Interlocal Agreements
    - 1. Retroactive Approval of District Health Officer's Acceptance of Subgrant Amendment #2 from the Nevada State Health Division in the Amount of \$1,052,883 in Support of the Public Health Preparedness H1N1 Phase 3 Grant Program, IO-10782 **(action)**
    - 2. Retroactive Approval of District Health Officer's Acceptance of Subgrant Amendment #2 from the Nevada State Health Division in the Amount of \$585,283 in Support of the Public Health Preparedness H1N1 Focus Area 1 Grant Program, IO-10780 **(action)**
    - 3. Retroactive Approval of District Health Officer's Acceptance of Subgrant Amendment #1 from the Nevada State Health Division, Bureau of Health Planning and Statistics for the Public Health Preparedness – Assistant Secretary for Preparedness and Response (ASPR) Grant Program that Extends the Term of the Grant Period for One Year Through June 30, 2011, and Authorizes Expenditures Based on the Actual Remaining Balance in an Amount Not to Exceed 15% of the FY09 Award **(action)**
    - 4. Approval of Notice of Grant Award dated June 18, 2010 from the Department of Health and Human Services Public Health Service in the Amount of \$785,000 in Support of the Family Planning Program for the Period of July 1, 2010 to June 29, 2011 **(action)**
    - 5. Approval of Notice of Subgrant Award from the Nevada State Health Division for the Womens, Infants, and Children (WIC) Clinic Program in the Total Amount of \$1,191,109 in Support of Salaries and Benefits, Travel and Training, and Operating Expenditures for the Period of October 1, 2010 Through September 30, 2011; and Approval of Amendments Totaling an Increase of \$74,353 in Both Revenue and Expenses to the Adopted FY 11 WIC Clinic Grant Program, IO 10031, to Bring the FY 11 Adopted Budget Into Alignment with the Grant **(action)**

6. Ratification of Interlocal Agreement Between the Washoe County Health District and Washoe County Through its Department of Juvenile Services to Provide Consultative and Clinical Services for the Period Upon Ratification Through June 30, 2011 (action)
7. Approval of Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP) Facility Membership Application; and Approval of MMCAP Facility Membership Agreement with an Approximate Value Amount of \$94,800 (action)
8. Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health
  - A. No Cases This Month
9. Regional Emergency Medical Services Authority **CONTINUED TO AUGUST MEETING**
  - A. Review and Acceptance of the Operations and Financial Report for June 2010 (action)
  - B. Update of REMSA's Community Activities Since June 2010
10. Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for June 2010 (action)
11. Update – Fiscal Year 2011 Budget
12. District Board of Health Ambulance Service Committee Update
13. Discussion of and Possible Direction to Staff Regarding the Board of County Commissioners Final Deliberation of the Diamonte Fire and Fire Based EMS Master Plan (action)
14. Follow-up Discussion and Possible Direction to Staff Regarding the Joint Meeting of July 13, 2010, with the Board of County Commissioners (action)
15. Update on the Washoe County District Board of Health Regulations Governing Solid Waste Management
16. Informational Update on the Health District's Medical Reserve Corps (MRC)
17. Staff Reports and Program Updates
  - A. **Director, Epidemiology and Public Health Preparedness** – Communicable Disease; Public Health Preparedness (PHP) Activities
  - B. **Director, Community and Clinical Health Services** – No Report This Month
  - C. **Director, Environmental Health Services** – Vector-Borne Disease and Prevention Program; Illegal Vendors; Special Events; Pools and Spas' Public Information and Outreach
  - D. **Director, Air Quality Management** - Monthly Report of Air Quality: Everything Green, Monitoring/Planning Activities, Permitting Activities, Compliance/Inspection Activity, and Enforcement Activity
  - E. **Administrative Health Services Officer** – No Report This Month
  - F. **District Health Officer** – Visit by Dr. Mary Wakefield, Health Resources and Services Administration (HRSA) Administrator; Joint Meeting of the Board of County Commissioners (BCC) and the District Board of Health (DBOH); Attendance at NACCHO Annual Meeting
18. Board Comment – Limited to Announcements or Issues for Future Agendas
19. Adjournment (action)

**NOTE:** Items on the agenda without a time designation may not necessarily be considered in the order in which they appear on the agenda.  
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WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING  
 Board Room - Health Department Building  
 Wells Avenue at Ninth Street

July 22, 2010

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WASHOE COUNTY DISTRICTBOARD OF HEALTH MEETING

July 22, 2010

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WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING  
July 22, 2010

PRESENT: Denis Humphreys, OD, Chairman; Mr. Matt Smith, Vice Chairman; George Furman, MD; Commissioner Kitty Jung; and Councilwoman Julia Ratti (arrived at 1:12pm)

ABSENT: Councilman Dan Gustin and Amy Khan, MD

STAFF: Dr. Mary Anderson, District Health Officer; Eileen Coulombe, Administrative Health Services Officer; Bob Sack, Director, Environmental Health Services; Andrew Goodrich, Director, Air Quality Management; Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness; Mary-Ann Brown, Director, Community and Clinical Health Services; Patsy Buxton, Fiscal Compliance Officer; Noel Bonderson, Air Quality Supervisor; Bev Bayan, WIC Program Coordinator; Stacy Hardie, Public Health Nursing Supervisor; Betsy Hambleton, Medical Reserve Corps Coordinator; Steve Fisher, Department Computer Application Specialist; Curtis Span, Department Computer Application Specialist; Jennifer Howell, Sexual Health Program Coordinator; Deborah Chicago, Community Health Aide; Peggy Quinlan, Environmental Health Specialist; Katie Hill, Office Assistant II; Mark Wickman, Environmental Health Specialist; Lilia Sandoval, Office Assistant II; Lupe Jimenez, Office Assistant II; Tony Macaluso, Environmental Health Specialist Supervisor; Phil Ulibarri, Public Information Officer

At 1:05pm, Chairman Humphreys called the Washoe County District Board of Health meeting to order, followed by the Pledge of Allegiance led by Commissioner Kitty Jung, member of the District Board of Health.

ROLL CALL

Roll call was taken and a quorum noted. Mrs. Janet Smith, Recording Secretary, advised that Councilman Gustin and Dr. Khan are excused.

Chairman Humphreys stated that he has just been advised of the passing of former Governor of Nevada, Kenny Guinn, and requested a moment of silence to honor the Governor.

PUBLIC COMMENT

No public comment was presented.

APPROVAL/DELETIONS – AGENDA July 22, 2010

Chairman Humphreys advised that item 16. Informational Update on the Health District's Medical Reserve Corps (MRC), will be presented following item 7. Consent Agenda items; that he would question if there are any other revisions to the agenda.

Mr. Smith requested item 7.A.1.a. Consent Agenda – Service Master Anytime, Case No. 1052, NOV No. 4426, be considered separately.

**MOTION: Mr. Smith moved, seconded by Ms. Jung, that the agenda for the District Board of Health July 22, 2010 meeting be approved as amended.  
Motion carried unanimously.**

APPROVAL/ADDITIONS/CORRECTIONS – MINUTES – JUNE 24, 2010

Chairman Humphreys called for any additions, deletions or corrections to the minutes of the June 24, 2010 meeting.

**MOTION: Mr. Smith moved, seconded by Ms. Jung, that the minutes of the District Board of Health June 24, 2010 meeting be approved as presented.  
Motion carried unanimously.**

RECOGNITIONS

Mr. Bob Sack, Director, Environmental Health Services, introduced Ms. Peggy Quinlan, advising that Ms. Quinlan is a returning Environmental Health Specialist to the Environmental Health Services Division.

Chairman Humphreys and Dr. Mary Anderson, District Health Officer, presented Certificates of Recognition to Lupe Jimenez for 5 Years-of-Service; Mr. Mark Wickman for 5 Years-of-Service; Ms. Jennifer Howell for 10 Years of Service; Ms. Deborah Chicago for 15 Years-of-Service; Ms. Lilia Sandoval for 15 Years-of-Service; Ms. Katie Hill for 20 Years-of-Service; and Mr. Tony Macaluso for 20 Years-of-Service.

Mr. Sack

Advised Mr. Wickman serves in the Coast Guard Reserve and was recently called up for two (2) months of active duty to respond to the oil spill in the Gulf.

CONSENT AGENDA – AIR QUALITY MANAGEMENT CASE – SERVICE MASTER ANYTIME – UNAPPEALED NOTICE OF VIOLATION

Staff advised that **Citation No. 4426, Case No. 1052**, was issued to **SERVICE MASTER ANYTIME** was issued on March 23, 2010, for the improper removal of asbestos-containing materials without the required work permits and improper work practices conducted at 1551 Delucchi Lane, Unit A. in violation of Section 030.107 (Hazardous Air Pollutants) of the Washoe County District Board of Health Regulations Governing Air Quality Management. Staff advised that Service Master Anytime was advised of the right to appeal; however, no appeal was filed; that Staff recommends Citation No. 4426, Case No. 1052, be **upheld** and a fine in the amount of **\$8,000** be levied as a **negotiated settlement** for a **major violation**.

In response to Mr. Smith

Regarding the "amount being recommended for the fine", Mr. Noel Bonderson, Air Quality Supervisor, advised that Service Master Anytime, is a long established company, which is very familiar with the requirements of the Regulations specific to asbestos-abatement. In this incident Service Master Anytime "circumvented the requirements of the Regulations, as delineated in the Staff Report"; that the "\$20,000 initially recommended was based upon \$10,000 per day for each day the violation occurred"; that during the settlement meeting Staff agreed to reduce the recommended fine to \$8,000, stipulating that Mr. Santos Leon, the General Manager of Service Master Anytime be required to attend and successfully complete a three (3) day (24 hour) asbestos training class becoming certified as an asbestos inspector. Mr. Leon indicated to Staff that "he had failed to follow-up on this project in Reno; that his employees removed asbestos-containing materials without the proper permits or proper work practices. The Regulations allow for a fine of \$10,000 per day for each and every day an asbestos-related violation occurs; that the US EPA would levy a fine in the amount of \$37,000 per day.

**MOTION:** Mr. Smith moved, seconded by Ms. Ratti, that Citation No. 4426, Case No. 1052 (Service Master Anytime), be upheld a fine in the amount of \$8,000 be levied as a negotiated settlement for a major violation.  
**Motion carried unanimously.**

CONSENT AGENDA – BUDGET AMENDMENTS/INTERLOCAL AGREEMENTS

The Board was advised that Staff recommends **retroactive approval** of the **District Health Officer's acceptance of Subgrant Amendment #2** from the **Nevada State Health Division** in the amount of **\$1,052,883** in support of the **Public Health Preparedness H1N1 Phase 3 Grant Program, IO-10782** for the period of July 31, 2009 through July 30, 2010.

The Board was advised that Staff recommends **retroactive approval** of the **District Health Officer's acceptance of Subgrant Amendment #2** from the **Nevada State Health Division**, in the amount of **\$585,283** in support of **Public Health Preparedness H1N1 Focus Area 1 Grant Program IO-10780** for the period of July 31, 2009 through July 30, 2010.

The Board was advised that Staff recommends **retroactive approval** of the **District Health Officer's acceptance of the Subgrant Amendment #1** from the **Nevada State Health Division, Bureau of Health Planning and Statistics** for the **Public Health Preparedness – Assistant Secretary for Preparedness Response (ASPR) Grant Program**, extending the term of the grant period for one year through June 30, 2011, and authorizing expenditures based on the actual remaining balance in an amount not to exceed 15% of the FY 09 award.

The Board was advised that Staff recommends **approval** of the **Notice of Grant Award**, dated June 18, 2010, from the **Department of Health and Human Service Public Health Service**, in the amount of **\$785,000** in support of the **Family Planning Program**, for the period of July 1, 2010 through June 29, 2011.

The Board was advised that Staff recommends **approval of Notice of Subgrant Award** from the **Nevada State Health Division for the Women, Infants and Children (WIC) Clinic Program**, in the **total amount of \$1,191,109** in support of **Salaries and Benefits, Travel and Training, and Operating Expenditures** for the period of October 1, 2010 through September 30, 2011; and **approval of amendments totaling an increase of \$74,353** in both revenue and expenses to the adopted **FY 11 WIC Clinic Grant Program, IO 10031**, to bring the FY 11 adopted budget into alignment with the grant.

The Board was advised that Staff recommends **ratification** of the **Interlocal Agreement** between the **Washoe County Health District and Washoe County** through its **Department of Juvenile Services** to provide consultative and clinical services for the period upon ratification through June 30, 2011.



The Board was advised that Staff recommends **approval** of the **Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP) Facility Membership Application**; and **approval** of **MMCAP Facility Membership Agreement** with an approximate value amount of \$94,800.

**MOTION:** Ms. Ratti moved, seconded by Ms. Jung, that the retroactive approval of the District Health Officer's acceptance of the Subgrant Amendments #2; Subgrant Amendment #1; and the Notice of Grant Award; the Notice of Subgrant Award and corresponding budget amendment; the Interlocal Agreement; the Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP) Facility Membership Application and the MMCAP Facility Membership Agreement be approved as presented and the Chairman authorized to execute on behalf of the District Board of Health where applicable.

**Motion carried unanimously.**

INFORMATIONAL UPDATE – HEALTH DISTRICT'S MEDICAL RESERVE CORPS (MRC)

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

Per the request of the Board, he and Ms. Hambleton will be presenting an update on the current activities of the Washoe County Medical Reserve Corps (MRC), with Ms. Hambleton presenting an update on the current status of the MRC. Upon completion of Ms. Hambleton's presentation he will provide an overview of the status "of insurance and liability coverage, specific to what barriers continue to exist that may be preventing more complete deployment of the MRC."

Ms. Betsy Hambleton, Program Coordinator, Washoe County Medical Reserve Corps

The Medical Reserve Corp was founded after the attack of September 11, 2001; that at that time the Country "was not prepared for the type of devastation and new world facing this nation." A lesson learned from this event was "Every disaster holds evidence of the human capacity to do better..."; that this is accomplished through training, drills, education and the development of a "more cohesive Medical Reserve Corps that leverages partnerships with other agencies."

The importance of being prepared through drills was demonstrated through the efforts of Mr. Rick Rescorla, who was the head of security for Morgan Stanley for a number of years. For years he conducted safety evacuation drills for the 2,700 employees of Morgan Stanley; that when the Twin Towers collapsed on September 11, 2001, only thirteen (13) Morgan Stanley employees, including Mr. Rescorla and four (4) of his other security guards were inside with 2,687 employees escaping. Those employees being saved demonstrates "the importance of training, drilling and understanding

what to do when an emergency happens." Immediately after the collapse of the Twin Towers "there were a number of doctors, nurses and other medical professionals who arrived at various Emergency Rooms to provide assistance; however there was no easy method for verifying medical credentials. Medical credentialing is a very arduous process and in the immediate aftermath of 9/11 there wasn't a process to credential, verify licensure and conduct background checks on all those offering their services.

The Medical Reserve Corps (MRC) was established after 9/11 for the purpose of: 1) Engaging a national network of medical and non-medical volunteers who are: pre-screened with a background check; and credentialed with the appropriate current licensure; and 2) Strengthening the public health infrastructure, emergency response and community resilience. The MRC is comprised of both medical and non-medical volunteers, with approximately 70% of the volunteers being non-medical. The MRC pre-screens volunteers, with background checks through the Sheriff's Office and through Omi-Check, interviewing volunteers; verifying that the licensures are currently valid; that there are no outstanding problems with the licensure, verifying the individual "is in good standing." The purpose of these efforts is "to strengthen the public health infrastructure to support emergency response to promote a resilient community with the ability to stand alone", as after an emergency "help will not be on the way for awhile."

Currently there are 900 MRC units nationwide with in excess of 200,000 volunteers, including Alaska, Hawaii and some of the Pacific Islands. In Nevada there are four (4) MRC groups; that Nevada is "part of Region IX, which includes California, Hawaii, and Arizona"; that should a disaster occur in Nevada, which was not affecting the other States, Nevada "could call upon those other States within Region IX for assistance.

The goal of the MRC 2007 Strategic Plan was to recruit a minimum of twenty-five (25) licensed healthcare providers; fifty (50) non-medical volunteers, with the MRC providing training for all new volunteers specific to: MRC orientation, NIIMS (National Interagency Incident Management System -- Emergency Management. Plan); orientation to the alert/staging processes, CPR and first aid training; deployment and redeployment procedures; conducting a recognition program; and incorporating MRC volunteers in exercises/drills. A component of the recruitment and retention effort is to provide a newsletter and regular communication; that she disseminates the newsletter approximately on a monthly basis. In lieu of a "recognition program" the MRC Program sponsored a seminar with Ms. Ana-Marie Jones as the guest speaker; that Ms. Jones "was highly recommended and the event was highly successful." There have been some difficulties in the efforts to "incorporate the MRC volunteers into drills and exercises due to liability and workman's comp issues."

In 2010 the Washoe County MRC had 158 members; that this past Tuesday evening she conducted a new orientation for eight (8) new members; that individuals with specific licensures "want to contribute their services, skills, knowledge and abilities; that they want to participate." Currently in the Washoe County MRC there are forty-five (45) Registered Nurses; five (5) doctors' four (4) pharmacists; four (4) mental health counselors; thirteen (13) emergency medical specialists; twenty-five (25) other medical personnel; and sixty-two (62) logistics/administrative support personnel. The logistic members are those individuals who assisted during the H1N1 clinics; that these individuals have specific skill sets which are of valuable assistance.

The Medical Reserve Corps is aligned with the plans and priorities of the Office of the Surgeon General; therefore, a goal is to maximize the limited medical resources, which are doctors, nurses and hospital beds. This is achieved through a "strategic approach to the recruitment"; that she would not anticipate recruiting hospital nurses for the MRC, as those nurses would be deployed to the hospitals during a crisis; that the goal would be to recruit nurses from local doctors' offices, those in a non-emergency clinical establishment; nurses who are retired or semi-retired, etc.. There are members of the community who have the time to contribute to the MRC; that to improve the community's response capabilities the members of the MRC are required to take the Incident Command System (ICS) 100 and 200 classes, which reviews the elements of the system, the language; how to function and perform in a crisis and how to interact with the other participating agencies. This training establishes "the framework and the foundation for deploying the MRC volunteers. The MRC assists in developing the community's resiliency through preparation, including "everything from having the go-kits, to the preparation of training and conducting drills; and through the enhancement of recovery efforts, as this is the largest component of a disaster. It is necessary to plan for recovery the "minute the disaster hits; that this is achieved through the training, through the cooperation of other agencies, through drills and familiarizing the volunteers with the other agencies and the face-time spent with volunteers."

In response to a recent inquiry regarding the benefits of the MRC and what would "it be without the MRC", she reviewed the data from the first large scale MRC volunteer deployment, which was the H1N1 clinics. For six (6) weeks from October 17, 2009 through December 7, 2009, MRC volunteers provided 148 "medical hours"; that had the County had to pay for those services at \$25.81 per hour the costs would have been \$3,807; the MRC volunteers provided 312 non-medical hours, which at a cost of \$16.02 per hour would have cost \$5,002; therefore, "total in-kind donation of costs would have been \$8,809; that these costs do not include stated FTE costs of benefits, overhead and office space. The H1N1 event provided a good indication of what these volunteers "can achieve and how dedicated they are."

All basic training provided to the MRC volunteers is free; that all volunteers receive training in first aid, CPR (cardio-pulmonary resuscitation), ICS and NIIMS training courses. As she previously

advised, Ms. Ana-Marie Jones provided a public health preparedness seminar to the volunteers; that an MRC volunteer, Dr. Jay Jeffers, a credentialed instructor in psychological first aid with the American Red Cross, recently provided the first half of a two-part class on psychological first aid. She is attempting to utilize the expertise within the membership of the MRC to provide free instruction for the members "and to leverage community partnerships; that she has invited individual within the courts, the Victim's Advocates, the Crisis Call Center, etc.," to provide whatever training possible to prepare volunteers to respond to a disaster, "working co-operatively with other agencies in offering necessary education and training."

"Expanded training is still necessary, including conducting training and drills with the County's Emergency Operations Center (EOC); however, this cannot be achieved until such time as the issue of workman's compensation and liability is addressed." Washoe County has the potential of a variety of different disaster that may occur, including floods, wildfires, earthquakes, and pandemics. She is interested in expanding the potential of Washoe County's MRC volunteer staff; that a possibility is to offer "free blood pressure screenings at the Senior Center and at other area events; that there are nurses who have indicated a willingness to do this. It is a mistake to recruit people with a skill-set, abilities and knowledge and then not use them"; that these individuals will become disinterested and leave; that she wants to utilize those abilities. Another utilization of the MRC is the upcoming 'Kindergarten Round-up and the 7<sup>th</sup> grade Tdap efforts." To achieve these goals will require the Board of Health's support to address the liability and workman's compensation issues.

It will be necessary to "expand the MRC support, which could include investigating potential disaster shelters with the American Red Cross. Washoe County shares a 20-bed portable Alternate Care Site with Carson City; that the MRC volunteers could be utilized to deploy this site and assist in staffing it and disaster shelters, providing relief for Staff when necessary, etc. The MRC is currently an existing component of the healthcare infrastructure – "they are here, they are trained, recognized and funded"; that MRC volunteers "are a goldmine of experience, skills, knowledge and abilities; that they should be used." MRC volunteers "have dynamic capabilities doing as much or as little as they are allowed to do; that there are MRC volunteers who have inquired as to volunteering their services at the clinic and are eager to do so." She "would like to present the opportunities for those volunteers to provide their services"; that the Health District "trains them and would like to deploy them." Further, it is necessary to recognize their efforts; that these individuals have already donated in excess of \$8,800 of in-kind services within six (6) weeks, that her plans are to formally recognize these efforts next year.

Dr. Randall Todd

Ms. Hambleton referred to barriers as to "why the MRC volunteers have not been deployed more"; that lack of workers' compensation is on of those." On April 27, 2010, the Board of County Commissioners received a staff report from Mr. John Sherman, the Acting County Risk Manager and the County Finance Director, advising that "in order to provide workers' compensation to non-statutory volunteers would require: 1) the Board of County Commissioners would have to approve the request; 2) there would have to be an application to the Nevada Division of Industrial Relations; and 3) there had to be a roster of the members.

On April 27, 2010, the Board of County Commissioners did vote to approve the request; that the membership roster already exists; however, Staff is unaware of the status of the application to the Nevada Division of Industrial Relations. Staff has inquired "if the application has been filed"; however, Staff has not received a response. If it has been filed with the State, Staff "does not know if it is pending or how long the approval process takes." There was the perception "the Board of County Commissioners" had resolved this issue; that the BCC did approve the necessary the concept; however, the application component has to be approved prior to the process being complete.

Another issue of "insurance is liability coverage, which was discussed at the April 27, 2010 Board of County Commissioners' meeting"; that Mr. Sherman did indicate "the volunteers themselves do have some protection, some immunity from civil liability under the auspices of the Volunteer Protection Act of 1997 and *Nevada Revised Statute* Chapter 41." The issue is "neither of those Laws protects the County"; therefore, "while a volunteer may be immune from civil liability due to his/hers actions or inactions the County could be sued for something a volunteer either did or didn't do." The County's response to address the potential liability is to request the volunteer execute a Volunteer Agreement to indemnify the County"; therefore, "a volunteer would not be personally liable because of the Acts, which provide protection"; however, "should the County be sued" because of the action or inaction of a volunteer the volunteer "will personally indemnify and hold harmless the County." Most physicians interested in volunteering with the MRC have indicated "they will not sign such an agreement; that the BCC did receive testimony from an MRC volunteer physician as to why he could not sign such an agreement." At the meeting, Mr. Sherman did propose, as an alternative to the current practice of requiring the volunteers to indemnify the County, the County could purchase additional insurance coverage through a liability policy. Mr. Sherman indicated one (1) policy could be acquired at a cost of approximately \$5,000; that the Board of County Commissioners requested staff to investigate this alternative and present more information to the BCC for additional discussion.

In the interim the County requires the "hold harmless and indemnification clause in the Volunteer Agreement, which is presenting a barrier to physicians participating." The County is concerned about potential liability; however, there are similar liability concerns "anytime the doors of the Department are opened." When the Health District provides immunizations there is a risk the Health Department "could be sued for the actions or inactions of the employees. It is incumbent upon the Health District and all County Departments to mitigate those liability risks; that this is achieved through screening the employees to ensure a level of appropriate training and credentials. The Health District verifies licensure credentials; that background checks are conducted and employees are subjected to training; that all of these are conducted to mitigate the potential liability." The same process is implemented for volunteers; that "the only difference between a volunteer and the employee is that the employee is paid and the volunteer isn't"; therefore, the argument is "there really isn't that much additional liability which the County would need to be concerned about."

The routine deployments of MRC volunteers for flu shot clinics or blood pressure checks are not high risk activities and shouldn't result in any more liability than if employees were performing those very same duties." It is conceivable that in an emergency deployment "it may be necessary for MRC volunteers to mass dispense vaccines or other drugs, which may be new, have been rushed through the approval process" and may therefore, pose a higher risk resulting in a greater risk of liability, or there could be injured individuals, who would have to undergo treatment by Medical Reserve Corps volunteers. "Under those circumstances, although the Volunteer Protection Act and NRS 41 do not protect the County; that type of deployment, which would be unusual, would most likely occur during an emergency declaration; therefore, the provisions of NRS 414 would protect the County." A copy of the applicable provisions of NRS 414.110 has been provided to the Board members, which stipulates "Neither the State nor any political subdivision thereof...", which would include the County, "...except in cases of willful misconduct, gross negligence, or bad faith,...is liable for the death of or injury to persons, or for damage to property, as a result of any such activity." Based upon the existence of these provisions it is questionable if a supplemental policy is necessary.

In summary, the barriers of full deployment of MRC volunteers is the workers' compensation; that "this is in process" and "hopefully, will come to a conclusion soon; that it is the consensus of Staff the "indemnification language in the Volunteer Agreement should be removed either because the County's Risk Manager concurs with Staff that the risk is minimal and there are protections for the County during an emergency employment; or that it should be removed because the County has agreed to purchase an additional insurance policy that would cover the County." Either one of these mechanisms could be utilized to eliminate the "language that physician volunteers find offensive and many refuse to sign."

In response to Ms. Ratti

Regarding the purchasing of additional insurance "for just this program or would it cover others", Dr. Todd advised that "it is his understanding the supplemental \$5,000 policy would be just to provide coverage for MRC volunteers", as the concern is "Medical Reserve Corps volunteers, who may 'perform medical duties', for which the County could be sued; therefore, the County would need the additional protection."

Ms. Jung

The County Commissioners requested staff investigate "expanding the coverage and what the costs would be to protect all volunteers.

In response to Ms. Jung

Regarding the application for workers' compensation, Dr. Todd advised that the application was to be presented to the Nevada Division of Industrial Relations. Regarding what the Board of Health or Board of County Commissioners "can do to assist in the application process", Dr. Todd advised that Staff has been attempting to determine "where the application is in the process, including contacting Mr. Sherman to obtain that information, as Mr. Sherman received direction from the BCC to proceed." The application process is incumbent upon Mr. Sherman in his role of Acting Risk Manager; that the application is not within the purview of Health District Staff; that the application has to be through the auspices of the County. If the application has been submitted and is delayed at the State level, the assistance of the Board of County Commissioners would be appreciated.

Chairman Humphreys

"The MRC is a very important entity and will play a vital role in any disasters that may occur. It is an entity, which hopefully won't have to be used; however, if it has to be it is in place. The Board appreciates Staff's efforts."

The Board thanked Ms. Hambleton and Dr. Todd for the MRC update.

REVIEW – ACCEPTANCE – MONTHLY PUBLIC HEALTH FUND REVENUE & EXPENDITURE  
REPORT – JUNE 2010

Ms. Eileen Coulombe, Administrative Health Services Officer

The Board members have been provided with a copy of the Health Fund Revenue and Expenditure Report for the month of June 2010; that there is currently \$163,097.47 in the Environmental Oversight Account. This is period 12, with Staff in the process of reconciling expenditures, other transactions and the grants; therefore, there are “other activities that will occur in Period 13 in determining where [the Health District] will close-out.” Reviewed the Report in detail, advising that Staff recommends the Board accept the Report as presented.

In response to Ms. Jung

Regarding the Ending Fund Balance, Ms. Coulombe advised that when Staff completes the reconciliations the amount “will probably be more than what was targeted. When the FY 10 close-out is complete, Staff will update the Board.

**MOTION: Ms. Jung moved, seconded by Ms. Ratti, that the District Health Department’s Revenue and Expenditure Report for June 2010 be accepted as presented.  
Motion carried unanimously.**

UPDATE – FISCAL YEAR 2011 BUDGET

Ms. Coulombe

Staff is working on the project accounting sheets and anticipates presenting the reports to the Board in August; that the project accounting sheets are “a snapshot of the adopted budget; that it is a complementary document to the budget book (what was proposed) provided to the Board members.” The project accounting sheets are what the Department.

DISTRICT BOARD OF HEALTH AMBULANCE STUDY COMMITTEE

Chairman Humphreys

Members of the Ambulance Service Committee are him, Mr. Smith and Ms. Ratti; that the Committee held its first meeting on June 23, 2010. The Committee discussed the District Board of



Health's oversight responsibilities for ambulance service within the Health District; the Franchise Agreement with REMSA; were provided with an historical overview of the Regional Emergency Medical Services Authority; were provided with an overview of the Annual Compliance Report process; a clarification of the bid process (or a marketing study), which occurred in 2010 and will be conducted again in 2017; to "some degree" the Committee reviewed the response times and response zones.

During the initial meeting members identified some items to be discussed at future meetings; that currently Staff is working on those items; that those items will be presented during the next Ambulance Service Committee meeting, which he will schedule within the next few weeks. The Committee meeting was informational for the Committee members as it was to those in attendance; that "it provided clarification as to the direction in which the Ambulance Service Committee needs to proceed."

Questioned if Mr. Smith or Ms. Ratti had comments to present regarding the Committee meeting.

Mr. Smith

"For the first meeting it went very well"; that he "is pretty positive the Committee will be able to achieve something."

Ms. Ratti

As the Committee continues through this process she is achieving "a much higher level of clarity of the role of the Committee versus the role of other activities that are going on in the community; that the first meeting was very helpful to really understand the Board of Health's authority over the ambulance service side, which is one part of a two-tiered system that includes another side, which is not necessarily within the realm of authority of the Board of Health." The more clarity presented regarding that aspect the "better the [Board] will be able to move forward on those areas in which the Board does have control over and to assist in others moving forward with the rest of the discussion."

DISCUSSION – POSSIBLE DIRECTION TO STAFF – BOARD OF COUNTY COMMISSIONERS  
FINAL DELIBERATION – DIAMONTE FIRE AND FIRE-BASED EMS MASTER PLAN

Chairman Humphreys

The Board members were provided with a copy of the letter from Mr. Kurt Latipow, Fire Services Coordinator, Washoe County, date June 3, 2010; a copy of the recommendations of the Diamonte Fire Study; and a copy of a letter from Commissioner David Humke, dated June 28, 2010, (copies of which were placed on file for the record). Chairman Humke's letter references the Emergency Medical Services items of the Fire Study and requests the District Board of Health "consider addressing items #10, 11, 12 and 13; that the second request was to consider appointment Mr. Latipow as a liaison for the District Board of Health.

The issues were to:

- #10 – Evaluate and assess the EMS Delivery System in Washoe County
- #11 – Determine the best method to integrate fire service into a more efficient EMS Delivery model including ALS (Advanced Life Support).
- #12 – Initiate discussions to develop a joint venture with its public safety partners, including fire agencies, on a new approach for EMS delivery.
- #13 – Conduct an evaluation of the 800 megahertz radio system requirements and modifications required to accommodate inclusion with all EMS resources.

Each item addresses EMS and/or fire service; that as directed by our DA and by counsel to the

Board of County Commissioners, the responsibility of the District Board of Health is in the oversight Franchise Agreement and authority as it relates to ambulance service only. The District Board of Health has no authority regarding fire services or regarding Emergency Medical Services.

In 1995, SB 430: changed NRS 439.410 – reads: "The District Board of Health has jurisdiction over all public health matters in the health district, except in matters concerning emergency medical service pursuant to provisions of Chapter 450B of NRS in a county whose population is less than 400,000." Therefore, the State of Nevada has jurisdiction over EMS in Washoe County; that it is important for the District Board of Health to consider the Board's responsibilities to ensure the Board addresses those issues "which it is mandated to do." It is "also very important the Board does not overstep its authority in reviewing issues or items that are not within the purview of

responsibility." Fire service and EMS have been "very much a component of the overall discussion and have been brought into the discussions regarding ambulance services, which is what the District Board is responsible for overseeing; that, as he stated, EMS jurisdiction is with the State of Nevada." He is aware that each of the Board of Health members "has respect for any requests coming from the Board of County Commissioners; that it is very important to maintain open lines of communication with the BCC"; however, as the Board of Health's responsibilities are "with ambulance services only, anything to do with EMS or fire services is within the jurisdiction of the State of Nevada. As a result, he is unsure as to what would be the next step for the Board of County Commissioners; that there may be legal issues as to how the BCC would approach any further evaluation of Emergency Medical Services within Washoe County."

Item #2 in the letter addressed appointing Mr. Kurt Latipow, Fire Services Coordinator, Washoe County, as a liaison to the Board of Health; however, the Health District has no jurisdiction specific to fire-based services or EMS; therefore, it would not be necessary for the Fire Services Coordinator to serve as the Board of County Commission liaison to the District Board of Health. There is a level "of expertise there and should the Board of Health have questions, which need to be addressed regarding fire or fire it would be important to receive that input from the Fire Services Coordinator and the other fire experts within the area." He has met with representatives of the fire service agencies who "have educated him fire services within the area and he has a lot of respect for those services; however, as he stated, as the Health District has no jurisdiction specific to fire or EMS there is no need to have a liaison from fire services to the District Board." He would appreciate the opportunity to contact the available fire experts, who have all volunteered their assistance, which "will be left open as options for the future."

In response to Dr. Furman

Regarding the status of the Medical Control Board (MCB), which was comprised of emergency medical physicians, Ms. Coulombe advised that when authority for EMS was transferred to the State in 1995, the MCB was disbanded.

Ms. Jung

In regard to the second issue, "if the Board of Health is not addressing these issues the appointment of a liaison is a moot issue"; therefore, "it would not be necessary for Mr. Latipow to attend the Board of Health meetings." There was discussion regarding the possibility of a the development of a "subcommittee of this Board that would address that"; that she question "what the next step is legally and strategically in this evaluation."

In response to Ms. Jung

Chairman Humphreys advised that the District Board's Ambulance Service Committee addresses issues regarding the Franchise Agreement oversight.

Ms. Leslie Admirand, Deputy District Attorney

During the joint meeting with the Board of County Commissioners there was a consensus regarding the possible development of "a community-wide Board, with a member of the Board of Health and would involve all of the various jurisdictions and other stakeholders within the community.

Ms. Jung

"That was not her understanding." Questioned Mr. Latipow as to "what the next steps would be", taking into consideration that the decision was already discussed at the Joint Meeting "whereby [the members of both Boards] whereby legal counsel advised these issues were not within the purview of the Board of Health. She would question "what happens next"; that she would request "elected officials on the Committee – not a community board."

Mr. Kurt Latipow, Fire Services Coordinator

In response to Ms. Jung, he advised "it was his understanding that there would be another Joint Meeting, in which this would be agendaized in such a manner so that the Commission and the Health Board could have in-depth discussions on 'what the next steps might be.'" Further, what he understood "is conceptually similar to what counsel commented on; however, within the recommendation and within the tasks associated with those recommendations there is proposed the make-up of a stakeholders group that would fit quite well for a subcommittee." "His other impression, after the last meeting and has already been articulated, is that the Health Department has oversight of the ambulances with the exception of two (2) areas; and the State has oversight for the certification and disciplinary actions – not necessarily the determination on the level of care. He looks forward to researching the NRS." Reiterated that "he left the last meeting with a positive feeling that at the next Joint Meeting there would be a properly agendaized discussion and (from his perspective) hopefully agreeing to set a task force, similarly to what is being recommended – moving through the tasks jointly between the Commission and the Health Department."

Ms. Jung

Questioned when the next Joint Meeting would be; that she is "very well aware there were problems with the way the agenda was worded, which precluded the discussion they anticipated they would be able to have. There is a timeliness factor" and she would question if the intent is to meet quarterly. Questioned Mr. Latipow as to the "Board of County Commissioners' level of putting together the task force"; that if developing the task force requires another joint meeting then that needs to be expedited; however, "if legally that does not need to be done then it should proceed to the next step to determine who has the authority to develop the task force and get this work done. She wants resolution and the community needs resolution, too; that she does not want it delayed anymore."

Mr. Latipow

He is ready to begin preparing a staff report, which "hopefully he will have by August 24<sup>th</sup>."

Chairman Humphreys

The Joint Meeting has been discussed; that it was during the Joint Meeting legal counsel "was very vocal in stipulating that it would not be proper for the District Board to be involved in such a meeting, as the Board of Health has no jurisdiction over EMS or fire services." The possibility of developing a joint committee or task force was then discussed; that this committee/task force would include a member or members of the Board of Health, the Board of County Commissioners and the City of Reno and Sparks. This committee/task force would be "an open committee or task force, which it would be important for the {District} Board to participate on, remembering that the {District Board} does not have jurisdiction over EMS or fire-based services."

Ms. Ratti

"How we got there is less important than where we got." She believes there is some consensus as to "where we got, which is that there is a gap; that there is no place in the community where there is the appropriate authority is together to talk about the inter-relation between the first tier and the second tier of the emergency responder system, with fire being the first tier and REMSA being the second tier or vice versa." The second consensus was "the creation of that body and to do so with some haste. There was discussion regarding another joint meeting, which would be relatively soon to ensure that that would happen." She questioned if another joint meeting would be necessary "to allow [the creation of that body] that to happen" as it would require representation from the Cities of Sparks and Reno, too, and "not just the Board of Health and the Board of County Commissioners. She agrees with Ms. Jung 'sooner rather than later as it is becoming counter-productive in ways

that is not meeting the needs of the community. She is excited about it going forward; that there is the Ambulance Service Committee, which focuses on the Franchise Agreement and the [District Board's] oversight over that process, but it is necessary to move this discussion forward in the committee."

Mr. Smith

Following the discussions between counsels Mr. Breternitz indicated he didn't want this delayed and requested that "the Board of Health discuss it and get back with its decision right away."

Ms. Ratti

What was listed for discussion on the agenda for the Joint Meeting and what was discussed "was very different, which was a bit of a surprise to her"; that it had been her understanding the discussion would be regarding "the overall relationship between the County Commission and the Board of Health. Forty-five (45) minutes of the hour meeting was "talking about this one issue, which is one of many. She believes there is a need to continue the discussion between the Board of Health and the County Commission on the working relationship on all the issues, as there is room for improvement there. She hopes this doesn't get lost in the very specific issue of EMS, as it did in the first meeting."

Chairman Humphreys

"There was a lot of discussion going back and forth during the meeting; that it was a challenge as there was a lot of discussion"; therefore, it is not uncommon that all of the members "walked away with a little bit of different thoughts of what might have been said or what might have occurred and what the [District Board] should be doing; however, the consensus is that it is necessary to keep the lines of communication open. It is a real critical line of communication." Secondly there was a consensus to develop a committee which would address these issues, which the Board of Health is not responsible to address. He would recommend a motion for the Board of Health to participate on the committee as discussed at the Joint Meeting; that the direction for such a committee would have to be from the Board of County Commissioners.

Ms. Ratti

Requested clarification "as to what the Board of County Commissioners requested in the letter."

Chairman Humphreys

In response to Ms. Ratti advised that the letter from Chairman Humke was in regard to the items #10, 11, 12 and 13 of the Diamonte Fire Study, specific to Emergency Medical Services, for which the Board of Health has not authority.

Ms. Ratti

A response to Chairman Humke "may be that based upon the discussion of the Joint Meeting" it is not the responsibility of the District Board of Health to accept these tasks within the framework of the Diamonte Study; however, the Board would be willing to participate in a community-wide effort for an overall review of EMS."

**MOTION: Ms. Ratti moved, seconded by Mr. Smith, that Chairman Humphreys respond to Chairman Humke's request specific to items #10, 11, 12 and 13 of the Diamonte Fire Study, advising that based upon the discussion of the Joint Meeting, it is not the responsibility of the District Board of Health to accept these task within the framework of that Study; however, the Board of Health would be willing to participate in a community-wide effort for an overall review of EMS.  
Motion carried unanimously.**

FOLLOW-UP DISCUSSION – POSSIBLE DIRECTION TO STAFF – JOINT MEETING OF JULY 13, 2010 WITH THE BOARD OF COUNTY COMMISSIONERS

Chairman Humphreys

The Joint Meeting "was a great opportunity to keep the lines of communication open; that communication with the Board of County Commissioners is a very important line of communication; that this should be on-going." As Ms. Ratti stated, forty-five (45) minutes of the discussion was in regard to EMS; that another issue discussed was in regard to the control of bears and bear-proof garbage cans, which will be discussed in the item for solid waste management. The last issue discussed was Commissioner Larkin's request for a clarification as to what issues relative to the Health District have to be presented to the Board of County Commissioners for review and approval and which issues are presented to the Board of County Commissioners as information only. Legal counsel for both Boards will review this issue and report back to the Board of Health and the Board of County Commissioners.

Ms. Ratti

Based on the discussion regarding bear-proof trash cans at the Joint Meeting, she would request that in the future, as a matter of policy, that the Board of Health members be immediately advised of any requests received by Staff from another elected official for service or information. "Some requests may be reasonable and others may not be as reasonable; therefore, such requests should be prioritized into Staff's overall work plan. It can be challenging for her, in a position of governance", to not be aware Staff is not being responsive on an issue for this long of a period of time."

Chairman Humphreys

He would concur with Ms. Ratti; that there has been concern regarding addressing the issue of bear-proof trash cans; that perhaps a method for addressing it is to have an item on the agenda if there is an issue which Staff has been asked to address or a standard recurring agenda item for "current issues". This would allow the Board members to remain current on Health District issues and to be aware of any possible delays in addressing an issue.

Ms. Jung

Stated she would recommend the monthly status report of requests which have been received from members of other governmental entities; that this would include the request, the current status of the request and the anticipated "end date for completion." One of the issues has been "unnecessary delays and not as quick turn-around as should occur"; that these delays should not occur. There should be a mechanism in which issues can be monitored and the Board members could provide assistance if necessary, "be kept more apprised as to what the delays are if there are any."

In response to Ms. Admirand

Regarding Ms. Jung's request being an action item or an information item within Staff Reports, Ms. Jung stated that she would prefer it be agendized as a possible action item in the event it is necessary for the Board to provide direction to Staff.

Mr. Smith

He would concur that this needs to be agendized as an action item; that if Staff is receiving a number of requests the Board can be apprised of that and what action Staff is taking.



Ms. Coulombe

Advised that Staff will present a procedure at next month's meeting for the Board's consideration, as there is a provision in the Board's By-Laws stipulating that if a request will require in excess of two (2) hours of Staff's time it would require Board deliberation for approval. She is aware the Board of County Commissioners have had a portal established to monitor requests the BCC receives; that it may be possible to implement a similar process for the Board of Health. Staff will present a process to ensure requests from Board members or other jurisdictions "are addressed in a timely manner and that the Board members receive feedback should Staff encounter any barriers.

Ms. Ratti

She would concur with Ms. Coulombe's suggestion regarding providing a process for addressing issues presented by Board of Health members or members of other governmental entities.

In response to Ms. Ratti

Regarding the process, as requests may not always be specific to DBOH Regulations, Ms. Coulombe advised that this issue will be discussed at the Division Director's meeting to determine if there are any current "outstanding issues which should be presented to the Board for deliberation."

Dr. Anderson

There has been reference to Board of Health "Regulations and County Ordinances"; that the process is different for establishing a regulation and adopting an ordinance; that she would request Ms. Admirand explain the difference.

In response to Dr. Anderson

There are certain procedural requirements for Regulations adopted by the District Board of Health including public workshops, a requirement for publication of "a Notice of Public Hearing" thirty (30) days prior to the District Board of Health's public hearing for consideration of adoption of Regulations. The Ordinances adopted by the Board of County Commissioners do not require publication notification; that it is presented to the Board of County Commissioners for a first reading, with a subsequent second reading; that a County Ordinance becomes effective upon the second reading.

Ms. Jung

County Ordinances require "time for the public to provide feedback"; therefore, "she does not see a big difference between the two (2); that when considering Staff time and public notification it is virtually identical."

Ms. Ratti

It is more "about customer service" issues; therefore, regardless of whether it is "an ordinance or a regulation, or a request for information from other jurisdictions" and a governmental official believes Staff "is not meeting her/his needs in the proper way" the Board of Health members "should be aware of it. It is important that this process not be restricted to regulations only; that it is "more about inter-governmental relations"; the status of those issues and "how Staff and the Board can be as responsible as necessary and the Board is fulfilling its governance role."

Chairman Humphreys

It is important that issues are addressed; that obligations and responsibilities are "being met" with the Board of Health members being aware.

In response to Mr. Smith

Regarding North Lake Tahoe having an existing ordinance specific to bear-proof trash cans, Ms. Jung stated that the General Improvement District has such an ordinance; that North Lake Tahoe is within Washoe County; however, this issue is governed by the GID.

Mr. Bob Sack, Director, Environmental Health Services

Advised that Ms. Jung is correct; that the GID has "its own regulatory authority which allows for regulations which are more stringent than the Board of Health Regulation as it relates to solid waste management. What the GID has implemented is more stringent than what will be proposed by Board of Health Staff; that the GID enforces those requirements.

**MOTION: Ms. Ratti moved, seconded by Ms. Jung, that Staff be directed to develop a process to ensure that the Board members are apprised of any requests from Board of Health members or other jurisdictions; that the Board be apprised of the status of addressing those requests, including any barriers Staff may encounter in addressing requests.  
Motion carried unanimously.**

UPDATE – WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING SOLID WASTE

Mr. Bob Sack

In response to the discussion at the Joint Meeting, Staff has prepared a list of projected timelines for the various components of the Solid Waste Management Regulations (a copy of which was placed on file for the record), including addressing the issue of requiring bear-proof trash cans. In regard to the Section specific to the bear-proof trash cans Staff anticipates having the draft completed in August.

When developing regulations, even those which may be considered “fairly simple” requires approximately three (3) months of Staff time if there “is no public controversy, issues which require resolution, as Staff does attempt to resolve any issues prior to presentation during the public hearing before the Board of Health.”

In response to Ms. Jung

Regarding the rationale for the “order these sections are to be addressed”, Mr. Sack advised that it was based “on prioritization of need.” The District Health Department has “existing authority regarding requiring bear-proof containers on a specific site”; that it is known the Health District “will take enforcement action to support that”; however, the Health District “has not received a complaint in more than three (3) years on bears.” Reiterated that, for any inquiries or complaints, the District has advised “Staff will respond to those”

Ms. Jung

She is concerned that the majority of the citizens of Washoe County are not aware “that the Health District is where a complaint would be presented or where someone would go to receive help. She has received many complaints, which she forwarded to Staff; that Mr. Sack is on the Bear Task Force”; therefore, “to state that Staff hasn’t received a complaint is because people don’t know this is where to go and that this is where to complain.”

In response to Ms. Jung

Mr. Sack advised that “the other agencies do know to forward those complaints to the Health District and those other agencies have not forwarded anything to the Health District regarding trash related to animals causing problems.”

Ms. Jung

She request that the prioritizations be modified, with regulations specific to the bear-proof trash cans being completed prior to composting, as delaying the regulations for the bear issue until November results in "there being no opportunity this season" to address this issue. This will address "what is being experienced in the bear-human encounters; that it has to take priority."

Mr. Sack

He understands the directive and will advise his Staff. In response to Mr. Smith regarding the purchase of the bear-proof trash containers; that those receptacles are provided in the Incline Village area; that it is more expensive to service the cans and for pick-up.

Ms. Jung

Advised that the adjacent Counties have a requirement, which stipulates that if a resident experiences two (2) or more incidents in a year it is a mandate that bear-proof garbage cans will have to be purchased and used appropriately. This mandate has "worked supremely well, with no more incidents when people are educated on how to do this. That is how it works for the rate payer; that everyone would be under such a regulation."

Mr. Sack

"It does cost more; however, if managed appropriately the homeowner(s) should not have any more problems."

The Board thanked Mr. Sack for the update.

STAFF REPORTS AND PROGRAM UPDATES

A. Director – Epidemiology and Public Health Preparedness

Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

B. Director – Community and Clinical Health Service

There was no Community and Clinical Health Services Division Director's Report this month.

C. Director – Environmental Health Services

Mr. Bob Sack, Director, Environmental Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

In response to Ms. Jung

Regarding the illegal vendors report and a possible education campaign for those "who may want to be vendors and legal licensure", Mr. Sack advised Staff did conduct an outreach campaign in the Hispanic community and advised the Hispanic Chamber of Commerce that Staff was available for assistance. That Staff "did not receive much response from that." Staff has been working in conjunction with the Code Enforcement Departments within the two (2) Cities; however, due to budget reductions within the Cities the Health District has been advised the Cities do not have the capacity to respond to any complaints. The City of Sparks does not permit food vendors; therefore, it is illegal in Sparks; that the majority of Staff's educational outreach efforts have been "among those who Staff does catch; that it is a warning process." In regard to contacting the Hispanic community coalitions, Mr. Sack advised that Staff did contact the various Hispanic community groups providing telephone numbers, offering to provide presentations at meetings, etc.; however, no one has returned Staff's calls. Staff has provided information to the Hispanic newspapers through a couple of interviews; that Staff has been provided any information from these organizations "as to how to reach into the Hispanic community."

D. Director – Air Quality Management

Mr. Andrew Goodrich, Director, Air Quality Management, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

E. Administrative Health Services Officer

There was no Administrative Health Services Officer Report this month.

F. District Health Officer

Dr. Mary Anderson, District Health Officer, presented her monthly District Health Officer's Report, a copy of which was placed on file for the record.

Dr. Anderson

The Board members have been provided a document, presented at the Annual National Association of County and City Health Officials Conference, specific to the issue of accreditation of health districts and boards of health nationwide. "The instructive portion of the handout is the timeline on the bottom of the folder"; that currently the Carson City Health and Human Services Department will be a BETA test site for public health accreditation. The Carson City Health and Human Services Division will be participating in "evaluating their programs and being evaluated by the Boards of Accreditation to determine what the issues are for a jurisdiction of that size; that the handout delineates which agencies are participating at the local level, the Tribal level and the state level."

The Board of Health has discussed "the amount of time necessary to attempt accreditation and the expense associated with that; that those are the potential negatives" of the process. The Board has further discussed the concern for those agencies "which do not participate in this (quote) 'voluntary accreditation' it might be similar to not participating in the voluntary accreditation conducted by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) for hospitals. What occurred "in that situation was, although it was said to be voluntary, what occurred, after the fact over time, was it has proven not to be voluntary as those organizations that had not participated did not receive funding."

Accreditation is an issue the Board and Staff "may want to discuss and strategize about at the upcoming Strategic Planning Session in October, specific to what the Board should be considering in terms of accreditation, as the roll-out will occur next year at the national level. This issue should be agendaized for the Strategic Planning Session as "to whether the District Board wants to take this on and when – at what point in time."

Dr. Anderson stated that upon her return from the NACCHO Conference she received a survey request from the Shelby County (Tennessee) Department of Health regarding what she had eaten while attending the NACCHO Conference as there had been reports of a Noro-like virus outbreak from some of those in attendance.

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

July 22, 2010

Page 27

She would request that the Board members and Ms. Admirand mark the date of Saturday, August 28, 2010, on their calendars as the date for Mr. Goodrich's farewell reception; that the event will be an open house from 1:00 pm through 4:00 pm at her house in Washoe Valley. She will be sending invitations and would request the Board members contact Mrs. Janet Smith regarding their RSVPs.

BOARD COMMENT


Chairman Humphreys

The 2<sup>nd</sup> Annual Obesity Forum will be on September 15, 2010, beginning at 8:30 am; that last year Dr. Furman and Mr. Smith attended representing the District Board of Health; that it is important to have representation there from the District Board of Health. He would request the Board members "check their calendars to determine if any of the members are available to attend."

In response to Ms. Jung

Regarding the location of the event, Ms. Mary-Ann Brown, advised that Staff "is in the planning process; however, it is anticipated it will again be held at the Boys and Girls Club." She would appreciate a Board of Health member to be available to "present the opening/welcoming comments as Mr. Smith did last year." She will provide more information as it becomes available; that Staff will be presenting "Life Span Data for 0-3 and adolescents and not just school age children; that Staff is looking forward to a very exciting agenda for the second forum; that any involvement from any of the Board members would be greatly appreciated."

There being no further business to come before the Board the meeting was adjourned at 2:40 pm.

  
\_\_\_\_\_  
MARY A. ANDERSON, MD, MPH, FACPM  
DISTRICT HEALTH OFFICER/SECRETARY

  
\_\_\_\_\_  
JANET SMITH  
RECORDER



# WASHOE COUNTY HEALTH DISTRICT

## AIR QUALITY MANAGEMENT DIVISION



**Public Health**  
Prevent. Promote. Protect.

**DATE:** July 22, 2010

**TO:** District Board of Health

**FR:** Andrew Goodrich, Director, Air Quality Management

**SUBJECT:** ServiceMaster Anytime – Case No. 1052  
Unappealed Citation No. 4426  
Agenda Item: 7.A.1.a.

### Recommendation

Air Quality Management Division Staff recommends that Citation No. 4426 be upheld and a fine of \$8,000 be levied against ServiceMaster Anytime for the removal of asbestos materials without the necessary permits and proper work practices at 1551 Delucchi Lane, Unit A, in Reno. This Citation was issued for a violation of Section 030.107 of the District Board of Health Regulations Governing Air Quality Management. This is a negotiated settlement.

Recommended Fine: \$20,000

Negotiated Fine: \$8,000

### Background

On March 23, 2010, Sierra Construction and Development came into the Air Quality Management office to obtain an asbestos acknowledgement form signoff to rebuild a condo unit due to water damage located at 1551 Delucchi Lane in Reno. In a conversation with a Sierra Construction representative, Air Quality Engineer, Chris Ralph discovered that the condo did indeed contain asbestos and these materials had been removed by ServiceMaster Anytime without any asbestos testing or proper work practices.

Subsequently, Air Quality Engineer Ralph and Senior Air Quality Specialist Dennis Cerfoglio, conducted a site inspection at 1551 Delucchi Lane, Unit A, and identified that sheet vinyl, spray on acoustic, and wall texture/mastic were disturbed when ServiceMaster Anytime removed the water damaged materials. AQ Engineer Ralph and AQ Specialist Cerfoglio also observed nearly dry debris tracked outside of the unit which had the potential of asbestos fiber release. As a result, AQ Engineer Ralph phoned Mr. Reed Smith (condo property manager) and ordered him to have the unit tested for asbestos; along with a clean up if the materials came back positive. Unit A was subsequently cleaned by Advance Installations with air clearance samples coming back negative for asbestos.

DBOH AGENDA ITEM # 7.A.1.a.

P.O. BOX 11130 Reno, NV 89520-0027 • (775) 784-7200 • FAX (775) 784-7225

[www.washoecounty.us/health](http://www.washoecounty.us/health)

WASHOE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER HIRING EMPLOYMENT ELIGIBLE APPLICANTS  
Printed on Recycled Paper



AQ Engineer Ralph spoke with Mr. Santos Leon (General Manager, ServiceMaster Anytime) about this situation, and discovered the company had been involved in this type of water damage cleanup and removal operation for many years and personnel were generally aware of the legal requirements for asbestos removal. Mr. Leon indicated that he failed to "follow up" on this particular job which resulted in the materials being removed without any testing or permits. AQ Engineer Ralph issued Notice of Violation No. 4426 to ServiceMaster Anytime for the removal of asbestos materials in Unit A without the necessary permits and proper removal procedures.

On April 26, 2010, AQ Engineer Ralph and AQ Supervisor Noel Bonderson had a negotiated settlement phone call with Mr. Santos on this matter. Mr. Bonderson offered to settle this matter for \$20,000 since staff could document that the removal job was done over a two day period. Mr. Santos wanted to discuss the settlement terms with his supervisor, and subsequently phoned back offering to settle for \$8,000. Mr. Bonderson agreed as long as at least one member of ServiceMaster Anytime attends a 3 day asbestos training course. Mr. Leon agreed, and a Memorandum of Understanding was signed by all parties.

### **Alternatives**

1. The District Board of Health may determine that no violation of the Regulations has taken place and dismiss NOV Citation No. 4426.
2. The District Board of Health may determine to uphold NOV Citation No. 4426 but levy any fine in the range of \$0 to \$10,000.

In the event the District Board of Health determines to change the proposed penalty, the matter should be continued so that ServiceMaster Anytime may be properly noticed.



---

Andrew Goodrich, REM  
Division Director  
Air Quality Management Division

AG/NB: ma



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT  
 AIR QUALITY MANAGEMENT DIVISION  
 401 RYLAND STREET, SUITE 331 • P.O. BOX 11130 • RENO, NV 89520  
 (775) 784-7200



**NOTICE OF VIOLATION**

NOV 4426

DATE ISSUED: 3/23/2010

ISSUED TO: Service Master Anytime - Santos Leon PHONE #: (805) 963-1365

MAILING ADDRESS: 6485 Calle Real, Suite D CITY/ST: Goleta ZIP: 93117

NAME/OPERATOR: Santos Leon PHONE #: (805) 963-1365

DRIVER LICENSE #/SSN N/A

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 3/23/2010 (DATE) AT 4pm (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

MINOR VIOLATION OF SECTION:

- 040.030 DUST CONTROL
- 040.055 ODOR/NUISANCE
- 040.200 DIESEL IDLING
- OTHER \_\_\_\_\_

MAJOR VIOLATION OF SECTION:

- 030.000 OPERATING W/O PERMIT
- 030.2175 VIOLATION OF PERMIT CONDITION
- 030.105 ASBESTOS/NESHAP
- OTHER 030.107, Parts A, B & C

VIOLATION DESCRIPTION: Removal of Asbestos materials without necessary permits, tracking ACM debris outdoors, im proper Asbestos removal, Contamination of Condo unit.

LOCATION OF VIOLATION: 1551 Delucci Lane, Unit A, Reno, Nevada

POINT OF OBSERVATION: on site

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

Emissions Observed: No visible emissions at time of inspection  
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

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

Signature \_\_\_\_\_

**CITATION:** You are hereby notified that effective on 3/23/2010 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 72p hours/days. You are further advised that within ten days of the date of this violation you may submit a written notice of appeal to the Chairman, Hearing Board, P.O. Box 11130, Reno, Nevada 89520. Failure to submit a notice of appeal in the time specified will result in submission of this violation to the District Board of Health, together with a request that an administrative fine be levied against you. If you do not wish to file an appeal the appropriate fine may be paid at the District Health Department.

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

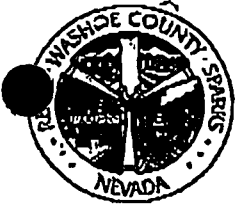
Signature: (Sent by Mail to Santos Leon) Date: 3/23/2010

Issued by: Chris Ralph Title: Environmental Engineer

WASHOE DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, COLOR, AGE, RELIGION, DISABILITY OR NATIONAL ORIGIN IN THE ACTIVITIES AND OR SERVICES WHICH IT PROVIDES. IF YOU HAVE ANY QUESTIONS, PLEASE CALL WASHOE COUNTY HUMAN RESOURCES - 328-2080; TDD NUMBER 328-3685.

**POOR  
QUALITY  
DOCUMENT**

**POOR  
QUALITY  
DOCUMENT**



# DISTRICT HEALTH DEPARTMENT AIR QUALITY MANAGEMENT DIVISION

## MEMO OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT  
AIR QUALITY MANAGEMENT DIVISION

Date: April 26, 2010

Company Name: Service Master Anytime - Attn. Santos Leon

Address: 6485 Calle Real, Suite D, Galeta, CA 93119

Notice of Violation No.: 4426 Case No.: 1052

The staff of the Air Quality Management Division of the Washoe County District Health Department issued the above referenced citation for the violation of Regulation: Removal of Asbestos materials without permits  
Improper removal of asbestos, trucking of debris.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 8000 + training (see Attached). This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on May 27, 2010.

[Signature]  
Signature of Company Representative

[Signature]  
Signature of District Representative

Santos Leon  
Print Name

Chris Ralph  
Print Name

General Manager  
Title

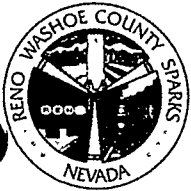
Environmental Engineer  
Title

[Signature]  
Witness

[Signature]  
Witness

[Signature]  
Witness

\_\_\_\_\_  
Witness



## AIR QUALITY COMPLAINT/ACTION REQUEST

DATE: 2-4-2010

TIME: 9:00 AM

TAKEN BY: CHRIS RALPH

ROUTED TO: CHRIS RALPH

TYPE OF COMPLAINT:  CITIZEN  INVESTIGATOR  OTHERRENO  SPARKS  WASHOE COUNTY  AREA 1**COMPLAINT:**

IMPROPER REMOVAL OF ASBESTOS CONTAINING BUILDING MATERIALS, INCLUDING ACOUSTIC, SPRAY ON CEILING. NO ASBESTOS ASSESSMENT OBTAINED FROM AIR QUALITY MANAGEMENT.

LOCATION OF COMPLAINT: 1551 DELUCCHI LANE, SUITE A, RENO

RESPONSIBLE PARTY: SERVICEMASTER ANYTIME, SANTOS LEON

PHONE NUMBER: 805-963-1365

ADDRESS: 6485 CALLE REAL, SUITE D, GOLETA CA 93117

COMPLAINANT: AQMD STAFF - CHRIS RALPH

PHONE NUMBER: 772-7204

ADDRESS: 1001 EAST 9<sup>TH</sup> STREET, SUITE A115, RENO NV 89512**SPECIAL INSTRUCTIONS:**

INVESTIGATOR: CHRIS RALPH

DATE: 2-4-2010

TIME:

VIOLATION: 030.105 ASBESTOS/NESHAP AND 030.107 PARTS A, B &amp; C

VIOLATION CONFIRMED VIA ON-SITE INSPECTION BY AQ ENGINEER CHRIS RALPH AND AQ SPECIALIST DENNIS CERFOGLIO. SAMPLES WERE TAKEN. SAMPLES BY JACK GOSHOW SHOWED THAT ASBESTOS WAS PRESENT IN THE ACOUSTIC CEILING. A CLEAN UP WAS ORDERED BY AIR QUALITY AND THE CONDO PASSED CLEARANCE ON MARCH 3, 2010.

A NOTICE OF VIOLATION CITATION WAS ISSUED TO SERVICEMASTER ANYTIME OF GOLETA, CA, WHICH WAS THE OPERATOR WHO PERFORMED THE MATERIAL REMOVAL.

CASE CLOSED:

DATE: 3-24-2010

TIME: 1:45 PM

INVESTIGATOR: CHRIS RALPH

REVIEWED BY: DENNIS CERFOGLIO

DATE: 2-5-2010

TIME: 7:00 AM

**SOURCE:**

Violation of Section 030.105 and Section 030.107  
Improper removal of asbestos containing materials,  
Removal of asbestos without permits  
Service Master Anytime  
6485 Calle Real, Suite D  
Goleta, California 93117

Notice of Violation No. 4426  
Case No. 1052

**RESPONSIBLE PARTIES:**

Santos Leon  
General Manager  
Service Master Anytime  
6485 Calle Real, Suite D  
Goleta, California 93117  
(805) 963-1365

**WITNESS:**

Chris W. Ralph, Environmental Engineer

**DETAILS:**

In January 2010, Service Master Anytime of Goleta, California, cleaned out and gutted a condo unit that had been damaged by water, located at 1551 A Delucci Lane in Reno, Nevada. Asbestos containing building materials were improperly disturbed as a part of this work and the evidence indicates that no testing of the materials you removed was done before hand. This is a major violation of Washoe County Air District regulations, section 030.105 b(10) – Asbestos; 030.107 parts A, B and C. Because of this, we are citing Service Master Anytime of Goleta, CA for these violations and a copy of the citation concerning this matter is enclosed. Improper removal of asbestos is also a violation of federal law, and OSHA regulations as well. Service Master Anytime of Goleta has been involved in this type of clean up and removal operation for many years, and was generally aware of the legal requirements for asbestos removal.

Onsite investigation by Air Quality staff members Chris Ralph and Dennis Cerfoglio at the condo unit showed that sheet vinyl, spray on acoustic, wall texture and mastics, all of which are suspect as potentially asbestos containing materials, were disturbed when Service Master Anytime removed all the interior surfaces within the unit. Additionally, on arrival of Air Quality staff, building debris materials were spread across the doorway and porch outside of the condo and potentially could have been tracked into the adjoining condo units by their owners. All evidence at this site pointed toward a removal of all materials quickly and without regard to any asbestos they might have contained. Evidence also showed that while some of the materials were wet, much of the material removed by Service Master Anytime was dry or nearly dry. After that investigation, the

condo at 1551A was cleaned up and passed an asbestos clearance, but testing and clean up only took place once we at the Health Department refused to sign a building permit to allow rebuilding of this condo after the work done by the Goleta, CA office of Service Master Anytime.

Asbestos disturbance is a serious matter, and a citation No. 4426 was issued based on the fact that we estimate this job took at least two days to complete, during which considerable asbestos was mis-handled and fibers released to the surrounding air. The citation was designated as case No. 1052. A settlement agreement was entered and signed by staff. The agreement requires a payment of \$8,000, and that the General Manager, Mr. Santos Leon, will get certified for asbestos as an inspector. This is a 3 day (24 hour) training course and covers where in a building asbestos materials may be found, both EPA and Cal OSHA regulations about asbestos, and legal liability issues.

A handwritten signature in black ink, appearing to read "Chris Ralph". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Chris Ralph  
Environmental Engineer,  
Washoe County Health Department  
Air Quality Division

## RECOMMENDED FINE WORKSHEET

DATE: 5-28-2010

CASE No: 1052

COMPANY NAME: SERVICEMASTER ANYTIME

CONTACT NAME: SANTOS LEON

VIOLATION: ASBESTOS/NESHAP

SECTIONS: 030.105, 030.107 A, B, C

TYPE OF VIOLATION: MAJOR

OCCURRENCE: 1st

RANGE OF PENALTIES (PER DAY): \$0-\$10,000

DEGREE OF VIOLATION: SEVERE

ECONOMIC BENEFIT COMPONENT: IMPROPER REMOVAL OF ASBESTOS  
SAVED THOUSANDS OF DOLLARS AND DAYS OF TIME.

DEGREE OF COOPERATION: GOOD - ONCE THE CITATION WAS ISSUED.

ADDITIONAL COMMENTS: THIS IS A NEGOTIATED SETTLEMENT.

RECOMMENDED FINE: \$8,000 PLUS SANTOS LEON, GENERAL MANAGER,  
WILL ATTEND AN ASBESTOS TRAINING CLASS.



AQ SPECIALIST SIGNATURE

NOTE: "Minor Violations", per District regulations, cannot exceed \$1000 for the first and second violations. Third minor violations, plus "Major Violations" cannot exceed \$10,000 per day.



ACKNOWLEDGMENT OF ASBESTOS ASSESSMENT

FILED  
1 2010 MAR 23 10 40 AM '10

PROPERTY OWNER x Robert Bell PHONE # \_\_\_\_\_

OWNER'S ADDRESS 5955 Tyrene Rd Suite 1 Reno, NV 89502  
Street City State Zip

PROPERTY BEING EVALUATED: condo

1551 A Delucchi Lane Reno NV  
Street City State Zip

TYPE OF PROJECT:  DEMOLITION  RENOVATION  
TYPE OF PROPERTY:  RESIDENTIAL  NONRESIDENTIAL  
PROPERTY BEING ASSESSED:  TOTAL  PARTIAL\*

\$45.00 FILING FEE

\*NOTE: If this project is a partial renovation and additional work is to be conducted later, additional asbestos assessment(s) will be required unless this assessment covers all pertinent representative asbestos suspected materials throughout the building.

RB Owner's/Rep's Initials

x Sierra Construction And Development PHONE # 356-6800  
GENERAL CONTRACTOR

1380 Grey St #225 Sparks NV 89431  
Street City State Zip

JACK Gashow - Environmental Testing PHONE # 847-7878  
COMPANY OR PERSON PERFORMING ASSESSMENT

21480 Delta Drive Reno NV  
Street City State Zip

ASSESSMENT RESULTS: Asbestos Present  Asbestos Absent  Friable  Nonfriable  Both  Not Tested

ABATEMENT CONTRACTOR PHONE # \_\_\_\_\_

ASBESTOS TO BE REMOVED \_\_\_\_\_ ASBESTOS ABATEMENT COMPLETED yes

\*\*NOTE: If asbestos present, abatement must be conducted in accordance with NESHAP and OSHA regulations before renovation or demolition work may proceed.

Willie Debra M... [Signature] Owner/Representative's Name

10-DAY NOTIFICATION MANDATORY FOR DEMOLITION

COMMENTS: Scope: rebuild gutted condo space  
space did contain asbestos, but was cleaned  
and has passed a clearance test.  
OK to proceed on build back.

[Signature] HEALTH DEPARTMENT REPRESENTATIVE

March 23, 2010 DATE

Signature on this asbestos assessment document does NOT constitute full Health Department approval for this project. Any additional Health permits such as are required for bar or restaurant operations, underground storage tanks, hazardous material disposal or air pollution sources must be obtained separately.

Signature by the Washoe County Health District does not warrant, nor should this report be taken to warrant, that asbestos was or was not present on stated property. Exposure to even small amounts of airborne asbestos fibers may cause cancer. For this reason the District Health Department recommends that all asbestos handling and abatement work be performed by certified asbestos contractors.

WASHOE COUNTY HEALTH DISTRICT AIR QUALITY MANAGEMENT DIVISION  
401 RYLAND STREET, SUITE 331, RENO, NV 89502 / (775) 784-7200 / FAX (775) 784-7225

**ENVIRONMENTAL  
TESTING & CONSULTING INC**  
21480 Delta Drive • Reno, Nevada 89521-7411

March 3, 2010  
ETC Project No. 02-10-173A

Service Master Anytime  
6485 Calle Real, Suite D  
Goleta, CA 93117  
Attn: Santos

**Re: ASBESTOS ABATEMENT CLEARANCE**  
**1551 Delucchi Lane, Unit A, Reno, NV**

Ladies and Gentlemen:

On Wednesday March 3, 2010 a representative from Environmental Testing & Consulting (ETC) conducted a detailed clearance inspection of an asbestos abatement project performed at the above referenced site. The project involved the removal of water damaged asbestos containing building materials throughout the impacted areas in the occupied space.

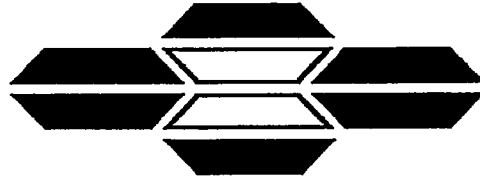
The visual inspection was approved as none of the asbestos containing material proposed for removal was discerned in the work areas. Subsequently, five (5) samples were collected in the work area. The attached results indicate that the average of the tests were below 0.01 fibers per cubic centimeter of air when analyzed by NIOSH Method 7400; therefore, the clearance test passed. A copy of the Phase Contrast Microscopy Laboratory Analytical Report is attached for your use.

This information was verbally reported to the abatement company by telephone on Wednesday March 3, 2010. Please contact us if you have any questions regarding this report.

Submitted by:

Jack Goshow, Senior Industrial Hygienist, CMC™  
Council Certified Microbial Consultant™  
Board-awarded by the American Indoor Air Quality Council™  
NV Asbestos Consultant # IM 0865  
IICRC Water Restoration Technician

Enc. Phase Contrast Microscopy Analytical Report No. 113655 of 3-3-10  
Chain-of-Custody Report of 3-3-10 for Sample Nos. 1 through 5



**ASBESTOS TEM LABORATORIES, INC.**

**NIOSH 7400 Method  
Phase Contrast Microscopy  
Analytical Report**

**Report No.: 113655**

1350 Freeport Blvd.  
Sparks, NV 89431  
(775) 3598-3377  
FAX (775) 359-2798

*With Main Office Located at:*  
630 Bancroft Way, Berkeley CA 94710  
Ph. (510) 704-8930 Fax (510) 704-8929

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ASBESTOS TEM LABORATORIES, INC

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Mar/03/2010

Mr. Jack Goshow  
Environmental Testing & Consulting  
21480 Delta Drive  
Reno, NV 89521

RE: LABORATORY REPORT #113655  
Phase contrast microscopy analytical results for 5 air sample(s).  
Job Site: 1551 Delucci, Unit A, Reno  
Job No.:

Enclosed please find the analytical results for one or more air samples submitted for phase contrast microscopy (PCM) analysis. All analysts participate in the American Industrial Hygiene Association (AIHA) Asbestos Analyst Registry Registry proficiency testing program.

Prior to analysis, air sample cassettes are logged-in and all data pertinent to the sample is recorded into a computer based laboratory information management system. The samples are checked for damage or disruption of any chain-of-custody seals. A unique laboratory ID number is assigned to each sample. A hard copy log-in sheet containing all pertinent information concerning the sample is generated. This and all other relevant paper work are kept with the sample throughout the analytical procedures to assure proper sample tracking.

After sample login is complete, the air samples are analyzed as follows: Air filters are individually removed from the cassette holders, a quarter section is separated and placed onto a glass microscope slide. The filter section is collapsed using a "QuikFix" acetone vaporizer. A drop of Triacetin is added and a coverslip is emplaced over the filter. The slide is then placed under an Olympus CH-2 or Meiji ML-POL Phase Contrast Microscope. Fibers are counted until either 100 fibers are counted in a minimum of 20 fields or 100 fields total are observed. Analytical results are calculated according to NIOSH 7400 protocols. Data is then compiled into a standard report format and subjected to a quality assurance review before the information is released to the client.

Sincerely Yours,

Laboratory Manager  
ASBESTOS TEM LABORATORIES, INC.

---

1350 FREEPORT BLVD., UNIT 104 • SPARKS, NV 89431 • (775) 359-3377 • FAX (775) 359-2798

With Main Office in Berkley, CA Ph. (510) 704-8930 Fax(510) 704-8929

# PHASE CONTRAST MICROSCOPY ANALYTICAL REPORT

NIOSH 7400 Method

Page: 1 of 1

Contact: Mr. Jack Goshow	Samples Submitted: 5	Report No.: 113655
Address: Environmental Testing & Consulting 21480 Delta Drive Reno, NV 89521	Samples Processed: 5	Date Submitted: Mar-03-10
	Job Site / No. 1551 Delucci, Unit A, Reno	Date Reported: Mar-03-10

SAMPLE ID	FIBERS per CC	95% UCL	FIBERS per FIELDS	FIBERS per FILTER	LOCATION / DESCRIPTION
1551-1. Lab ID # 881-01397-001	< 0.0022	< 0.0060	< $\frac{5.5}{100}$	< 490	Dining Room <small>Volume(L) Pump Time(Min) Flow Rate(LPM) 1200 120 10.00</small>
1551-2. Lab ID # 881-01397-002	0.0029	0.0049	$\frac{7.0}{100}$	3433	Hall <small>Volume(L) Pump Time(Min) Flow Rate(LPM) 1200 120 10.00</small>
1551-3. Lab ID # 881-01397-003	0.0033	0.0055	$\frac{8.0}{100}$	3924	Living Room <small>Volume(L) Pump Time(Min) Flow Rate(LPM) 1200 120 10.00</small>
1551-4. Lab ID # 881-01397-004	< 0.0022	< 0.0041	< $\frac{5.5}{100}$	< 2452	Northwest Bedroom <small>Volume(L) Pump Time(Min) Flow Rate(LPM) 1200 120 10.00</small>
1551-5. Lab ID # 881-01397-005	< 0.0022	< 0.0042	< $\frac{5.5}{100}$	< 1962	Southwest Bedroom <small>Volume(L) Pump Time(Min) Flow Rate(LPM) 1200 120 10.00</small>
Lab ID #					<small>Volume(L) Pump Time(Min) Flow Rate(LPM)</small>
Lab ID #					<small>Volume(L) Pump Time(Min) Flow Rate(LPM)</small>
Lab ID #					<small>Volume(L) Pump Time(Min) Flow Rate(LPM)</small>
Lab ID #					<small>Volume(L) Pump Time(Min) Flow Rate(LPM)</small>
Lab ID #					<small>Volume(L) Pump Time(Min) Flow Rate(LPM)</small>

Detection Limit = 7 Fibers/MM2

Reviewer *Dottie Guilbert*  
Dottie Guilbert

Analyst *Dottie Guilbert*  
Dottie Guilbert



**ASBESTOS TEM LABORATORIES, INC.**

---

**NIOSH 7400 Method  
Phase Contrast Microscopy  
Analytical Report**

**Report No.: 113655**

1350 Freeport Blvd.  
Sparks, NV 89431  
(775) 3598-3377  
FAX (775) 359-2798

*With Main Office Located at:*  
630 Bancroft Way, Berkeley CA 94710  
Ph. (510) 704-8930 Fax (510) 704-8929

---



ASBESTOS TEM LABORATORIES, INC

---

Mar/03/2010

Mr. Jack Goshow  
Environmental Testing & Consulting  
21480 Delta Drive  
Reno, NV 89521

RE: LABORATORY REPORT #113655  
Phase contrast microscopy analytical results for 5 air sample(s).  
Job Site: 1551 Delucci, Unit A, Reno  
Job No.:

Enclosed please find the analytical results for one or more air samples submitted for phase contrast microscopy (PCM) analysis. All analysts participate in the American Industrial Hygiene Association (AIHA) Asbestos Analyst Registry Registry proficiency testing program.

Prior to analysis, air sample cassettes are logged-in and all data pertinent to the sample is recorded into a computer based laboratory information management system. The samples are checked for damage or disruption of any chain-of-custody seals. A unique laboratory ID number is assigned to each sample. A hard copy log-in sheet containing all pertinent information concerning the sample is generated. This and all other relevant paper work are kept with the sample throughout the analytical procedures to assure proper sample tracking.

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Sincerely Yours,

Laboratory Manager  
ASBESTOS TEM LABORATORIES, INC.

# PHASE CONTRAST MICROSCOPY ANALYTICAL REPORT

NIOSH 7400 Method

Page: 1 of 1

Contact: Mr. Jack Goshow	Samples Submitted: 5	Report No.: 113655
Address: Environmental Testing & Consulting	Samples Processed: 5	Date Submitted: Mar-03-10
21480 Delta Drive	Job Site / No. 1551 Delucci, Unit A, Reno	Date Reported: Mar-03-10
Reno, NV 89521		

SAMPLE ID	FIBERS per CC	95% UCL	FIBERS per FIELDS	FIBERS per FILTER	LOCATION / DESCRIPTION
1551-1. Lab ID # 881-01397-001	< 0.0022	< 0.0060	< $\frac{5.5}{100}$	< 490	Dining Room <small>Volume(L) Pump Time(Min) Flow Rate(LPM)</small> 1200 120 10.00
1551-2. Lab ID # 881-01397-002	0.0029	0.0049	$\frac{7.0}{100}$	3433	Hall <small>Volume(L) Pump Time(Min) Flow Rate(LPM)</small> 1200 120 10.00
1551-3. Lab ID # 881-01397-003	0.0033	0.0055	$\frac{8.0}{100}$	3924	Living Room <small>Volume(L) Pump Time(Min) Flow Rate(LPM)</small> 1200 120 10.00
1551-4. Lab ID # 881-01397-004	< 0.0022	< 0.0041	< $\frac{5.5}{100}$	< 2452	Northwest Bedroom <small>Volume(L) Pump Time(Min) Flow Rate(LPM)</small> 1200 120 10.00
1551-5. Lab ID # 881-01397-005	< 0.0022	< 0.0042	< $\frac{5.5}{100}$	< 1962	Southwest Bedroom <small>Volume(L) Pump Time(Min) Flow Rate(LPM)</small> 1200 120 10.00
Lab ID #					<small>Volume(L) Pump Time(Min) Flow Rate(LPM)</small>
Lab ID #					<small>Volume(L) Pump Time(Min) Flow Rate(LPM)</small>
Lab ID #					<small>Volume(L) Pump Time(Min) Flow Rate(LPM)</small>
Lab ID #					<small>Volume(L) Pump Time(Min) Flow Rate(LPM)</small>
Lab ID #					<small>Volume(L) Pump Time(Min) Flow Rate(LPM)</small>

Detection Limit = 7 Fibers/MM2

Reviewer *Dottie Guilbert*  
Dottie Guilbert

Analyst *Dottie Guilbert*  
Dottie Guilbert



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# ASBESTOS TEM LABORATORIES, INC.

1350 Freepoint Blvd., Unit #104 \* Sparks, NV 89431 \* Ph: (775) 359-3377 \* Fax: (775) 359-2798  
 Home offices at: 630 Bancroft Way \* Berkeley, CA 94710 \* Ph: (510) 704-8930 \* Fax: (510) 704-8429

## \*\*\* AIR SAMPLE SUBMISSION FORM / CHAIN-OF-CUSTODY REPORT \*\*\*

Company: ETC Analysis type: PCM  TEM Turnaround: 2 hrs  4 hrs 8 hrs  24 2-3 Day  
 Address: 1551 Delaney, Unit A, Reno Job site: 1551 Delaney, Unit A, Reno  
 City-state-zip: \_\_\_\_\_ P.O. #: \_\_\_\_\_  
 Contact person: Jack bathen Phone: 691-3506 FAX: \_\_\_\_\_

Sample number	Sample type	Time on	Time off	Total time(m)	Flow rate (lpm)		Volume (l)	Location / Description
					on	off		
1551-1	PCM	7:30	9:30	120	10.0	10.0	1200	Living
1551-2	PCM	7:30	9:30	120	10.0	10.0	1200	Hall
1551-3	PCM	7:30	9:30	120	10.0	10.0	1200	Living
1551-4	PCM	7:30	9:30	120	10.0	10.0	1200	N/W Bedroom
1551-5	PCM	7:30	9:30	120	10.0	10.0	1200	S/W Bedroom

Special instructions: \_\_\_\_\_

Relinquished by		Received by	
Name/Company	Signature	Name/Company	Signature
<u>Rob Demitz</u>	<u>[Signature]</u>	<u>Sue Ehrlich, Dottie Guilbert / ATEM</u>	<u>[Signature]</u>

Date / Time: 3/3/10 9:55  
 Date / Time: 3/3/10 9:55  
 Page 1 of 1

Send original to lab - Keep yellow copy

February 5, 2010

Reed Smith  
Realty Corner  
979 Pyramid Way  
Sparks, Nevada

Dear Reed:

After investigating the matter of the gutted condo unit at 1551 Delucci Lane No. A, the District Health Department is hereby ordering a testing of the unit for the presence of asbestos in materials that may have been disturbed during the demolition for the interior. Samples are to be collected from remaining materials within the unit. If any of the samples do contain asbestos, a clean up of the condo unit may be required.

Air Division staff has already collected samples of wall texture, acoustic ceiling and linoleum flooring materials that are all considered as suspect for asbestos. These samples are being held and may be used for future enforcement actions.

Before we will allow any building permit to be approved for re-construction of the interior, a full asbestos survey of the unit, conducted by a qualified individual, must be conducted and the results provided to the District Health Department, Air Quality Division. A listing of qualified contractors appears at the end of this letter.

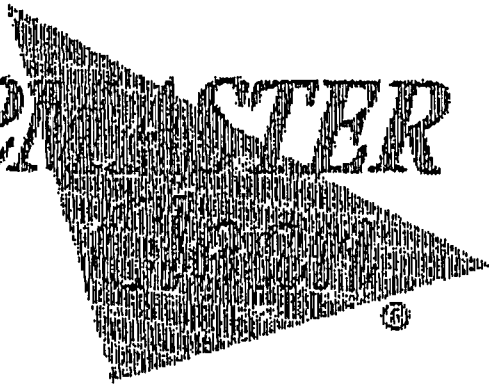
The City of Reno will also be notified concerning this unit and of the demolition that was performed there without the required building permits.

If you have any further questions about this matter, please contact me at 784-7204.

Sincerely,

Chris Ralph,  
Environmental Engineer

# ServiceMASTER



FACSIMILE TRANSMITTAL SHEET

TO:	Chris Ralph	FROM:	Santos Leon
COMPANY:	W.C. Health District	DATE:	4/29/10
FAX NUMBER:	(775) 784-7225	TOTAL NO. OF PAGES, INCLUDING COVER:	
PHONE NUMBER:	(775) 784-7200	SENDER'S REFERENCE NUMBER:	
RE:		YOUR REFERENCE NUMBER:	

URGENT   
 FOR REVIEW   
 PLEASE COMMENT   
 PLEASE REPLY   
 PLEASE RECYCLE

NOTES/COMMENTS:

Here you go Chris. I think I may have found a few classes in Southern Calif.

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DOCUMENT**

Service Master Anytime of Goleta  
Attn: Santos Leon

We will accept your counter offer for a payment of \$8,000, so long as you also agree as a part of the settlement to get certified for asbestos as an inspector. This is a 3 day (24 hour) training course and covers where in a building asbestos materials may be found, both EPA and Cal OSHA regulations about asbestos, and legal liability issues. Although I understand your company has no intention of entering the asbestos industry, because of the nature of your work, I genuinely believe having this knowledge will help you steer clear of future problems that could potentially be much more expensive than our \$8,000 fine. The description of the course we are asking you to complete is as follows:

**Building Inspection for Asbestos**

*You must take this course or Building Inspection and Management Planning for Asbestos if you wish to collect a sample or conduct a building inspection for asbestos. EPA regulations require you to inspect a building for asbestos prior to conducting a renovation or a demolition job. OSHA says if you own or work in a building built before 1981, many common materials such as fireproofing spray, flooring, and pipe insulation must be treated as containing asbestos. Only an AHERA accredited inspector can sample/inspect such materials to prove they are not asbestos. This three-day course provides you with a comprehensive review of probable asbestos-containing materials in buildings and techniques for finding them.*

*This course meets the AHERA training requirement for inspectors and is one of the Cal/OSHA requirements for site surveillance technicians. You learn the most common locations for asbestos in a building and review the most important federal and California regulations that cover inspection issues. We discuss health effects, legal liability and insurance issues. You learn a systems approach to finding hidden asbestos products. Experienced Cal/OSHA certified consultants explain the AHERA protocols for inspection, sampling, categorizing, and recording materials. You practice using this information by doing an inspection workshop in a building containing asbestos products.*

You can see further information about it and when it is offered on the web at:  
<http://www.coehce.org/courses/buildinspectasbestos.htm>

This particular class is offered at Berkeley, California, but if you prefer to take an equivalent course closer to home in the southern California area, send me the course description and if we agree that it is an equivalent course, you can take that other course instead of the one in Berkeley. What would be needed for equivalency is AHERA certification as an inspector. We will require that the course be completed within 6 months time from this settlement.

I have drawn up and attached the paperwork specifying that we both agree to this settlement. We will both need you to sign this document, so please sign and return it to me. We will give you copies for your files as well. Once the agreement is finalized by the District Board of Health, we will send you an invoice for the \$8,000. Your invoice should take about 30 to 60 days to arrive.

  
Chris Ralph



# WASHOE COUNTY HEALTH DISTRICT AIR QUALITY MANAGEMENT DIVISION



**Public Health**  
Prevent. Promote. Protect.

JULY 22, 2010

ATTACHED IS A COPY OF EACH ACKNOWLEDGEMENT FORM DOCUMENTING THAT THE AFORESIGNED HAS BEEN PROPERLY NOTIFIED OF THE DATE, TIME AND LOCATION OF THE DISTRICT BOARD OF HEALTH MEETING TO CONSIDER THE FINAL DISPOSITION OF SAID CASE.

P.O. BOX 11130 Reno, NV 89520-0027 • (775) 784-7200 • FAX (775) 784-7225

[www.washoecounty.us/health](http://www.washoecounty.us/health)

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- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SANTOS LEON  
 SERVICE MASTER ANYTIME  
 6485 CALLE REAL, SUITE D  
 GOLETA CA 93117

2. Article

(Transit)

PS For

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten Signature]*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes  No MA

2595-02-M-1540

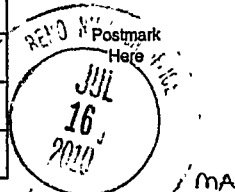
7008 0150 0003 7312 8733

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Total Postage & Fees	\$



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 SANTOS LEON | SERVICE MASTER ANYTIME  
 Street, Apt. No.;  
 or PO Box No. 6485 CALLE REAL, SUITE D  
 City, State, ZIP+4 GOLETA CA 93117

PS Form 3800, August 2006

See Reverse for Instructions





# WASHOE COUNTY HEALTH DISTRICT

## AIR QUALITY MANAGEMENT DIVISION



**Public Health**  
Prevent. Promote. Protect.

July 15, 2010

Santos Leon, GM  
ServiceMaster Anytime  
6485 Calle Real, Suite D  
Goleta CA 93117

RE: Case No. 1052, NOV Citation No. 4426

I hereby acknowledge receiving a packet of the information to be presented to the Washoe County District Board of Health regarding Case No. 1052, at its meeting to be held on Thursday, July 22, 2010 at 1:00 p.m., at 1001 East Ninth Street, Reno, Nevada, Building B, Auditorium B. I understand that at this meeting the District Board of Health will take the appropriate administrative action against Case No. 1052.

\_\_\_\_\_  
Appellant or Representative

Delivered by:

**MAILED CERTIFIED 7-15-2010**

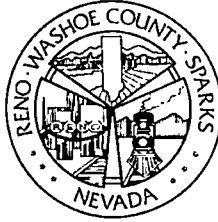
Washoe County Health District  
Air Quality Management Division Staff

P.O. BOX 11130 Reno, NV 89520-0027 • (775) 784-7200 • FAX (775) 784-7225

[www.washoecounty.us/health](http://www.washoecounty.us/health)

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# Washoe County Health District

## STAFF REPORT

BOARD MEETING DATE: 7/22/10

**DATE:** July 12, 2010

**TO:** District Board of Health

**FROM:** Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District *PB*  
775-328-2418, [pbuxton@washoecounty.us](mailto:pbuxton@washoecounty.us)

**THROUGH:** Eileen Coulombe, Administrative Health Services Officer *EC*  
775-328-2418, [ecoulombe@washoecounty.us](mailto:ecoulombe@washoecounty.us)

**SUBJECT: Retroactive approval of District Health Officer acceptance of Subgrant Amendment #2 from the Nevada State Health Division in the amount of \$1,052,883 for the period July 31, 2009 to July 30, 2010 in support of the Public Health Preparedness H1N1 Phase 3 Grant Program, IO-10782.**

### SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The District Health Department has received a Subgrant Amendment from the Nevada State Health Division in the amount of \$1,052,883 for the period July 31, 2009 through July 30, 2010 in support of the Public Health Preparedness H1N1 Phase 3 Program. A copy of the Amendment is attached.

District Board of Health Priority supported by this item: Retroactive approval of the Subgrant Amendment supports the District Board of Health's strategic priority: *Protect population from health problems and health hazards*. It also supports the Epidemiology and Public Health Preparedness (EPHP Division's mission to strengthen the capacity of public health infrastructure to detect, assess, and respond decisively to control the public health consequences of bioterrorism events or any public health emergency.

### PREVIOUS ACTION

The District Board of Health approved the Notice of Subgrant Award for the period July 31, 2009 through July 30, 2010 in the total amount of \$1,052,883 on October 8, 2009. The Board approved Subgrant Amendment #1 on January 28, 2010.

### AGENDA ITEM #7.C.1.

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279

**BACKGROUND**

On April 1, 2010, the Washoe County Health District submitted a budget reallocation request in the net amount of \$11,300 to the Nevada State Health Division for consideration. The reallocation request identified expenditures that were not included in the Notice of Subgrant Award that may be necessary in order to meet grant objectives and deliverables.

The Subgrant Amendment was received on June 23, 2010. Due to timing requirements and the desire to receive reimbursement of expenditures in a timely manner, the District Health Officer signed the Amendment on June 23, 2010. The Subgrant Amendment is being presented for District Board of Health retroactive approval.

**FISCAL IMPACT**

Should the Board approve Subgrant Amendment #2 the FY11 budget will be increased by the actual amount of unspent budget authority in internal order 10780 at June 30, 2010. The Washoe County Health District will identify the total amount of available budget authority to carry forward into FY11 in the memo that is submitted to the Comptrollers office at year-end.

**RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health retroactively approve District Health Officer acceptance of Subgrant Amendment #2 from the Nevada State Health Division in the amount of \$585,283 for the period July 31, 2009 to July 30, 2010 in support of the Public Health Preparedness H1N1 Focus Area 1 Grant Program, IO-10780.

**POSSIBLE MOTION**

Move to retroactively approve District Health Officer acceptance of Subgrant Amendment #2 from the Nevada State Health Division in the amount of \$585,283 for the period July 31, 2009 to July 30, 2010 in support of the Public Health Preparedness H1N1 Focus Area 1 Grant Program, IO-10780.

**Nevada Department of Health and Human Services**  
**HEALTH DIVISION**  
 (hereinafter referred to as the DIVISION)

HD Amendment #: 10079-1  
 HD Contract #: 10079  
 Program #: H1N111-09  
 Budget Account #: 3218  
 Category #: 45  
 GL #: 8516

**SUBGRANT AMENDMENT #1**

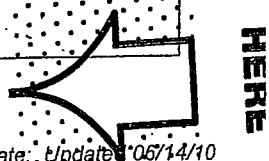
<b>Program Name:</b> Public Health Preparedness Bureau of Health Planning & Statistics Nevada State Health Division		<b>Subgrantee Name:</b> Washoe County Health District (WCHD)	
<b>Address:</b> 4150 Technology Way, Suite 200 Carson City, Nevada 89706-2009		<b>Address:</b> 1001 East Ninth Street Reno, NV 89520	
<b>Original Subgrant Period:</b> July 31, 2009 through July 30, 2010		<b>Subgrantee EIN #:</b> 88-6000138	<b>Subgrantee Vendor #:</b> T40283400Q
		<b>Dun &amp; Bradstreet #:</b> 073786998	
<b>Source of Funds:</b> Centers for Disease Control & Prevention	<b>% of Funds:</b> 100%	<b>CFDA#:</b> 93.069	<b>Federal Grant #:</b> 1H75TP000337-01

**Amendment #1:** Revise budget to reflect the category changes in CDC H1N1 Phase 3, funds totaling (\$220,000) as requested by the Washoe County Health District in order to meet grant objectives and deliverables.

Current	Amount	Change	Revised	Amount
<b>Budget Focus Area 3:</b>			<b>Budget Focus Area 3:</b>	
1 Personnel	\$ 388,400		1 Personnel	\$ 388,400
2 Contractual/Consultant	\$ 512,800	-34,800	2 Travel	\$ 478,000
3 Travel	\$ 3,000		3 Supplies	\$ 3,000
4 Supplies	\$ 26,000		4 Equipment	\$ 26,000
5 Equipment	\$ 8,110	+34,800	5 Contractual/Consultant	\$ 42,910
6 Other	\$ 114,573		6 Other	\$ 114,573
7 Indirect	\$ 0		7 Indirect	\$ 0
<b>Total Cost</b>	<b>\$ 1,052,883</b>	<b>0.00</b>	<b>Total Cost</b>	<b>\$ 1,052,883</b>

By signing this Amendment, the Authorized Subgrantee Official or their designee, Program Manager, Bureau Chief, and Health Division Administrator acknowledge the above as the new standard of practice for the above referenced Subgrant. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subgrant Award and all of its Attachments.

Authorized Sub-grantee Official Title	Signature	Date
Daniel P. Mackie, MPH Health Program Manager, PHP	<i>[Signature]</i>	6/23/10
Alice Devine, MSW Health Program Manager II, PHP	<i>[Signature]</i>	18 June 10
Richard Whitley, MS Administrator, Health Division	<i>[Signature]</i>	6/18/10



**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION B**

DOC H1N1 Phase 3 – revised budget detail and justification:

1. Equipment	\$	38,000	<p><b>Minor Equipment/Mass Vaccination Supplies – Medical:</b></p> <p>Reason for redirect request: Mobile communications and command trailer for use in field locations where mass vaccination with H1N1 or other countermeasures might be distributed. Such as parking lots. The trailer would serve as a platform for incident command as well the DOC. The trailer is configured with radio racks, generator, HVAC system, countertops, cabinets and necessary accessories for operation (\$31,000); Reader Board to communicate with the public that The Health Department is open for H1N1 vaccinations during evening and/or weekend hours. This will allow flexibility in massaging and augment other publicity that promotes H1N1 vaccine availability (\$3,800)</p>
<b>Total</b>	\$	<b>38,000</b>	

**Nevada Department of Health and Human Services**

Health Division # 10079-1

Bureau Program # H1N111-09

GL # 8516

Draw #: \_\_\_\_\_

**H1N1 PHER Phase 3**  
**Cat 45; Job # 93069S10**  
**Sub Acct # PHER09**

**HEALTH DIVISION**

**Amendment #1**

**REQUEST FOR REIMBURSEMENT / ADVANCE**

<b>Program Name:</b> Public Health Preparedness Health Planning & Emergency Response	<b>Subgrantee Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way, Suite 200 Carson City, NV 89706	<b>Address:</b> 1001 East Ninth Street Reno, Nevada 89520
<b>Subgrant Period:</b> July 31, 2009 through July 30, 2010	<b>Subgrantee EIN#:</b> 88-6000138 <b>Subgrantee Vendor#:</b> T40283400Q <b>DUNS#:</b> 073786998

**FINANCIAL REPORT AND REQUEST FOR FUNDS**

(report in dollars and cents; must be accompanied by expenditure report/back-up)

**Month(s):** \_\_\_\_\_

**Calendar Year:** \_\_\_\_\_

**Phase 3**

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	\$ 388,400.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 388,400.00	0%
2 Contract/Consultant	\$ 478,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 478,000.00	0%
3 Travel	\$ 3,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3,000.00	0%
4 Supplies	\$ 26,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 26,000.00	0%
5 Equipment	\$ 42,910.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 42,910.00	0%
6 Other	\$ 114,573.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 114,573.00	0%
7 Indirect	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
8 <b>Total</b>	\$ 1,052,883.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,052,883.00	0%

This report is true and correct to the best of my knowledge.

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Reminder: Request for Reimbursement cannot be processed without an expenditure report/back-up. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

**FOR HEALTH DIVISION USE ONLY**

Program contact necessary?  Yes  No Contact Person: \_\_\_\_\_

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

Final review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_

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

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

PB copy

RECEIVED  
DEC - 8 2009  
Public Health Preparedness

Nevada Department of Health and Human Services  
HEALTH DIVISION  
(hereinafter referred to as the DIVISION)

HD Amendment #: 10079-1  
HD Contract #: 10079  
Program #: H1N111-09  
Budget Account #: 3218  
Category #: 45  
GL #: 8516

SUBGRANT AMENDMENT #1

<b>Program Name:</b> Public Health Preparedness Bureau of Health Planning & Statistics Nevada State Health Division	<b>Subgrantee Name:</b> Washoe County Health District (WCHD)  IC 10782
<b>Address:</b> 4150 Technology Way, Suite 200 Carson City, Nevada 89706-2009	<b>Address:</b> 1001 East Ninth Street Reno, NV 89520
<b>Original Subgrant Period:</b> July 31, 2009 through July 30, 2010	<b>Subgrantee EIN #:</b> 88-6000138 <b>Subgrantee Vendor #:</b> T40283400Q <b>Dun &amp; Bradstreet #:</b> 073786998
<b>Source of Funds:</b> Centers for Disease Control & Prevention	<b>% of Funds:</b> 100% <b>CFDA#:</b> 93.069 <b>Federal Grant #:</b> 1H75TP000337-01

**Amendment #1:** Revise budget to reflect the category changes in CDC H1N1 Phase 3, funds totaling (\$220,000) as requested by the Washoe County Health District in order to meet grant objectives and deliverables.

Current	Amount	Change	Revised	Amount
<b>Budget Focus Area 1:</b>			<del>Budget Focus Area 1:</del>	
1 Personnel	\$ 288,400	+100,000	1 Personnel	\$ 388,400
2 Travel	\$ 3,000		2 Travel	\$ 3,000
3 Supplies	\$ 6,000	+20,000	3 Supplies	\$ 26,000
4 Equipment	\$ 8,110		4 Equipment	\$ 8,110
5 Contractual/Consultant	\$ 732,800	-220,000	5 Contractual/Consultant	\$ 512,800
6 Other	\$ 14,573	+100,000	6 Other	\$ 114,573
7 Indirect	\$ 0		7 Indirect	\$ 0
<b>Total Cost</b>	<b>\$ 1,052,883</b>	<b>0.00</b>	<b>Total Cost</b>	<b>\$ 1,052,883</b>

By signing this Amendment, the Authorized Subgrantee Official or their designee, Program Manager, Bureau Chief, and Health Division Administrator acknowledge the above as the new standard of practice for the above referenced Subgrant. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subgrant Award and all of its Attachments.

Authorized Sub-grantee Official Title	Signature	Date
Daniel P. Mackie, MPH Health Program Manager, PHP	<i>[Signature]</i>	7 Jan 2010
Kyle Devine, MSW Health Program Manager II, PHP	<i>[Signature]</i>	12/24/09
Richard Whitley, MS Administrator, Health Division	<i>[Signature]</i>	12/28/09
	<i>[Signature]</i>	01/14/10

HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION B

CDC H1N1 Phase 3 – revised budget detail and justification:



1. Personnel	\$	1. ,000	<p><b>Washoe County Health District Personnel Expenditures:</b></p> <p><b>Justification:</b> Staffing for the following: H1N1 vaccination clinics (professional and support staff), data entry of vaccination records into WebIZ, staffing for public health clinics (professional and support staff).</p> <p><b>Reason for redirect request:</b> In order to expedite the implementation of vaccination clinics, the Washoe County Health District utilized existing staff (professional and support) from various program areas to perform mass vaccination, communication and community mitigation activities in lieu of hiring contractual staff. As such, the expenditures for Health District employees will be reflected in the Personnel Budget Category and not the Contractual/Consultant Budget Category.</p>
2. Supplies	\$	20,000	<p><b>Minor Equipment/Mass Vaccination Supplies – Medical:</b></p> <p><b>Justification:</b> A variety of syringe sizes and needle lengths have been sent by the CDC. Syringe sizes and needle lengths are not universal and cannot be used on all clients. The majority of syringes the CDC has sent are BD syringes. Washoe County Health District nurses do not use this type for the following reasons:</p> <ul style="list-style-type: none"> <li>• High failure rate</li> <li>• The needles are not permanently attached to the syringes, even when they are tighten down vaccine sprays out around the hub thus it is not being administered into the client requiring a repeat dose</li> <li>• Needle retraction failure that only allows half of the vaccine dose to be administered thus requiring a repeat dose</li> <li>• Needle fails to retract inside the client's extremities this puts the client, parent and nurse at risk of being stuck</li> <li>• Requires more effort to activate the needle retraction (can lead to staff repetitive motion injuries)</li> </ul> <p><b>Reason for redirect request:</b> The award to conduct Phase 3 activities (mass vaccination) does not include funding for medical supplies (syringes, bandaids, etc).</p>

3. Other	\$ 50,000	<p><b>Leased/Rental Space</b></p> <p>Justification: It is necessary for the Washoe County Health District to look towards utilizing alternate locations to conduct vaccination clinics. Locations such as the Reno/Sparks Convention Center and/or warehouse space may be considered to ensure that sufficient space is available. Currently, the mini-POD clinics have been held in the Health District auditoriums. Long term reservation for this space is not viable as space is limited and impacts other County business being conducted.</p> <p>Reason for redirect request: The award to conduct Phase 3 activities (mass vaccination) does not include funding for lease/rental costs associated with building/facility space.</p>
	5,000	<p><b>Facility Costs (Electricity, Heating, Ventilation, Air Conditioning – HVAC)</b></p> <p>Justification: Power for lights and HVAC is an additional expense when clinics are held after hours at the Washoe County Health District.</p> <p>Reason for redirect request: The award to conduct Phase 3 activities (mass vaccination) does not include funding for facility costs associated with running clinics during non-standard business hours.</p>
<b>Total</b>	\$ 220,000	

Nevada Department of Health and Human Services

H1N1 PHER Phase 3  
 Cat 45; Job # 93069S10  
 Sub Acct # PHER09

HEALTH DIVISION

Health Division # 10079  
 Bureau Program # H1N111-09  
 GL # 8516  
 Draw #:

REQUEST FOR REIMBURSEMENT / ADVANCE

<b>Program Name:</b> Public Health Preparedness Health Planning & Emergency Response	<b>Subgrantee Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way, Suite 200 Carson City, NV 89706	<b>Address:</b> 1001 East Ninth Street Reno, Nevada 89520
<b>Subgrant Period:</b> July 31, 2009 through July 30, 2010	<b>Subgrantee EIN#:</b> 88-6000138 <b>Subgrantee Vendor#:</b> T40283400Q <b>DUNS#:</b> 073786998

FINANCIAL REPORT AND REQUEST FOR FUNDS

(report in dollars and cents; must be accompanied by expenditure report/back-up)

Month(s): \_\_\_\_\_ Calendar Year: \_\_\_\_\_

Phase 3

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	\$ 388,400.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 388,400.00	0%
2 Contract/Consultant	\$ 512,800.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 512,800.00	0%
3 Travel	\$ 3,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3,000.00	0%
4 Supplies	\$ 26,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 26,000.00	0%
5 Equipment	\$ 8,110.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 8,110.00	0%
6 Other	\$ 114,573.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 114,573.00	0%
7 Indirect	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
8 <b>Total</b>	\$ 1,052,883.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,052,883.00	0%

This report is true and correct to the best of my knowledge.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Reminder: Request for Reimbursement cannot be processed without an expenditure report/back-up. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

FOR HEALTH DIVISION USE ONLY

Program contact necessary?  Yes  No Contact Person: \_\_\_\_\_

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

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

State of Work review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_

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

**RECEIVED**  
 NOV 18 2009  
 Public Health Preparedness

Department of Health and Human Services

Health Division #: 10079

**HEALTH DIVISION**

(hereinafter referred to as the DIVISION)

Program #: H1N111-09

Budget Account #: 3218

Category #: 45

GL #: 8516

**NOTICE OF SUBGRANT AWARD**

<b>Program Name:</b> Public Health Preparedness Health Planning & Emergency Response Nevada State Health Division	<b>Subgrantee Name:</b> Washoe County Health District (WCHD) IO-10782
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<b>Address:</b> 4150 Technology Way, Suite #200 Carson City, NV 89706-2009	<b>Address:</b> 1001 East Ninth Street Reno, Nevada 89520
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<b>Subgrant Period:</b> July 31, 2009 through July 30, 2010	<b>Subgrantees:</b> EIN#: 88-6000138 Vendor#: T40283400Q Dun & Bradstreet #: 073786998
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**Reason for Award:** 2009 CDC H1N1 Public Health Emergency Response (PHER) Phase 3

**County(ies) to be served:** ( ) Statewide (X) Specific county or counties: Washoe County

<b>Approved Budget Categories:</b>		<b>H1N1 Phase 3</b>	
1. Personnel	\$	288,400	
2. Contractual/Consultant	\$	732,800	
3. Travel	\$	3,000	
4. Supplies	\$	6,000	
5. Equipment	\$	8,110	
6. Other	\$	14,573	
7. Indirect	\$	0	
<b>Total Cost</b>	<b>\$</b>	<b>1,052,883</b>	

**Disbursement of funds will be as follows:**  
 Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant*. Total reimbursement will not exceed **\$1,052,883** during the subgrant period.

<b>Source of Funds:</b>	<b>% of Funds:</b>	<b>CFDA#:</b>	<b>Federal Grant #:</b>
1. CDC PHER Phase 3	100%	93.069	1H75TP000337-01

**Terms and Conditions**  
 In accepting these grant funds, it is understood that:  
 1. Expenditures must comply with appropriate state and/or federal regulations.  
 2. This award is subject to the availability of appropriate funds.  
 3. Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.

Authorized Sub-grantee Official Title	Signature	Date
Daniel P. Mackie, MPH Health Program Manager, PHP		11/16/09
Kyle Devine, MSW Health Program Manager II, PHP		10/28/09
Richard Whitley, MS Administrator, Health Division		11/23/09

**HEALTH DIVISION**  
**NOTICE OF SUBGRANT AWARD**  
**SECTION A**  
**Assurances**

As a condition of receiving subgranted funds from the Nevada State Health Division, the Subgrantee agrees to the following conditions:

1. Subgrantee agrees grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Health Division.
2. Subgrantee agrees to submit reimbursement requests for only expenditures approved in the spending plan. Any additional expenditures beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Health Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Health Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Health Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
  - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer of the Health Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Health Division.
  - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
8. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or

activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R 164.504 (e).

9. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every Subgrantee receiving any payment in whole or in part from federal funds.
10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
  - a. any federal, state, county or local agency, legislature, commission, council, or board;
  - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
  - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.
11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
  - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
  - b. ascertain whether policies, plans and procedures are being followed;
  - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
  - d. determine reliability of financial aspects of the conduct of the project.

Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27<sup>th</sup>, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Subgrantee's fiscal year.

**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION B**

Description of services, scope of work, deliverables and reimbursement

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

- See Attachment #1: Section B- Scope of Work
- Submit Monthly Progress Reports to the Health Division electronically by the 5<sup>th</sup> day of each month beginning November 5, 2009 for activities conducted during the preceding month. (NSHD will compile the reports and submit to CDC via PERFORMS by the 10<sup>th</sup> day of each month). CDC will develop the reporting template to include questions such as:
  - The number of doses administered
  - The breakdown of the doses administered by private sector versus public sector (including those working on behalf of public health agencies)
  - The number of provider sites enrolled as ship-to sites
  - Other relevant mass vaccination data
  - Promising practices/lessons learned
- Submit After Action Reports (AARs), Improvement Plans (IPs) and Corrective Action Programs (CAPs) to the Health Division electronically by March 15, 2010 for the time period of October 1, 2009 to December 31, 2009. (NSHD will submit the reports to CDC via the DSLR Channel on LLIS.gov by March 31, 2010).
- Additional information may be requested by the Health Division, as needed, due to evolving state and federal reporting requirements.
- Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number 1H75TP000337-01 from Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division nor Centers for Disease Control and Prevention (CDC)."
- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number 1H75TP000337-01 from the Centers for Disease Control and Prevention.

(Continued on next page)

Subgrantee agrees to adhere to the following budget:

1. Personnel	\$	288,400	\$250,000	WCHD Staff Overtime for POD H1N1
			\$38,400	Per Diem Nursing Staff for WCHD Clinic
2. Contractual/ Consultant	\$	732,800	\$36,000	Public Information Assistance Staff for Call Center
			\$3,900	Public Information Officer Temporary Assistance
			\$7,500	Public Information Translation Services
			\$100,000	Advertising Agency
			\$12,000	Security for PODs and other public vaccination clinics
			\$30,000	Office Clerical Support
			\$518,400	Temporary Contractual Clinical Staff for vaccination clinics
			\$21,000	Temporary Contractual Data Entry Staff
			\$4,000	Cold Storage for Vaccine
3. Travel	\$	3,000	\$3,000	Includes: In-State Travel in compliance with federal GSA rates
4. Equipment	\$	8,110	\$1,000	Vaccine storage freezer for WCHD Clinic
			\$610	Retrofit Washoe County vehicle with towing package to POD trailer transport truck.
			\$5,000	PPE for POD vaccinators
			\$1,000	POD equipment
			\$500	Headphones for five temporary staff to answer telephone inquiries
5. Supplies	\$	6,000	\$6,000	Office and printer supplies
6. Other	\$	14,573	\$11,033	Printing- POD forms and educational and informational material
			\$840	Wireless remote router and service for laptop computers operating at PODs
			\$600	Cell phones and service for POD staff
			\$300	Postage for mailing H1N1 educational material
			\$600	Telephone service (5 land lines)
			\$1,200	Fuel and maintenance for WCHD vehicle to be used to transport vaccine and/or antivirals
7. Indirect	\$	0		9.9% of Direct Costs (excluding capital expenditures, sub-awards and flow-through funds)
<b>Total Phase 3 Cost</b>	<b>\$</b>	<b>1,052,883</b>		



- Health Division policy is to allow no more than 10% flexibility (no more than a cumulative amount of \$105,288), within approved Scope of Work, unless otherwise authorized. Upon reaching the 10% funding adjustment threshold, additional adjustments between categories cannot be made without prior written approval from the Health Division. Changes to the Scope of Work cannot be made without prior approval from the Health Division and the federal funding agency.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred, summarizing the total amount and type of expenditures made during the reporting period.
- Requests for Reimbursements will be submitted monthly.
- Submit monthly Requests for Reimbursement no later than 15 days following the end of the month; submit a Request for Reimbursement for activities completed through the month of June no later than July 15, 2010.
- Additional expenditure detail will be provided upon request from the Division.
- The maximum amount of funding available through this subgrant is \$1,052,883.

Additionally, the subgrantee agrees to provide:

- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 45 days of completion.
- Provide a complete financial accounting of all expenditures to the Health Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

**The Nevada State Health Division agrees:**

- Review and approve activities through programmatic and fiscal reports and conduct site visits at the Subgrantee's physical site as necessary.
- Provide reimbursements, not to exceed a total of \$1,052,883 for the entire subgrant period.
- Provide technical assistance, upon request from the Subgrantee.
- Reserve the right to hold reimbursement under this subgrant until any delinquent forms and reports are submitted and accepted by the Health Division.

**Both parties agree:**

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

All reports of expenditures and requests for reimbursement processed by the Health Division are **SUBJECT TO AUDIT**.

This subgrant agreement may be **TERMINATED** by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall be 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 Health Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**HEALTH DIVISION**  
**NOTICE OF SUBGRANT AWARD**  
**SECTION C**  
Financial Reporting Requirements

- ☞ A Request for Reimbursement is due on a **monthly** basis, based on the terms of the subgrant agreement, no later than the 15<sup>th</sup> of the month.
- ☞ Reimbursement is based on **actual** expenditures incurred during the period being reported.
- ☞ Payment will not be processed without all reporting being current.
- ☞ Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.
- ☞ **PLEASE REPORT IN DOLLARS and CENTS (No Rounding)**

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

An explanation of the form is provided below.

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

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

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

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

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

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

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

## Nevada Department of Health and Human Services

H1N1 PHER Phase 3  
 Cat 45; Job # 93069S10  
 Sub Acct # PHER09

### HEALTH DIVISION

Health Division # 10079  
 Bureau Program # H1N111-09  
 GL # 8516  
 Draw #: \_\_\_\_\_

#### REQUEST FOR REIMBURSEMENT / ADVANCE

<b>Program Name:</b> Public Health Preparedness Health Planning & Emergency Response	<b>Subgrantee Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way, Suite 200 Carson City, NV 89706	<b>Address:</b> 1001 East Ninth Street Reno, Nevada 89520
<b>Subgrant Period:</b> July 31, 2009 through July 30, 2010	<b>Subgrantee EIN#:</b> 88-6000138 <b>Subgrantee Vendor#:</b> T40283400Q <b>DUNS#:</b> 073786998

#### FINANCIAL REPORT AND REQUEST FOR FUNDS

(report in dollars and cents; must be accompanied by expenditure report/back-up)

Month(s): \_\_\_\_\_

Calendar Year: \_\_\_\_\_

#### Phase 3

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	\$ 288,400.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 288,400.00	0%
2 Contract/Consultant	\$ 732,800.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 732,800.00	0%
3 Travel	\$ 3,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3,000.00	0%
4 Supplies	\$ 6,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 6,000.00	0%
5 Equipment	\$ 8,110.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 8,110.00	0%
6 Other	\$ 14,573.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 14,573.00	0%
7 Indirect	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
<b>8 Total</b>	<b>\$ 1,052,883.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 1,052,883.00</b>	<b>0%</b>

This report is true and correct to the best of my knowledge.

Authorized Signature _____	Title _____	Date _____
----------------------------	-------------	------------

Reminder: Request for Reimbursement cannot be processed without an expenditure report/backup. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

#### FOR HEALTH DIVISION USE ONLY

Program contact necessary?  Yes  No Contact Person: \_\_\_\_\_

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

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

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

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



# Washoe County Health District

## STAFF REPORT

BOARD MEETING DATE: 7/22/10

**DATE:** July 12, 2010

**TO:** District Board of Health

**FROM:** Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District *PB*  
775-328-2418, [pbuxton@washoecounty.us](mailto:pbuxton@washoecounty.us)

**THROUGH:** Eileen Coulombe, Administrative Health Services Officer *EC*  
775-328-2417, [ecoulombe@washoecounty.us](mailto:ecoulombe@washoecounty.us)

**SUBJECT: Retroactive approval of District Health Officer acceptance of Subgrant Amendment #2 from the Nevada State Health Division in the amount of \$585,283 for the period July 31, 2009 to July 30, 2010 in support of the Public Health Preparedness H1N1 Focus Area 1 Grant Program, IO-10780.**

### SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The District Health Department has received a second Subgrant Amendment from the Nevada State Health Division in the amount of \$585,283 for the period July 31, 2009 through July 30, 2010 in support of the Public Health Preparedness H1N1 Focus Area 1 Grant Program. A copy of the Amendment is attached.

District Board of Health Priority supported by this item: Retroactive approval of the Subgrant Amendment supports the District Board of Health's strategic priority: *Protect population from health problems and health hazards*. It also supports the Epidemiology and Public Health Preparedness (EPHP Division's mission to strengthen the capacity of public health infrastructure to detect, assess, and respond decisively to control the public health consequences of bioterrorism events or any public health emergency.

### PREVIOUS ACTION

The District Board of Health approved the Notice of Subgrant Award for the period July 31, 2009 through July 30, 2010 in the total amount of \$585,283 on October 8, 2009. The Board approved Subgrant Amendment #1 on January 28, 2010.

### AGENDA ITEM #7.C.2.

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279

**BACKGROUND**

On February 4, 2010, the Washoe County Health District submitted a budget reallocation request in the net amount of \$11,300 to the Nevada State Health Division for consideration. The reallocation request identified expenditures that were not included in the Notice of Subgrant Award that may be necessary in order to meet grant objectives and deliverables.

The Subgrant Amendment was received on June 23, 2010. Due to timing requirements and the desire to receive reimbursement of expenditures in a timely manner, the District Health Officer signed the Amendment on June 23, 2010. The Subgrant Amendment is being presented for District Board of Health retroactive approval.

**FISCAL IMPACT**

Should the Board approve Subgrant Amendment #2 the FY11 budget will be increased by the actual amount of unspent budget authority in internal order 10780 at June 30, 2010. The Washoe County Health District will identify the total amount of available budget authority to carry forward into FY11 in the memo that is submitted to the Comptrollers office at year-end.

**RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health retroactively approve District Health Officer acceptance of Subgrant Amendment #2 from the Nevada State Health Division in the amount of \$585,283 for the period July 31, 2009 to July 30, 2010 in support of the Public Health Preparedness H1N1 Focus Area 1 Grant Program, IO-10780.

**POSSIBLE MOTION**

Move to retroactively approve District Health Officer acceptance of Subgrant Amendment #2 from the Nevada State Health Division in the amount of \$585,283 for the period July 31, 2009 to July 30, 2010 in support of the Public Health Preparedness H1N1 Focus Area 1 Grant Program, IO-10780.

**Nevada Department of Health and Human Services**  
**HEALTH DIVISION**  
 (hereinafter referred to as the DIVISION)

HD Amendment #: 10077-2  
 HD Contract #: 10077  
 Program #: H1N107-09  
 Budget Account #: 3218  
 Category #: 45  
 GL #: 8516

**SUBGRANT AMENDMENT #2**

<b>Program Name:</b> Public Health Preparedness Bureau of Health Planning & Statistics Nevada State Health Division		<b>Subgrantee Name:</b> Washoe County Health District (WCHD)	
<b>Address:</b> 4150 Technology Way, Suite 200 Carson City, Nevada 89706-2009		<b>Address:</b> 1001 East Ninth Street Reno, NV 89520	
<b>Original Subgrant Period:</b> July 31, 2009 through July 30, 2010		<b>Subgrantee EIN #:</b> 88-6000138	<b>Subgrantee Vendor #:</b> T40283400Q
		<b>Dun &amp; Bradstreet #:</b> 073786998	
<b>Source of Funds:</b> Centers for Disease Control & Prevention	<b>% of Funds:</b> 100%	<b>CFDA#:</b> 93.069	<b>Federal Grant #:</b> 1H75TP000337-01

**Amendment #2:** Revise budget to reflect the category changes in CDC H1N1 Focus Area 1, funds totaling (\$11,300) as requested by the Washoe County Health District in order to meet grant objectives and deliverables.

Current		Amount	Change	Revised		Amount
Budget Focus Area 1:			Budget Focus Area 1:			
1	Personnel	\$ 100,000		1	Personnel	\$ 100,000
2	Contractual/Consultant	\$ 400,400	-11,300	2	Contractual/Consultant	\$ 389,100
3	Travel	\$ 2,000		3	Travel	\$ 2,000
4	Supplies	\$ 12,240	+8,000	4	Supplies	\$ 20,240
5	Equipment	\$ 26,017	+3,300	5	Equipment	\$ 29,317
6	Other	\$ 44,626		6	Other	\$ 44,626
7	Indirect	\$ 0		7	Indirect	\$ 0
<b>Total Cost</b>		<b>\$ 585,283</b>	<b>0.00</b>	<b>Total Cost</b>		<b>\$ 585,283</b>

By signing this Amendment, the Authorized Subgrantee Official or their designee, Program Manager, Bureau Chief, and Health Division Administrator acknowledge the above as the new standard of practice for the above referenced Subgrant. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subgrant Award and all of its Attachments.

Authorized Sub-grantee Official Title	Signature	Date
Daniel P. Mackie, MPH Health Program Manager, PHP	<i>[Signature]</i>	6/23/10
Kyle Devine, MSW Health Program Manager II, PHP	<i>[Signature]</i>	6/18/10
Richard Whitley, MS Administrator, Health Division	<i>[Signature]</i>	

HERE

**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION B**

**CDC H1N1 Focus Area 1 – revised budget detail and justification:**

1. Supplies	\$	8,000	<p>Promotional Supplies</p> <p>Reason for redirect request: The Washoe County Health District has identified the need for additional project/promotional supplies which include but are not limited to; hand sanitizers and thermometers to support the public information campaign.</p>
2. Equipment	\$	3,300	<p>Amateur Radio Equipment &amp; Portable Printer(s)</p> <p>Reason for redirect request: Washoe County Health District has identified the need for additional communications equipment to enhance communications from the Departments Operation Center (DOC) to off-site HN PODS and clinics. Portable printers capable of battery operation are needed to meet the increased demand for printing in support of this project.</p>
<b>Total</b>	\$	<b>11,300</b>	



PB copy

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DEC - 8 2009

Public Health Preparedness

Nevada Department of Health and Human Services  
**HEALTH DIVISION**  
 (hereinafter referred to as the DIVISION)

HD Amendment #: 10077-1  
 HD Contract #: 10077  
 Program #: H1N107-09  
 Budget Account #: 3218  
 Category #: 45  
 GL #: 8516

**SUBGRANT AMENDMENT #1**

<b>Program Name:</b> Public Health Preparedness Bureau of Health Planning & Statistics Nevada State Health Division		<b>Subgrantee Name:</b> Washoe County Health District (WCHD)	
<b>Address:</b> 4150 Technology Way, Suite 200 Carson City, Nevada 89706-2009		<b>Address:</b> 1001 East Ninth Street Reno, NV 89520	
<b>Original Subgrant Period:</b> July 31, 2009 through July 30, 2010		<b>Subgrantee EIN #:</b> 88-6000138 <b>Subgrantee Vendor #:</b> T40283400Q <b>Dun &amp; Bradstreet #:</b> 073786998	
<b>Source of Funds:</b> Centers for Disease Control & Prevention		<b>% of Funds:</b> 100%	<b>CFDA#:</b> 93.069 <b>Federal Grant #:</b> 1H75TP000337-01

**Amendment #1:** Revise budget to reflect the category changes in CDC H1N1 Focus Area 1, funds totaling (\$102,000) as requested by the Washoe County Health District in order to meet grant objectives and deliverables.

Current	Amount	Change	Revised	Amount
<b>Budget Focus Area 1:</b>			<b>Budget Focus Area 1:</b>	
1 Personnel	\$	+100,000	1 Personnel	\$ 100,000
2 Travel	\$ 4,000	-2,000	2 Travel	\$ 2,000
3 Supplies	\$ 12,240		3 Supplies	\$ 12,240
4 Equipment	\$ 26,017		4 Equipment	\$ 26,017
5 Contractual/Consultant	\$ 500,400	-100,000	5 Contractual/Consultant	\$ 400,400
6 Other	\$ 42,626	+2,000	6 Other	\$ 44,626
7 Indirect	\$ 0		7 Indirect	\$ 0
<b>Total Cost</b>	<b>\$ 585,283</b>	<b>0.00</b>	<b>Total Cost</b>	<b>\$ 585,283</b>

By signing this Amendment, the Authorized Subgrantee Official or their designee, Program Manager, Bureau Chief, and Health Division Administrator acknowledge the above as the new standard of practice for the above referenced Subgrant. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subgrant Award and all of its Attachments.

Authorized Sub-grantee Official Title	Signature	Date
Daniel P. Mackie, MPH Health Program Manager, PHP	<i>M. A. Anderson, MD, MPH</i>	7 Jan 2010
Kyle Devine, MSW Health Program Manager II, PHP	<i>[Signature]</i>	12/24/09
Richard Whitley, MS Administrator, Health Division	<i>[Signature]</i>	12/28/09
	<i>[Signature]</i>	01/14/10

Washoe County Health District  
 Request for Reallocation  
 Public Health Preparedness and Response for Bioterrorism  
 Health Division # 10077, Program # H1N107-09, Focus Area 1

Budget Category	H1N107-09 7/31/09 – 7/30/10	Proposed Budget	Explanation
Personnel	\$ 0	\$ 100,000	Redirect savings from Contractual
Contractual	\$ 500,400	\$ 400,400	Redirect savings to Personnel
Travel	\$ 4,000	\$ 2,000	Redirect savings to Other
Equipment	\$ 26,017	\$ 26,017	No change
Supplies	\$ 12,240	\$ 12,240	No change
Other	\$ 42,626	\$ 44,626	Redirect savings from Contractual
Indirect	\$ 0	\$ 0	No change
<b>Total</b>	<b>\$ 585,283</b>	<b>\$ 585,283</b>	

Award Category	Item Description	Amount (\$)
Personnel	<p><b>Washoe County Health District Personnel Expenditures</b></p> <p><u>Justification:</u> Staffing for the following: planning and implementation of vaccination clinics (professional and support staff), data entry of vaccination records into WebIZ, staffing for public health clinics (professional and support staff).</p> <p><u>Reason for redirect request:</u> In order to expedite the planning and implementation of vaccination clinics, the Washoe County Health District utilized existing staff (professional and support) from various program areas to perform mass vaccination, communication and community mitigation activities in lieu of hiring contractual staff. As such, the expenditures for Health District employees will be reflected in the Personnel Budget Category and not the Contractual/Consultant Budget Category.</p>	100,000
Other	<p><b>Repairs and Maintenance</b></p> <p><u>Justification:</u> Mini-POD clinics have been held in the Washoe County Health District auditoriums. The carpeting and chairs in and around the auditoriums have been soiled by the public attending these clinics and require cleaning.</p> <p><u>Reason for redirect request:</u> The award to conduct Focus Area 1 activities does not include funding to support this necessary expense.</p>	2,000

**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION B**

**WDC H1N1 Focus Area 1 – revised budget detail and justification:**

1. Personnel	\$	100,000	<p>Justification: Staffing for the following: planning and implementation of vaccination clinics (professional and support staff), data entry of vaccination records into WebIZ, staffing for public health clinics (professional and support staff).</p> <p>Reason for redirect request: In order to expedite the planning and implementation of vaccination clinics, the Washoe County Health District utilized existing staff (professional and support) from various program areas to perform mass vaccination, communication and community mitigation activities in lieu of hiring contractual staff. As such, the expenditures for Health District employees will be reflected in the Personnel Budget Category and not the Contractual/Consultant Budge Category.</p>
2. Other	\$	2,000	<p>Justification: Mini-POD clinics have been held in the Washoe County health District auditoriums. The carpeting and chairs in and around the auditoriums have been soiled by the public attending these clinics and require cleaning.</p> <p>Reason for redirect request: The award to conduct Focus Area 1 activities does not include funding to support this necessary expense.</p>
<b>Total</b>	\$	<b>102,000</b>	

**Nevada Department of Health and Human Services**

H1N1 PHER Phase 1 & 2  
 Cat 45; Job # 93069S09  
 Sub Acct # PHER09

HEALTH DIVISION

Health Division # 10077  
 Bureau Program # H1N107-09  
 GL # 8516  
 Draw #: \_\_\_\_\_

**REQUEST FOR REIMBURSEMENT / ADVANCE**

<b>Program Name:</b> Public Health Preparedness Health Planning & Emergency Response	<b>Subgrantee Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way, Suite 200 Carson City, NV 89706	<b>Address:</b> 1001 East Ninth Street Reno, Nevada 89520
<b>Subgrant Period:</b> July 31, 2009 through July 30, 2010	<b>Subgrantee EIN#:</b> 88-6000138 <b>Subgrantee Vendor#:</b> T40283400Q <b>DUNS#:</b> 073786998

**FINANCIAL REPORT AND REQUEST FOR FUNDS**

(report in dollars and cents; must be accompanied by expenditure report/back-up)

Month(s): \_\_\_\_\_ Calendar Year: \_\_\_\_\_

**Focus Area 1**

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	\$ 100,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 100,000.00	0%
2 Contract/Consultant	\$ 400,400.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 400,400.00	0%
3 Travel	\$ 2,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,000.00	0%
4 Supplies	\$ 12,240.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 12,240.00	0%
5 Equipment	\$ 26,017.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 26,017.00	0%
6 Other	\$ 44,626.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 44,626.00	0%
7 Indirect	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
8 <b>Total</b>	\$ 585,283.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 585,283.00	0%

This report is true and correct to the best of my knowledge.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Reminder: Request for Reimbursement cannot be processed without an expenditure report/back-up.  
 Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

**FOR HEALTH DIVISION USE ONLY**

Program contact necessary?  Yes  No Contact Person: \_\_\_\_\_  
 Reason for contact: \_\_\_\_\_  
 Fiscal review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_  
 Scope of Work review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_  
 ASO or Bureau Chief (as required): \_\_\_\_\_ Date: \_\_\_\_\_

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 NOV 19 2009  
 Public Health Preparedness

Department of Health and Human Services

Health Division #: 10077

**HEALTH DIVISION**

(hereinafter referred to as the DIVISION)

Program #: H1N107-09

Budget Account #: 3218

Category #: 45

GL #: 8516

**NOTICE OF SUBGRANT AWARD**

<b>Program Name:</b> Public Health Preparedness Health Planning & Emergency Response Nevada State Health Division	<b>Subgrantee Name:</b> Washoe County Health District (WCHD) 10-10780 ID-10781
<b>Address:</b> 4150 Technology Way, Suite #200 Carson City, NV 89706-2009	<b>Address:</b> 1001 East Ninth Street Reno, NV 89520
<b>Subgrant Period:</b> July 31, 2009 through July 30, 2010	<b>Subgrantees:</b> EIN#: 88-6000138 Vendor#: T40283400Q Dun & Bradstreet #: 073786998

**Reason for Award:** 2009 CDC H1N1 Public Health Emergency Response (PHER) Phase 1 and Phase 2

**County(ies) to be served:** ( ) Statewide (X) Specific county or counties: Washoe County

Approved Budget Categories:	Focus Area 1	Focus Area 2	Total H1N1 Phase 1 & 2
1. Personnel	\$ 0	\$ 0	\$ 0
2. Contractual/Consultant	\$ 500,400	\$ 50,000	\$ 550,400
3. Travel	\$ 4,000	\$ 0	\$ 4,000
4. Supplies	\$ 12,240	\$ 0	\$ 12,240
5. Equipment	\$ 26,017	\$ 0	\$ 26,017
6. Other	\$ 42,626	\$ 0	\$ 42,626
7. Indirect	\$ 0	\$ 0	\$ 0
<b>Total Cost</b>	<b>\$ 585,283</b>	<b>\$ 50,000</b>	<b>\$ 635,283</b>

**Disbursement of funds will be as follows:**  
 Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant*. Total reimbursement will not exceed \$635,283 during the subgrant period.

Source of Funds:	% of Funds:	CFDA#:	Federal Grant #:
1. CDC PHER Phase 1 & 2	100%	93.069	1H75TP000337-01

**Terms and Conditions**  
 In accepting these grant funds, it is understood that:  
 1. Expenditures must comply with appropriate state and/or federal regulations.  
 2. This award is subject to the availability of appropriate funds.  
 3. Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.

Authorized Sub-grantee Official Title	Signature	Date
Daniel P. Mackie, MPH Health Program Manager, PHP		11/16/09
Kyle Devine, MSW Health Program Manager II, PHP		11/20/09
Richard Whitley, MS Administrator, Health Division		11/23/09

**HEALTH DIVISION**  
**NOTICE OF SUBGRANT AWARD**  
**SECTION A**  
**Assurances**

As a condition of receiving subgranted funds from the Nevada State Health Division, the Subgrantee agrees to the following conditions:

1. Subgrantee agrees grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Health Division.
2. Subgrantee agrees to submit reimbursement requests for only expenditures approved in the spending plan. Any additional expenditures beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Health Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Health Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Health Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
  - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer of the Health Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Health Division.
  - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
8. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or

**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION B**

Description of services, scope of work, deliverables and reimbursement

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

- See Attachment #1: Section B- Scope of Work
- Submit Monthly Progress Reports to the Health Division electronically by the 5<sup>th</sup> day of each month beginning November 5, 2009 for activities conducted during the preceding month. (NSHD will compile the reports and submit to CDC via PERFORMS by the 10<sup>th</sup> day of each month). CDC will develop the reporting template to include questions such as:
  - The number of doses administered
  - The breakdown of the doses administered by private sector versus public sector (including those working on behalf of public health agencies)
  - The number of provider sites enrolled as ship-to sites
  - Other relevant mass vaccination data
  - Promising practices/lessons learned
- Submit After Action Reports (AARs), Improvement Plans (IPs) and Corrective Action Programs (CAPs) to the Health Division electronically by March 15, 2010 for the time period of October 1, 2009 to December 31, 2009. (NSHD will submit the reports to CDC via the DSLR Channel on LLIS.gov by March 31, 2010).
- Additional information may be requested by the Health Division, as needed, due to evolving state and federal reporting requirements.
- Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number 1H75TP000337-01 from Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division nor Centers for Disease Control and Prevention (CDC)."
- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number 1H75TP000337-01 from the Centers for Disease Control and Prevention.

(Continued on next page)

## Focus Area 2- Epidemiology and Surveillance:

1. Contractual/ Consultant	\$	50,000	
			\$50,000 Temporary Contractual Epidemiologist
Total Focus Area 2 Cost	\$	50,000	
Total Phase 1 & 2 Cost	\$	<b>635,283</b>	

- Health Division policy is to allow no more than 10% flexibility (no more than a cumulative amount of \$63,528), within approved Scope of Work, unless otherwise authorized. Upon reaching the 10% funding adjustment threshold, additional adjustments between categories cannot be made without prior written approval from the Health Division. Changes to the Scope of Work cannot be made without prior approval from the Health Division and the federal funding agency.
- Funds cannot be redirected between Focus Areas.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred, summarizing the total amount and type of expenditures made during the reporting period.
- Requests for Reimbursements will be submitted monthly.
- Submit monthly Requests for Reimbursement no later than 15 days following the end of the month; submit a Request for Reimbursement for activities completed through the month of June no later than July 15, 2010.
- Submit a separate Reimbursement Request for each Focus Area.
- Additional expenditure detail will be provided upon request from the Division.
- The maximum amount of funding available through this subgrant is \$635,283.

Additionally, the subgrantee agrees to provide:

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



**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION C  
Financial Reporting Requirements**

- ☞ A Request for Reimbursement is due on a **monthly** basis, based on the terms of the subgrant agreement, no later than the 15<sup>th</sup> of the month.
- ☞ Reimbursement is based on **actual** expenditures incurred during the period being reported.
- ☞ Payment will not be processed without all reporting being current.
- ☞ Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.
- ☞ **PLEASE REPORT IN DOLLARS and CENTS (No Rounding)**

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

An explanation of the form is provided below.

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

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

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

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

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

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

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

## Nevada Department of Health and Human Services

H1N1 PHER Phase 1 & 2  
 Cat 45; Job # 93069S09  
 Sub Acct # PHER09

HEALTH DIVISION

Health Division # 10077  
 Bureau Program # H1N107-09  
 GL # 8516  
 Draw #: \_\_\_\_\_

### REQUEST FOR REIMBURSEMENT / ADVANCE

<b>Program Name:</b> Public Health Preparedness Health Planning & Emergency Response	<b>Subgrantee Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way, Suite 200 Carson City, NV 89706	<b>Address:</b> 1001 East Ninth Street Reno, Nevada 89520
<b>Subgrant Period:</b> July 31, 2009 through July 30, 2010	<b>Subgrantee EIN#:</b> 88-6000138 <b>Subgrantee Vendor#:</b> T40283400Q <b>DUNS#:</b> 073786998

### FINANCIAL REPORT AND REQUEST FOR FUNDS

(report in dollars and cents; must be accompanied by expenditure report/back-up)

Month(s): \_\_\_\_\_

Calendar Year: \_\_\_\_\_

#### Focus Area 2

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	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	#DIV/0!
2 Contract/Consultant	\$ 50,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 50,000.00	0%
3 Travel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	#DIV/0!
4 Supplies	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	#DIV/0!
5 Equipment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
6 Other	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
7 Indirect	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
8 <b>Total</b>	\$ 50,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 50,000.00	0%

This report is true and correct to the best of my knowledge.

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

Reminder: Request for Reimbursement cannot be processed without an expenditure report/back-up.  
 Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

#### FOR HEALTH DIVISION USE ONLY

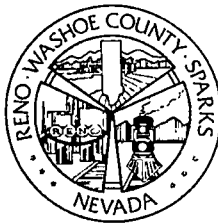
Program contact necessary?  Yes  No Contact Person: \_\_\_\_\_

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

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

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

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



# Washoe County Health District

## STAFF REPORT BOARD MEETING DATE: 7/22/10

**DATE:** July 12, 2010

**TO:** District Board of Health

**FROM:** Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District *PB*  
775-328-2418, [pbuxton@washoecounty.us](mailto:pbuxton@washoecounty.us)

**THROUGH:** Eileen Coulombe, Administrative Health Services Officer *E*  
775-328-2417, [ecoulombe@washoecounty.us](mailto:ecoulombe@washoecounty.us)

**SUBJECT:** Retroactive approval of District Health Officer acceptance of Subgrant Amendment #1 from the Nevada State Health Division, Bureau of Health Planning and Statistics for the Public Health Preparedness - Assistant Secretary for Preparedness & Response (ASPR) Grant program that extends the term of the grant period for one year through June 30, 2011, and authorizes expenditures based on the actual remaining balance in an amount not to exceed 15% of the FY09 award.

### SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The Washoe County Health District received a Subgrant Amendment from the Nevada State Health Division that extends the term of the grant period for one year through June 30, 2011, and authorizes expenditures in the amount not to exceed 15% of the FY09 award. A copy of the Subgrant Amendment is attached.

District Board of Health Priority supported by this item: Acceptance of this amendment supports the District Board of Health's strategic priority: *Protect population from health problems and health hazards*. It also supports the Epidemiology and Public Health Preparedness (EPHP) Division's mission to strengthen the capacity of public health infrastructure to detect, assess, and respond decisively to control the public health consequences of bioterrorism events or any public health emergency.

### AGENDA ITEM #7.C.3.

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279

### **PREVIOUS ACTION**

The District Board of Health accepted last years base ASPR Notice of Subgrant Award for the period August 9, 2008 through June 30, 2010 in the amount of \$409,525 on November 19, 2009.

### **BACKGROUND**

The Subgrant Amendment was received on June 23, 2010. Due to the timing requirements for acceptance, the District Health Officer signed the Subgrant Amendment on June 23, 2010 and the Subgrant Amendment is being presented for District Board of Health retroactive approval.

The Nevada State Health Division requested a No Cost Extension on behalf of the local health authorities. As there was not sufficient time to request the information from each local health authority the Nevada State Health Division estimated the No Cost Extension at 15% of the FY09 award. The No Cost Extension may fund travel, contractual and other operating expenditures.

### **FISCAL IMPACT**

Should the Board retroactively approve the acceptance of the Subgrant Amendment, an FY 11 budget amendment will not be processed until the close of the original subgrant period and detailed budget justification and work plan are submitted to the Nevada State Health Division.

### **RECOMMENDATION**

Retroactive approval of District Health Officer acceptance of Subgrant Amendment #1 from the Nevada State Health Division, Bureau of Health Planning and Statistics for the Public Health Preparedness - Assistant Secretary for Preparedness & Response (ASPR) Grant program that extends the term of the grant period for one year through June 30, 2011, and authorizes expenditures based on the actual remaining balance in an amount not to exceed 15% of the FY09 award.

### **POSSIBLE MOTION**

Move to retroactively approve District Health Officer acceptance of Subgrant Amendment #1 from the Nevada State Health Division, Bureau of Health Planning and Statistics for the Public Health Preparedness - Assistant Secretary for Preparedness & Response (ASPR) Grant program that extends the term of the grant period for one year through June 30, 2011, and authorizes expenditures based on the actual remaining balance in an amount not to exceed 15% of the FY09 award.

**Nevada Department of Health and Human Services**  
**HEALTH DIVISION**  
 (hereinafter referred to as the DIVISION)

HD Amendment #: 10069-1  
 HD Contract #: 10069  
 Program #: ASPR07-09  
 Budget Account #: 3218  
 Category #: 23  
 GL #: 8516

**SUBGRANT AMENDMENT #1**

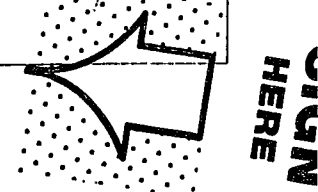
<b>Program Name:</b> Public Health Preparedness Bureau of Health Planning & Statistics Nevada State Health Division		<b>Subgrantee Name:</b> Washoe County Health District (WCHD)	
<b>Address:</b> 4150 Technology Way, Suite 200 Carson City, Nevada 89706-2009		<b>Address:</b> 1001 East Ninth Street Reno, NV 89520	
<b>Original Subgrant Period:</b> August 9, 2009 through June 30, 2010		<b>Subgrantee EIN#:</b> 88-6000138	<b>Subgrantee Vendor#:</b> T40283400Q
<b>Source of Funds:</b> Assistant Secretary for Preparedness & Response	<b>% of Funds:</b> 100%	<b>CFDA#:</b> 93.889	<b>Federal Grant #:</b> 1 U3REP090220-01-00

**Amendment 1:** term of the subgrant (ASPR07-09) is extended though June 30, 2011. Subgrantee has authorization to expend "approved" FY09 HPP carry over funds through June 30, 2011. Additional amendment to be processed after close of the original Subgrant Period and a detailed budget justification and work plan to be submitted, (which will be no later than August 30, 2010) based on the actual remaining budget, and not exceeding the estimated 15% of the FY09 HPP award.

Reimbursement requests will not be processed until the detailed budget justification and work plan have been submitted to and approved by the Nevada State Health Division.

By signing this Amendment, the Authorized Subgrantee Official or their designee, Program Manager, Bureau Chief, and Health Division Administrator acknowledge the above as the new standard of practice for the above referenced Subgrant. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subgrant Award and all of its Attachments.

Authorized Sub-grantee Official Title	Signature	Date
Jennifer Dunaway Health Program Manager, PHP	<i>Jennifer Dunaway</i>	6/14/10
Kyle Devine, MSW Health Program Manager II, PHP	<i>Kyle Devine</i>	6/14/10
Richard Whitley, MS Administrator, Health Division	<i>Richard Whitley</i>	



**HEALTH DIVISION**

(hereinafter referred to as the DIVISION)

**NOTICE OF SUBGRANT AWARD**

<b>Program Name:</b> Public Health Preparedness Bureau of Health Statistics, Planning and Emergency Response Nevada State Health Division	<b>Subgrantee Name:</b> Washoe County Health District (WCHD)  IO-10709
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<b>Address:</b> 4150 Technology Way, Suite #200 Carson City, NV 89706-2009	<b>Address:</b> 1001 East Ninth Street Reno, Nevada 89520
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<b>Subgrant Period:</b> August 9, 2009 through June 30, 2010	<b>Subgrantees:</b> EIN#: 88-6000138 Vendor#: T40283400Q Dun & Bradstreet #: 073786998
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**Reason for Award:** FY 09 ASPR Hospital Preparedness Program

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

**Approved Budget Categories:**

1. Personnel	\$ 165,158
2. Contractual/Consultant	\$ 83,961
Travel	\$ 35,100
4. Supplies	\$ 10,906
5. Equipment	\$ 95,699
6. Other	\$ 2,350
7. Indirect	\$ <del>16,881</del> 16,351 <sup>00</sup>
<b>Total Cost</b>	<b>\$ 409,525</b>

**Disbursement of funds will be as follows:**  
Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant*. Total reimbursement will not exceed \$409,525 during the subgrant period.

<b>Source of Funds:</b>	<b>% of Funds:</b>	<b>CFDA#:</b>	<b>Federal Grant #:</b>
1. ASPR Hospital Preparedness Program	100%	93.889	1 U3REP090220-01-00

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

- Expenditures must comply with appropriate state and/or federal regulations.
- This award is subject to the availability of appropriate funds.
- Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.

	Signature	Date
Jeff Whitesides, Public Health Preparedness Manager		11/18/09
Jennifer Dunaway, Health Program Manager		10/22/09
De Devine, MSW Health Program Manager II		10/22/09
Richard Whitley, MS Administrator, Health Division		11/24/09

**HEALTH DIVISION**  
**NOTICE OF SUBGRANT AWARD**  
**SECTION A**  
Assurances

As a condition of receiving subgranted funds from the Nevada State Health Division, the Subgrantee agrees to the following conditions:

1. Subgrantee agrees grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Health Division.
2. Subgrantee agrees to submit reimbursement requests for only expenditures approved in the spending plan. Any additional expenditure beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Health Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Health Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Health Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
  - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer of the Health Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Health Division.
  - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offer or for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
8. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or

activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R 164.504 (e).

9. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every Subgrantee receiving any payment in whole or in part from federal funds.
10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
  - a. any federal, state, county or local agency, legislature, commission, council, or board;
  - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
  - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.
11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
  - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
  - b. ascertain whether policies, plans and procedures are being followed;
  - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
  - d. determine reliability of financial aspects of the conduct of the project.

Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27<sup>th</sup>, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Subgrantee's fiscal year.



**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION B**

Description of services, scope of work, deliverables and reimbursement

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

- Create a work plan to be used as the Final Scope of Work for this Subgrant with the guidance from the Nevada State Health Division, Public Health Preparedness. This work plan will include specific measureable objectives, activities to be conducted by WCHD to accomplish the objectives, timelines, and tracking measures to ensure the successful achievement of federal grant objectives.
  - WCHD should use the work plan from the previous Subgrant (#ASPR05-08) and update to reflect those activities that have not yet been completed. Please find that work plan attached.
  - WCHD will customize the remaining measureable objectives and activities, provide a timeline for completion of the activities and tracking measures.
  - This customized work plan will be submitted to the Nevada State Health Division no later than October 30, 2009 for inclusion in Section B of this Subgrant and will be considered the Final Scope of Work for this Subgrant.
- Submit written progress reports to the Health Division electronically on or before:
  - January 11, 2010, Mid-Year Progress Report (for the period of 8/9/09-12/31/09)
  - August 30, 2010, End-of-Year Progress Report (for the period of 1/1/10-6/30/10).
- Additional information may be requested by the Health Division, as needed, due to evolving state and federal reporting requirements.
- Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number 1 U3REP090220-01-00 from the Assistant Secretary for Preparedness and Response (ASPR). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division or the Assistant Secretary for Preparedness and Response (ASPR)."
- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number 1 U3REP090220-01-00 from the Assistant Secretary for Preparedness and Response (ASPR).

(continued on next page)

Subgrantee agrees to adhere to the following budget:

1. Personnel	\$ 165,158	\$ 6,280 Healthcare Systems Liaison 10% \$59,661 Public Health ER Response Coordinator 95% \$58,005 MRC Coordinator 100% \$41,212 Fringe
5. Contractual Consultant	\$ 83,961	Includes: Health Program Specialist I, WebEOC consulting services, Washoe County Medical Examiner's Office mass fatality consulting services, MRC Media Buy, MRC Volunteer Training, and Clerical Assistant P/T, Temporary seasonal data entry personnel
2. Travel	\$ 35,100	In-State and Out-of-State Travel
3. Supplies	\$ 10,906	Includes: Office supplies for NIMS/HICS and HSEEP training, General office, printing, meeting and training supplies, MRC Program supplies, books and subscriptions, operation supplies for training and events, MRC Volunteer recruitment
4. Equipment	\$ 95,699	Includes: Printer, WebEOC annual maintenance fee, Communication equipment, equipment for hospitals medical evacuation/shelter, Dual monitors (x4)
6. Other	\$ 2,350	Includes: Postage, Website Hosting, Long Distance/Conference Call Charges, Cell Phone Service, Telephone Service, Copy Machine Costs, Printing flyers, handouts and other training materials for NIMS/HICS and HSEEP training, MRC recruitment materials.
7. Indirect	\$ 16,351	9.9% Personnel and Fringe
Total Cost	\$ 409,525	

- Health Division policy is to allow no more than 10% flexibility (no more than a cumulative amount of **\$40,953** within approved Scope of Work, unless otherwise authorized. Upon reaching the 10% funding adjustment threshold, additional adjustments between categories cannot be made without prior written approval from the Health Division. Changes to the Scope of Work cannot be made without prior approval from the Health Division and the Federal funding agency.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.

- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred, summarizing the total amount and type of expenditure made during the reporting period.
- Requests for Reimbursements will be submitted monthly.
- Submit monthly Requests for Reimbursement no later than 15 days following the end of the month; submit a Request for Reimbursement for activities completed through the month of June no later than July 15, 2010.
- Additional expenditure detail will be provided upon request from the Health Division.
- The maximum amount of funding available through this subgrant is \$409,525.

Additionally, the Subgrantee agrees to provide:

- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 45 days of completion.
- Provide a complete financial accounting of all expenditures to the Health Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

**The Nevada State Health Division agrees:**

- Review and approve activities through programmatic and fiscal reports and conduct site visits at the subgrantee's physical site as necessary.
- Provide reimbursements, not to exceed a total of \$409,525 for the entire subgrant period.
- Provide technical assistance, upon request from the Subgrantee.
- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.

**Both parties agree:**

Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Health Division that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the Health Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the State. This includes but is not limited to:

- Reallocating funds between the subgrantee's categories, and

- Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment,

All reports of expenditures and requests for reimbursement processed by the Health Division are SUBJECT TO AUDIT.

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Health Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**HEALTH DIVISION**  
**NOTICE OF SUBGRANT AWARD**  
**SECTION C**  
Financial Reporting Requirements

- ☞ A Request for Reimbursement is due on a **monthly** basis, based on the terms of the subgrant agreement, no later than the 15<sup>th</sup> of the month.
- ☞ Reimbursement is based on **actual** expenditures incurred during the period being reported.
- ☞ Payment will not be processed without all reporting being current.
- ☞ Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.
- ☞ **PLEASE REPORT IN DOLLARS and CENTS (No Rounding)**

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

An explanation of the form is provided below.

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

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

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

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

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

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

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

**Nevada Department of Health and Human Services**

Health Division # 10069  
 Bureau Program # ASPR07-09  
 GL # 8516  
 Draw #: \_\_\_\_\_

**HEALTH DIVISION**

**REQUEST FOR REIMBURSEMENT / ADVANCE**

<b>Program Name:</b> Public Health Preparedness Health Planning & Emergency Response	<b>Subgrantee Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way, Suite 200 Carson City, NV 89706	<b>Address:</b> 1001 East Ninth Street Reno, NV 89520
<b>Subgrant Period:</b> August 9, 2009 through August 8, 2010	<b>Subgrantee EIN #:</b> 88-6000138 <b>Subgrantee Vendor #:</b> T40283400Q <b>Dun &amp; Bradstreet #:</b> 073786998

**FINANCIAL REPORT AND REQUEST FOR FUNDS**

(report in dollars and cents; 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	\$ 165,158.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 165,158.00	0%
5 Contract/Consultant	\$ 83,961.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 83,961.00	0%
2 Travel	\$ 35,100.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 35,100.00	0%
3 Supplies	\$ 10,906.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 10,906.00	0%
4 Equipment	\$ 95,699.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 95,699.00	0%
6 Other	\$ 2,350.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,350.00	0%
7 Indirect	\$ 16,351.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 16,351.00	0%
8 <b>Total</b>	\$ 409,525.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 409,525.00	0%

This report is true and correct to the best of my knowledge.

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

Reminder: Request for Reimbursement cannot be processed without an expenditure report/backup. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

**FOR HEALTH DIVISION USE ONLY**

Program contact necessary?  Yes  No Contact Person: \_\_\_\_\_

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

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

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

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



# Washoe County Health District

## STAFF REPORT

BOARD MEETING DATE: 7/22/10

**DATE:** July 12, 2010

**TO:** District Board of Health

**FROM:** Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District *PB*  
775-328-2418, [pbuxton@washoecounty.us](mailto:pbuxton@washoecounty.us)

**THROUGH:** Eileen Coulombe, Administrative Health Services Officer *EC*  
775-328-2417, [ecoulombe@washoecounty.us](mailto:ecoulombe@washoecounty.us)

**SUBJECT:** Approval of Notice of Grant Award dated June 18, 2010 from the Department of Health and Human Services Public Health Service for the period July 1, 2010 to June 29, 2011 in the amount of \$785,000 in support of the Family Planning Program.

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### SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The Washoe County Health District's Family Planning program received from the Department of Health and Human Services Public Health Service the Notice of Grant Award for the period July 1, 2010 through June 29, 2011 in the total amount of \$785,000. A copy of the Notice of Grant Award is attached.

District Board of Health Priorities supported by this item: *1) Protect population from health problems and health hazards and 2) Give people information they need to make healthy choices.* It also supports the Washoe County Health District's Family Planning Program mission to promote and assure that all Washoe County citizens have access to confidential, high quality, culturally competent reproductive health and family planning services that fosters healthy communities.

### PREVIOUS ACTION

The District Board of Health approved last year's base Notice of Grant Award in the total amount of \$754,078 on July 23, 2009.

**AGENDA ITEM # 7.C.4.**

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279

The Board approved budget amendments that totaled an increase of \$25,000 in both revenue and expenditure for FY10 at their August 11, 2009 meeting. The Board approved budget amendments that totaled an increase of \$157,144 in both revenue and expenditure for FY10 on December 8, 2009.

### **BACKGROUND**

The Washoe County Health District has received the FY11 Family Planning Title X Base Grant Award in the amount of \$785,000. The FY11 Title X grant budget was adopted in the total amount of \$896,383 and accounts for Base funding in the amount of \$785,000, Year 2 Directed Supplemental funding in the amount of \$62,305, and FY10 Carry Forward (unobligated) funding in the amount of \$49,078. Should the Washoe County Health District not receive the directed supplemental or carry forward awards as anticipated, or if the amounts differ, a budget amendment will be necessary and presented to the Board for approval.

The Grant Award includes funding for personnel, travel and training, operating supplies, professional services, educational supplies, advertising and other expenses, including funding specifically for community outreach, planning meetings and program participation via use of incentives (including but not limited to bus passes, taxi vouchers, gift certificates, educational outreach items, nutritious food and beverage, and gift cards).

### **FISCAL IMPACT**

No budget amendments are necessary at this time.

### **RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health approve the Notice of Grant Award dated June 18, 2010 from the Department of Health and Human Services Public Health Service for the period July 1, 2010 to June 29, 2011 in the amount of \$785,000 in support of the Family Planning Program.

### **POSSIBLE MOTION**

Move to approve the Notice of Grant Award dated June 18, 2010 from the Department of Health and Human Services Public Health Service for the period July 1, 2010 to June 29, 2011 in the amount of \$785,000 in support of the Family Planning Program.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE  
OPHS Office of Grants Management

1101 Wootton Parkway  
Suite 550  
Rockville, MD 20852

**NOTICE OF GRANT AWARD**  
AUTHORIZATION (Legislation/Regulations)  
P.L. 91-572 PHS Act Sec. 1001 as Amended, 42 CFR 59

1. DATE ISSUED (Mo./Day/Yr.) 06/18/2010	2. CFDA NO. 93.217
3. SUPERCEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	
4. GRANT NO. 5 FPHPA090003-42-00 Formerly: 09H000003	5. ADMINISTRATIVE CODES FPH70
6. PROJECT PERIOD Mo./Day/Yr. From 07/01/2007	Through 06/29/2012
7. BUDGET PERIOD Mo./Day/Yr. From 06/30/2010	Through 06/29/2011

8. TITLE OF PROJECT (OR PROGRAM) (Limit to 56 spaces) FY2011 Family Planning Services (Region 9-Navajo Nation, Federated States Micronesia, NV, Washoe Cnty)	
9. GRANTEE NAME AND ADDRESS a. Washoe County District Health Department b. PO BOX 11130 c. 1001 EAST NINTH STREET d. Reno e. NV f. 89520-0027	
10. DIRECTOR OF PROJECT (PROGRAM DIRECTOR/PRINCIPLE INVESTIGATOR) (LAST NAME FIRST AND ADDRESS) Mary Ann Brown PO BOX 11130 1001 EAST NINTH STREET Reno, NV 89520 Phone: 775-328-2478	

11. APPROVED BUDGET (Excludes PHS Direct Assistance)		12. AWARD COMPUTATION FOR GRANT	
I PHS Grant Funds Only		a. Amount of PHS Financial Assistance (from item 11.u) 785,000	
II Total project costs including grant funds and all other financial participation (Select one and place NUMERAL in box) <b>II</b>		b. Less Unobligated Balance From Prior Budget Periods 0	
c. Less Cumulative Prior Award(s) This Budget Period 0		d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 785,000	
a. Salaries and Wages 590,161		13. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):	
b. Fringe Benefits 222,288		YEAR TOTAL DIRECT COSTS YEAR TOTAL DIRECT COSTS	
c. Total Personnel Costs 812,449		a.43 b.44 c.45 d.46 e.47 f.48	
d. Consultants Costs 0		14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH):	
e. Equipment 0		a. AMOUNT OF PHS Direct Assistance 0	
f. Supplies 22,500		b. Less Unobligated Balance From Prior Budget Periods	
g. Travel 3,000		c. Less Cumulative Prior Award(s) This Budget Period	
h. Patient Care - Inpatient 0		d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION 0	
i. Patient Care - Outpatient 0		15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART F, OR 45 CFR 92.25, SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: (Select one and place LETTER in box.)	
j. Alterations and Renovations 0		a. DEDUCTION	
k. Other 47,512		b. ADDITIONAL COSTS	
l. Consortium/Contractual Costs 60,678		c. MATCHING	
m. Trainee Related Expenses 0		d. OTHER RESEARCH (Add / Deduct Option)	
n. Trainee Stipends 0		e. OTHER (See REMARKS)	
o. Trainee Tuition and Fees 0		16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE PHS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:	
p. Trainee Travel 0		a. The grant program legislations cited above.	
q. TOTAL DIRECT COSTS 946,139		b. The grant program regulation cited above.	
r. INDIRECT COSTS (rate of) 0		c. This award notice including terms and conditions, if any, noted below under REMARKS.	
s. TOTAL APPROVED BUDGET \$ 946,139		d. PHS Grants Policy Statement including addenda in effect as of the beginning date of the budget period.	
t. SBIR Fee		e. 45 CFR Part 74 or 45 CFR Part 92 as applicable.	
u. Federal Share \$ 785,000		In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.	
v. Non-Federal Share \$ 161,139			

REMARKS: (Other Terms and Conditions Attached -  Yes  No)  
This action award funds in the amount of \$785,000 for FY2010. See attached Terms and Conditions.

PHS GRANT'S MANAGEMENT OFFICER: (Signature) <i>Karen Campbell</i> (Name - Typed/Print) Karen Campbell (Title) Grants Management Officer, OPHS		
17. OBJ CLASS 41.51 FY-CAN	18. CRS - EIN 1886000138A1 DOCUMENT NO. ADMINISTRATIVE CODE	19. LIST NO. 02 AMT ACTION FIN ASST 785,000 AMT ACTION DR ASST 0
20. a. 0-3094509	b. 09H000003A	c. FPH70
21. a.	b.	c.
22. a.	b.	c.

NOTICE OF GRANT AWARD (Continuation Sheet)

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**SPECIAL CONDITIONS**

1. By August 31, 2010, submit to the OPHS Office of Grants Management, a revised budget: SF 424, SF 424A and budget narrative which reflects a Federal Share in the amount of \$785,000 and the appropriate Non-Federal Share.
2. **Failure to comply with the above Special Conditions may result in a disallowance of funds, a drawdown restriction or denial of future funding.**

**SPECIAL TERMS AND REQUIREMENTS**

1. Notwithstanding any other provision of law, no provider under Title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.
2. In accepting this award, the grantee certifies that it will encourage family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.
3. This award consists of:

Program income (fees, premiums, third-party reimbursements which the project may reasonably expect to receive), as well as State, local and other operational funding, will be used to finance the non-federal share of the scope of project as defined in the approved grant application and reflected in the approved budget. Program income and the level projected in the approved budget will be used to further program objectives

Title X Funds	\$785000
Cost Sharing Funds (10%)	\$ 78500
Program Income	\$ 79500
Other Funds	\$ 3139
Total Project Budget	\$946139

4. The Office of Population Affairs has established the following Title X Program Priorities:
  - a. Assuring ongoing high quality family planning and related preventive health services that will improve the overall health of individuals;
  - b. Assuring access to a broad range of acceptable and effective family planning methods and related preventive health services that include natural family planning methods, infertility services, and services for adolescents; highly effective contraceptive methods; breast and cervical cancer screening

NOTICE OF GRANT AWARD (Continuation Sheet)

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and prevention that corresponds with nationally recognized standards of care; STD and HIV prevention education, counseling, and testing; extramarital abstinence education and counseling; and other preventive health services. The broad range of services does not include abortion as a method of family planning;

c. Encouraging participation of families, parents, and/or other adults acting in the role of parents in the decision of minors to seek family planning services, including activities that promote positive family relationships;

d. Improving the health of individuals and communities by partnering with community-based organizations (CBOs), faith-based organizations (FBOs), and other public health providers that work with vulnerable or at-risk populations;

e. Promoting individual and community health by emphasizing family planning and related preventive health services for hard-to-reach populations, such as uninsured or under-insured individuals, males, persons with limited English proficiency, adolescents, and other vulnerable or at-risk populations.

5. In addition to the Program Priorities and Legislative Mandates, the following Key Issues have implications for Title X services projects and should be acknowledged in the program plan:

a. The increasing cost of providing family planning services;

b. The U.S. Department of Health and Human Service priorities and initiatives, including increasing access to health care; emphasizing preventive health measures, improving health outcomes; improving the quality of health care; and eliminating disparities in health; as well as Healthy People 2010 objectives for Family Planning (Chapter 9); Health Communication (Chapter 11); HIV (Chapter 13), and Sexually Transmitted Diseases (Chapter 25). (<http://www.health.gov/healthypeople>);

c. Departmental initiatives and legislative mandates, such as the Health Insurance Portability and Accountability Act (HIPAA); Infant Adoption Awareness Training Program (IAATP); providing unmarried adolescents with information, skills and support to encourage sexual abstinence; serving persons with limited English proficiency;

d. Integration of HIV/AIDS services into family planning programs; specifically, HIV/AIDS education, counseling and testing either on-site or by referral should be provided in all Title X family planning services projects. Education regarding the prevention of HIV/AIDS should incorporate the "ABC" message. That is, for adolescents and unmarried individuals, the message should include "A" for abstinence; for married individuals or those in committed relationships, the message is "B" for be faithful; and, for individuals who engage in behavior that puts them at risk for HIV, the message should include "A," "B," and "C" for correct and consistent condom use.

e. Utilization of electronic technologies, such as electronic grants management systems;

f. Data collection and reporting which is responsive to the revised Family Planning Annual Report (FPAR) and other information needs for monitoring and improving family planning services;

g. Service delivery improvement through utilization of research outcomes focusing on family

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planning and related population issues; and

h. Utilizing practice guidelines and recommendations developed by recognized professional organizations and Federal agencies in the provision of evidence-based Title X clinical services.

6. The grantee is required to identify specific efforts of the Title X project to address the Title X program priorities and report on the activities in the project's annual performance report. The project's activities relative to the program priorities are to be included in addition to the project's presentation of its efforts to accomplish the project objectives established for the budget period.

**STANDARD TERMS**

1. In accepting this award, the grantee stipulates that the award and any activities thereunder are subject to all provisions of 42 CFR Part 59 currently in effect or implemented during the period of the grant.
2. Responses to reporting requirements, conditions, and requests for postaward amendments must be mailed to the attention and address of the Grants Management Specialist indicated in the "Contacts" section. All correspondence should include the Federal grant number (item 4 on page 1 of this document) and requires the signature of an authorized business official and/or the project director. Failure to follow this guidance will result in a delay in responding to your correspondence.
3. The HHS Appropriations Act requires that, when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money shall clearly state the percentage and dollar amount of the total costs of the program or project which will be financed with Federal money and the percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.
4. Requests that require prior approval from the awarding office (See Part II, PHS Grants Policy Statement) must be submitted in writing to the GMO. Only responses signed by the GMO are to be considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon any OPHS Program Office.

**REPORTING REQUIREMENTS**

1. Financial Status Report SF-269/long form (attached) is due within 90 days after expiration of the budget period.
2. The Single Audit Act Amendments of 1996 (31 U.S.C. 7501-7507) combined the audit requirements for all entities under one Act. An audit is required for all entities which expend \$500,000 or more of Federal funds in each fiscal year. The audits are due within 30 days of receipt from the auditor or within 9 months of the end of the fiscal year, whichever occurs first. The audit report when completed should be sent to the Federal Audit Clearinghouse, Bureau of the Census, 1201 E. 10th Street, Jeffersonville, IN 47132.

**CONTACTS**

1. PAYMENT PROCEDURES:

Payments for grants awarded by OPHS Program Offices are made through the Division of Payment Management (<http://www.psc.gov/>). Applicant organizations are assigned a 12-digit Entity

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Identification Number for payment and accounting purposes. That number is an expansion of the 9-digit Employer Identification Number assigned to an organization by the Internal Revenue Service. PMS is administered by the Program Support Center (PSC), DHHS.

Inquiries regarding payments should be directed to (<http://www.dpm.psc.gov>. Division of Payment Management, P.O. Box 6021, Rockville, MD 20852, 1-877-614-5533.

2. Fraud, Abuse and Waste:

The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE 330 Independence Ave., SW, Room 5140 Cohen Building, Washington, DC 20201 e-mail [htips@os.dhhs.gov](mailto:htips@os.dhhs.gov) 1-800-447-8477 (1-800-HHS-TIPS).

3. For assistance on **grants administration** issues please contact: Robin Fuller, Grants Management Specialist, at (240) 453-8830, FAX (240) 453-8823, e-mail [robin.fuller@hhs.gov](mailto:robin.fuller@hhs.gov) or OPHS Grants Management Office, 1101 Wootton Parkway, Suite 550, Rockville, MD 20852.
4. For assistance on **programmatic** issues please contact: Rebecca Meece, Regional Program Consultant, at (415) 437-8096, FAX (415) 437-8004, e-mail [rebecca.meece@hhs.gov](mailto:rebecca.meece@hhs.gov) or Office of Family Planning, 90 7th Street, Suite 5-100, San Francisco, CA 94103.



**OFFICE OF FAMILY PLANNING  
REGION IX**

**U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
90 7TH STREET, SUITE 5-100      SAN FRANCISCO, CA 94103**

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Mary-Ann Brown RN, MSN  
Division Director  
Community & Clinical Health Services  
Washoe County District Health Department  
PO Box 11130  
Reno, NV 89520

July 12, 2010

Dear Ms. Brown,

Last year, your organization applied for and received “end-of-the-year” funding under the Option B application category. It was stated in the grant announcement that those projects requesting two-year funding under Option B would be eligible to receive additional funds in year 2 as available.

The Regional Office is pleased to inform you that your ‘year 2’ funds have been approved at the requested amount, \$62,305. At this time, we do not expect that you will need to submit further information on this project.

The application for additional end-of-year funds is expected to be posted next week, and you may apply for those funds, in addition to this award.

Please feel free to contact me if you have any questions or concerns. I may be reached by phone at 415-437-8403 or by email at [Rebecca.Meece@hhs.gov](mailto:Rebecca.Meece@hhs.gov).

Respectfully,

Rebecca Meece, PA-C, MPAS  
Regional Program Consultant

cc: Office of Grants Management  
Grant File FPHPA090003  
Stacy Hardie



# Washoe County Health District

## STAFF REPORT

BOARD MEETING DATE: 7/22/10

**DATE:** July 12, 2010

**TO:** District Board of Health

**FROM:** Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District *PB*  
775-328-2418, [pbuxton@washoecounty.us](mailto:pbuxton@washoecounty.us)

**THROUGH:** Eileen Coulombe, Administrative Health Services Officer *EC*  
775-328-2417, [ecoulombe@washoecounty.us](mailto:ecoulombe@washoecounty.us)

**SUBJECT:** Approval of Notice of Subgrant Award from the Nevada State Health Division for the Women, Infants and Children (WIC) Clinic Program for the period October 1, 2010 through September 30, 2011 in the total amount of \$1,191,109 in support of Salaries and Benefits, Travel and Training, and Operating Expenditures; Approve amendments totaling an increase of \$74,353 in both revenue and expenses to the adopted FY 11 WIC Clinic Grant Program, IO 10031, to bring the FY 11 adopted budget into alignment with the grant; and if approved authorize the Chairman to execute.

### SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget. The Washoe County Health District has received a Notice of Subgrant Award from the Nevada State Health Division that provides funding for the period October 1, 2010 through September 30, 2011 in the amount of \$1,191,109 in support of the Special Supplemental Nutrition Program for Women, Infants and Children. A copy of the face page of the Notice of Subgrant Award is attached.

Approval of this Notice of Subgrant Award, and budget amendment supports the District Board of Health's strategic priority: *Protect population from health problems and health hazards*. It also supports the Washoe County Health District's Special Supplemental Nutrition Program for Women, Infants and Children (WIC) mission. It is to provide supplemental nutritious foods, nutrition education and referrals to other health and social services to eligible pregnant and postpartum women, infants and children up to age five in Washoe County to prevent the occurrence of health problems and to improve the health status of these persons.

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

**PREVIOUS ACTION**

The District Board of Health approved last year's base Notice of Subgrant Award for the period October 1, 2009 through September 30, 2010 in the total amount of \$1,205,291 on October 22, 2009.

**BACKGROUND**

The Washoe County Health District agrees to provide a level of service sufficient to provide WIC food instruments to an estimated 7,145 participants per month for a total of 85,753 participants per year during the term of this Subgrant Award. In turn, the Nevada State Health Division, through this award will reimburse the Washoe County Health District \$13.89 per participant served.

**FISCAL IMPACT**

This grant was anticipated in the FY 11 adopted budget in the amount of \$1,116,756, in various categories. A budget amendment in the amount of \$74,353 is necessary to align the FY11 budget with the new award.

Should the Board approve these budget amendments, the adopted FY 10 budget will be **increased by \$74,353** in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-10031-431100	Federal Revenue	\$74,353
2002-IO-10031-701130	Pooled Positions	74,353
	<b>Total Expenditures</b>	<b>\$74,353</b>

**RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health approve the Notice of Subgrant Award from the Nevada State Health Division for the Women, Infants and Children (WIC) Clinic Program for the period October 1, 2010 through September 30, 2011 in the total amount of \$1,191,109 in support of Salaries and Benefits, Travel and Training, and Operating Expenditures; Approve amendments totaling an increase of \$74,353 in both revenue and expenses to the adopted FY 11 WIC Clinic Grant Program, IO 10031, to bring the FY 11 adopted budget into alignment with the grant; and if approved authorize the Chairman to execute.

**POSSIBLE MOTION**

Move to approve the Notice of Subgrant Award from the Nevada State Health Division for the Women, Infants and Children (WIC) Clinic Program for the period October 1, 2010 through September 30, 2011 in the total amount of \$1,191,109 in support of Salaries and Benefits, Travel and Training, and Operating Expenditures; Approve amendments totaling an increase of \$74,353 in both revenue and expenses to the adopted FY 11 WIC Clinic Grant Program, IO 10031, to bring the FY 11 adopted budget into alignment with the grant; and if approved authorize the Chairman to execute.



HEALTH DIVISION

#:

(hereinafter referred to as the DIVISION)

Budget Account #: 3214  
 Category #: 04  
 GL #: 8516

NOTICE OF SUBGRANT AWARD

<b>Program Name:</b> Women, Infants and Children (WIC) Nevada State Health Division		<b>Subgrantee Name:</b> Washoe County District Health Department -WIC IO-10031	
<b>Address:</b> 4126 Technology Way, Suite 102 Carson City, NV 89706		<b>Address:</b> 1009 East 9 <sup>th</sup> Street/PO Box 11130 Reno, NV 89520	
<b>Subgrant Period:</b> <i>crw</i> October 1, 2010 or upon approval by all parties whichever is later through September 30, 2011		<b>Subgrantee's</b> <b>EIN#:</b> 88-6000138 <b>Vendor#:</b> T41107900 <b>Dun &amp; Bradstreet#:</b> 73-786-998	
<b>Reason for Award:</b> Provide funding for operation of WIC clinics.			
<b>County(ies) to be served:</b> ( ) Statewide (X) Specific county or counties: Washoe			
<b>Approved Budget Categories:</b>			
1. Personnel	\$		
2. Travel	\$		
3. Operating	\$		
4. Equipment	\$		
5. Contractual/Consultant	\$		
6. Training	\$		
7. Other	\$	1,191,109	
<b>Total Cost</b>	<b>\$</b>	<b>1,191,109</b>	
<b>Disbursement of funds will be as follows:</b> Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$1,191,109.00 during the subgrant period.			
<b>Source of Funds:</b>	<b>% of Funds:</b>	<b>CFDA#:</b>	<b>Federal Grant #:</b>
1. WIC Nutrition Services/Administration	100	10.577	7NV700NV7
<b>Terms and Conditions</b> In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations. 2. This award is subject to the availability of appropriate funds. 3. Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.			
Authorized Sub-grantee Official Title	Signature		Date
David Crockett Program Manager	<i>David Crockett</i>		7/22/10
Mary Wherry Bureau Chief	<i>Mary Wherry</i>		6-21-10
Richard Whitley, MS Administrator, Health Division	<i>Richard Whitley</i>		6-21-10

**HEALTH DIVISION**  
**NOTICE OF SUBGRANT AWARD**  
**SECTION A**  
**Assurances**

As a condition of receiving subgranted funds from the Nevada State Health Division, the Subgrantee agrees to the following conditions:

1. Subgrantee agrees grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Health Division.
2. Subgrantee agrees to submit reimbursement requests for only expenditures approved in the spending plan. Any additional expenditures beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Health Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Health Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Health Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
  - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer of the Health Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Health Division.
  - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
8. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or

activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R 164.504 (e).

9. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every Subgrantee receiving any payment in whole or in part from federal funds.
10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
  - a. any federal, state, county or local agency, legislature, commission, council, or board;
  - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
  - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.
11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
  - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
  - b. ascertain whether policies, plans and procedures are being followed;
  - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
  - d. determine reliability of financial aspects of the conduct of the project.

Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27<sup>th</sup>, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Subgrantee's fiscal year.

**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION B**

Description of services, scope of work, deliverables and reimbursement

Washoe County District Health Department, hereinafter referred to as Subgrantee, agrees to provide the following services for the State of Nevada Women, Infant, and Children (WIC) program:

- I. **GENERAL:** Subgrantee shall operate using the following guidelines:
- A. Comply with the fiscal and operational requirements prescribed by the State of Nevada WIC Program pursuant to 7CFR part 246, 7CFR part 3016, the debarment and suspension requirements of 7 CFR part 3017, if applicable, the lobbying restrictions of 7 CFR part 3018, and FNS guidelines and instructions;
  - B. Have at least one competent professional authority (CPA) on the staff of the local agency who possesses the necessary skills to perform certification procedures;
  - C. Provide nutrition education services to participants, in compliance with 7CFR part 246.11 and FNS guidelines and instructions;
  - D. Implement a food delivery system prescribed by the state pursuant to 7CFR part 246.12 and approved by FNS;
  - E. Inform and facilitate the delivery of appropriate health services to WIC participants, and in the case of referrals, have current written agreements in place with health care providers;
  - F. Maintain and have available for review, audit, and evaluation all criteria used for certification.
  - G. Maintain complete, accurate current documentation that accounts for program funds received and expended;
  - H. Maintain comprehensive internal control procedures to insure proper funds management and separation of duties when determining eligibility and issuing benefits;
  - I. Maintain a computer back-up system that duplicates all record transactions on a daily basis, transmit Transfer files daily and when requested perform a Re-create within 24 hours of State request;
  - J. Prohibit discrimination against persons on the grounds of race, color, national origin, age, sex or handicap, and compiles data, maintains records and submits reports as required to permit effective enforcement of nondiscrimination laws;
  - K. Prohibit smoking in WIC facilities where WIC functions are carried out.

II. **CLINIC OPERATION**

- A. **Term:** The term of the Subgrant is October 1, 2010, through September 30, 2011.
- B. **Clinic Operation:** Subgrantee shall operate clinic(s) in accordance with the WIC Policy and Procedure Manual, incorporated herein by reference as if set forth in full, subject to coordination and supervision of the state WIC office.
- C. **Operating Hours:** Full time clinics shall remain open for participant interviewing a minimum of seven and one-half (7.5) hours per day. Agencies are encouraged to provide staff manning during lunch period and give consideration to providing services prior to 8 AM and after 5 PM or on Saturday to meet the needs of participants, receiving WIC benefits.
- D. **Personnel Assigned:** Terminations, replacements or additions will be reported to the state WIC office within seventy two (72) hours of occurrence, and include affected employee's work location, position and work telephone number.
- E. Any change in clinic location, including opening of a new clinic, must be approved in writing by state WIC office at least 60 days prior to change in clinic location. A copy of the proposed lease must be forwarded to the state WIC office for review prior to execution.

III. **STAFF, FACILITIES AND EQUIPMENT**

- A. **Training:** Subgrantee shall provide, or cause to be provided, training in accordance with State WIC program objectives and Value Enhanced Nutritional Assessment (VENA) guidance, for each appropriate WIC staff member during the term of this subgrant, and will document such training. Training shall ensure that staff works toward meeting the six competency areas for WIC nutrition assessment; (1) principles of life-cycle nutrition; (2) nutrition assessment process; (3) anthropometric and hematological data collection; (4) communication; (5) multicultural awareness; (6) critical thinking.

## B. Facilities

1. Privacy: Subgrantee shall make provisions to insure clinic space provides privacy and confidentiality for applicants during application and individual nutritional education procedures.
2. Laboratory Registration: All metropolitan area subgrantees must register all clinics with the United States Department of Health and Human Services in accordance with 42 CFR part 493 and with the Nevada Bureau of Licensure and Certification in accordance with Nevada Administrative Code 652. Rural clinics will make arrangements to have hemoglobin tests performed in accordance with policy #CT:13 of the WIC Policy and Procedure Manual.

## C. Equipment

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

## IV. PROGRAM ADMINISTRATION

- A. General: Subgrantee shall operate clinic(s) in accordance with provisions of 7CFR part 246, 7CFR part 3016 and State WIC Policy and Procedure Manual, incorporated herein by reference as if set forth in full, subject to coordination and supervision of the state WIC office.
- B. Clinic Plan: Subgrantee shall submit to the state WIC office their annual Clinic Plan with their, equipment inventory, and current laboratory certification, no later than September 30<sup>th</sup>. Failure to comply may result in funding delay.
- C. Record Retention
  1. Administrative Files: Subgrantee shall maintain and have available for program review and audit all administrative files pertaining to its WIC clinic operations for a minimum of six (6) years from the date of termination of the subgrant or until all discrepancies relating to audit findings are resolved, whichever occurs later.
  2. Fiscal Records: Subgrantee shall maintain all fiscal records and books, including records and books supporting indirect rates, for a period of five (5) years from the date of termination of the subgrant or until any discrepancies related to audit findings are resolved, whichever occurs last.
  3. Participant Files: Subgrantee shall maintain all participant files for a minimum of six (6) years after closure or until completion of federal and state audits, whichever occurs last.
  4. Conflict of Interest: Subgrantee shall insure that no conflict of interest exists or arises between the subgrantee or persons employed by or associated with the subgrantee and any authorized vendor within or without the state of Nevada.
  5. Inspection: USDA and Nevada WIC Program through any authorized representative shall have the right at all reasonable times to inspect or otherwise evaluate the work performed or being performed by subgrantee pursuant to this subgrant at the premises where such work is performed or where subgrantee records are maintained. Subgrantee shall provide reasonable facilities and assistance for the safety and convenience of WIC program representatives in the performance of their duties pursuant to this section.

## V. CASELOAD AND FUNDING

- A. Assigned Caseload: Subgrantee agrees to provide a level of service sufficient to provide Electronic Benefit Transfer (EBT) cards to an estimated 7,145 participants (based upon participation projections) per month for a total of 85,753 participants per year during the term of this subgrant. Subgrantee agrees to provide WIC services at a rate of \$13.89 per participant served, subject to review and

revision in years subsequent to FFY 2011, in exchange for the funding to be provided by state WIC program.

1. **Adjustments of Caseload:** State WIC program shall have the right to periodically adjust the assigned caseload of subgrantee, Upon written notification of caseload adjustment, subgrantee shall immediately take all reasonable steps necessary to decrease or increase participation as directed by WIC program to maintain the revised level of service.
  2. **Failure to Maintain Assigned Caseload:** The WIC program office shall have the right to proportionately increase or decrease funding if the subgrantee falls below or above the aforementioned limits for three months. The proportion to be used for decreases will be the cost per participant in the current budget. The value to be used for increasing participation quantity and cost will be at the current budget rate per participant per month.
- B. **Funding:** In consideration of subgrantee's performance of all required services and fulfillment of all obligations pursuant to this subgrant, the WIC program agrees to pay to subgrantee at the rate of \$13.89 per participant served. The maximum amount of funding to be provided by the WIC program for serving assigned caseload specified in paragraph V(A) above is One Million One Hundred Ninety One Thousand One Hundred Nine Dollars (\$1,191,109) subject to amendment of funding. The state WIC program will provide subgrantee with EBT cards, specialty infant formula (when approved), certification and nutrition education materials and technical support as necessary. Subgrantee hereby acknowledges and agrees that the maximum subgrant amount is subject to approval by the Administrator of the Nevada State Health Division and that amount is based upon the following line item budget.

**DETAILED BUDGET**

<b>1. Personnel</b>	<b>\$</b>	
<b>2. Travel</b>	<b>\$</b>	
<b>3. Operating</b>	<b>\$</b>	
<b>4. Equipment</b>	<b>\$</b>	
<b>5. Contractual/Consultant</b>	<b>\$</b>	
<b>6. Training</b>	<b>\$</b>	
<b>7. Other</b>	<b>\$1,191,109</b>	85,753 Participants X \$13.89 Per Participant
<b>Total Cost</b>	<b>\$1,191,109</b>	

- C. **Reimbursement:** State WIC Program shall reimburse subgrantee monthly, based on the number of participants served during the billing month, as determined by official State records, and upon submission of a monthly Health Division Request for Reimbursement with supporting documentation acceptable to the state WIC program, provided the requested amount does not exceed authorized subgrant amount. Any amount in excess of the authorized subgrant amount shall be borne by subgrantee. Monthly reports shall be submitted by the 15<sup>th</sup> of the month service to participant. The final Request for Reimbursement report must be submitted by November 30<sup>th</sup> following the end of each Federal Fiscal Year ended September 30<sup>th</sup>.
- D. **Allowable Expense:** Subgrantee shall be paid only for allowable expenses, as defined in the applicable regulations (OMB Circular A87,A110, A122 and A133). It is the Policy of the State Board of Examiners to restrict contractors/subgrantees travelers to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions see State Administrative Manual (SAM) Sections 0200.0 and 0320.0. Standard mileage reimbursement rate will be at the current Nevada State per mile rate. WIC program shall have the right to determine whether expenditures made by subgrantee from funds provided pursuant to this subgrant were made in accordance with the regulations and to withhold payment or demand reimbursement of disallowed expenditures from subgrantee.
- E. All reports of expenditures and requests for reimbursement processed by the Health Division are **SUBJECT TO AUDIT.**
- F. The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.
- G. **Nutrition Education Requirement:** Subgrantee shall expend a minimum of one-sixth of all funds provided in this subgrant for nutrition education by including Time and Effort Studies and Unit

Breakdown forms with Request for Reimbursements. The state WIC program shall have the right to determine if the subgrantee has fulfilled this requirement in accordance with the regulations, and to withhold payment from subgrantee for the difference between the amount expended on nutrition education and an amount equal to the one-sixth of the total subgrant.

- H. Refunds: Subgrantee shall pay to state WIC program the amounts, including any interest thereon, of any and all refunds, rebates, credits, or other amounts accruing to or received by subgrantee for services provided by subgrantee in performance of this subgrant from any outside source to the extent that such amounts are allocable to costs for which subgrantee has been or may be reimbursed by state WIC program pursuant to this subgrant.
- I. Audit Exceptions: Subgrantee shall pay to state WIC program any and all amounts claimed for reimbursement of WIC program funds brought against subgrantee as a result of state or federal audits.
- J. Food Instrument Security: Subgrantee shall pay the state WIC program any and all amounts equal to the value of EBT cards which were in their custody and were lost, misused, or otherwise diverted from WIC program purposes through negligence, fraud, theft, embezzlement, or unexplained causes. Subgrantee shall have an opportunity to submit evidence, explanation or information concerning alleged instances of non-compliance or diversion prior to a final determination being made by state WIC program as to the imposition of this requirement.

#### VI. NON-LIMITATION OF REMEDY

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

#### VII. ADVERSE ACTIONS

- A. Arbitrations: This subgrant shall not be subject to arbitration.
- B. Adverse Action: The right of appeal shall be granted when state WIC office takes adverse actions which affect participation.
  - 1. State WIC office must provide written notification of adverse action with a minimum of 60 days notice.
  - 2. Subgrantee must file appeal within 15 calendar days of receipt of notification.
  - 3. The hearing shall be convened with 20 days advance notice.
  - 4. The hearing officer, appointed by the Administrator of The Health Division, shall schedule two alternative hearing dates.
  - 5. Subgrantee shall have the opportunity to confront and cross-examine adverse witnesses; to be represented by counsel; and the opportunity to review the case record prior to the hearing.
  - 6. Within 60 days of the date of receipt of the notice of appeal, the hearing officer shall is a written decision.
- C. Disqualification: Subgrantee may be disqualified if:
  - 1. The State WIC Office determines noncompliance with program regulations.
  - 2. The State WIC Office program funds are insufficient to support the continued operation of all its existing local agencies at their current participation level.
  - 3. When the State WIC Office determines, following a periodic review of local agency credentials, that another local agency can operate the program more effectively and efficiently.
- D. Participation Pending Appeal: Appealing an action does not relieve Subgrantee, while the appeal is in process, from the responsibility of continued compliance with the terms of this Subgrant.
- E. Final Order: The decision shall be final and conclusive subject to an appeal to a court of law pursuant to NRS Chapter 233B.
- F. Exceptions: Expiration of this subgrant and reduction in caseload due to insufficient funds shall not be subject to appeal.

## VIII. DISCRIMINATION

- A. Data Collection: Subgrantee shall comply with Federal Nutritional Services (FNS) requirements for the collection of racial and ethnic participation data.
- B. Translation Services: Subgrantee shall take all reasonable steps to ensure that WIC program information and nutrition education materials and services are available in the appropriate language to non-English or limited-English speaking persons or hearing and speech impaired.
- C. Employment: Subgrantee shall state in all solicitation or advertisements for employees placed by or on behalf of subgrantee that all applicants for employment shall receive consideration regardless of race, age, disability, color, sex, or national origin.
- D. Notice and Opportunity for Hearing: Subgrantee shall comply with FNS requirements for public notification of nondiscrimination policy. Subgrantee shall provide all persons with notice and an opportunity to file a civil rights complaint. Subgrantee shall refer any and all complaints of discrimination filed by applicants, eligible recipients or participants to the Director, Office of Equal Opportunity, USDA, Washington, DC 20250, with a copy to state WIC office.

## IX. ADDITIONAL SERVICES AND FUNDS

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

## X. TERMINATION

- A. By Subgrantee: The Subgrant may be terminated by subgrantee prior to expiration by providing written notification to state WIC office provided that subgrantee continues to perform this subgrant during its term until such time as state WIC office is able to replace subgrantee with another provider of the services or until 120 days after notification of revocation, whichever occurs first.
- B. Availability of Federal Funds: This subgrant is contingent upon federal funding and will terminate if such funding becomes unavailable. State WIC office shall notify subgrantee immediately in writing of such termination.
- C. Cooperation: Subgrantee shall, upon notification of the termination of this subgrant and if so directed by state WIC office, cooperate in any and all efforts to refer participants to other WIC clinics in order to maintain continuity of participation in the WIC program.
- D. Liability Following Termination: Following receipt of notice of termination by state WIC office, subgrantee shall cease all WIC program operations as of the effective date of termination. Subgrantee shall be liable for any and all EBT cards issued by subgrantee after the effective date of termination of this subgrant, unless the issuance of such EBT Cards is expressly authorize in writing by state WIC office.
- E. This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately of for any reason the Health Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

## XI. VALIDITY AND EFFECTIVENESS OF SUBGRANT.

- A. Both parties recognize that this subgrant's validity and effectiveness are conditional upon availability of funds as provided for by Congress for the purposes of this program.
- B. It is mutually understood between the parties that this subgrant may have been written prior to October 1 of the current year and before congressional appropriation of funds, for the mutual benefit of both parties in order to avoid program and fiscal delays which would occur if the subgrant were executed after October 1.
- C. This subgrant is valid and enforceable only if sufficient funds are made available to the state WIC office by the United States government for the fiscal year specified for the purposes of this program. In addition, this subgrant is subject to any additional restrictions, limitations or conditions enacted by the Congress or any statute enacted by the Congress which may affect the provisions, terms or funding of this subgrant in any manner.
- D. It is mutually agreed that if the Congress does not appropriate sufficient funds for the program, this subgrant may be amended or terminated, to reflect any reduction in funding the Nevada WIC program.



## XII.AUDIT

Subgrantee shall have an independent audit of its operations performed during the term of this subgrant. If the subgrantee expends more than \$500,000 in aggregate federal funds, an audit must be performed in accordance with OMB Circular A-133, as revised June 27<sup>th</sup>, 2003. The audit must be completed and submitted to state WIC office within nine (9) months following the close of the fiscal year or subgrantee will be subject to a penalty of up to the amount paid for the audit and Subgrant funding maybe withheld.

## XIII.RENEWAL

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

## XIV.WHOLE AGREEMENT

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

**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION C  
Financial Reporting Requirements**

- ☞ A Request for Reimbursement is due on a **monthly or quarterly** basis, based on the terms of the subgrant agreement, no later than the 15<sup>th</sup> of the month.
- ☞ Reimbursement is based on **actual** expenditures incurred during the period being reported.
- ☞ Payment will not be processed without all reporting being current.
- ☞ Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.
- ☞ **PLEASE REPORT IN WHOLE DOLLARS**

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

An explanation of the form is provided below.

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

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

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

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

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

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

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

**Nevada Department of Health and Human Services**

Health Division # HD11008  
 Bureau Program # 3214  
 GL # 8516  
 Draw #: \_\_\_\_\_

**HEALTH DIVISION**

**REQUEST FOR REIMBURSEMENT / ADVANCE**

<b>Program Name:</b> Women, infants and Children (WIC)	<b>Subgrantee Name:</b> Washoe County District Health Department
<b>Address:</b> 4126 Technology Way Carson City, NV 89706	<b>Address:</b> 1009 East 9th Street/PO Box 11130 Reno, NV 89520
<b>Subgrant Period:</b> October 1, 2010 through September 30, 2011	<b>Subgrantee EIN#:</b> 88-6000138 <b>Subgrantee Vendor#:</b> T41107900

**FINANCIAL REPORT AND REQUEST FOR FUNDS**

(report in whole dollars; 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	\$ 0	\$ 0	\$ 0	\$ 0	0	#DIV/0!
2 Travel	\$ 0	\$ 0	\$ 0	\$ 0	0	#DIV/0!
3 Operating	\$ 0	\$ 0	\$ 0	\$ 0	0	#DIV/0!
4 Equipment	\$ 0	\$ 0	\$ 0	\$ 0	0	#DIV/0!
5 Contract/Consultant	\$ 0	\$ 0	\$ 0	\$ 0	0	#DIV/0!
6 Training	\$ 0	\$ 0	\$ 0	\$ 0	0	#DIV/0!
7 Other	\$ 1,191,109	\$ 0	\$ 0	\$ 0	1,191,109	0%
8 Total	\$ 1,191,109	\$ 0	\$ 0	\$ 0	1,191,109	0%

This report is true and correct to the best of my knowledge.

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

Reminder: Request for Reimbursement cannot be processed without an expenditure report/back-up. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

**FOR HEALTH DIVISION USE ONLY**

Program contact necessary?  Yes  No Contact Person: \_\_\_\_\_  
 Reason for contact: \_\_\_\_\_  
 Fiscal review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_  
 Scope of Work review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_  
 ASO or Bureau Chief (as required): \_\_\_\_\_ Date: \_\_\_\_\_

Period: 1 thru 13 2011  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*

Fund: 202 Health Fund  
 Fund Center: IN10031 WIC  
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
** 431100 Federal Grants	1,116,756.00-		1,116,756.00-		1,205,291.00-	989,231.91-	216,059.09-	82
Revenue	1,116,756.00-		1,116,756.00-		1,205,291.00-	989,231.91-	216,059.09-	82
701110 Base Salaries	690,518.62	7,627.56	682,891.06	1	719,219.44	684,246.74	34,972.70	95
701130 Pooled Positions	9,130.00	747.08	8,382.92	8	68,296.19	1,467.53	66,828.66	2
701200 Incentive Longevity	14,805.00		14,805.00		15,705.00	13,184.79	2,520.21	84
701300 Overtime					5,000.00	3,795.20	1,204.80	76
701412 Salary Adjustment	5,347.52-		5,347.52-					
701413 Vac Payoff/Sick Pay-Term								
701417 Comp Time								
* Salaries and Wages	709,106.10	8,374.64	700,731.46	1	808,220.63	709,319.73	98,900.90	88
705110 Group Insurance	139,673.36	1,517.31	138,156.05	1	139,279.76	136,436.14	2,843.62	98
705210 Retirement	151,644.05	1,636.50	150,007.55	1	157,621.79	148,999.05	8,622.74	95
705230 Medicare April 1986	9,619.49	113.79	9,505.70	1	9,393.53	9,368.51	25.02	100
705320 Workmens Comp	4,879.00		4,879.00		5,392.00	5,391.96	0.04	100
705330 Unemploy Comp	2,992.00		2,992.00		1,040.00	1,040.00		100
* Employee Benefits	308,807.90	3,267.60	305,540.30	1	312,727.08	301,235.66	11,491.42	96
710100 Professional Services	800.00		800.00		800.00	360.00	440.00	45
710200 Service Contract						31.10		
710205 Repairs and Maintenance	500.00		500.00		500.00	266.89	233.11	47
710300 Operating Supplies	26,000.00		26,000.00		51,949.29	20,189.18	31,760.11	39
710334 Copy Machine Expense	4,044.00		4,044.00		4,044.00	548.24	3,495.76	14
710350 Office Supplies	10,000.00		10,000.00		10,000.00	8,615.19	1,384.81	86
710360 Postage						4.61		
710500 Other Expense	1,000.00		1,000.00		1,000.00	1,083.25	83.25-	108
710502 Printing	7,500.00		7,500.00		8,000.00	1,047.14	6,952.86	13
710503 Licenses & Permits	500.00	370.00	130.00	74	500.00	400.00	100.00	80
710509 Seminars and Meetings	1,200.00		1,200.00		1,200.00	1,977.00	977.00-	198
710512 Auto Expense	2,500.00	63.50	2,436.50	3	3,000.00	1,006.29	1,993.71	34
710529 Dues	50.00		50.00		50.00	50.00		100
710600 IT Lease-Office Space	40,148.00		40,148.00			6,941.31	6,941.31-	
711010 Utilities	100.00		100.00			63.00	37.00-	
711115 Equip Srv Motor Pool	1,000.00		1,000.00		3,000.00	575.00	575.00-	
711210 Travel	3,000.00		3,000.00		3,000.00	1,426.50	1,573.50	48
711504 Equipment nonCapital	500.00		500.00		500.00	500.00	500.00	
* Services and Supplies	98,842.00	433.50	98,408.50	0	84,343.29	44,550.92	39,792.37	53
** Expenses	1,116,756.00	12,075.74	1,104,680.26	1	1,205,291.00	1,055,106.31	150,184.69	88
*** Total		12,075.74	12,075.74-			65,874.40	65,874.40-	



# Washoe County Health District

## STAFF REPORT

BOARD MEETING DATE: 7/22/10

**DATE:** July 12, 2010

**TO:** District Board of Health

**FROM:** Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District *PB*  
775-328-2418, [pbuxton@washoecounty.us](mailto:pbuxton@washoecounty.us)

**THROUGH:** Eileen Coulombe, Administrative Health Services Officer *EC*  
775-328-2417, [ecoulombe@washoecounty.us](mailto:ecoulombe@washoecounty.us)

**SUBJECT:** Ratification of Interlocal Agreement between the Washoe County Health District and Washoe County through its Department of Juvenile Services to provide consultative and clinical services for the period upon ratification through June 30, 2011; and if approved, authorize Chairman to execute the Interlocal Agreement.

### SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

District Board of Health Priority supported by this item:

Ratification of this Interlocal Agreement supports the District Board of Health's strategic priority: *Protect population from health problems and health hazards*. It also supports the Immunization Program's mission to promote public health by reducing vaccine preventable disease through immunization; the Sexual Health Program's mission to provide coordinated and quality treatment, prevention and surveillance activities in Washoe County to reduce the transmission of sexually transmitted diseases (STDs); and the Tuberculosis (TB) Program's mission to prevent and control tuberculosis in order to reduce morbidity, disability and premature death due to TB.

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

### PREVIOUS ACTION

This is an on-going Agreement that has been entered into annually for many years. Last year's Interlocal Agreement was approved by the District Board of Health on June 25, 2009.

**AGENDA ITEM # 7.C.6.**

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279

**BACKGROUND**

The Washoe County Health District proposes to continue its on-going contract with the Washoe County Department of Juvenile Services, Wittenberg Hall Juvenile Detention Facility for the period upon ratification through June 30, 2011.

This Agreement provides for STD/TB treatment medications and tuberculosis testing solution. The County will pay for minor acute care medications, laboratory consultant time, pharmacy costs and materials.

Washoe County's Risk Manager and Deputy District Attorney have reviewed and approved this Agreement. This Interlocal Agreement will also require Washoe Board of County Commissioner's approval.

**FISCAL IMPACT**

Should the Board approve this Interlocal Agreement there will be no additional impact to the adopted FY 11 budget, as these amounts were anticipated and included in the adopted budget in Juvenile Services program 127500 (Wittenberg Hall) for approximately \$500 in the medical services (710105) account line item.

**RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health ratify the Interlocal Agreement between the Washoe County Health District and Washoe County through its Department of Juvenile Services to provide consultative and clinical services for the period upon ratification through June 30, 2011; and if approved, authorize Chairman to execute the Interlocal Agreement.

**POSSIBLE MOTION**

Move to ratify the Interlocal Agreement between the Washoe County Health District and Washoe County through its Department of Juvenile Services to provide consultative and clinical services for the period upon ratification through June 30, 2011; and if approved, authorize Chairman to execute the Interlocal Agreement.

## INTERLOCAL AGREEMENT

This Interlocal Agreement contains the terms of agreement between the Washoe County Health District and Washoe County through its Department of Juvenile Services, hereinafter referred to as the District and County respectively, entered into pursuant to Chapter 277 of the Nevada Revised Statutes.

Whereas, the District has clinical infrastructure for adolescent health services; and

Whereas, the County's goal is to maintain optimal detainee health, including detection and treatment of communicable disease, and

Whereas, the District agrees to provide consultative and clinical support services to the County as described herein,

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

The District agrees to:

1. Provide, at no charge to the County, PPD solution for tuberculosis testing, and STD/TB treatment medications to be utilized per medical protocol.
2. Provide diagnostic services per medical protocol or consultant physician order when indicated to screen for tuberculosis (Chest X-Rays, CT, or IGRA) for uninsured detainees.
3. Provide the services of the District's contract pharmacist to prepare medications for APN to administer and dispense per APN protocol signed by collaborating physician.
4. Make available minor acute care medications, at the District's cost, which would include pharmacy time and materials.
5. Pay for chlamydia, gonorrhea, HIV and syphilis screening as itemized on the State Lab invoice.
6. Sterilize the County's medical equipment on an as-needed basis.
7. Provide training or Technical Assistance for topics related to this agreement as indicated, and as the District is able.
8. Contract Pharmacist and Laboratory Consultant will submit monthly invoice(s) to the County itemizing the costs of minor acute care medications, laboratory consultant time and pharmacy time and materials.

The County agrees to:

1. Screen Wittenberg detainees for tuberculosis, chlamydia, gonorrhea, HIV and syphilis and forward applicable tests to the Nevada State Lab.
2. Forward Lab and diagnostic logs to the District to facilitate payment verification by the 15<sup>th</sup> of every following month.
3. Complete and forward Sexually Transmitted Infection Survey forms (STIS) for every patient screened for chlamydia/gonorrhea.
4. Complete HIV/STD Outreach Testing Form for every HIV test provided.
5. Forward updated/revised APN protocol to the District annually upon ratifications of this contract.
6. Pay for minor acute care medications, laboratory consultant time and pharmacy costs and materials.
7. Pick-up medications from the District within mutually agreed time frame.
8. Consent to APN's participation on the District's Family Planning Advisory Board.

The parties hereto agree that in performing the activities contained herein the District is acting as a business associate of the County, as that term is defined in the Health Insurance Portability and Accountability Act of 1996, and accordingly the District must comply with the provisions of the attached Exhibit A in regard to the records of juveniles who have not been adjudicated delinquent.

This Interlocal Agreement may be modified at any time by written agreement signed by both parties.

This Interlocal Agreement shall be reviewed and may be renewed by both parties yearly with said renewal to be subject to ratification by the governing bodies of the parties.

Either party may terminate this Interlocal Agreement by giving the other party written notice of the intent to terminate. The notice must specify a date upon which the termination will be effective, which date may not be less than 30 calendar days from the date of mailing or hand delivery of the notice.

All notices required under this Agreement shall be in writing and mailed, postage prepaid, addressed to the designated representative of the respective parties:

COUNTY: Elizabeth Flores and/or Frank Cervantes  
Washoe County Department of Juvenile Services  
P.O. Box 11130  
Reno, Nevada 89520

DISTRICT: M. A. Anderson, MD, MPH, District Health Officer  
Washoe County Health District  
P.O. Box 11130  
Reno, Nevada 89520

This Interlocal Agreement shall be entered into in Washoe County, State of Nevada, and shall be construed and interpreted according to the law of the State of Nevada.

Neither party may assign or subcontract any rights or obligations under this Interlocal Agreement without prior written consent of the other party.

This Interlocal Agreement constitutes the entire agreement between the parties with regards to the subject matter herein and supersedes all prior agreements, both written and oral.

This Interlocal Agreement will take effect upon ratification by the governing parties and shall remain in effect until June 30, 2011.

DISTRICT BOARD OF HEALTH

By: Denis M. Humphreys  
Denis M. Humphreys, O.D., Chairman

Date: 7/22/10

WASHOE COUNTY DEPARTMENT OF JUVENILE SERVICES

By: \_\_\_\_\_  
Director of Juvenile Services

Date: \_\_\_\_\_

WASHOE COUNTY BOARD OF COUNTY COMMISSIONERS

By: \_\_\_\_\_  
Chairman

Date: \_\_\_\_\_



EXHIBIT A  
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT  
BUSINESS ASSOCIATE CONTRACT PROVISIONS

I. Definitions

Catch-all definition:

Terms used, but not otherwise defined, in this Exhibit and the Agreement have the same meaning as those terms in the Privacy Rule.

(a) Business Associate. "Business Associate" shall mean The Washoe County Health District.

(b) Covered Entity. "Covered Entity" shall mean The Washoe County Department of Juvenile Services Wittenberg Hall Juvenile detention Facility.

(c) Individual. "Individual" shall have the same meaning as the term "individual" in CFR §164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR §164.502(g).

(d) Privacy Rule. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.

(e) Protected Health Information. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR §164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

(f) Required By Law. "Required By Law" shall have the same meaning as the term "required by law" in 45 CFR §164.501.

(g) Secretary. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his designee.

II. Obligations and Activities of Business Associate

(a) Business Associate agrees to not use or disclose protected Health Information other than as permitted or required by the Agreement or as required by law.

(b) Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by the Agreement.

(c) Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of the Agreement.

(d) Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by the Agreement of which it becomes aware.

(e) Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.

(f) Business Associate agrees to provide access, at the request of Covered Entity, to Protected Health Information in a Designated Record Set, to covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 CFR §164.524.

(g) Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR §164.526 at the request of Covered Entity or an Individual.

(h) Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity available to the Washoe County Department of Juvenile Services Wittenberg Hall Juvenile Detention Facility, or to the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.

(i) Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR §164.528.

(j) Business Associate agrees to provide to Covered Entity or an Individual, information collected in accordance with the Agreement, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR §164.528.

### III. Permitted Uses and Disclosures by Business Associate

#### Refer to underlying services agreement:

Except as otherwise limited in this Agreement, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the Interlocal Agreement, provided that such use or disclosure

would not violate the Privacy Rule if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity.

#### IV. Specific Use and Disclosure Provisions

(a) Except as otherwise limited in the Agreement, Business Associate may use Protected Health Information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.

(b) Except as otherwise limited in the Agreement, Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

(c) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information to provide Data Aggregation services to Covered Entity as permitted by 42 CFR §164.504(e)(2)(i)(B).

(d) Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with §164.502(j)(1).

#### V. Obligations of Covered Entity

(a) Covered Entity shall notify Business Associate of any limitation(s) in its notice of privacy practices of Covered Entity in accordance with 45 CFR §164.520, to the extent that such limitation may affect Business Associate's use or disclosure of Protected Health Information.

(b) Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information.

(c) Covered Entity shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 CFR §164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information.

## VI. Permissible Requests by Covered Entity

Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.

## VII. Termination

(a) Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:

(1) Provide an opportunity for Business Associate to cure the breach or end the violation and terminate the Agreement if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity;

(2) Immediately terminate the Agreement if Business Associate has breached a material term of this Agreement and cure is not possible; or

(3) If neither termination nor cure are feasible, Covered Entity shall report the violation to the Secretary.

### (b) Effect of Termination

(1) Except as provided in paragraph (2) of this section, upon termination of the Agreement, for any reason, Business Associate shall return or destroy all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.

(2) In the event that Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon receiving concurrence from Covered Entity that return or destruction of Protected Health Information is infeasible, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

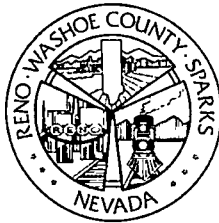
VIII. Miscellaneous

(a) Regulatory References. A reference in this Exhibit and Agreement to a section in the Privacy Rule means the section as in effect or as amended.

(b) Amendment. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.

(c) Survival. The respective rights and obligations of Business Associate under this Exhibit to the Agreement shall survive the termination of the Agreement.

(d) Interpretation. Any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule.



# Washoe County Health District

## STAFF REPORT

BOARD MEETING DATE: 7/22/10

**DATE:** July 12, 2010

**TO:** District Board of Health

**FROM:** Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District *PB*  
775-328-2418, [pbuxton@washoecounty.us](mailto:pbuxton@washoecounty.us)

**THROUGH:** Eileen Coulombe, Administrative Health Services Officer *EC*  
775-328-2417, [ecoulombe@washoecounty.us](mailto:ecoulombe@washoecounty.us)

**SUBJECT:** Approval of Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP) Facility Membership Application; Approval of MMCAP Facility Membership Agreement with an approximate value amount of \$94,800; and if approved authorize the Chairman to execute the Application and Agreement.

### SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

District Board of Health Priority supported by this item: *Promote financial accountability and stability.*

### PREVIOUS ACTION

There has been no previous action taken by the Board, however, the Washoe County Health District has completed and submitted the MMCAP Facility Membership Agreement to the State of Nevada Purchasing Department upon their request. The current application on file is signed by Michelle Kling and is dated December 5, 2005.

### BACKGROUND

MMCAP is a free, voluntary group purchasing organization for government-authorized health care facilities and is operated and managed by the Materials Management Division of the State of Minnesota's Department of Administration. It combines the purchasing power of its members to receive the best prices available for the products and services for which it contracts. Participation in MMCAP is limited to facilities, within a participating member state, with statutory authority to purchase commodities from its state's contracts.

### AGENDA ITEM 7.C.7.

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279

Washoe County joins with the State of Nevada when purchasing pharmaceuticals and medical supplies for public health use. The State of Nevada participates in the Western Alliance bid process through the Minnesota Multi-state Contracting Alliance for Pharmacy (MMCAP).

The bid for pharmaceuticals was awarded to Cardinal Health, effective January 1, 2010. This bid is good through October 31, 2011, with the option for three, one-year extensions for a total term not to exceed five years.

Washoe County's Risk Manager and Deputy District Attorney have reviewed and approved this Application.

**FISCAL IMPACT**

Should the Board approve this Application, there will be no additional impact to the adopted FY 11 budget as expenses related to this application were anticipated and included in the adopted budget in Internal Order 10025 (Family Planning Grant Program), Cost Center 171300 (Sexual Health Program), Cost Center 173500 (Immunization Program), Cost Center 171400 (Tuberculosis Program) and Internal Order 10035 (Tuberculosis Grant Program) and G/L 710703 (biologicals).

**RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health approve the Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP) Facility Membership Application; Approval of MMCAP Facility Membership Agreement with an approximate value amount of \$94,800; and if approved authorize the Chairman to execute the Application and Agreement.

**POSSIBLE MOTION**

Move to approve the Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP) Facility Membership Application; Approval of MMCAP Facility Membership Agreement with an approximate value amount of \$94,800; and if approved authorize the Chairman to execute the Application and Agreement.

# Minnesota Multistate Contracting Alliance for Pharmacy Facility Membership Application

Return this completed form, along with the Facility Membership Agreement, to your State Contact for authorization. (A list of State Contacts may be found at [www.mmcap.org](http://www.mmcap.org), click on "What is MMCAP," then on "State Contacts.") The State Contact will then forward the authorized form to the MMCAP office for processing.

## Type or print clearly

1. Indicate the specific statutory authority under which this facility may purchase goods and services from its state's contracts: NRS 333.470 & NRS 333.435 (e.g., Minn. Stat. § 471.59).  
Attach a hard copy of this statute, highlighting the applicable section. (State Contacts: if you are unsure, contact your state's Purchasing Director found at: <http://www.naspo.org/directors/>.)

\*\* Within the past year, has your facility been affiliated with a Group Purchasing Organization (GPO) other than MMCAP?

No

Yes, but my facility is switching to MMCAP. \*\* Please attach a signed letter on your facility's letterhead stating that you wish to discontinue your association with your current GPO and instead utilize MMCAP.\*\*

2. Complete Facility Name: Washoe County Health District

3. Complete "Bill to" Street Address: PO Box 11130

City: Reno State: NV ZIP: 89520

4. Complete "Ship to" Street Address, if different: 1001 East Ninth St, Bldg B

City: Reno State: NV ZIP: 89502

5. DEA Number, if applicable (required for prescription drugs): \_\_\_\_\_

6. Health Industry Number (HIN), if known: 4VWRRP200  
If needed, MMCAP will assist in obtaining this number when the application is processed. Indicate need for assistance on line above.

7. Facility's State Pharmacy License Number, if applicable: \_\_\_\_\_

8. 340b (PHS) Eligible: Yes  No

The 340B Drug Pricing Program provides significant pharmaceutical discounts to facilities receiving certain types of federal funding.

9. Number of Beds, if applicable: \_\_\_\_\_

10. Annual Prescriptions Filled, if applicable: \_\_\_\_\_

11. Annual Clinic Visits, if applicable: 44,539

12. What is the primary purpose of your facility? (Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Hospital                            | <input type="checkbox"/> Correctional                      |
| <input type="checkbox"/> Clinic                              | <input type="checkbox"/> Nursing Home                      |
| <input type="checkbox"/> Mental Health                       | <input type="checkbox"/> Developmental Disability          |
| <input type="checkbox"/> Student Health                      | <input type="checkbox"/> Purchasing/Business Office        |
| <input checked="" type="checkbox"/> Public Health            | <input type="checkbox"/> Public Safety (Fire, Police, EMT) |
| <input type="checkbox"/> Educational (e.g., pharmacy school) |  |

Complete Back Side



13. What MMCAP contracts does your facility intend to use? (Used for MMCAP internal purposes only)

A. Check all that apply.

- Wholesaler (Cardinal, ABC, or Morris & Dickson) (complete boxes below)
  - Prescription Drugs (other than vaccines)
  - Vaccines (other than influenza)
  - Influenza Vaccine Program
  - Over-the-counter for "Own Use"
  - Nutritional
  - Medical/Hospital Supplies Program
  - Wholesaler Invoice Auditing
  - Student Health Oral Contraceptives Program
  - Returned Goods Processing Program
  - Dental Supplies Program
  - Patient Assistance Program (indigent patient reimbursement software)

14. What type of care does your facility provide? (Check all that apply)

- Trauma/Emergency
- Health Service
- Long Term Care (LTC)
- LTC- Skilled Nursing
- LTC-Veterans
- Detoxification
- Acute Care
- Public/Community Nursing
- Medical School
- Veterinary
- Research/Training
- No Care Provided

15. What governmental agency controls your facility? Not your funding source. (Check ONE.)

- Federal
- State
- Non-government Private – For Profit
- County/Parish
- Municipal (city, township)
- Non-government Private – Non-profit

16. Designated Facility MMCAP contact person: Mary-Ann Brown

17. Title: Division Director Phone: 328-2478 Fax: 328-3750

18. E-mail Address: mbrown@washoe-county.us

19. Alternate Facility MMCAP contact person: Stacy Hardie

20. Title: Public Health Nursing Supervisor Phone: 328-2444 Fax: 328-2444

21. E-mail Address: shardie@washoe-county.us

22. Facility's purchasing contact person for MMCAP: Darlene Penny

23. Title: Buyer Phone: 328-2286 Fax: 328-3696

24. E-mail Address: dpenny@washoe-county.us

The information above is true and correct. (Forward signed application and agreement on to your state's contact for final processing.) State contacts are listed at [http://www.mmd.admin.state.mn.us/mmcap/background\\_current\\_states.htm](http://www.mmd.admin.state.mn.us/mmcap/background_current_states.htm)

Signed: [Signature] Date: 2/22/10  
Facility Representative

I have reviewed the statutory authority and this facility is eligible for MMCAP membership.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
MMCAP State Contact

# MMCAP

## Minnesota Multi-State Contracting Alliance for Pharmacy

112 Administration Building, 50 Sherburne Avenue, St. Paul, MN 55155  
651.296.2600 www.mmcap.org

### MMCAP FACILITY MEMBERSHIP AGREEMENT

This Agreement is by and between the State of Minnesota, acting through its Commissioner of Administration on behalf of Minnesota Multi-State Contracting Alliance for Pharmacy ("MMCAP") and

Washoe County Health District 1001 E. 9th Street Reno, NV 89502  
Facility's Complete Legal Name (include full address with city, state, and zip code)

("Participating Facility").

MMCAP is a free, voluntary group purchasing organization for government-authorized health care facilities and is operated and managed by the Materials Management Division of the State of Minnesota's Department of Administration. It combines the purchasing power of its members to receive the best prices available for the products and services for which it contracts. Participation in MMCAP is limited to facilities, within a participating member state, with statutory authority to purchase commodities from its state's contracts.

This Agreement is required by, 42 C.F.R. § 1001.952(j), additionally, the State of Minnesota is empowered to enter into this Agreement pursuant to Minn. Stat. § 471.59, subd. 10.

#### 1 Term of Agreement and Cancellation

This Agreement will be effective upon the date it is fully executed by all parties; and will remain in effect until cancelled by MMCAP or the Participating Facility. Either party may cancel this Agreement, any time, with or without cause, upon 30 days' written notice to the other party.

#### 2 Participating Facility

The Participating Facility:

- A. Certifies it has statutory authority under which it may purchase goods and services from its state's contracts.
- B. Must comply with all laws, rules, and regulations governing government purchasing of pharmaceuticals and related products and services when utilizing MMCAP contracts and programs.
- C. Must operate within the boundaries established by Robinson-Patman (15 U.S.C. 13 (a)) and "own use" requirements as defined by *Abbott Labs v. Portland Retail Druggists* (425 U.S. 1(1976)) and *Jefferson County Pharmaceutical Association, Inc. v. Abbott Labs* (460 U.S. 150 (1983)), excluding products purchased under the Prescription Filling Service Program. If there are any questions about the propriety of the use of products, the Participating Facility will obtain an opinion from its legal counsel and notify MMCAP of the decision.
- D. Must comply with the terms and conditions of the applicable MMCAP vendor contracts, found in the MMCAP Catalog at [www.mmcap.org](http://www.mmcap.org).
- E. Must use the MMCAP-contracted wholesaler selected by the home state of the Participating Facility when obtaining pharmaceuticals; except those products that are "direct only" as permitted by MMCAP contract and noted in the MMCAP Catalog.
- F. Should endeavor, where practical, to purchase its goods and services from MMCAP contracts.
- G. Must update MMCAP regarding changes to the Participating Facility's contact person.
- H. Must promptly pay MMCAP-contracted wholesalers or vendors for all products or services purchased. MMCAP does not assume any responsibility for the accountability of funds expended by the Participating Facility.
- I. Will be inactivated from MMCAP membership if there is no participation for 18 consecutive months.

#### 3 MMCAP

MMCAP will:

- A. Select commodities or services for cooperative contracting.
- B. Contract with Product vendors according to Minnesota law.
- C. Make Available copies of contract documents.
- D. Maintain vendor performance records.

- E. Assist in resolving administrative, contract, or supplier problems that cannot be resolved by the Participating Facility.
- F. Provide information via the Internet to the Participating Facility regarding Products and Services.
- G. Distribute to MMCAP Participating Facilities any unused Administrative Fees collected from MMCAP-contracted vendors.

**4 Administrative Fee**

The MMCAP Manager may, pursuant to contract terms and conditions, require the contracted vendors (not Participating Facilities) to pay an administrative fee. The fee, not more than three percent, will be based on a percentage of sales made by the individual contracted vendor. Fees will be collected by the MMCAP office and used to pay for the administrative costs incurred in the operation of MMCAP as approved by the MMCAP Manager. At the end of the contract year, any remaining balance of funds will be returned to active participating facilities by means of a credit to their wholesaler account or prescription filling services vendor, in an amount proportional to the individual facility's contract purchases via the contracted wholesaler(s) or prescription filling service provider.

**5 Assignment, Amendments, Waiver, and Contract Complete**

**5.1 Assignment.** The Participating Facility may neither assign nor transfer any rights or obligations under this Agreement without the prior consent of MMCAP and a fully executed Assignment Agreement, executed and approved by the same parties who executed and approved this Agreement, or their successors in office.

**5.2 Amendments.** Any amendment to this Agreement must be in writing and will not be effective until it has been executed and approved by the same parties who executed and approved the original agreement, or their successors in office.

**5.3 Waiver.** If MMCAP fails to enforce any provision of this Agreement, that failure does not waive the provision or its right to enforce it.

**6 Liability** Each party will be responsible for their own acts and behavior and the results thereof. Nothing in this membership agreement shall be construed as expanding the limits of liability of the Participating Facility beyond the limits of the law of its state. MMCAP's liability is governed by the Minnesota Tort Claims Act, Minn. Stat. § 3.736, and other applicable laws.

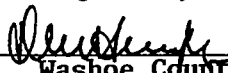
**7 State Audits**

As mandated by Minn. Stat. § 16C.05, subd. 5, "the books, records, documents and accounting procedures and practices of the [Participating Facility] relevant to this Agreement shall be made available and subject to examination by the State of Minnesota, including the contracting agency/division, Legislative Auditor, and State Auditor" for a minimum period of six years after the termination of this Agreement.

**IN WITNESS WHEREOF**, the undersigned parties have signed this MMCAP Facility Membership Agreement on their behalf intending to be bound thereby.

**Participating Facility:**

(Person with legal authority to bind the facility)

By   
Washoe County District  
 Title Board of Health Chairman

Date July 22, 2010

**State of Minnesota, through its**

**Commissioner of Administration on behalf of MMCAP:**

By \_\_\_\_\_  
 Title \_\_\_\_\_

Date \_\_\_\_\_

**Commissioner of Administration,**

as delegated to the Materials Management Division:

By \_\_\_\_\_

Date \_\_\_\_\_



# Washoe County Health District

July 12, 2010

To: Members District Board of Health  
 From: Eileen Coulombe  
 Subject: Public Health Fund Revenue and Expenditure Report for June 2010

**Recommendation**

Staff recommends that the District Board of Health accept the attached report of revenues and expenditures for the Public Health Fund for June of fiscal year 10.

**Background**

The attached reports are for the accounting period 12/10 and the percentages should approximate 100% of the year. Our total revenues and expenditures for the current year (FY10) compared to last year (FY09) are as follows:

June 2010	FY10 – REV	FY09 – REV	FY10 – EXP	FY09 – EXP
Transfer	97%	98%		
AHS	82%	77%	84%	77%
AQM	109%	94%	85%	82%
CCHS	81%	96%	86%	96%
EHS	91%	89%	83%	87%
EPHP	50%	69%	50%	70%
<b>TOTAL</b>	<b>77%</b>	<b>87%</b>	<b>78%</b>	<b>86%</b>

The Environmental Oversight Account for June 2010 was not available at the date of this agenda item.

I will be happy to any questions of the Board during the meeting or you may contact me at 328-2417.

  
 Administrative Health Services Officer

Enclosure

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
422503 Environmental Permits	69,000.00-	47,280.00-	21,720.00-	69	125,000.00-	107,414.39-	17,585.61-	86
422504 Pool Permits	33,000.00-	65,034.00-	32,034.00-	197	100,000.00-	121,409.00-	21,409.00-	121
422505 RV Permits	10,500.00-	10,124.00-	376.00-	96	15,000.00-	15,180.00-	180.00-	101
422507 Food Service Permits	355,000.00-	350,007.00-	4,993.00-	99	410,000.00-	389,843.00-	20,157.00-	95
422508 Wat Well Const Perm	44,000.00-	27,627.00-	16,373.00-	63	40,000.00-	28,090.00-	11,910.00-	70
422509 Water Company Permits	12,000.00-	5,110.00-	6,890.00-	43	25,000.00-	8,760.00-	16,240.00-	36
422510 Air Pollution Permits	402,399.00-	391,975.50-	10,423.50-	97	420,550.00-	440,432.15-	19,882.15-	105
422511 ISDS Permits	90,000.00-	48,318.85-	41,681.15-	54	125,000.00-	79,452.00-	45,548.00-	64
422513 Special Event Permits	75,000.00-	83,174.20-	8,174.20-	111	80,000.00-	94,593.00-	14,593.00-	118
422514 Initial Applic Fee	38,000.00-	30,160.00-	7,840.00-	79	30,560.00-	30,560.00-	30,560.00-	98
* Licenses and Permits	1,128,899.00-	1,058,810.55-	70,088.45-	94	1,340,550.00-	1,315,733.54-	24,816.46-	98
431100 Federal Grants	8,060,346.66-	5,433,242.51-	2,627,104.15-	67	6,797,766.45-	5,452,856.36-	1,344,910.09-	80
431105 Federal Grants - Indirect	31,540.00-	53,395.21-	21,855.21	169	809,529.80-	39,049.47-	39,049.47-	97
432100 State Grants	627,556.00-	432,038.05-	195,517.95-	69	415,000.00-	786,401.43-	23,128.37-	86
432310 Tire Fee NRS 444A.090	370,534.52-	395,702.34-	25,167.82	107	280,000.00-	354,911.70-	60,088.30-	109
432311 Pol Ctrf 455B.830	280,000.00-	307,550.00-	27,550.00-	110	8,302,296.25-	305,485.00-	25,485.00-	84
* Intergovernmental	9,369,977.18-	6,621,928.11-	2,748,049.07-	71	195,859.10-	6,938,703.96-	1,363,592.29-	49
460162 Services to Other Agencies	63,657.69-	23,909.21-	39,748.48-	38	165,000.00-	96,197.83-	99,661.27-	69
460500 Other Immunizations	110,000.00-	96,157.69-	13,842.31-	87	30,750.00-	113,693.68-	51,306.32-	136
460501 Medicaid Clinical Services	36,500.00-	30,199.71-	6,300.29-	83	190,000.00-	41,705.05-	10,955.05	107
460503 Childhood Immunizations	190,000.00-	133,480.15-	56,519.85-	70	8,000.00-	202,790.23-	12,790.23	238
460505 Non Title X Revenue	10,000.00-	1,369.00-	1,369.00-	74	8,000.00-	6,212.93-	6,212.93	88
460508 Tuberculosis	121,001.00-	7,384.03-	2,615.97-	95	150,000.00-	19,073.82-	420.00-	95
460509 Water Quality	215,000.00-	119.00-	119.00-	106	230,000.00-	420.00-	12,164.80-	33
460510 IT Overlay	200.00-	114,427.00-	6,574.00-	106	800.00-	217,835.20-	535.50-	32
460511 Birth and Death Certificates	8,000.00-	227,248.00-	12,248.00-	83	23,800.00-	7,703.95-	16,096.05-	107
460512 Duplication Service Fees	8,000.00-	165.00-	35.00-	66	8,000.00-	8,562.07-	562.07	357
460513 Other Health Service Charges	8,000.00-	5,254.00-	2,746.00-	66	3,000.00-	13,283.27-	642.07	443
460514 Food Service Certification	500.00-	15,701.00-	7,701.00-	196	10,000.00-	13,686.00-	3,686.00	137
460515 Medicare Reimbursement	9,000.00-	3,084.90-	2,584.90	617	60,000.00-	40,253.35-	19,746.65-	67
460516 Pgm Inc-3rd Pty Rec	5,000.00-	6,637.94-	2,362.06-	74	11,500.00-	8,638.00-	2,862.00-	75
460517 Influenza Immunization	30,000.00-	26,166.06-	21,166.06	523	120,000.00-	40,253.35-	24,740.00	121
460518 STD Fees	12,500.00-	29,081.61-	918.39-	97	3,000.00-	144,740.00-	2,740.00	176
460519 Outpatient Services	90,500.00-	58,638.00-	12,500.00-	65	3,000.00-	5,266.00-	2,266.00	81
460520 Eng Serv Health	5,000.00-	7,628.00-	2,628.00-	153	40,000.00-	32,451.92-	7,548.08-	78
460521 Plan Review - Pools & Spas	30,000.00-	23,994.15-	6,005.85-	80	100,000.00-	99,092.76-	907.24-	99
460523 Plan Review - Food Services	100,000.00-	68,511.31-	31,488.69-	69	75,000.00-	58,511.00-	16,489.00-	78
460524 Family Planning	64,000.00-	32,947.00-	31,053.00-	51	14,837.00-	37,451.00-	22,614.00	252
460525 Plan Review - Vector	15,500.00-	32,295.00-	16,795.00	208	32,900.00-	61,418.05-	28,518.05	187
460526 Plan Review-Air Quality	32,900.00-	87,870.00-	54,970.00	267	167,900.00-	83,811.00-	84,089.00-	50
460527 NOE-AQM	62,000.00-	78,093.00-	16,093.00	126	36,630.00-	30,384.00-	6,246.00-	83
460528 NESHAP-AQM	22,000.00-	31,568.00-	9,568.00	143	2,100.00-	111.00-	1,989.00-	5
460529 Assessments-AQM	1,900.00-	3,735.00-	1,835.00	197	178,333.00-	251,870.00-	73,537.00	141
460530 Inspector Registr-AQ	178,333.00-	343,117.75-	164,784.75	192	9,000.00-	9,000.00-	9,000.00	89
460531 Dust Plan-Air Quality	414.00-	414.00-	414.00	89				
460532 Plan Rvw Hotel/Motel	344.00-	344.00-	344.00	89				
460533 Quick Start	9,000.00-	8,017.00-	983.00-	89				
460534 Child Care Inspection								

Washoe County Health District  
 REVENUE  
 Pds 1 - 12, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
460535 Pub Accomod Inspectn	21,000.00-	16,790.00-	4,210.00-	80		1,986.00-	1,986.00	
460570 Education Revenue		19,349.00-	19,349.00					
* Charges for Services	1,451,491.69-	1,533,695.51-	82,203.82	106	1,857,659.10-	1,729,725.61-	127,933.49-	93
484000 Donations,Contributions		3,360.00-	3,360.00			500.00-	500.00	
484050 Donations Federal Pgm Income		100.00-	100.00					
485100 Reimbursements		150.00-	150.00					
485300 Other Misc Govt Rev	450.00-	594.00-	144.00	132		768.51-	768.51	
* Miscellaneous	450.00-	4,204.00-	3,754.00	934		1,268.51-	1,268.51	
** Revenue	11,950,817.87-	9,218,638.17-	2,732,179.70-	77	11,500,505.35-	9,985,431.62-	1,515,073.73-	87

Washoe County Health District  
EXPENSE  
Pds 1 - 12, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
701110 Base Salaries	10,661,133.97	9,181,494.45	1,479,639.52	86	11,240,002.38	10,039,510.91	1,200,491.47	89
701120 Part Time	700,249.99	662,039.78	38,210.21	95	1,045,046.35	793,122.10	251,924.25	76
701130 Pooled Positions	325,364.33	271,817.68	53,546.65	84	197,135.86	118,130.18	79,005.68	60
701140 Holiday Work	1,500.00	1,824.70	324.70	122	1,500.00	1,452.62	47.38	97
701150 xcContractual Wages	255,500.00	118,339.86	137,160.14	46	96,339.87	34,114.49	62,225.38	35
701200 Incentive Longevity	167,094.00	153,877.73	13,216.27	92	169,100.50	158,994.61	10,105.89	94
701300 Overtime	301,520.21	160,598.87	140,921.34	53	69,385.91	39,949.88	29,436.03	58
701406 Standby Pay	30,000.00	33,680.00	3,680.00	112	35,000.00	33,496.07	1,503.93	96
701408 Call Back	3,000.00	4,233.48	1,233.48	141	6,000.00	3,572.73	2,427.27	60
701412 Salary Adjustment	185,747.75	95,579.44	185,747.75		273,978.53	367,371.12	273,978.53	
701413 Vac Payoff/Sick Pay-Term		36,391.51	95,579.44			34,931.90	367,371.12	
701417 Comp Time			36,391.51			5,898.46	34,931.90	
701419 Comp Time - Transfer								
701500 Merit Awards	329,645.39		329,645.39		254,000.00		5,898.46	
* Salaries and Wages	12,301,464.86	10,719,877.50	1,581,587.36	87	12,331,532.34	11,630,545.07	700,987.27	94
705110 Group Insurance	1,570,574.85	1,378,493.01	192,081.84	88	1,493,380.68	1,307,515.95	185,864.73	88
705210 Retirement	2,467,024.18	2,145,929.22	321,094.96	87	2,548,069.63	2,245,295.49	302,774.14	88
705215 Retirement Calculation	200,000.00		200,000.00		147,700.00		147,700.00	
705230 Medicare April 1986	151,277.42	140,072.47	11,204.95	93	161,008.60	149,960.46	11,048.14	93
705320 Workmens Comp	64,271.45	61,333.56	2,937.89	95	81,600.00	81,126.24	473.76	99
705330 Unemply Comp	12,350.00	12,330.00	20.00	100	13,260.00	13,268.32	8.32	100
705360 Benefit Adjustment	9,504.31	9,504.31	9,504.31		19,155.00		19,155.00	
* Employee Benefits	4,475,002.21	3,738,158.26	736,843.95	84	4,464,173.91	3,797,166.46	667,007.45	85
710100 Professional Services	2,031,672.72	501,519.63	1,530,153.09	25	1,106,898.07	636,811.95	470,086.12	58
710105 Medical Services	13,600.00	16,549.00	2,949.00	122	13,700.00	14,026.50	326.50	102
710108 MD Consultants	55,382.00	44,037.50	11,344.50	80	57,140.00	56,600.00	540.00	99
710110 Contracted Services		1,524.55	1,524.55					
710115 Prof Eng Services								
710119 Subrecipient Payments	147,602.00	113,453.57	34,148.43	77	304,994.00	1,208.31	1,208.31	
710200 Service Contract	102,210.00	80,093.56	22,116.44	78	116,754.00	289,149.71	15,844.29	95
710205 Repairs and Maintenance	15,505.00	32,450.64	16,945.64	209	17,335.63	4,341.27	12,994.36	25
710210 Software Maintenance	350.00	27,567.35	27,217.35	7,876		9,350.00	9,350.00	
710300 Operating Supplies	270,541.22	150,103.98	120,437.24	55	185,981.66	152,587.46	33,394.20	82
710302 Small Tools & Allow	1,385.00	1,268.71	116.29	92	2,950.00		2,950.00	
710308 Animal Supplies	2,000.00	1,013.75	986.25	51	2,000.00	1,215.49	784.51	61
710310 Parts and Supplies								
710312 Special Dept Expense	560,707.00	361,118.40	199,588.60	64	621,588.00	361,579.46	260,008.54	58
710319 Chemical Supplies	36,024.50	26,104.01	9,920.49	72	41,362.18	31,002.79	10,359.39	75
710334 Copy Machine Expense	62,342.26	46,350.77	15,991.49	74	56,718.55	49,674.52	7,044.03	88
710350 Office Supplies	7,587.00	8,066.11	479.11	106	9,988.50	8,036.67	1,951.83	80
710355 Books and Subscriptions	26,958.44	22,379.08	4,579.36	83	6,951.57	23,391.40	16,439.83	336
710360 Postage	1,135.00	468.55	666.45	41	18,150.00	582.87	17,567.13	3
710361 Express and Courier	100.00		100.00		100.00		23.60	
710391 Fuel & Lube	94,550.30	25,521.98	69,028.32	27	52,568.75	45,967.20	6,601.55	87
710500 Other Expense	49,651.24	23,043.77	26,607.47	46	41,043.48	14,085.65	26,957.83	34
710502 Printing	8,625.00	7,122.67	1,502.33	83	10,415.00	6,340.20	4,074.80	61
710503 Licenses & Permits			900.00					
710504 Registration	900.00		900.00					

Washoe County Health District  
EXPENSE  
Pds 1 - 12, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
710505 Rental Equipment	2,800.00	2,669.00	131.00	95	10,169.00	1,800.00	8,369.00	18
710506 Dept Insurance Deductible	273.40	599.25	325.85-	219		263.74	263.74-	
710507 Network and Data Lines	4,705.00	5,495.01	790.01-	117	455.00	7,224.61	6,769.61-	1,588
710508 Telephone Land Lines	60,808.05	44,201.72	16,606.33	73	74,905.48	49,348.55	25,556.93	66
710509 Seminars and Meetings	29,770.00	23,379.06	6,390.94	79	66,296.00	40,041.08	26,254.92	60
710512 Auto Expense	20,954.14	12,782.44	8,171.70	61	26,645.18	15,066.80	11,578.38	57
710519 Cellular Phone	13,597.00	14,247.16	650.16-	105	24,205.00	16,183.49	8,021.51	67
710529 Dues	4,476.00	8,204.00	3,728.00-	183	5,280.00	5,456.92	176.92-	103
710535 Credit Card Fees	12,394.78	9,144.19	3,250.59	74		10,539.67	10,539.67-	
710546 Advertising	37,047.00	38,865.03	1,818.03-	105	65,626.52	35,978.53	29,647.99	55
710577 Uniforms & Special Clothing	3,150.00	1,094.08	2,055.92	35	3,500.00		3,500.00	
710685 Undesignated Budget	31,540.05		31,540.05					
710690 Bad Debt Expense		1,293.40	1,293.40-					
710600 LT Lease-Office Space	195,423.01	146,573.20	48,849.81	75	256,446.13	194,364.32	62,081.81	76
710620 LT Lease-Equipment					5,940.00	2,971.00	2,969.00	50
710703 Biologicals	291,252.68	134,967.35	156,285.33	46	287,009.61	205,095.00	81,914.61	71
710714 Referral Services	11,300.00	2,404.24	8,895.76	21	8,700.00	8,800.00	100.00-	101
710721 Outpatient	119,940.00	110,747.66	9,192.34	92	149,305.88	126,822.64	22,483.24	85
710872 Food Purchases	2,695.00	1,107.15	1,587.85	41	2,050.00	2,624.73	574.73-	128
711010 Utilities		2,058.00	2,058.00-					
711113 Equip Srv Replace	101,823.48	109,474.87	7,651.39-	108	104,964.00	131,489.25	26,525.25-	125
711114 Equip Srv O & M	71,986.43	49,073.78	22,912.65	68	160,958.54	96,097.19	64,861.35	60
711115 Equip Srv Motor Pool	12,070.00	7,655.00	4,415.00	63	19,195.00	5,387.50	13,807.50	28
711117 ESD Fuel Charge	54,173.64	42,243.79	11,929.85	78				
711119 Prop & Liab Billings	66,930.00	65,929.92	1,000.08	99	58,667.00	58,667.16	0.16-	100
711210 Travel	194,849.02	54,905.89	139,943.13	28	188,045.22	53,520.97	134,524.25	28
711213 Travel-Non Cnty Pers	1,942.00	656.27	1,285.73	34				
711504 Equipment nonCapital	76,536.11	235,596.99	159,060.88-	308	103,981.03	81,293.59	22,687.44	78
* Services and Supplies	4,909,465.47	2,615,126.03	2,294,339.44	53	4,288,983.98	2,959,068.82	1,329,915.16	69
781004 Equipment Capital	371,424.85	142,587.80	228,837.05	38	570,176.05	161,395.29	408,780.76	28
* Capital Outlay	371,424.85	142,587.80	228,837.05	38	570,176.05	161,395.29	408,780.76	28
** Expenses	22,057,357.39	17,215,749.59	4,841,607.80	78	21,654,866.28	18,548,175.64	3,106,690.64	86
485192 Surplus Equipment Sales		12.60-	12.60					
* Other Fin. Sources		12.60-	12.60					
621001 Transfer From General	8,795,500.00-	8,535,211.67-	260,288.33-	97	9,693,500.00	9,451,463.24-	242,036.76-	98
* Transfers In	8,795,500.00-	8,535,211.67-	260,288.33-	97	9,693,500.00-	9,451,463.24-	242,036.76-	98
** Other Financing Srv/Use	8,795,500.00-	8,535,224.27-	260,275.73-	97	9,693,500.00-	9,451,463.24-	242,036.76-	98
*** Total	1,311,039.52	538,112.65-	1,849,152.37	41-	460,860.93	888,719.22-	1,349,580.15	193-



Washoe County Health District  
 Administrative Health Services  
 Pds 1 - 12, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
431100 Federal Grants	1,205,291.00-	989,231.91-	216,059.09-	82	1,463,729.00-	1,130,914.65-	332,814.35-	77
* Intergovernmental	1,205,291.00-	989,231.91-	216,059.09-	82	1,463,729.00-	1,130,914.65-	332,814.35-	77
460512 Duplication Service Fees	200.00-	165.00-	35.00-	83	800.00-	264.50-	535.50-	33
* Charges for Services	200.00-	165.00-	35.00-	83	800.00-	264.50-	535.50-	33
485300 Other Misc Govt Rev	450.00-	205.00-	245.00-	46	800.00-	484.91-	484.91-	61
* Miscellaneous	450.00-	205.00-	245.00-	46	800.00-	484.91-	484.91-	61
** Revenue	1,205,941.00-	989,601.91-	216,339.09-	82	1,464,529.00-	1,131,664.06-	332,864.94-	77
701110 Base Salaries	1,748,051.93	1,632,956.63	115,095.30	93	2,046,648.55	1,654,380.10	392,268.45	81
701120 Part Time	24,553.03	21,789.17	2,763.86	89	24,461.26	21,415.19	3,046.07	88
701130 Pooled Positions	68,296.19	1,467.53	66,828.66	2	25,580.86	25,580.86	25,580.86	100
701140 Holiday Work		844.97	844.97-					
701200 Incentive Longevity	31,000.00	26,303.10	4,696.90	85	29,850.00	22,751.92	7,098.08	76
701300 Overtime	6,000.00	9,823.04	3,823.04-	164	4,015.00	5,169.01	1,154.01-	129
701412 Salary Adjustment	7,104.00	7,104.00	7,104.00		94,369.00	94,369.00	94,369.00	100
701413 Vac Payoff/Sick Pay-Term		7,335.40	7,335.40-			37,119.61	37,119.61-	
701417 Comp Time		26.23	26.23-			7,435.88	7,435.88-	
701419 Comp Time - Transfer						5,898.46	5,898.46-	
701500 Merit Awards						91,459.00-	91,459.00-	
* Salaries and Wages	1,885,005.15	1,700,546.07	184,459.08	90	2,133,465.67	1,754,170.17	379,295.50	82
705110 Group Insurance	268,699.06	256,446.80	12,252.26	95	245,985.18	220,955.22	25,029.96	90
705210 Retirement	381,561.51	356,009.53	25,551.98	93	425,683.31	342,483.81	83,199.50	80
705215 Retirement Calculation	200,000.00	200,000.00	200,000.00		147,700.00	147,700.00	147,700.00	100
705230 Medicare April 1986	24,601.66	23,374.74	1,226.92	95	28,990.03	24,008.87	4,981.16	83
705320 Workmens Comp	11,458.00	11,457.96	0.04	100	14,800.00	14,799.96	0.04	100
705330 Unemply Comp	2,210.00	2,210.00	2,210.00	100	2,405.00	2,405.00	2,405.00	100
705360 Benefit Adjustment					19,155.00	19,155.00	19,155.00	100
* Employee Benefits	888,530.23	649,499.03	239,031.20	73	884,718.52	604,652.86	280,065.66	68
710100 Professional Services	3,300.00	870.00	2,430.00	26	4,800.00	3,661.18	1,138.82	76
710105 Medical Services		74.50	74.50-					
710108 MD Consultants						270.00	270.00-	
710200 Service Contract	750.00	805.48	55.48-	107	150.00	549.65	399.65-	366
710205 Repairs and Maintenance	800.00	308.68	491.32	39	800.00	199.43	600.57	25
710300 Operating Supplies	52,049.29	20,015.62	32,033.67	38	35,300.00	20,080.39	15,219.61	57
710312 Special Dept Expense						25.00	25.00-	
710334 Copy Machine Expense	11,594.00	7,319.48	4,274.52	63	11,879.00	8,871.45	3,007.55	75
710350 Office Supplies	16,185.00	14,414.02	1,770.98	89	16,185.00	8,012.84	8,172.16	50
710355 Books and Subscriptions	1,370.00	3,098.45	1,728.45-	226	1,370.00	1,108.81	261.19	81
710360 Postage	1,600.00	1,422.74	177.26	89	1,700.00	2,488.31	2,488.31-	149
710361 Express and Courier	100.00	38.39	61.61	38	1,700.00	30.60	1,669.40	2
710500 Other Expense	1,100.00	1,133.25	33.25-	103	1,250.00	1,018.65	231.35	81
710502 Printing	9,550.00	2,641.36	6,908.64	28	9,570.00	1,188.10	8,381.90	12
710503 Licenses & Permits	2,400.00	400.00	2,000.00	17	2,500.00	1,071.00	1,429.00	43
710507 Network and Data Lines		323.58	323.58-			150.00	150.00-	
710508 Telephone Land Lines	11,800.00	9,631.04	2,168.96	82	12,510.00	10,119.03	2,390.97	81
710509 Seminars and Meetings	5,100.00	3,818.00	1,282.00	75	5,100.00	3,660.58	1,439.42	72
710512 Auto Expense	4,350.00	1,622.69	2,727.31	37	4,550.00	1,728.39	2,821.61	38
710519 Cellular Phone	350.00	172.17	177.83	49	383.00	396.42	13.42-	104
710529 Dues	955.00	3,861.00	2,906.00-	404	955.00	1,558.92	603.92-	163

Washoe County Health District  
 Administrative Health Services  
 Pds 1 - 12, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
710535 Credit Card Fees		0.17	0.17-					
710546 Advertising	150.00	126.39	23.61	84		156.77	156.77-	
710600 LT Lease-Office Space	80,296.00	81,437.28	1,141.28-	101	141,319.12	80,062.04	61,257.08	57
710872 Food Purchases	* 150.00		150.00		200.00	116.86	83.14	58
711010 Utilities		63.00	63.00-					
711113 Equip Srv Replace	2,122.20	2,515.35	393.15-	119		2,641.36	2,641.36-	
711114 Equip Srv O & M	1,043.60	947.56	96.04	91	1,623.64	1,197.06	426.58	74
711115 Equip Srv Motor Pool		657.50	657.50-			592.50	592.50-	
711117 ESD Fuel Charge	636.64	530.53	106.11	83				
711119 Prop & Liab Billings	11,798.00	11,798.04	0.04-	100	10,693.00	10,693.08	0.08-	100
711210 Travel	16,500.00	7,258.62	9,241.38	44	16,500.00	4,528.38	11,971.62	27
711504 Equipment nonCapital	1,700.00	4,847.32	3,147.32-	285	1,700.00	123.95	1,576.05	7
* Services and Supplies	237,749.73	182,152.21	55,597.52	77	281,037.76	166,300.75	114,737.01	59
** Expenses	3,011,285.11	2,532,197.31	479,087.80	84	3,299,221.95	2,525,123.78	774,098.17	77
*** Total	1,805,344.11	1,542,595.40	262,748.71	85	1,834,692.95	1,393,459.72	441,233.23	76

Washoe County Health District  
 Air Quality Management  
 Pds 1 - 12, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
422510 Air Pollution Permits	402,399.00-	391,975.50-	10,423.50-	97	420,550.00-	440,432.15-	19,882.15	105
* Licenses and Permits	402,399.00-	391,975.50-	10,423.50-	97	420,550.00-	440,432.15-	19,882.15	105
431100 Federal Grants	661,349.00-	529,030.31-	152,318.69-	78	759,349.00-	554,348.49-	205,000.51-	73
431105 Federal Grants - Indirect		22,500.69-	22,500.69-			17,824.51-	17,824.51	
432100 State Grants					170,000.00-	170,000.00-		100
432311 Pol Ctrtl 455B.830	280,000.00-	307,550.00-	27,550.00	110	280,000.00-	305,485.00-	25,485.00	109
* Intergovernmental	961,349.00-	859,081.00-	102,268.00-	89	1,209,349.00-	1,047,658.00-	161,691.00-	87
460513 Other Health Service Charges		992.00-	992.00		9,800.00-	587.95-	9,212.05-	6
460526 Plan Review-Air Quality	15,500.00-	32,295.00-	16,795.00-	208	14,837.00-	37,451.00-	22,614.00	252
460527 NOE-AQM	32,900.00-	87,870.00-	54,970.00	267	32,900.00-	61,418.05-	28,518.05	187
460528 NESHAP-AQM	62,000.00-	78,093.00-	16,093.00	126	167,900.00-	83,811.00-	84,089.00-	50
460529 Assessments-AQM	22,000.00-	31,568.00-	9,568.00	143	36,630.00-	30,384.00-	6,246.00-	83
460530 Inspector Registr-AQ	1,900.00-	3,735.00-	1,835.00	197	2,100.00-	111.00-	1,989.00-	5
460531 Dust Plan-Air Quality	178,333.00-	343,117.75-	164,784.75	192	178,333.00-	251,870.00-	73,537.00	141
* Charges for Services	312,633.00-	577,670.75-	265,037.75	185	442,500.00-	465,633.00-	23,133.00	105
485300 Other Misc Govt Rev		90.00-	90.00					
* Miscellaneous		90.00-	90.00					
** Revenue	1,676,381.00-	1,828,817.25-	152,436.25	109	2,072,399.00-	1,953,723.15-	118,675.85-	94
701110 Base Salaries	1,311,733.43	1,246,154.02	65,579.41	95	1,388,862.47	1,258,438.06	130,424.41	91
701130 Pooled Positions	8,000.00	8,146.66	146.66-	102	8,000.00	3,817.15	4,182.85	48
701140 Holiday Work						166.02	166.02-	
701150 xcContractual Wages	50,000.00	21,100.00	50,000.00	100	50,000.00	19,388.44	50,000.00	82
701200 Incentive Longevity	21,150.00	2,056.68	50.00	34	23,550.00	406.38	4,161.56	9
701300 Overtime	6,057.21	409.82	4,000.53		4,535.34		4,128.96	
701408 Call Back			409.82-		1,000.00		1,000.00	
701412 Salary Adjustment					8,608.78		8,608.78	
701413 Vac Payoff/Sick Pay-Term						47,591.12	47,591.12-	
701417 Comp Time						8,502.93	8,502.93-	
* Salaries and Wages	1,396,940.64	1,277,867.18	119,073.46	91	1,484,556.59	1,338,310.10	146,246.49	90
705110 Group Insurance	156,554.89	148,970.19	7,584.70	95	142,279.60	130,617.40	11,662.20	92
705210 Retirement	285,871.82	271,585.32	14,286.50	95	289,544.99	260,663.00	28,881.99	90
705230 Medicare April 1986	17,726.98	16,772.37	954.61	95	18,901.05	17,763.62	1,137.43	94
705320 Workmens Comp	6,740.00	6,740.04	0.04-	100	8,000.00	8,000.04	0.04-	100
705330 Unemply Comp	1,300.00	1,300.00		100	1,300.00	1,300.00		100
* Employee Benefits	468,193.69	445,367.92	22,825.77	95	460,025.64	418,344.06	41,681.58	91
710100 Professional Services	176,599.41	30,927.62	145,671.79	18	261,928.54	106,121.76	155,806.78	41
710200 Service Contract	350.00	363.00	13.00-	104	350.00	312.84	37.16	89
710205 Repairs and Maintenance	7,000.00	8,451.25	1,451.25-	121	8,792.63	578.95	8,213.68	7
710300 Operating Supplies	4,100.00	11,056.87	6,956.87-	270	4,500.00	1,529.13	2,970.87	34
710312 Special Dept Expense						25.00	25.00-	
710334 Copy Machine Expense	4,387.20	4,483.37	96.17-	102	4,387.20	4,875.51	488.31-	111
710350 Office Supplies	3,500.00	4,032.21	532.21-	115	4,500.00	3,364.22	1,135.78	75
710355 Books and Subscriptions	224.00	250.86	26.86-	112	224.00	212.26	11.74	95
710360 Postage	2,200.00	4,159.05	1,959.05-	189	2,000.00	2,971.89	2,971.89-	3
710361 Express and Courier	200.00	94.62	105.38	47	1,000.00	63.19	1,936.81	565
710500 Other Expense	200.00	567.77	367.77-	284	1,600.00	5,554.70	4,554.70-	66
710502 Printing	1,000.00	861.99	138.01	86	1,600.00	1,059.55	540.45	
710503 Licenses & Permits	90.00	2,372.67	2,282.67-	2,636		90.00	90.00-	

Washoe County Health District  
 Air Quality Management  
 Pds 1 - 12, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
710505 Rental Equipment	1,800.00	1,800.00		100	1,700.00	1,800.00	100.00-	106
710508 Telephone Land Lines	9,000.00	6,227.72	2,772.28	69	12,600.00	7,624.78	4,975.22	61
710509 Seminars and Meetings	4,200.00	1,930.00	2,270.00	46	4,200.00	1,920.00	2,280.00	46
710512 Auto Expense	1,200.00	384.27	815.73	32	200.00	744.82	544.82-	372
710519 Cellular Phone	3,800.00	3,719.92	80.08	98	4,145.00	3,616.66	528.34	87
710529 Dues	435.00	2,185.00	1,750.00-	502	435.00	435.00		100
710535 Credit Card Fees	1,500.00	1,521.98	21.98-	101		1,101.71	1,101.71-	
710546 Advertising	5,700.00	921.26	4,778.74	16	5,700.00	1,538.25	4,161.75	27
710577 Uniforms & Special Clothing	1,100.00		1,100.00		1,100.00		1,100.00	
710600 LT Lease-Office Space	74,490.12	24,688.00	49,802.12	33	74,490.12	74,242.40	247.72	100
710721 Outpatient	1,316.00		1,316.00		1,316.00	991.38	324.62	75
711113 Equip Srv Replace	30,340.92	19,367.99	10,972.93	64	24,384.00	34,737.28	10,353.28-	142
711114 Equip Srv O & M	13,520.37	10,547.69	2,972.68	78	33,132.40	23,041.95	10,090.45	70
711115 Equip Srv Motor Pool		262.50	262.50-		275.00	250.00	25.00	91
711117 ESD Fuel Charge	12,187.68	11,317.40	870.28	93				
711119 Prop & Liab Billings	7,940.00	6,939.96	1,000.04	87	5,780.00	5,780.04	0.04-	100
711210 Travel	40,227.52	10,005.18	30,222.34	25	38,964.00	8,939.53	30,024.47	23
711504 Equipment nonCapital	4,000.00	66,521.24	62,521.24-	1,663	4,000.00	18,942.93	14,942.93-	474
* Services and Supplies	412,608.22	235,961.39	176,646.83	57	501,703.89	312,465.73	189,238.16	62
781004 Equipment Capital	91,708.35	54,883.68	36,824.67	60	165,850.05	65,702.20	100,147.85	40
* Capital Outlay	91,708.35	54,883.68	36,824.67	60	165,850.05	65,702.20	100,147.85	40
** Expenses	2,369,450.90	2,014,080.17	355,370.73	85	2,612,136.17	2,134,822.09	477,314.08	82
485192 Surplus Equipment Sales		12.60-	12.60					
** Other Financing Svc/Use		12.60-	12.60					
*** Total	693,069.90	185,250.32	507,819.58	27	539,737.17	181,098.94	358,638.23	34

Washoe County Health District  
Community and Clinical Health Services  
Pds 1 - 12, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
431100 Federal Grants	2,482,580.00	2,085,595.80	396,984.20	84	2,343,949.20	2,233,873.07	110,076.13	95
431105 Federal Grants - Indirect		10,045.54	10,045.54					
432100 State Grants	552,556.00	375,538.05	177,017.95	68	564,279.80	541,151.43	23,128.37	96
* Intergovernmental	3,035,136.00	2,471,179.39	563,956.61	81	2,908,229.00	2,775,024.50	133,204.50	95
460162 Services to Other Agencies	63,657.69	23,909.21	39,748.48	38	86,494.00	81,268.80	5,225.20	94
460500 Other Immunizations	110,000.00	96,157.69	13,842.31	87	165,000.00	113,693.66	51,306.32	69
460501 Medicaid Clinical Services	36,500.00	30,199.71	6,300.29	83	30,750.00	41,705.05	10,955.05	136
460503 Childhood Immunizations	190,000.00	133,480.15	56,519.85	70	190,000.00	202,790.23	12,790.23	107
460505 Non Title X Revenue		1,369.00	1,369.00			6,212.93	6,212.93	
460508 Tuberculosis	10,000.00	7,384.03	2,615.97	74	8,000.00	19,073.82	11,073.82	238
460515 Medicare Reimbursement	500.00	3,084.90	2,584.90	617	250.00	892.07	642.07	357
460516 Pgm Inc-3rd Prty Rec	9,000.00	6,637.94	2,362.06	74	3,000.00	13,283.27	10,283.27	443
460517 Influenza Immunization	5,000.00	26,166.06	21,166.06	523	10,000.00	13,686.00	3,686.00	137
460518 STD Fees	30,000.00	29,081.61	918.39	97	60,000.00	40,253.35	19,746.65	67
460519 Outpatient Services	12,500.00		12,500.00		11,500.00	8,638.00	2,862.00	75
460524 Family Planning	100,000.00	68,511.31	31,488.69	69	100,000.00	99,092.76	907.24	99
460570 Education Revenue		15,037.00	15,037.00					
* Charges for Services	567,157.69	441,018.61	126,139.08	78	664,994.00	640,589.96	24,404.04	96
484000 Donations, Contributions		3,360.00	3,360.00			500.00	500.00	
484050 Donations Federal Pgm Income		100.00	100.00					
485300 Other Misc Govt Rev		6.00	6.00					
* Miscellaneous		3,466.00	3,466.00			83.60	83.60	
** Revenue		2,915,664.00	686,629.69	81	3,573,223.00	3,416,198.06	583.60	96
701110 Base Salaries	3,078,262.37	2,495,755.48	582,506.89	81	3,350,766.90	3,045,150.11	157,024.94	91
701120 Part Time	640,119.02	576,492.83	63,626.19	90	966,243.97	716,820.00	305,616.79	74
701130 Pooled Positions	120,571.14	125,545.31	4,974.17	104	37,818.00	41,150.68	249,423.97	109
701140 Holiday Work						110.68	110.68	
701150 xcContractual Wages					17,302.73		17,302.73	
701200 Incentive Longevity	54,703.00	54,737.50	34.50	100	53,890.00	61,838.84	7,948.84	115
701300 Overtime	2,175.00	5,638.16	3,463.16	259	3,835.57	980.07	2,855.50	26
701412 Salary Adjustment	114,541.03		114,541.03		403,856.66		403,856.66	
701413 Vac Payoff/Sick Pay-Term		52,337.82	52,337.82			187,872.08	187,872.08	
701417 Comp Time		7,925.32	7,925.32			10,421.04	10,421.04	
701500 Merit Awards	329,645.39		329,645.39					
* Salaries and Wages	3,680,726.17	3,318,432.42	362,293.75	90	4,064,343.50	4,064,343.50	162,541.00	105
705110 Group Insurance	524,221.04	434,829.24	89,391.80	83	558,482.31	469,285.65	200,883.99	84
705210 Retirement	808,950.04	681,108.56	127,841.48	84	896,036.24	780,500.62	89,196.66	87
705230 Medicare April 1986	49,212.59	43,759.30	5,453.29	89	53,887.66	51,397.11	115,535.62	95
705320 Workmens Comp	21,231.00	21,230.76	0.24	100	30,000.00	29,999.76	2,490.55	100
705330 Unemply Comp	4,095.00	4,085.00	10.00	100	4,875.00	4,875.00	0.24	100
705360 Benefit Adjustment	1,505.00		1,505.00					
* Employee Benefits	1,406,204.67	1,185,012.86	221,191.81	84	1,543,281.21	1,336,058.14	207,223.07	87
710100 Professional Services	305,393.00	317,963.57	12,570.57	104	299,863.70	266,207.68	31,656.02	89
710105 Medical Services	13,000.00	13,135.50	135.50	101	13,350.00	12,274.50	1,075.50	92
710108 MD Consultants	43,382.00	34,037.50	9,344.50	78	45,140.00	44,330.00	810.00	98
710119 Subrecipient Payments	147,602.00	113,453.57	34,148.43	77	304,994.00	289,149.71	15,844.29	95
710200 Service Contract	12,200.00	12,005.59	194.41	98	10,954.00	11,633.60	679.60	106
710205 Repairs and Maintenance	6,105.00	20,823.20	14,718.20	341	5,410.00	2,369.97	3,040.03	44

Washoe County Health District  
Community and Clinical Health Services  
Pds 1 - 12, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
710210 Software Maintenance	350.00		350.00			350.00	350.00-	
710300 Operating Supplies	97,132.00	89,910.98	7,221.02	93	86,391.00	79,352.85	7,038.15	92
710312 Special Dept Expense						125.00	125.00-	
710334 Copy Machine Expense	16,463.00	11,281.77	5,181.23	69	17,183.00	14,048.07	3,134.93	82
710350 Office Supplies	14,405.00	9,155.83	5,249.17	64	16,679.00	17,203.03	524.03-	103
710355 Books and Subscriptions	1,730.00	1,424.57	305.43	82	4,595.00	1,488.14	3,106.86	32
710360 Postage	4,858.00	5,015.02	157.02-	103	4,350.00	7,690.72	3,340.72-	177
710361 Express and Courier	535.00	214.36	320.64	40	3,650.00	294.99	3,355.01	8
710500 Other Expense	60,624.30	23,745.48	36,878.82	39	43,298.75	25,913.05	17,385.70	60
710502 Printing	11,303.24	4,857.72	6,445.52	43	16,784.00	4,856.41	11,927.59	29
710503 Licenses & Permits	3,800.00	2,285.00	1,515.00	60	4,780.00	2,999.20	1,780.80	63
710504 Registration	900.00-		900.00-					
710505 Rental Equipment					469.00		469.00	
710506 Dept Insurance Deductible	273.40		273.40					
710507 Network and Data Lines	1,505.00	2,350.65	845.65-	156	455.00	3,094.62	2,639.62-	680
710508 Telephone Land Lines	18,459.00	14,513.64	3,945.36	79	24,270.00	16,506.86	7,763.14	68
710509 Seminars and Meetings	8,050.00	4,542.00	3,508.00	56	34,897.00	27,090.50	7,806.50	78
710512 Auto Expense	14,793.00	9,353.27	5,439.73	63	20,542.00	11,562.21	8,979.79	56
710519 Cellular Phone	462.00	720.33	258.33-	156	2,178.00	1,144.76	1,033.24	53
710529 Dues	1,550.00	819.00	731.00	53	2,050.00	1,349.00	701.00	66
710535 Credit Card Fees	5,935.00	3,538.73	2,396.27	60		4,776.99	4,776.99-	
710546 Advertising	29,997.00	36,266.72	6,269.72-	121	29,092.00	32,518.53	3,426.53-	112
710577 Uniforms & Special Clothing	350.00		350.00		450.00		450.00	
710590 Bad Debt Expense		459.00	459.00-					
710703 Biologicals	286,952.00	134,743.13	152,208.87	47	282,109.61	204,366.06	77,743.55	72
710714 Referral Services	11,300.00	2,404.24	8,895.76	21	8,700.00	8,800.00	100.00-	101
710721 Outpatient	109,576.00	109,906.82	330.82-	100	140,067.88	117,552.27	22,515.61	84
710872 Food Purchases	2,545.00	1,107.15	1,437.85	44	1,850.00	2,507.87	657.87-	136
711010 Utilities		789.00	789.00-					
711113 Equip Srv Replace	1,397.28	1,761.48	364.20-	126	1,800.00	1,792.90	7.10	100
711114 Equip Srv O & M	904.60	252.16	652.44	28	3,129.54	1,264.66	1,864.88	40
711115 Equip Srv Motor Pool	4,870.00	882.50	3,987.50	18	320.00	1,000.00	680.00-	313
711117 ESD Fuel Charge	538.69		538.69					
711119 Prop & Liab Billings	21,861.00	21,860.88	0.12	100	21,675.00	21,675.00		100
711210 Travel	48,190.50	14,681.02	33,509.48	30	54,991.00	18,657.96	36,333.04	34
711213 Travel-Non Cnty Pers	1,942.00	656.27	1,285.73	34				
711504 Equipment nonCapital	6,828.00	6,046.51	781.49	89	5,017.00	2,863.75	2,153.25	57
* Services and Supplies	1,316,262.01	1,026,964.16	289,297.85	78	1,511,485.48	1,260,810.86	250,674.62	83
** Expenses	6,403,192.85	5,530,409.44	872,783.41	86	6,918,226.20	6,661,212.50	257,013.70	96
*** Total	2,800,899.16	2,614,745.44	186,153.72	93	3,345,003.20	3,245,014.44	99,988.76	97

Washoe County Health District  
 Environmental Health Services  
 Pds 1 - 12, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
422503 Environmental Permits	69,000.00-	47,260.00-	21,720.00-	69	125,000.00-	107,414.39-	17,585.61-	86
422504 Pool Permits	33,000.00-	65,034.00-	32,034.00-	197	100,000.00-	121,409.00-	21,409.00-	121
422505 RV Permits	10,500.00-	10,124.00-	376.00-	96	15,000.00-	15,180.00-	180.00-	101
422507 Food Service Permits	355,000.00-	350,007.00-	4,993.00-	99	410,000.00-	389,843.00-	20,157.00-	95
422508 Wat Well Const Perm	44,000.00-	27,627.00-	16,373.00-	63	40,000.00-	28,090.00-	11,910.00-	70
422509 Water Company Permits	12,000.00-	5,110.00-	6,890.00-	43	25,000.00-	8,760.00-	16,240.00-	35
422511 ISDS Permits	90,000.00-	48,318.85-	41,681.15-	54	125,000.00-	79,452.00-	45,548.00-	64
422513 Special Event Permits	75,000.00-	83,174.20-	8,174.20-	111	80,000.00-	94,593.00-	14,593.00-	118
422514 Initial Applic Fee	38,000.00-	30,160.00-	7,840.00-	79	30,560.00-	30,560.00-	30,560.00-	
* Licenses and Permits	726,500.00-	666,835.05-	59,664.95-	92	920,000.00-	875,301.39-	44,698.61-	95
431100 Federal Grants	277,000.00-	241,679.19-	35,320.81-	87	277,000.00-	257,000.00-	20,000.00-	93
432100 State Grants	75,000.00-	56,500.00-	18,500.00-	75	75,250.00-	75,250.00-	20,000.00-	100
432310 Tire Fee NRS 444A.090	370,534.52-	395,702.34-	25,167.82-	107	415,000.00-	354,911.70-	60,088.30-	86
* Intergovernmental	722,534.52-	693,881.53-	28,652.99-	96	109,365.10-	14,929.03-	94,436.07-	14
460162 Services to Other Agencies		119.00-	119.00-		150,000.00-	131,421.00-	18,579.00-	88
460509 Water Quality	121,001.00-	114,427.00-	6,574.00-	95	14,000.00-	7,116.00-	6,884.00-	51
460510 IT Overlay	8,000.00-	4,262.00-	3,738.00-	53	8,000.00-	8,562.00-	562.00-	107
460513 Other Heat Service Charges	8,000.00-	15,701.00-	7,701.00-	196	120,000.00-	144,740.00-	24,740.00-	121
460514 Food Service Certification	8,000.00-	58,638.00-	31,862.00-	65	3,000.00-	5,266.00-	2,266.00-	176
460520 Eng Serv Health	5,000.00-	7,628.00-	2,628.00-	153	40,000.00-	32,451.92-	7,548.08-	81
460521 Plan Review - Pools & Spas	30,000.00-	23,994.15-	6,005.85-	80	75,000.00-	58,511.00-	16,489.00-	78
460523 Plan Review - Food Services	64,000.00-	32,947.00-	31,053.00-	51				
460525 Plan Review - Vector		414.00-	414.00-					
460532 Plan Rvw Hotel/Motel		344.00-	344.00-					
460533 Quick Start	9,000.00-	8,017.00-	983.00-	89		1,986.00-	1,986.00-	
460534 Child Care Inspection	21,000.00-	16,790.00-	4,210.00-	80				
460535 Pub Accomod Inspecth		4,312.00-	4,312.00-					
460570 Education Revenue	356,501.00-	287,593.15-	68,907.85-	81	519,365.10-	405,402.95-	113,962.15-	78
* Charges for Services		150.00-	150.00-					
485100 Reimbursements		203.00-	203.00-					
485300 Other Misc Govt Rev		353.00-	353.00-					
* Miscellaneous		1,648,662.73-	156,872.79-	91	2,206,615.10-	1,968,066.04-	238,549.06-	89
** Revenue	1,805,535.52-	2,845,078.93-	554,324.91-	84	3,324,778.61-	3,114,723.72-	210,054.89-	94
701110 Base Salaries	3,399,403.84	98,945.89	8,848.89-	110	125,737.00-	73,162.35-	52,574.65-	58
701130 Pooled Positions	90,097.00	846.49	653.51	56	1,500.00	1,175.92	324.08	78
701140 Holiday Work	1,500.00	10,245.12	745.12-	108		11,955.95	11,955.95-	
701150 xContractual Wages	9,500.00	45,546.17	6,553.83	87	53,900.00	48,414.24	5,485.76	90
701200 Incentive Longevity	52,100.00	30,815.96	3,472.04	90	55,000.00	26,582.39	28,417.61	48
701300 Overtime	34,288.00	33,680.00	3,680.00	112	35,000.00	33,496.07	1,503.93	96
701406 Standby Pay	30,000.00	3,823.66	823.66-	127	5,000.00	3,572.73	1,427.27	71
701408 Call Back	3,000.00		304.20-					
701412 Salary Adjustment	304.20-	29,528.31	29,528.31-			72,013.26	72,013.26-	
701413 Vac Payoff/Sick Pay-Term		13,591.52	13,591.52-			5,632.51	5,632.51-	
701417 Comp Time		3,112,102.05	507,482.59	86	3,600,915.61	3,390,729.14	210,186.47	94
* Salaries and Wages	3,619,584.64	407,033.15	73,620.93	85	411,165.33	380,982.50	30,182.83	93
705110 Group Insurance	480,654.08	627,767.30	112,505.32	85	692,578.60	653,927.79	38,650.81	94
705210 Retirement	740,272.62	39,435.55	4,476.36	90	42,676.59	42,746.98	70.39-	100
705230 Medicare April 1986	43,911.91	18,534.84	0.16	100	20,800.00	20,726.52	73.48	100
705320 Workmens Comp	18,535.00							

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
705330 Unemply Comp	3,575.00	3,575.00		100	3,380.00	3,453.32	73.32	102
* Employee Benefits	1,286,948.61	1,096,345.84	190,602.77	85	1,170,600.52	1,101,837.11	68,763.41	94
710100 Professional Services	179,930.29	83,335.12	96,595.17	46	131,160.62	74,840.33	56,320.29	57
710105 Medical Services	500.00	2,607.00	2,107.00	521	150.00	1,752.00	1,602.00	1,168
710115 Prof Eng Services						1,208.31	1,208.31	
710200 Service Contract	87,300.00	62,317.30	24,982.70	71	104,700.00	89,609.26	15,090.74	86
710205 Repairs and Maintenance	1,000.00	1,498.11	498.11	150	1,100.00	843.22	256.78	77
710210 Software Maintenance		17,802.29	17,802.29					
710300 Operating Supplies	23,593.05	8,410.72	15,182.33	36	14,392.81	11,241.67	3,151.14	78
710302 Small Tools & Allow	1,385.00	1,268.71	116.29	92	2,950.00	2,950.00	2,950.00	
710308 Animal Supplies	2,000.00	1,013.75	986.25	51	2,000.00	1,215.49	784.51	61
710310 Parts and Supplies						799.90	799.90	
710312 Special Dept Expense						25.00	25.00	
710319 Chemical Supplies	560,707.00	361,118.40	199,588.60	64	621,588.00	361,579.46	260,008.54	58
710334 Copy Machine Expense	1,280.00	556.08	723.92	43	4,550.00	826.36	3,723.64	18
710350 Office Supplies	9,150.00	9,699.74	549.74	106	9,075.00	8,153.94	921.06	90
710355 Books and Subscriptions	1,600.00	1,233.24	366.76	77	2,000.00	3,384.43	1,384.43	169
710360 Postage	5,900.00	9,443.88	3,543.88	160	1,250.00	7,399.88	6,149.88	592
710361 Express and Courier	300.00	121.18	178.82	40	7,100.00	194.09	6,905.91	3
710391 Fuel & Lube	100.00		100.00		100.00	123.60	23.60	124
710500 Other Expense	800.00	75.48	724.52	9	3,400.00	9,689.20	6,289.20	285
710502 Printing	3,225.00	1,909.26	1,315.74	59	4,060.00	3,008.65	1,051.35	74
710503 Licenses & Permits	2,335.00	2,065.00	270.00	88	3,135.00	2,180.00	955.00	70
710505 Rental Equipment					8,000.00		8,000.00	
710506 Dept Insurance Deductible		599.25	599.25			263.74	263.74	
710507 Network and Data Lines	3,200.00	2,350.65	849.35	73		3,492.34	3,492.34	
710508 Telephone Land Lines	11,425.00	9,528.93	1,896.07	83	22,845.00	9,891.48	12,953.52	43
710509 Seminars and Meetings	11,200.00	9,581.00	1,619.00	86	15,850.00	4,640.00	11,210.00	29
710512 Auto Expense	375.00	60.78	314.22	16	350.00	189.38	160.62	54
710519 Cellular Phone	8,405.00	7,132.18	1,272.82	85	16,813.00	9,065.50	7,747.50	54
710529 Dues	896.00	1,289.00	393.00	144	1,800.00	1,524.00	276.00	85
710535 Credit Card Fees	4,959.78	3,063.94	1,895.84	62		4,660.97	4,660.97	
710546 Advertising	500.00	424.27	75.73	85	30,500.00	764.98	29,735.02	3
710577 Uniforms & Special Clothing	1,700.00	1,094.08	605.92	64	1,950.00		1,950.00	
710590 Bad Debt Expense		444.40	444.40					
710600 LT Lease-Office Space	40,636.89	40,447.92	188.97	100	40,636.89	40,059.88	577.01	99
710721 Outpatient	6,048.00		6,048.00		4,922.00	4,635.50	286.50	94
711113 Equip Srv Replace	67,963.08	85,830.05	17,866.97	126	78,780.00	92,317.71	13,537.71	117
711114 Equip Srv O & M	56,517.86	36,821.62	19,696.24	65	123,072.96	70,123.14	52,949.82	57
711115 Equip Srv Motor Pool	7,000.00	5,730.00	1,270.00	82	18,500.00	3,407.50	15,092.50	18
711117 ESD Fuel Charge	39,610.63	30,395.86	9,214.77	77				
711119 Prop & Liab Billings	19,085.00	19,085.04	0.04	100	15,028.00	15,027.96	0.04	100
711210 Travel	35,650.00	12,917.76	22,732.24	36	44,136.62	9,139.04	34,997.58	21
711504 Equipment nonCapital	2,643.97	1,477.65	1,166.32	56	36,202.42	2,999.33	33,203.09	8
* Services and Supplies	1,198,921.55	832,749.64	366,171.91	69	1,372,098.32	850,277.24	521,821.08	62
** Expenses	6,105,454.80	5,041,197.53	1,064,257.27	83	6,143,614.45	5,342,843.49	800,770.96	87
** 621001 Transfer From General	350,000.00	89,711.67	260,288.33	26	350,000.00	107,963.24	242,036.76	31
** Other Financing Src/Use	350,000.00	89,711.67	260,288.33	26	350,000.00	107,963.24	242,036.76	31
*** Total	3,949,919.28	3,302,823.13	647,096.15	84	3,586,999.35	3,266,814.21	320,185.14	91



Washoe County Health District  
Epidemiology and Public Health Preparedness  
Pds 1 - 12, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
431100 Federal Grants	3,414,126.66	1,587,705.30	1,826,421.36	47	1,953,739.25	1,276,720.15	677,019.10	65
431105 Federal Grants - Indirect	31,540.00	20,848.98	10,691.02	66		21,224.96	21,224.96	
* Intergovernmental	3,445,666.66	1,608,554.28	1,837,112.38	47	1,953,739.25	1,297,945.11	655,794.14	66
460511 Birth and Death Certificates	215,000.00	227,248.00	12,248.00	106	230,000.00	217,835.20	12,164.80	95
* Charges for Services	215,000.00	227,248.00	12,248.00	106	230,000.00	217,835.20	12,164.80	95
485300 Other Misc Govt Rev		90.00	90.00					
* Miscellaneous		90.00	90.00					
** Revenue	3,660,666.66	1,835,892.28	1,824,774.38	50	2,183,739.25	1,515,780.31	667,958.94	69
701110 Base Salaries	1,123,682.40	961,549.39	162,133.01	86	1,128,945.85	966,818.92	162,126.93	86
701120 Part Time	35,577.94	63,757.78	28,179.84	179	54,341.12	54,886.91	545.79	101
701130 Pooled Positions	38,400.00	37,712.29	687.71	98				
701140 Holiday Work		133.24	133.24					
701150 xcContractual Wages	196,000.00	108,094.74	87,905.26	55	29,037.14	22,158.54	6,878.60	76
701200 Incentive Longevity	8,141.00	6,190.96	1,950.04	76	7,910.50	6,601.17	1,309.33	83
701300 Overtime	263,000.00	112,265.03	140,734.97	44	2,000.00	6,812.03	4,812.03	341
701412 Salary Adjustment	64,406.92		64,406.92		26,900.35	26,900.35	26,900.35	
701413 Vac Payoff/Sick Pay-Term		6,377.91	6,377.91			22,775.05	22,775.05	
701417 Comp Time		14,848.44	14,848.44			2,939.54	2,939.54	
* Salaries and Wages	1,719,208.26	1,310,929.78	408,278.48	76	1,249,134.96	1,082,992.16	166,142.80	87
705110 Group Insurance	140,445.78	131,213.63	9,232.15	93	135,468.26	105,675.18	29,793.08	78
705210 Retirement	250,368.19	209,458.51	40,909.68	84	244,226.49	207,720.27	36,506.22	86
705230 Medicare April 1986	15,824.28	16,730.51	906.23	106	16,553.27	14,043.88	2,509.39	85
705320 Workmens Comp	6,307.45	3,369.96	2,937.49	53	8,000.00	7,599.96	400.04	95
705330 Unemply Comp	1,170.00	1,160.00	10.00	99	1,300.00	1,235.00	65.00	95
705360 Benefit Adjustment	11,009.31		11,009.31					
* Employee Benefits	425,125.01	361,932.61	63,192.40	85	405,548.02	336,274.29	69,273.73	83
710100 Professional Services	1,366,450.02	68,423.32	1,298,026.70	5	409,145.21	183,981.00	225,164.21	45
710105 Medical Services	100.00	732.00	632.00	732	200.00		200.00	
710108 MD Consultants	12,000.00	10,000.00	2,000.00	83	12,000.00	12,000.00		100
710110 Contracted Services		1,524.55	1,524.55					
710200 Service Contract	1,610.00	4,602.19	2,992.19	286	600.00	851.78	251.78	142
710205 Repairs and Maintenance	600.00	1,369.40	769.40	228	1,233.00	349.70	883.30	28
710210 Software Maintenance		9,765.06	9,765.06			9,000.00	9,000.00	
710300 Operating Supplies	93,666.88	20,709.79	72,957.09	22	45,397.85	40,383.42	5,014.43	89
710334 Copy Machine Expense	2,300.30	2,463.31	163.01	107	3,362.98	2,381.40	981.58	71
710350 Office Supplies	19,102.26	9,048.97	10,053.29	47	10,279.55	12,940.49	2,660.94	126
710355 Books and Subscriptions	2,663.00	2,058.99	604.01	77	1,799.50	1,843.03	43.53	102
710360 Postage	12,400.44	2,338.39	10,062.05	19	1,351.57	2,840.60	1,489.03	210
710361 Express and Courier					3,700.00		3,700.00	
710500 Other Expense	31,826.00	12,773.44	31,826.00	52	3,620.00	3,791.60	171.60	105
710502 Printing	24,573.00	11,799.56	11,799.56	52	9,029.48	3,972.94	5,056.54	44
710505 Rental Equipment	1,000.00	869.00	131.00	87				
710507 Network and Data Lines		470.13	470.13			487.65	487.65	
710508 Telephone Land Lines	10,124.05	4,300.39	5,823.66	42	2,680.48	5,206.40	2,525.92	194
710509 Seminars and Meetings	1,220.00	3,508.06	2,288.06	288	6,249.00	2,730.00	3,519.00	44
710512 Auto Expense	236.14	1,361.43	1,125.29	577	1,003.18	842.00	161.18	84
710519 Cellular Phone	580.00	2,502.56	1,922.56	431	686.00	1,960.15	1,274.15	286
710529 Dues	640.00	50.00	590.00	8	40.00	590.00	550.00	1,475

Washoe County Health District  
 Epidemiology and Public Health Preparedness  
 Pds 1 - 12, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
710535 Credit Card Fees		1,019.37	1,019.37-					
710546 Advertising	700.00	1,126.39	426.39-	161	334.52	1,000.00	665.48-	299
710585 Undesignated Budget	31,540.05		31,540.05					
710590 Bad Debt Expense		390.00	390.00-					
710620 LT Lease-Equipment								
710703 Biologicals	4,300.68	224.22	4,076.46	5	5,940.00	2,971.00	2,969.00	50
710721 Outpatient	3,000.00	840.84	2,159.16	28	4,900.00	728.94	4,171.06	15
711010 Utilities		1,206.00	1,206.00-		3,000.00	3,643.49	643.49-	121
711114 Equip Srv O & M	200.00	504.75	504.75-					
711115 Equip Srv Motor Pool	1,200.00	122.50	77.50	61	100.00	470.38	470.38-	138
711117 ESD Fuel Charge	6,246.00		1,200.00					
711119 Prop & Liab Billings	54,281.00	6,246.00		100	5,491.00	5,491.08	0.08-	100
711210 Travel	61,364.14	10,043.31	44,237.69	19	33,453.60	12,256.06	21,197.54	37
711504 Equipment nonCapital	1,743,923.96	156,704.27	95,340.13-	255	57,061.61	56,363.63	697.98	99
* Services and Supplies	279,716.50	337,298.63	1,406,625.33	19	622,658.53	369,214.24	253,444.29	59
781004 Equipment Capital	279,716.50	87,704.12	192,012.38	31	404,326.00	95,693.09	308,632.91	24
* Capital Outlay	4,167,973.73	87,704.12	192,012.38	31	404,326.00	95,693.09	308,632.91	24
** Expenses	507,307.07	2,097,865.14	2,070,108.59	50	2,681,667.51	1,884,173.78	797,493.73	70
*** Total		261,972.86	245,334.21	52	497,928.26	368,393.47	129,534.79	74



# WASHOE COUNTY

"Dedicated To Excellence in Public Service"

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DBOH AGENDA ITEM NO. 13

## STAFF REPORT

BOARD MEETING DATE: June 22, 2010

**DATE:** June 3, 2010

**TO:** Board of County Commissioners, Sierra Fire Protection District and Truckee Meadows Fire Protection District Board of Fire Commissioners

**FROM:** Kurt Latipow, Fire Services Coordinator, Management Services Division  
Telephone: 775-328-2716 Email: [klatipow@washoecounty.us](mailto:klatipow@washoecounty.us)

**THROUGH:** John Slaughter, Director, Management Services

**SUBJECT:** Discussion and possible acceptance of staff's Recommendations, Updates and the draft Action Plan in support of the Fire and Fire Based Emergency Medical Services Master Plan, or other direction to staff.  
(All Commission Districts)

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### SUMMARY:

This staff report requests consideration be given to providing staff with direction to move forward with the Fire and Fire Based EMS Master Plan related Action Plan.

County Priority/Goal supported by this item: *Improve Public Safety, Security, and Health*

### PREVIOUS ACTION:

During the February 22, 2010 County Commission/Truckee Meadows Board of Fire Commissioners/Sierra Fire Protection District Board of Fire Commissioners joint meeting, action was taken to accept the final version of the Fire and Fire Based Emergency Medical Services Master Plan, and staff was directed to solicit input from a broad audience of stakeholders and return with a proposed action based on the Master Plan recommendations.

Following the February 22, 2010 meeting staff returned to the Board/s April 13, 2010 meeting with a draft action plan consistent with the direction provided by the Board/s. At that meeting staff was directed to post the Fire and Fire Based Emergency Medical Services Master Plan related draft action plan at [www.washoecounty.us/mgrsoff/fireplan.html](http://www.washoecounty.us/mgrsoff/fireplan.html) on the Washoe County web site, make copies of the draft action plan available to interested parties, receive public comment and return to the Board/s' no later than June 22, 2010 with a presentation of the Draft Action plan inclusive of staff recommendations.

**BACKGROUND:**

On April 16 2010 staff posted the draft Action Plan on the county's web site and initiated the solicitation of Public comments. As of the time this staff report was developed staff had received one written comment which is contained in Attachment 1.

During the period of time the Action Plan (Attachment 2) was posted for public comment, the Joint Fire Advisory Board worked to develop recommendations related to a one year extension of the First Amended Interlocal Agreement for Fire Service and Consolidation between The Truckee Meadows Fire Protection District and the City of Reno. As a result of the recommendations made by the JFAB to the Board of Fire Commissioners and the City Council, a resolution was approved resulting in 1) extension of the deadline that either entity has to notify the other that they wish to terminate the agreement; 2) expansion of the Joint Fire Advisory Board's (JFAB) role, to include, without limitation, amendments hereto, best practices, budget matters, additional parties, governance models, and fire dispatch issues as they relate to the established level of service provided pursuant to this Interlocal Agreement as well as modification to the formula by which savings are calculated; 3) the development of a Standard of Cover (SOC) for the City Of Reno Fire Department, which will be followed by the development of a Regional Standard of Cover and 4) utilizing the results of the Regional SOC to develop and present to the JFAB draft performance objectives that can be used to measure levels of service .

In addition to the recommendation that resulted in the approval of the resolution by the governing bodies, the JFAB adopted a very aggressive schedule by which the entire First Amended Interlocal Agreement for Fire Service and Consolidation is to be reviewed and draft updates presented for review and consideration by the JFAB for possible recommendation to the governing bodies.

The action plan process, development of a Reno Fire Department SOC, a Regional SOC, review and update of the Interlocal Agreement, and the vetting of options related to equipping and operating the proposed Sierra Fire Protection District's new Arrowcreek station and other topics were identified within the recently accepted Master Plan as warranting attention. At this point in time, these processes are interdependent and will produce better results if they are integrated together. In addition some of the topics and associated tasks do not fall under the control of the board/s; therefore consideration should be given to referring those items to the appropriate agency for possible action.

**FISCAL IMPACT:**

Unknown at this time.

**RECOMMENDATION:**

Staff recommends acceptance of the draft Action Plan, status update and the following recommendations. These recommendations reference attachment 2.

**1. Governance items #1-5. Staff recommends work on these items be placed on hold until the JFAB has concluded work related to the Interlocal Agreement or until the governing bodies request moving forward with the tasks.**

**2. Interlocal Agreement items # 6, 7, 8 and 9. Items 7-9 are currently being addressed via the updates to the Interlocal Agreement and actions previously taken by the Truckee Meadows Fire Protection District Board. Staff recommends Item 6 be addressed as part of the process proposed in Chief Greene's June 22, 2010 staff report which is requesting Board direction about community input on and operational options for the Arrowcreek fire station and alternatives for the long term future of the District.**

**3. Emergency Medical Services items # 10, 11, 12 and 13 and the associated tasks fall under the authority of the District Board of Health. Staff recommends that these items be referred to the District Board of Health with a request that they consider addressing the topics and related tasks and that the County Fire Services Coordinator be appointed as the Board/s liaison to District Board of Health for the purpose of these topics. The County Fire Services Coordinator shall provide routine updates to the Board/s as to the progress of the tasks.**

**4. Volunteer items #14, 15 and 16 and the associated tasks can be initially addressed by the Volunteer Program Task Force. Once the task force has worked through the tasks, final recommendations would be forwarded to the JFAB for review and consideration of recommendations to the governing bodies. Staff recommends these items be forwarded to the Volunteer Program Task Force for review and consideration.**

**5. Dispatch items # 17, 18, 19 and 20. Item # 18 is currently in process for the career staffed Truckee Meadows Fire Apparatus. Items # 17, 19 and 20 and the associated tasks fall under the authority of the City of Reno. Staff recommends that the Board/s request the City (via the Reno Fire Chief) to consider addressing the items and associated tasks.**

**6. Facilities item # 21, 22, 23 and 24. Item 21 is currently being addressed via the development of the Reno SOC and subsequent Regional SOC which are due for presentation to the JFAB late 2010. Item # 22 and the associated tasks will be addressed during the Regional SOC process. Items #23 and 24 and the associated tasks can be initially addressed via the process proposed within Chief Greene's June 22, 2010 staff report which is requesting Board direction about community input on and operational options for the operation of the Arrowcreek fire station and alternatives for the long term future of the District. Once this process has been completed the results could be incorporated into an updated Master Plan.**

**7. Federal Grants item #25 and the associated tasks are currently being undertaken and the first product of the coordinated effort is the recently completed Regional application to Assistance to Firefighter Grant Process. The Grant request, if approved, would substantially improve regional communication interoperability. The effort was coordinated by Reno Fire Department staff and**

included North Lake Tahoe Fire Protection District, Sierra Fire Protection District, Washoe County Fire Suppression program and the City of Reno Fire Department.

**8. Prevention item # 26, 27, 28, 29, 30 and 31. Item # 26 and the associated tasks fall under the authority of the Washoe County Building department and **staff recommends referring this item be to the County Building Official for consideration.** Item # 27 and 31, and the associated tasks are currently in process and staff anticipates initiating stakeholder meetings in July and presenting the Code for Commission consideration in August or September. Item # 28 and 29 and the associated tasks fall under the authority of the Reno Fire Department and Sierra Fire Protection District's Fire Prevention Divisions and **staff recommends referring these items to the those agencies for consideration of implementation.****

Item # 30 and the associated tasks are currently in process, agreements are being updated and opportunities to collaborate and enhance programs are ongoing.

**POSSIBLE MOTION:**

Should the Board/s agree with the draft Action Plan and with staff's Recommendations and Updates a possible motion could be: *I move to accept the Action Plan, staff's Recommendations and staff's Updates contained within the staff report.*

## Public Comments received from REMSA

REMSA submits the following recommended modifications to the Washoe County Fire Services Coordinator to his draft action plan of the fire master plan developed by the Diamante Group as presented to REMSA leadership on March 16, 2010. While REMSA is not in agreement with the "Emergency Medical Services" and "Dispatch" portions of the Diamante Group's recommendations and was not invited to the meeting scheduled to create the action plan, we appreciate the Coordinator allowing us an opportunity to review the draft and his request to provide input.

At the meeting of March 16, REMSA officials made it clear they will not support anything in the implementation plan or the fire master plan that affects the ambulance service franchise along with REMSA's rights and privileges under that franchise agreement. However, REMSA does agree that medically-based first response is a legitimate component of an effective and efficient emergency medical services (EMS) system and is willing to participate with the intent of making a positive contribution to the development of such an integrated EMS system in Washoe County. It is our belief, which is reflected in this document, that such first response should be medically-based and patient-focused based on reliable data. It should also be integrated and collaborative with the franchise ambulance service through a sound process for training, continuing education and continuing quality improvement.

With this goal in mind and following the direction of the Coordinator to make changes, we offer the following proposed changes. We have intentionally left the basic (highlighted) tasks as written by the Coordinator's working group except for "task 10" which we modified to reflect the agreed protection of the existing franchise. While we do not agree with these tasks as stated, we have complied with the Coordinator's request to follow the Diamante recommendations as they are. The sub tasks we propose follow the same logic as the Coordinator's working group but have been modified to comply with our stated goals and do not impose on the existing franchise.

**Task 10: Evaluate and assess the existing EMS first response in Washoe County to determine how it can appropriately and efficiently interact with the established franchised ambulance transport agency to create an efficient, cost effective and medically sound EMS delivery system for the citizens and visitors of Washoe County.**

**Task 10a:** Appoint a task force consisting of one representative each from:

- Sierra Fire Protection District
- Reno Fire Department
- Sparks Fire Protection District
- Truckee Meadows Fire Protection District
- A Volunteer Fire Department
- REMSA
- Washoe County Health District

- Washoe County Fire Services Coordinator
- REMSA Medical Director
- A fire agency Medical Director

All meetings of this task force will comply with the open meetings law and all decisions will be a result of a consensus being reached to achieve each decision.

**Task 10b:** The task force may evaluate the need to acquire outside assistance in the form of an expert consultant that is agreeable to all task force members to perform an analysis and make recommendations consistent with the goal of task 10.

**Task 10c:** Establish minimum level performance measurements for the delivery of EMS first response and mechanisms for how to perform such measurements.

**Task 10d:** Establish benchmarking metrics and institute reporting structure and process for data sharing between all participants in the EMS system.

**Task 10e:** Task force has responsibility for reporting findings to county, cities, health district and fire districts.

**Task11: Determine the best method to integrate the fire service into a more efficient EMS delivery model inclusive of Advanced Life Support Services.**

**Task 11a:** Use the task force established in task 10a to evaluate this task and consider the need for a consultant as described in task 10b to assist.

**Task 11b:** Evaluate the existing levels of skill (BLS/ILS/ALS), training and performance of existing first responders and determine the appropriate deployment of these existing resources.

**Task 11c:** Evaluate the existing levels of initial and continuing education for the existing levels of first responders and determine how they may be integrated with those of the franchised ambulance service to improve continuity and more cost effective opportunities.

**Task 11d:** Create a system-wide continuous quality improvement (CQI) program across all first response agencies that integrate with the CQI program of the franchised ambulance service to improve service delivery and patient outcomes.

**Task 11e:** Once all mechanisms are in place (initial training, continuing education, CQI, optimal location of resources, etc.) of existing resources, determine the need/value/economic feasibility of upgrading those resources to a higher level of care based on medical evidence based research.

**Task 12: Initiate discussions with the Washoe County Board of Health to develop a joint venture with its public safety partners, particularly the fire agencies to develop a new approach for EMS delivery.**



**Task 12a:** This can be a mid to long-term agenda item for the task force established in task 10a

**Task 13: Evaluate the operational requirements and re-design needed to accommodate inclusion of all EMS resources to the 800 megahertz radio system**

**Task 13a:** Determine the need and approaches for expandability/scalability of existing 800-megahertz radio systems.

**Task 13b:** Inventory existing equipment

**Task 13c:** Evaluate options for replacement of current equipment or modifications necessary for integration with existing systems.

**Task 13d:** Determine the necessity for REMSA to be on the 800 system and, if so, funding mechanisms or appropriate cost effective "work-around" to achieve this task.

Reno Nevada Project

No.	Recommendation	Fiscal Impact	Timeline	Responsibility	Outcomes
	<b>Governance</b>				
1	Regionalize fire services through the establishment of a unified fire agency	TBD	Long-term	Varies by task	Feasibility study completed and policy makers provide clear direction
2	Combine the County, Sierra, Truckee Meadows Fire Protection Districts and the City of Reno Fire Department through a Joint Powers Agreement (JPA) to form a regional fire department. (Recommendation S1.6)	TBD	Mid-term	County, cities, and individual fire districts	Joint Powers Agreement developed, approved and executed by all involved agencies
3	Should the Sierra Fire Protection District remain a standalone entity	TBD	Short-term	Outsource	Analyze pros and cons including a cost-benefit analysis and make determination
4	Conduct a fire station location study. Taking into account the jurisdictional boundaries of the new organization (assuming joint governance/combined organization). Preliminary analysis (fire station location study to include the City of Reno).	TBD	Short-term	Outsource	Comprehensive fire station location study completed
5	Regionally develop a long term fire station location and/or relocation (deployment) plan with the prime objective to site fire stations for more optimal response times to the region (assumption is a joint governance/combined organization).	TBD	Short-term	Outsource	Regional standards of cover and deployment plans developed
	<b>Interlocal Agreement ( these items may be addressed separate from Governance)</b>				
6	Re-negotiate the Interlocal Agreement for shared services that would include the Sierra Fire Protection District.	TBD	Short-term	WC, SF, T.M. Reno Staff	Re-negotiated Interlocal Agreement in place that is inclusive of Sierra FPD
7	Modify the Inter-Local Agreement during the next review (June 2010) or earlier to allow the Washoe County Commissioners to participate in the selection of future Fire Chiefs.	\$0	Short-term	WC, Reno Staff	Modification of Inter-Local Agreement completed by June of 2010. Washoe County Commission participate in future selection processes
8	Enhance the information flow to the Board of Commissioners of Truckee Meadows Fire Protection District operations by requiring the Fire Chief to attend all Board of Commissioners meetings.	\$0	Short-term	WC, Reno Staff	Fire Chief, or his designee attend Washoe County Commission meetings. Communications and exchange of information improved
9	Modify the Inter-Local Agreement during the next review (June 2010) or earlier to allow the Washoe County Commissioners the opportunity to review and provide input into future labor negotiations (those that have a direct impact on the level-of-service and costs for Washoe County).	\$0	Short-term	WC, Reno Staff	Modification of Inter-Local Agreement completed by June of 2010
	<b>Emergency Medical Services</b>				
10	Evaluate and assess the EMS delivery system in Washoe County.	Fiscal Impact TBD	Short-term	Responsibility Multi Stake Holder Task Force	Outcomes Evaluation of EMS delivery system complete. Improvements made to system as deemed necessary. Benchmarking metrics are established. Regular reporting to County is taking place.
11	Determine the best method to integrate the fire service into a more efficient EMS delivery model inclusive of Advanced Life Support Services.	TBD	Short-term	Health Dept	Integration of the fire service into EMS delivery model complete. Efficiency of system is improved.
12	Initiate discussions with the Washoe County Board of Health to develop a joint venture with its public safety partners, including fire agencies, on a new approach for EMS delivery.	TBD	Mid-term	WC and Health Dept Staff w/ Stake holders	Agreement developed, approved and executed by all involved agencies
13	Conduct an evaluation of the 800 megahertz radio system requirements and modifications required to accommodate inclusion of all EMS resources.	TBD	Short-term	WC T Comm Staff	Inclusion of all EMS resources in the 800 megahertz radio system
	<b>Volunteers</b>				
14	Develop a formula and adopt funding sources for Washoe County's Fire Suppression Program to fund volunteer fire departments. Determine training levels and provide training through the TMEFPD, SFPD, and the Washoe County Fire Suppression Program. (Recommendation S1.2 page 33)	Fiscal Impact TBD	Short-term	Responsibility WC, TM, SF Staff	Outcomes Volunteer fire departments are funded at a level necessary to deliver needed services to the community's served
15	Develop a program to assure all Washoe County volunteer fire department personnel receive training. Develop a plan for capturing apparatus maintenance records and for general administration. This may best be accomplished by blending those organizations that are currently not covered by the inter-local agreement into the existing agreement with Reno/Truckee Meadows (Recommendation S1.2 page 33).	TBD	Short-term	WC, TM, SF Staff	Training and other support functions are managed in a manner that ensures volunteers are competent and contributing based on community needs
16	Establish dispatch policies regarding the use of volunteer fire departments for Washoe/Reno 9-1-1 Center (Executive Summary page 11, Summary of key issues and recommendations page 12).	\$0	Short-term	WC, TM, SF Staff	Dispatch procedures and policies are in place that ensure maximum effectiveness in the utilization of volunteers

Reno Nevada Project

No.	Recommendation	Fiscal Impact	Timeline	Responsibility	Outcomes
	<b>Dispatch</b>				
17	Acquire a dispatch/RMS system capable of tracking emergency responses by census tract area, fracture response time, geo code, and interfacing with mobile data terminal/computers (for emergency response apparatus) and continuous quality improvement program.	TBD	Mid-term	Reno, WC, SF	Improvements in data capture improve the ability to determine efficiencies in deployment and response decisions
18	Acquire and deploy mobile data terminal/computers on all emergency all apparatus.	Completed for TM	Mid-term	Reno, WC, SF	Installation of MDT's on all vehicles completed
19	Develop and implement a continuous quality improvement program.	\$0	Short-term	WC, Reno, SF	Efficiencies in service to customers.
20	Develop a process for the dispatch of medical emergencies consistent with industry standards and implement a Emergency Medical Dispatching (EMD) program at ECOMM (including REMSA).	\$90,000	Short-term	Reno	Provide a consistently high level of pre-arrival medical care through the dispatch centers.
	<b>Facilities</b>				
21	Develop a local level-of-service and standards of response consistent with national standards and industry best practices.	Fiscal Impact \$0	Short-term	Responsibility WC, Reno, SF, Sparks, NLTFPD, TM	Develop and adopt a regional deployment and standard of covers plan.( TM, Sierra FPD and the county have completed SOCs)
22	Determine if consolidation of the existing location of the fire stations in Washoe Valley (TM/FPD and SFPD) will meet local standards of cover after completion of the bypass.	\$0	Short-term	WC, SF, TM	Assess impact of by-pass on standards of coverage and make necessary modifications to the plan
23	Identify funding to staff and equip the proposed Arrowcreek Fire Station (determination of need to be based on standards of cover).	TBD	Short-term	SF	Resource allocation study completed for the Arrowcreek Fire Station
24	Identify and acquire funding to make up the difference between FEMA grant and the potential cost of construction of the Arrowcreek Fire Station.	\$0	Short-term		
	<b>Federal Grants</b>				
25	Aggressively seek out and apply for federal grant funds (Executive Summary page 10).	Fiscal Impact \$0	Short-term	Responsibility WC, TM, Reno, SF	Outcomes The number and dollar value of grants received is increased within the Washoe County emergency services agencies
	<b>Prevention</b>				
26	Adopt the International Residential Building Code. Incorporate the requirement of automatic residential fire sprinklers for all new residential construction (single family homes).	Fiscal Impact \$0	Short-term	Responsibility WC Building Department	Outcomes Adoption of the International Residential Building Code complete. Life and property loss reduced
27	Adopt the wildland urban interface codes from the ICC and/or states having WUI building codes	\$0	Short-term	County Commission	Life and property loss reduced. Number of wildland fire incidents reduced.
28	Expand fire and life safety education programs for the community and local businesses	\$0	Mid-term	TM, Reno, SF, WC	Life and property loss reduced. Number of fire incidents reduced.
29	Expand company inspection programs.	\$0	Mid-term	TM/Reno, SF	Increase the total number of company inspections by 70% over the next 5 years.
30	Partnership with NDF for fuels management	\$0	Short-term	TM, SF, WC	Reduction in fuel loads in the interface areas.
31	Adopt the current International Fire Code (2009).	\$0	Short-term	County Commission	Countywide collaborative effort of fire and life safety for new construction and existing structures



No.	Recommendation	Tasks	Fiscal Impact	Timeline	Responsibility	Outcomes
1	Regionalize fire services through the establishment of a unified fire agency	<p><b>Task 1 a</b> Determine willingness to participate in and consider options for fire and EMS service</p> <p><b>Task 1 b</b> Determination of desired outcomes</p> <p><b>Task 1 c</b> Board directs staff to determine viability and feasibility of options</p> <p><b>Task 1 d</b> Complete an assessment and evaluation (side by side) of current fire and EMS system</p> <p><b>Task 1 e</b> Determine feasibility of all options for the delivery of fire and EMS services</p> <p><b>Task 1 f</b> If determined to be feasible present options and implementing strategies to the elected officials</p> <p><b>Task 1 g</b> Determining future governance, method of oversight, and direction of fire and EMS services via a facilitated discussion between the elected officials</p> <p><b>Task 1 h</b> Develop and provide educational information to policy makers on service delivery, deployment, and standards of cover</p>	0 0 0 TBD TBD TBD TBD TBD	Long-term	County, cities, and individual fire districts Project steering committee County Commission Outsource Outsource Outsource Third party facilitation Outsource	Feasibility study completed and policy makers provide clear direction
2	Combine the County, Sierra, Truckee Meadows Fire Protection Districts and the City of Reno Fire Department through a Joint Powers Agreement (JPA) to form a regional fire department. (Recommendation S1.6)			Mid-term	County, cities, and individual fire districts	Joint Powers Agreement developed, approved and executed by all involved agencies
3	Should the Sierra Fire Protection District remain a standalone entity	<b>Task 2 a</b>	0	Short-term		Analyze pros and cons including a cost benefit analysis and make determination
4	Conduct a fire station location study. Taking into account the jurisdictional boundaries of the new organization (assuming joint governance/combined organization). Preliminary analysis (fire station location study to include the City of Reno).	<b>Task 3 a</b>	TBD	Short-term	Outsource	Comprehensive fire station location study completed
5	Regionally develop a long term fire station location and/or relocation (deployment) plan with the prime objective to site fire stations for more optimal response times to the region (assumption is a joint governance/combined organization).	<b>Task 4 a</b>	TBD	Short-term	Outsource	Regional standards of cover and deployment plans developed
		<b>Task 5 a</b>	TBD		Outsource	

Attachment 2

Recommendation						
No.	Interlocal Agreement ( these items may be addressed separate from Re-negotiate the Interlocal Agreement for shared services that would include the Sierra Fire Protection District .	Tasks	Fiscal Impact	Timeline	Responsibility	Outcomes
6		<b>Task 6 a)</b> Determine willingness to participate in and consider options for fire and EMS service (time sensitive)	TBD	Short-term	WC, SF, T M, Reno Staff	Re-negotiated Interlocal Agreement in place that is inclusive of Sierra FPD
7		Modify the Inter-Local Agreement during the next review (June 2010) or earlier to allow the Washoe County Commissioners to participate in the selection of future Fire Chiefs.	\$0	Short-term	WC, Reno Staff	Modification of Inter-Local Agreement completed by June of 2010. Washoe County Commission participate in future selection processes
8		<b>Task 7 a)</b> Defer to County for inclusion in staff report (reference to Truckee Meadows Fire Protection District operations by requiring the Fire Chief to attend all Board of Commissioners meetings.	\$0	Short-term	WC, Reno Staff	Fire Chief, or his designee attend Washoe County Commission meetings. Communications and exchange of information improved
9		<b>Task 8 a)</b> Consider modifying recommendation to allow the fire chief to designate a representative to attend meetings	\$0	Short-term	WC, Reno Staff	Modification of Inter-Local Agreement completed by June of 2010
		<b>Task 9 a)</b> Modify the Inter-Local Agreement during the next review (June 2010) or earlier to allow the Washoe County Commissioners the opportunity to review and provide input into future labor negotiations (those that have a direct impact on the level-of-service and costs for Washoe)	\$0	Short-term	WC, Reno Staff	Modification of Inter-Local Agreement completed by June of 2010
		<b>Task 1 a)</b> Defer to County for inclusion in staff report (reference to Truckee Meadows Fire Protection District operations by requiring the Fire Chief to attend all Board of Commissioners meetings.				

Attachment 2

No.	Recommendation	Tasks	Fiscal Impact	Timeline	Responsibility	Outcomes
10	Evaluate and assess the EMS delivery system in Washoe County.	<p><b>Task 10 a</b> Appoint a task force of fire agency, emergency room physician group, citizens, elected official, nursing association, and REMSA to develop evaluation and assessment criteria</p> <p><b>Task 10 b</b> Determine outside agency best suited to conduct an inclusive and comprehensive performance audit of the EMS delivery system. Audit to include fiscal analysis (assets, legacy liabilities, revenues, expenditures).</p> <p><b>Task 10 c</b> Establish minimum level performance measures for the delivery of EMS</p> <p><b>Task 10 d</b> Establish benchmarking metrics and institute reporting structure and process for data sharing between all participants in the EMS system</p> <p><b>Task 10 e</b> Task force has responsibility for reporting findings to county, city, health and fire districts.</p>	TBD	Short-term	Multi Stake Holder Task Force	Evaluation of EMS delivery system complete. Improvements made to system as deemed necessary. Benchmarking metrics are established. Regular reporting to County is taking place.
11	Determine the best method to integrate the fire service into a more efficient EMS delivery model inclusive of Advanced Life Support Services (Tasks for recommendation 11 would be completed as an element of the tasks found in Recommendation 10)	<p><b>Task 11 a</b> Evaluate current EMS delivery system model</p> <p><b>Task 11 b</b> Determine level of service objectives in consultation with Medical Director</p> <p><b>Task 11 c</b> Determine need for additional personnel or advanced credentials/certifications in EMS and/or fire service</p> <p><b>Task 11 d</b> Evaluate and assess equipment and other logistical systems for potential efficiencies</p> <p><b>Task 11 e</b> Evaluate and assess training systems for potential collaborative efforts</p> <p><b>Task 11 f</b> Determine need for additional EMS station/unit locations and, if so, where</p> <p><b>Task 11 g</b> Determine if any existing EMS station/unit locations should be closed or relocated (conducted in conjunction with Task 11f)</p> <p><b>Task 11 h</b> Evaluate the feasibility of additional fire agencies (with approval of the County Board of Health) operating front-line ambulances simultaneously or the fire service serving as a back-up (tiered response)</p> <p><b>Task 11 i</b> Create a system-wide continuous quality improvement (CQI) program across all first response agencies</p>	TBD	Short-term	Health Dept	Integration of the fire service into EMS delivery model complete. Efficiency of system is improved.
12	Initiate discussions with the Washoe County Board of Health to develop a joint venture with its public safety partners, particularly the fire agencies to develop a new approach for EMS delivery.	<p><b>Task 12 a</b> Based on outcomes of recommendation 10 and 11 (above)</p> <p><b>Task 12 b</b> Determine need for coordinated and transparent EMS between service delivery providers</p> <p><b>Task 12 c</b> Evaluate alternative methods of EMS delivery</p>	TBD	Mid-term	WC and Health Dept Staff w/ Stake holders	Agreement developed, approved and executed by all involved agencies

Attachment 2

No.	Recommendation Emergency Medical Services	Tasks	Fiscal Impact	Timeline	Responsibility	Outcomes
13	Evaluate the operational requirements and re-design needed to accommodate inclusion of all EMS resources to the 800 megahertz radio system	<p><b>Task 13 a</b> Determine expandability/scalability of existing 800 megahertz radio system</p> <p><b>Task 13 b</b> Inventory existing equipment</p> <p><b>Task 13 c</b> Evaluate options for replacement of current equipment or modifications necessary for integration with existing systems</p> <p><b>Task 13 d</b> Verify benefits and if appropriate, negotiate modification to franchise agreement to include REMSA on the 800 megahertz radio system</p>	TBD	Short-term	WC, T Comm Staff	Inclusion of all EMS resources in the 800 megahertz radio system



Attachment 2

No.	Recommendation	Tasks	Fiscal Impact	Timeline	Responsibility	Outcomes
14	Develop a formula and adopt funding sources for Washoe County's Fire Suppression Program to fund volunteer fire departments. Determine training levels and provide training through the TMFPD, SFPD, and the Washoe County Fire Suppression Program (Recommendation S1.2 page 33)	Expand recommendation to include all volunteer fire departments in Washoe County including TMFPD and Continue the process of establishing clear definition of role and utilization of suppression and support volunteers <ul style="list-style-type: none"> <li>• Safety</li> <li>• Need</li> <li>• Reliability</li> <li>• Efficiency</li> <li>• Sustainability</li> <li>• Policies and procedures, accountability, responsibilities and authority, training standards</li> <li>• Achievable and sustainable performance</li> <li>• Accepted and supported as part of delivery system</li> </ul>	TBD	Short-term	WC, TM, SF Staff	Volunteer fire departments are funded at a level necessary to deliver needed services to the community's served Establish funding and funding criteria for volunteer program
15	Develop a program to assure all Washoe County volunteer fire department personnel receive training. This may best be accomplished by blending those organizations that are currently not covered by the Inter-local agreement into the existing agreement with Reno/Truckee Meadows (Recommendation S1.2 page 33).	<p><b>Task 14 a</b></p> <ul style="list-style-type: none"> <li>• Identify number of volunteer positions to be funded</li> </ul> <p><b>Task 14 b</b></p> <ul style="list-style-type: none"> <li>• Develop and administer specific policy on dispatching and</li> </ul> <p><b>Task 14 c</b></p> <ul style="list-style-type: none"> <li>• Develop a plan for capturing apparatus maintenance records and for general administration. This may best be accomplished by blending those organizations that are currently not covered by the Inter-local agreement into the existing agreement with Reno/Truckee Meadows (Recommendation S1.2 page 33).</li> </ul> <p><b>Task 15 a</b></p> <ul style="list-style-type: none"> <li>• Governance to be covered under governance recommendation (parent organization)</li> </ul> <p><b>Task 15 b</b></p> <ul style="list-style-type: none"> <li>• Assure continuation of current efforts in the management</li> <li>• Planning and scheduling activities</li> <li>• Determining roles and assignments</li> <li>• Coordinating recruitment efforts</li> <li>• Screening and testing volunteers</li> <li>• Providing for orientation of volunteers</li> <li>• Maintaining records and reports</li> <li>• Provide for logistical support of programs</li> <li>• Preparing and managing the programs budget</li> <li>• Evaluating future needs of program and members</li> <li>• Counseling and debriefing</li> <li>• Liaison with career members, staff and administration</li> </ul>	TBD	Short-term	WC, TM, SF Staff	Training and other support functions are managed in a manner that ensures volunteers are competent and contributing based on community needs
16	Establish dispatch policies regarding the use of volunteer fire departments for Washoe/Reno 9-1-1 Center (Executive Summary page 11, Summary of key issues and recommendations page 12).	<p><b>Task 16 a</b></p> <ul style="list-style-type: none"> <li>• Included with Recommendation 14</li> </ul>	0	Short-term	WC, TM, SF Staff	Dispatch procedures and policies are in place that ensure maximum effectiveness in the utilization of volunteers



Attachment 2

No.	Recommendation	Tasks	Fiscal Impact	Timeline	Responsibility	Outcomes
17	Dispatch Acquire a dispatch/RMS system capable of tracking emergency responses by census tract area, facilitate response time, geo code, and interfacing with mobile data terminal/computers (for emergency response apparatus) and continuous quality improvement program.	<p><b>Task 17 a</b> Support the effort of the Regional Operations Communications Committee (ROCC) to establish a centralized dispatch facility in northern Nevada</p> <p><b>Task 17 b</b> The recommendation is specific to dispatch communication centers that lack the capability to capture and report data for analytical purposes</p> <p>Define requirements for data collection, report requirements, and analytical processes</p> <ul style="list-style-type: none"> <li>• i.e. specific request for information, monthly reporting, quarterly reporting, and specific measurement areas</li> <li>• i.e. responses by specific response area, census tract, city code, incident type code, etc.</li> <li>• Response time calculations (Examples: Call entry to dispatch time, unit response time from field unit notification to unit on scene)</li> <li>• Types of calculations required: median, mean, fractile, average</li> </ul> <p><b>Task 17 c</b> Determine reporting software options and ability to meet requirements</p> <ul style="list-style-type: none"> <li>• CAD Vendor</li> <li>• Off-the-shelf software</li> <li>• Custom software solution</li> </ul> <p><b>Task 17 d</b> Develop and administer specific policy on dispatching and utilizing volunteers</p>	TBD	Mid-term	Reno, WC, SF	Improvements in data capture improve the ability to determine efficiencies in deployment and response decisions.
18	Acquire and deploy mobile data terminal/computers on all emergency all apparatus.	<p><b>Task 18 a</b> Define Mobile Data Computer (MDC) functionality required</p> <p><b>Task 18 b</b> Align MDC plans for all emergency service providers</p> <p>Include AVL (automatic vehicle locator) as an element of dispatch process (in process with two of the agencies)</p> <ul style="list-style-type: none"> <li>• Complete site visits to determine fit for the agencies and for the communications center</li> </ul> <p><b>Task 18 c</b> Determine additional units to be equipped</p> <p><b>Task 18 d</b> Determine hardware and software requirements</p> <p><b>Task 18 e</b> Determine estimated costs</p> <p><b>Task 18 f</b> Secure funding</p>	Completed for TM	Mid-term	Reno, WC, SF	Installation of MDT's on all vehicles completed
19	Develop and implement a continuous quality improvement program.	<p><b>Task 19 a</b> Establish specific user group by discipline to assess operational concerns.</p> <p><b>Task 19 b</b> Establish a formal service inquiry policy, for submittal, investigation, findings and reporting processes.</p> <p><b>Task 19 c</b> Establish a formal QI Program (Policy establishing process, review criteria, reporting etc.)</p> <p><b>Task 19 d</b> Establish a citizen/public feedback mechanism.</p>	0	Short-term	WC, Reno, SF	Efficiencies in service to customers.
20	Develop a process for the dispatch of medical emergencies consistent with industry standards and implement an Emergency Medical Dispatching (EMD) program at ECOMM (including REMSA).	<p><b>Task 20 a</b> Establish a communications task force (Fire, REMSA, ECOMM, Medical Providers, Medical Advisory)</p>	90,000	Short-term	Reno	Provide a consistently high level of pre-arrival medical care through the dispatch centers.

Attachment 2

No.	Recommendation Dispatch	Tasks	Fiscal Impact	Timeline	Responsibility	Outcomes
	<p><b>Task 20 b</b></p>	<p>Determine EMD Program best suited for the agency based on medical support (MPDS, APCO, PowerPhone) (Review available EMD/EPD/IEFD programs giving priority to the system being used at the Sheriff's center for cost avoidance)</p>				
	<p><b>Task 20 c</b></p>	<p>Fund and allocate capital and operating expenses</p>				
	<p><b>Task 20 d</b></p>	<p>Upon determination of Program, begin Medical Advisory Process</p> <ul style="list-style-type: none"> <li>• Draft Program Policy and Guidelines</li> <li>• Begin staff training</li> <li>• Coordinate QI with tasks in 19</li> <li>• Establish Operating Policies</li> <li>• Establish Implementation Date, with review periods, to measure progress.</li> </ul>				

Attachment 2

No.	Recommendation Facilities	Tasks	Fiscal Impact	Timeline	Responsibility	Outcomes
21	Develop a local level-of-service and standards of response consistent with national standards and industry best practices.	Recommendation 21 is linked to governance and deployment.	0	Short-term	WC, Reno, SF, Sparks, NLTPD, TM	Develop and adopt a regional deployment and standard of covers plan.( TM, Sierra FPD and the county have completed SOCs)
22	Determine if consolidation of the existing location of the fire stations in Washoe Valley (TMFPD and SFPD) will meet local standards of cover after completion of the bypass.	<p><b>Task 21 a</b></p> <p>Economic and response changes make it advisable to complete a standards of cover for the entire county Objectively and quantitatively analyze the relationship between existing or proposed fire station locations, equipment, and the fire department's capacity and capabilities.</p> <ol style="list-style-type: none"> <li>1. Existing deployment</li> <li>2. Risk identification</li> <li>3. Risk expectations</li> <li>4. Service level objectives</li> <li>5. Distribution</li> <li>6. Concentration</li> <li>7. Performance and reliability</li> <li>8. Overall evaluation</li> </ol> <p>Criterion include:</p> <ul style="list-style-type: none"> <li>• Travel Distance – Extent of travel distance from a fire station</li> <li>• 1.5 miles or greater</li> <li>• Response Time Parameter</li> </ul> <p><b>Task 22 a</b></p> <ol style="list-style-type: none"> <li>1. Performance requirements</li> </ol> <p><b>Task 22 b</b></p> <ol style="list-style-type: none"> <li>a. Arrive at the scene of an emergency within five minutes of travel time, 90 percent of the time</li> <li>b. Deliver an effective firefighting force within 10 minutes, 90 percent of the time</li> </ol> <ul style="list-style-type: none"> <li>• Call volume</li> <li>• Unit Hour Utilization</li> <li>• Call Concurrency</li> <li>• Out of Area Calls</li> </ul> <ol style="list-style-type: none"> <li>1. Response failure inability to respond to 80 to 90 percent of the calls within the first-due area</li> </ol> <ul style="list-style-type: none"> <li>• Building/Risk Inventory</li> </ul> <p><b>Task 22 b</b></p> <p>There are several other steps to identifying if an existing or new fire station is required. They consist of:</p> <ul style="list-style-type: none"> <li>• Identifying areas with minimum coverage</li> <li>• Identifying feasible locations for a new facility</li> <li>• Evaluating those locations using specific criteria</li> </ul>	0	Short-term	WC, SF, TM	Assess impact of by-pass on standards of coverage and make necessary modifications to the plan
23	Identify funding to staff and equip the proposed Arrowcreek Fire Station (determination of need to be based on standards of cover).	<b>Task 23 a</b> Identify funding mechanisms	TBD	Short-term	SF	Resource allocation study completed for the Arrowcreek Fire Station

Attachment 2

No.	Recommendation Facilities	Tasks	Fiscal Impact	Timeline	Responsibility	Outcomes
	<b>Task 23 b</b>	Identify potential staffing options Identify SFPD only staffing options Identify cost sharing options with TMFPD and/or City of Reno (this task is linked to governance) Select staffing option				
	<b>Task 23 c</b>	Identify equipment and apparatus options Identify SFPD only equipment and apparatus options Identify cost sharing options with TMFPD and/or City of Reno (this task is linked to governance) Select equipment and apparatus options				
24	Identify and acquire funding to make up the difference between FEMA grant and the	potential cost of construction of the Arrowcreek Fire developer property designated for fire station and split proceeds		Short-term	0	0
	<b>Task 24 a</b>	Execute agreement between developer and county to sell developer property designated for fire station and split proceeds				
	<b>Task 24 b</b>	Move to seek bids to determine actual cost of construction				
	<b>Task 24 c</b>	Begin construction *Task added at the request of Sierra Fire Protection District				

Attachment 2

No.	Recommendation Federal Grants	Tasks	Fiscal Impact	Timeline	Responsibility	Outcomes
25	Aggressively seek out and apply for federal grant funds (Executive Summary page 10).		0	Short-term	WC, TM, Reno, SF	The number and dollar value of grants received is increased within the Washoe County emergency services agencies
		<i>Task 25 a</i> Each agency should appoint a grant coordinator to oversee all grant applications and ensure submission and reporting compliance				
		<i>Task 25 b</i> Coordinate grant applications between public safety agencies in Washoe County				
		<i>Task 25 c</i> Gather information available on local, state, and federal grant programs related to the fire service				
		<i>Task 25 d</i> Gather information available on private foundation grants available to the fire service				
		<i>Task 25 e</i> Develop annual timeline for grant application deadlines				



Attachment 2

No.	Recommendation Prevention	Tasks	Fiscal Impact	Timeline	Responsibility	Outcomes
26	Adopt the International Residential Building Code. Incorporate the requirement of automatic residential fire sprinklers for all new residential construction (single family homes).	<p><b>Task 26 a</b> Encourage the adoption of the International Building Code (2009), include an amendment for automatic residential sprinklers in one and two family dwellings and townhouses over 1,200 square feet.</p> <p><b>Task 26 b</b> Provide information to local government leaders on the merits of the adoption process.</p> <p><b>Task 26 c</b> Provide information to the public on the economic, safety, and risk reduction benefits.</p>	0	Short-term	WC Building Department	Adoption of the International Residential Building Code complete. Life and property loss reduced
27	Adopt the wildland urban interface codes from the ICC and/or states having WUI building codes	<p><b>Task 27 a</b> Complete adoption process for the 2009 International Wildland-Urban Interface Code</p> <p><b>Task 27 b</b> Staff members attend WUI conference Reno, March 2010 and other related activities</p> <p><b>Task 27 c</b> Provide funding to update the "Resource Concepts, Inc" 2004 report (Note: Portions of Washoe County have the highest risk in Nevada)</p> <p><b>Task 27 d</b> Incorporate a program for involving the community in emergency preparedness based on the VIP model</p>	0	Short-term	County Commission	Life and property loss reduced. Number of wildland fire incidents reduced.
28	Expand fire and life safety education programs for the community and local businesses	<p><b>Task 28 a</b> Determine key concepts on safety and risk reduction to be delivered in the form of education to key leaders within the county, local community leaders and the public in general</p> <p><b>Task 28 b</b> Review and enhance current public education programs within the county to bring as current as possible addressing fire safety</p> <p><b>Task 28 c</b> Conduct bi-annual educational community events to leverage educational opportunities within the county, engaging participation from federal, state and local agencies</p> <p><b>Task 28 d</b> Maximize media outlets for broadcast education supporting public outreach.</p> <p><b>Task 28 e</b> Offer one on one meetings with residents and business and/or property owners</p> <p><b>Task 28 f</b> Seek alternative funding and methods for the delivery of fire and life safety programs</p>	0	Mid-term	TM, Reno, SF, WC	Life and property loss reduced. Number of fire incidents reduced.
29	Expand company inspection programs.	<p><b>Task 29 a</b> Determine number, type, location of occupancies, properties to perform annual inspections</p> <p><b>Task 29 b</b> Implement fire company level fire prevention training programs</p> <p><b>Task 29 c</b> Implement annual inspection cycles</p> <p><b>Task 29 d</b> Utilize an RMS system to track and maintain inspections findings, and records</p> <p><b>Task 29 e</b> Coordinate inspection activities with community wildfire program efforts.</p> <p><b>Task 29 f</b> Examine patrolling strategies</p> <p><b>Task 29 g</b> Pre-incident attack plans for at risk communities and areas</p>	0	Mid-term	TM/Reno, SF	Increase the total number of company inspections by 10% over the next

Attachment 2

No.	Recommendation Prevention	Tasks	Fiscal Impact	Timeline	Responsibility	Outcomes
30	Partnership with NDF for fuels management	<p><i>Task 30 a</i> Continue to enhance Interlocal Agreements with NDF addressing key issues/concerns on safety and improving risk reduction</p> <p><i>Task 30 b</i> Improve fire education and community coordination efforts relative to fuel management and defensible space control</p> <p><i>Task 30 c</i> Explore grant opportunities to enhance a partnership program efforts</p> <p><i>Task 30 d</i> Engage with NDF to examine methods to deliver and provide more robust fuels management programs</p>		Short-term	TM, SF, WC	Reduction in fuel loads in the interface areas.
31	Adopt the current International Fire Code (2009).	<p><i>Task 31 a</i> Invite participation of stakeholders to prepare and develop local amendments to the IFC</p> <p><i>Task 31 b</i> Prepare a single set of local amendments to the IFC that is acceptable to all Washoe County stakeholders</p> <p><i>Task 31 c</i> Prepare resolution adopting IFC for the County, cities, and fire districts</p> <p><i>Task 31 d</i> Print and distribute IFC with amendments</p>		Short-term	County Commission	Countywide collaborative effort of fire and life safety for new construction and existing structures



# WASHOE COUNTY COMMISSION

"Dedicated to Excellence in Public Service"

1001 E. 9th Street  
P.O. Box 11130  
Reno, Nevada 89520-0027  
Phone (775) 328-2005  
Fax (775) 328-2037  
www.washoecounty.us

June 28, 2010

Denis Humphreys, OD  
Chairman, District Board of Health  
Washoe County Health Department  
P.O. Box 11130  
Reno, Nevada 89520

Dear Chairman Humphreys:

As you may be aware, the Sierra Fire Protection District and Washoe County have been working to develop a Fire and Fire Based EMS Master Plan. At the June 22, 2010 County Commission Meeting, action was taken to accept the Master Plan related Action Plan and staff received direction related to numerous recommendations, as well as the following action taken that relates to the District Board of Health:

**3. Emergency Medical Services items #10, 11, 12 and 13 and the associated tasks fall under the authority of the District Board of Health. Staff recommends that these items be referred to the District Board of Health with a request that they consider addressing the topics and related tasks and that the County Fire Services Coordinator be appointed as the Board's liaison to District Board of Health for the purpose of these topics. The County Fire Services Coordinator shall provide routine updates to the Board as to the progress of the tasks.** Copies of the staff report and action plan are attached for your reference.

The County Commission respectfully requests your Board accept this referral and consider taking action consistent with the items and their related tasks. As you can see from the direction above, Kurt Latipow, Washoe County's Fire Services Coordinator, has been appointed by the County Commissioners to serve as our Liaison to your Board for EMS recommendations and tasks. Mr. Latipow can be contacted at (775) 328-2716 or [klatipow@washoecounty.us](mailto:klatipow@washoecounty.us).

Thank you in advance for your consideration of this request and we look forward to the District Board of Health's assistance with this very important project.

Sincerely,

A handwritten signature in black ink, appearing to read "David E. Humke".

David E. Humke, Chairman  
Washoe County Commission

DEH/mo

Enc.

cc: Mary A. Anderson, MD, MPH  
Washoe County Commission  
Katy Simon, County Manager



**TIMELINES FOR SOLID WASTE MANAGEMENT REGULATIONS**

***COMPOSTING (SECTION 055) + DEFINITIONS REVISION (SECTION 010)***

- DRAFT COMPLETE – July 9, 2010 (*completed 07/12/10*)
- DRAFT SENT TO STAKEHOLDERS – July 15, 2010 (*sent 07/22/10*)
- PUBLIC NOTICE FOR WORKSHOP COMPLETE – July 30, 2010 (*completed 07/22/10*)
- PUBLIC WORKSHOP – August 25, 2010 (6-8PM)
- NOTICE FOR PUBLIC HEARING COMPLETE – July 30, 2010
  - Run notice on August 16, 18 and 24
- PUBLIC HEARING BEFORE DBoH – September 23, 2010

***LANDFILL (SECTION 064) + BEAR MODIFICATIONS***

- DRAFT COMPLETE – August 27, 2010
- DRAFT SENT TO STAKEHOLDERS – September 3, 2010
- PUBLIC NOTICE FOR WORKSHOP COMPLETE – September 17, 2010
- PUBLIC WORKSHOP – October 6 (3-5PM) and 7 (6-8PM), 2010
- NOTICE FOR PUBLIC HEARING COMPLETE – September 28, 2010
  - Run notice on October 14, 15, 18
- PUBLIC HEARING BEFORE DBoH – November 18, 2010

***WASTE TIRE (SECTION 085)***

- DRAFT COMPLETE – October 4, 2010
- DRAFT SENT TO STAKEHOLDERS – October 18, 2010
- PUBLIC NOTICE FOR WORKSHOP COMPLETE – October 25, 2010
- PUBLIC WORKSHOP – December 8, 2010 (6-8PM)
- NOTICE FOR PUBLIC HEARING COMPLETE – December 7, 2010
  - Run notice December 16, 20 and 21
- PUBLIC HEARING BEFORE DBoH – January 27, 2011

***PUBLIC HEALTH NUISANCE/HAZARD REGULATIONS***

- DRAFT COMPLETE – January 7, 2011
- INTERNAL REVIEW – January 7 – February 7, 2011
- DRAFT SENT TO CABs, NABs – February 14, 2011
- PUBLIC NOTICE FOR WORKSHOP COMPLETE – February 18, 2011
- PUBLIC WORKSHOP – March 8, 9, 2011
- NOTICE FOR PUBLIC HEARING COMPLETE – March 23, 2011
  - Run notice April 11, 12, and 14, 2011
- PUBLIC HEARING BEFORE DBoH – May 26, 2011
-

Administrative Enforcement Process will be developed concurrent with this process.

***ADMINISTRATIVE ENFORCEMENT PROCESS (For use in all regulations regarding public health nuisance/ hazard)***

- See dates for Public Health Nuisance/ Hazard Regulations

DBOH Item # 12.  
July 22, 2010



U.S. Department of Health and Human Services  
Office of Public Health and Science  
Office of the Surgeon General

# Washoe County Medical Reserve Corps

July 22, 2010  
District Board of Health





## Be prepared

Every disaster holds evidence of the human capacity to do better...



## Preparation saves lives!

- On 9/11 Rick Rescorla, head of security for Morgan Stanley and a decorated Vietnam veteran, sang songs into a bullhorn to keep people moving.
- He had spent years training the company's 2,700 employees to get out fast in an emergency.
- Rescorla taught Morgan Stanley employees to save themselves. It's a lesson that we hear over and over from the experts.



**Rick Rescorla**  
Head of Security for  
Morgan Stanley on  
September 11th





When the tower collapsed, only 13 Morgan Stanley colleagues – including Rescorla and four of his security officers-- were inside.

The other 2,687 were safe.



FDNY firefighter ascends stairwell at WTC as others evacuate

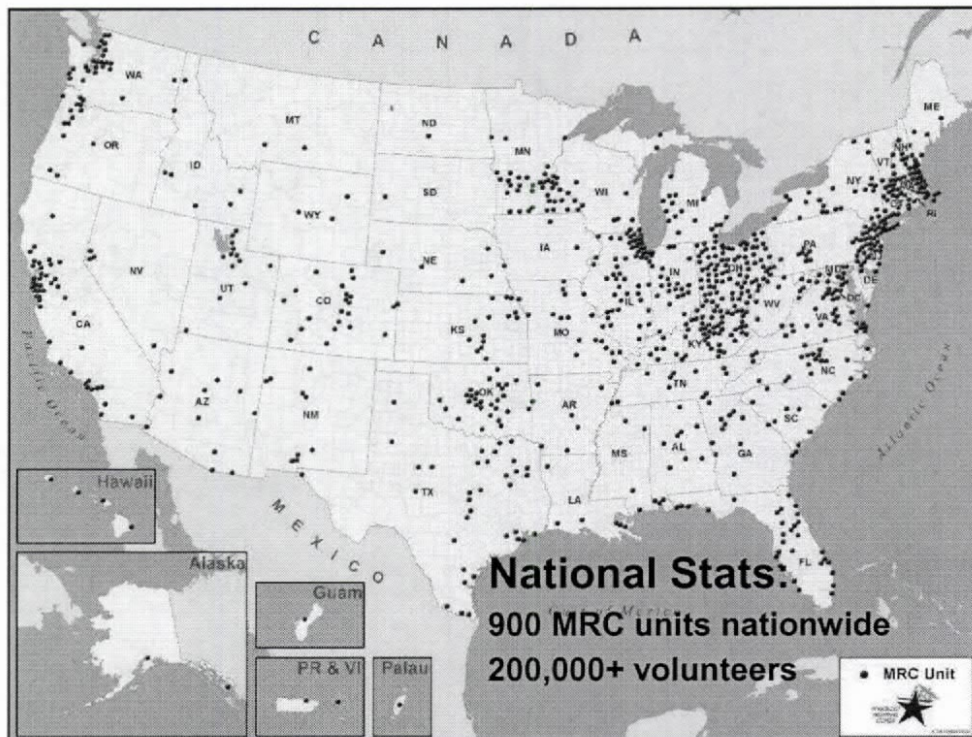




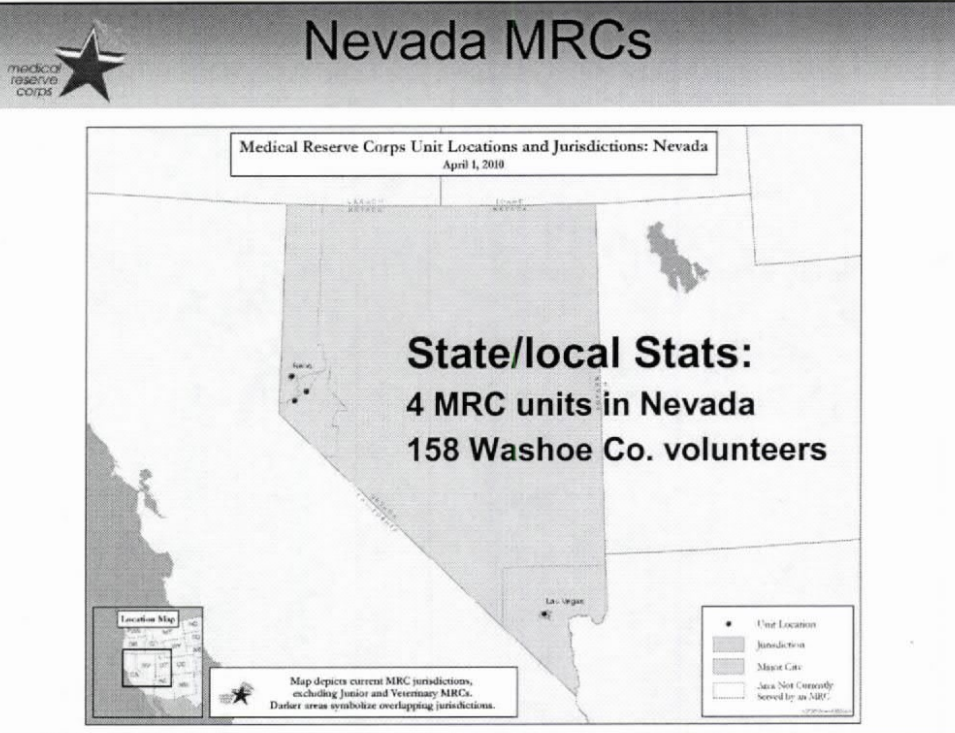
## MRC Mission Statement

Created in the wake of 9/11, its purpose is:

1. Engage a national network of medical and non-medical volunteers who are
  - *Pre-screened - background checked*
  - *Credentialed - current licensure*
2. Strengthen public health infrastructure, emergency response and community resilience







**2007 Strategic Plan**

MRC goals outlined in the 2007 Strategic Plan:

- Recruit  $\leq 25$  licensed healthcare providers
- Recruit  $\leq 50$  non-medical volunteers
- Provide training for all new volunteers on: MRC orientation, NIMS, alert/staging process, CPR & First Aid, deployment and redeployment
- Newsletter to aid recruitment/retention
- Conduct a Recognition Program
- Incorporate MRC into exercises/drills



## 2010 Achieving our Goals

- 2010 MRC has 158 members
  - 45 registered nurses
  - 5 doctors
  - 4 pharmacists
  - 4 mental health counselors
  - 13 emergency medical specialists
  - 25 other medical personnel
  - 62 logistics/administrative support personnel



## Surgeon General

MRC is aligned with the plans and priorities of the OSG

- Maximize limited medical resources: **Recruit**
- Improve community's response: **ICS & NIMS**
- Develop community's resiliency: **Preparation**
- Enhance recovery efforts: **Training and cooperation**



Dr. Regina Benjamin  
U.S. Surgeon General





## Value of the MRC

- H1N1 first large scale MRC deployment

(6 weeks: 10/17-12/07)

1. 148 medical hours  
@ \$25.81 = \$3,807\*
2. 312 non-medical hrs  
@ \$16.02 = \$5,002\*
3. Total in-kind ≈ \$8,809\*
4. 23,000 H1N1 vaccines  
October through May



\* Value does not include standard FTE costs of benefits, overhead and office space



## Basic Training

### Classes and training seminars



- Ana-Marie Jones – Public Health Preparedness
- Dr. Jay Jeffers – Psychological First Aid



- CPR & First Aid
- ICS 100, 200, 700



## Expanded Training Needed

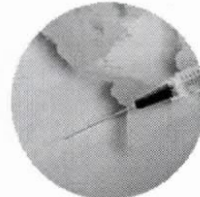
- **Drills**



- **Exercises**



**Floods, Wildfires, Earthquakes, Pandemics**



## Expanding MRC's Potential



- Free blood pressure clinics at the Senior Centers and area events

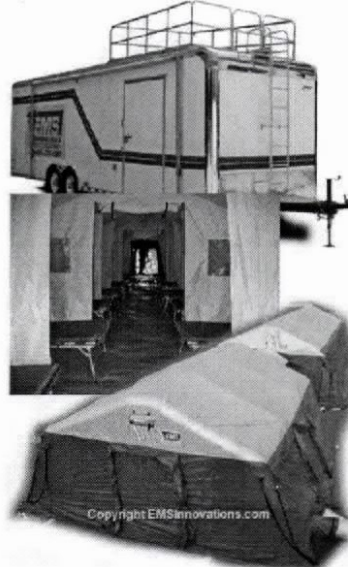
- Forecasting and vaccination prep for Kindergarten Round-up, 7<sup>th</sup> Grade D-tap, etc.





## Expanding MRC's Support

- Disaster shelters



- 20-bed portable Alternate Care Site



## Maximizing Resources

- The MRC is an existing part of the healthcare infrastructure
- MRC volunteers are a goldmine of experience, skills, knowledge and abilities
- MRC has dynamic capabilities – utilize to the extent possible
- Train them; deploy them; recognize their efforts





## Insurance for MRC

- Workers' Compensation
  - BCC approval
  - Application to Nevada Division of Industrial Relations
  - Roster



## Insurance for MRC

- Workers' Compensation
  -  BCC approval – April 27
  - Application to Nevada Division of Industrial Relations
  - Roster



## Insurance for MRC

- Workers' Compensation
  - ✓ BCC approval – April 27
    - Application to Nevada Division of Industrial Relations
  - ✓ Roster



## Insurance for MRC

- Workers' Compensation
  - ✓ BCC approval – April 27
  - ? Application to Nevada Division of Industrial Relations
  - ✓ Roster



## Insurance for MRC

- Liability Coverage
  - Volunteers
    - Volunteer Protection Act of 1997
    - NRS 41
  - County
    - Volunteers indemnify – Current
    - County purchase of coverage – Proposed
      - Estimated cost \$5,000
      - BCC vote to discuss further at future meeting



## Insurance for MRC

Mitigation of Liability for Health District Activities	
Employees	Volunteers
Screen	
Verify Credentials	
Background Check	
Training	



## Insurance for MRC

### Mitigation of Liability for Health District Activities

<b>Employees</b>	<b>Volunteers</b>
Screen	Screen
Verify Credentials	Verify Credentials
Background Check	Background Check
Training	Training



## Insurance for MRC

- Routine deployments
  - Flu shots
  - Blood pressure checks
- Emergency Deployments
  - Mass dispensing
    - Vaccine
    - Other medications
  - Treatment – Most likely under NRS 414 declaration



## Insurance for MRC

### NRS 414.110 Immunity and exemption.

1. **All functions under this chapter** and all other activities relating to emergency management are hereby declared to be governmental functions. **Neither the State nor any political subdivision thereof** nor other agencies of the State or political subdivision thereof, nor **except in cases of willful misconduct, gross negligence, or bad faith**, any worker complying with or reasonably attempting to comply with this chapter, or any order or regulation adopted pursuant to the provisions of this chapter, or pursuant to any ordinance relating to any necessary emergency procedures or other precautionary measures enacted by any political subdivision of the State, **is liable for the death of or injury to persons, or for damage to property, as a result of any such activity.** The provisions of this section do not affect the right of any person to receive benefits to which he or she would otherwise be entitled under this chapter, or under the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS, or under any pension law, nor the right of any such person to receive any benefits or compensation pursuant to any act of Congress.

[11:293:1953]—(NRS A 1983, 173; 1999, 236, 1247)



## Insurance for MRC

- Barriers to full deployment
  - Workers' Compensation
    - Status of application to State
  - Indemnification language in volunteer agreement
    - Removal due to minimal risk
    - Removal due to purchase of additional insurance to cover the County





## Contact Information

Betsy Hambleton, APR  
Program Coordinator,  
Washoe County Volunteer Medical Reserve Corps

WCHD, Bldg. B  
1001 E. 9<sup>th</sup> St.  
Reno, NV 89512  
(775) 328-6111  
bhambleton@washoecounty.us  
[www.mrcwashoe.org](http://www.mrcwashoe.org)



## DISTRICT HEALTH DEPARTMENT

July 13, 2010

### MEMORANDUM

**To:** Members, Washoe County District Board of Health

**From:** Randall L. Todd, DrPH  
Epidemiology and Public Health Preparedness (EPHP) Director

**Subject:** Report to the District Board of Health, July 2010

#### **Communicable Disease –**

Communicable Disease staff have had to deploy two weekends in a row (including the 4<sup>th</sup> of July weekend) in response to a reported case of meningococemia. This is potentially life-threatening disease that requires timely notification and medical prophylaxis of close contacts. The first case involved a large number of contacts. The second case involved fewer contacts but was diagnosed post mortem.

Senior Epidemiologist, Dr. Lei Chen, has been working closely with area hospitals to develop a special surveillance system for multidrug resistant bacteria with specific patterns of resistance to certain classes of drugs. This project became important to hospitals after an initial scare with regard to a highly drug-resistant organism with an enhanced ability to transfer its resistance pattern to other species of bacteria. Fortunately, this situation turned out to be a false positive. However, it did serve to heighten the awareness of local hospitals and encouraged the development of enhanced surveillance.

#### **Public Health Preparedness (PHP) Activities –**

Phil Ulibarri has transferred from the CCHS Division to fill the position of Public Information Officer. This is a critical position within the PHP program that helps to assure the Health Districts continued ability to move information to the public during emergency situations. Mr. Ulibarri is replacing Judy Davis in this position.

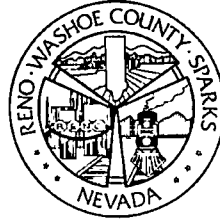
PHP staff have conducted the Initial Planning Conference in preparation for the 2010 Point of Dispensing (POD) exercise. This continues to be an important component of the Health Districts overall readiness to dispense medication or vaccine to large numbers of people in a short amount of time. Each year, in addition to dispensing influenza vaccine different facets of the mass dispensing problem are identified, placed under stress, and tested. The specific issues addressed usually arise from problems or issues identified during previous POD

exercises. One of the issues this year will involve attempting to apply lessons learned during H1N1 to line control both for walk-through and drive-through operations. Another task will be to build on previous internet outage scenarios to further test the ability of the Amateur Radio Emergency Service (ARES) to provide alternate access to WebEOC using digital radio equipment during POD operations.

*Randall L. Todd*

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Randall L. Todd, DrPH, Epidemiology and Public Health Preparedness Director



# Washoe County Health District

## ENVIRONMENTAL HEALTH SERVICES DIVISION

DATE: July 14, 2010  
TO: District Board of Health Members  
FROM: Robert O. Sack, Division Director of E.H.S.  
SUBJECT: Division Director's Report – Environmental Health Services  
**AGENDA ITEM NO. 17.C.**

### **VECTOR-BORNE DISEASES PREVENTION PROGRAM**

High temperatures bring out picnics, water sports, softball games and the perfect climate for arboviruses to incubate. According to Scott Monsen, Program Coordinator, constant high temperatures and an extremely high adult mosquito population are the two elements needed for the perfect storm of viruses. Viruses such as West Nile, Western Equine Encephalitis and St. Louis Encephalitis appear in the bird, horse and human populations, thanks to the mosquito vector.

Currently, Vector staff has found very high mosquito populations in both the Spanish Springs area and the Damonte Ranch area. Both areas continue to be treated with larvicide and adulticide in an effort to keep the biting adult mosquito population down. EHS will immediately alert our citizens should any virus be found and we continue to remind people to be proactive by using mosquito repellent.

### **ILLEGAL VENDORS**

The warm weather will bring increased problems with illegal vendors, which continues to grow each year. Staff continues to work with the community to develop a program which will provide guidance for individuals who wish to use single vending carts. Staff is also working to provide a more permanent presence in the high traffic areas where these vendors work, in an attempt to curb this type of illegal business.

### **SPECIAL EVENTS**

The Special Events Program is on track to reach a record number of permits issued and venues inspected, following the course set in previous years. Several thousand permits are issued for each and every special and/or outdoor event held in Washoe County each year. Currently, there are three positions assigned full-time to this program. Other staff participates when necessary, including inspecting events like Hot August Nights and the Best in The West Rib Cook-Off.

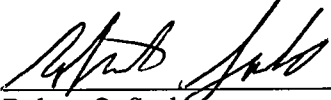
Agenda Item No. 16.C.  
July 14, 2010  
Page Two

**POOLS AND SPAS**

The State of Nevada is poised to adopt new regulations pertaining to public pools and spas, which WCHD staff believes will benefit our community and tourist population.

**PUBLIC INFORMATION AND OUTREACH**

Staff continues to promote the “iRefill” program, which encourages the use of refillable bottles instead of single-use plastic bottles. Approximately 60 million single-use plastic bottles are used in the US every day, with only a small portion going to recycling.

  
\_\_\_\_\_  
Robert O. Sack  
Division Director  
Environmental Health Services Division  
ROS:sn




# WASHOE COUNTY HEALTH DISTRICT

## AIR QUALITY MANAGEMENT DIVISION



**Public Health**  
Prevent. Promote. Protect.

**Date:** July 22, 2010  
**To:** District Board of Health  
**From:** Andrew Goodrich, Director, Air Quality Management   
**Re:** Monthly Report for Air Quality Management  
**Agenda Item:** 17.D.

The enclosed Air Quality Management Division Report is for the month of June 2010 and includes the following sections:

**Air Quality**  
**Monitoring Activity**  
**Planning Activity**  
**Permitting Activity**  
**Compliance/Inspection Activity**  
**Enforcement Activity**

**DBOH AGENDA ITEM # 17.D.**

**P.O. BOX 11130 Reno, NV 89520-0027 • (775) 784-7200 • FAX (775) 784-7225**

**[www.washoecounty.us/health](http://www.washoecounty.us/health)**

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# Director's Report

June 2010

## Climate Change and Public Health

I had the wonderful opportunity to join a web-cast series hosted by the American Public Health Association (APHA); "Climate Change: Mastering the Public Health Role". A presentation by Howard K. Koh, MD, MPH, Asst. Secretary for Health, US Dept. of Human Health Services, made it very clear that climate change is a fact and happening now with an estimated 150,000 deaths annually. Dr. Koh described the significant implications for public health and the call to action needed for local health departments. His presentation cited the publication The Lancet stating; "Climate change is the biggest global health threat of the 21<sup>st</sup> century."

Ms. Gina McCarthy, Asst. Administrator, US Environmental Protection Agency also presented health effects associated with climate change, from both an air quality and water resources perspective. She emphasized the importance of public health agencies being at the front lines and are integral in the fight against climate change. Ms. McCarthy ended her presentation with the statement: "Climate change is not an environmental issue; it is a public health issue with environmental consequences".

I hope these important messages are heard and considered at the next District Board of Health strategic planning retreat. For your information I have attached an article from the American Journal of Public Health and a fact sheet from the APHA regarding public health and climate change. More information can be found, including recordings of the webinars, at [www.APHA.org/programs/environment](http://www.APHA.org/programs/environment), under the Webinars and Presentations heading.

*Andy Goodrich, Director*

## AIR QUALITY COMPARISON FOR JUNE

Air Quality Index Range		# OF DAYS JUNE 2010	# OF DAYS JUNE 2009
GOOD	0 to 50	25	27
MODERATE	51 to 100	5	3
UNHEALTHY FOR SENSITIVE GROUPS	101 to 150	0	0
UNHEALTHY	151 to 200	0	0
VERY UNHEALTHY	201 to 300	0	0
TOTAL		30	30



**HIGHEST AQI NUMBER BY POLLUTANT**

**Air Quality**

POLLUTANT		JUNE 2010	Highest for 2010	JUNE 2009	Highest for 2009
CARBON MONOXIDE	(CO)	8	29	6	37
OZONE 8 hour	(O3)	77	77	51	93
PARTICULATES	(PM <sub>2.5</sub> )	36	112	17	149
PARTICULATES	(PM <sub>10</sub> )	31	83	28	94

For the month of June, there were no exceedances of Carbon Monoxide, Particulate Matter or Ozone standards at any of the monitoring stations. The highest Air Quality Index (AQI) value reported for the month of June was seventy-seven (77) for 8-hour Ozone. There were twenty-five (25) days in the month of June where the Air Quality was in the good range and five (5) days the Air Quality fell into the moderate range.

*Duane Sikorski, Air Quality Supervisor*

**Monitoring Activity**

Daily monitoring operational, quality assurance and data submission activities continued throughout the month.

The Network Monitoring Plan, which received no comments during its 30-day public review period, was submitted to EPA Region IX along with the 5-year Network Assessment Plan on July 1<sup>st</sup>.

A more real-time and interactive AQI notification program is in the process of being developed utilizing scrolling text messages on the County's and Health District's website homepages. The intention is to achieve a more timely and accurate general public notification of air quality conditions.

*Duane Sikorski, Air Quality Supervisor*

**Planning Activity**

The 2008 triennial emissions inventory adopted by your Board has been submitted to EPA.

A draft revision to regulation 050.001 Emergency Episode Plan (EEP) of the District Board of Health Regulations Governing Air Quality Management to address changes to the National Ambient Air Quality Standards and to reflect updated procedures being considered in the implementation of the EEP has been completed.

In addition, planning staff worked with the Monitoring Section in helping to complete the network Monitoring and Network Assessment Plans.

*Duane Sikorski, Air Quality Supervisor*



Permitting Activity

TYPE OF PERMIT	2010		2009	
	JUNE	YTD	JUNE	ANNUAL TOTAL
Renewal of Existing Air Permits	138	729	127	1320
New Authorities to Construct	1	19	4	80
Dust Control Permits	11 (71 acres)	67 (1991 acres)	11 (169 acres)	128 (1550 acres)
Wood Stove Certificates	23	132	29	170
WS Dealers Affidavit of Sale	3 (3 replacements)	28 (18 replacements)	6 (5 replacements)	250 (145 replacements)
WS Notice of Exemptions	680 (7 stoves removed)	2260 (19 stoves removed)	634 (29 stoves removed)	5358 (145 stoves removed)
Asbestos Assessments and Asbestos Removal Notifications (NESHAP)	118	492	114	1003

Compliance &  
Inspection Activity

Staff reviewed twenty-three (23) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Staff conducted seventy (70) stationary source renewal inspections and fifty-six (56) gas station inspections in June, 2010. Staff also conducted inspections on asbestos removal and construction/dust projects.

Permitting &  
Enforcement Activity

AQMD staff responds to a wide variety of citizen complaints. For example, over the past few months we have investigated odor, dust, spray painting, illegal burning, expired dust permits, asbestos removal, illegal wood stove installation, and sand blasting complaints from all over the county. Complaints are responded to on the same day as received, with complete written reports for file purposes. One of our primary goals is to immediately contact the complainant once the initial investigation has been completed so they know the status of situation and actions taken to resolve the problem. Staff also responds to all anonymous complaints.

In addition, on a typical month, each enforcement staff member has approximately 18 stationary sources to inspect along with bi-annual gas station inspections. Other "special duties" include the oxy-fuel sampling program, stationary source surveys for new sources, after hour complaint follow up (if necessary), and industry training presentations for asbestos abatement and dust control.

*Noel Bonderson, Air Quality Supervisor*



Enforcement Activity

COMPLAINTS	2010*		2009		
	JUNE	YTD	JUNE	YTD	Annual Total
Asbestos	1	8	2	10	21
Burning/Smoke	0	2	0	3	16
Dust	7	18	3	46	134
Gas Station/Oxy Fuel	0	0	0	0	0
Miscellaneous	0	1	0	4	7
Odor	2	4	8	19	30
Painting (spray painting)	1	5	0	0	6
Permit Violation	1	5	0	3	12
<b>TOTAL</b>	<b>12</b>	<b>43</b>	<b>13</b>	<b>85</b>	<b>226</b>
NOV'S	JUNE	YTD	JUNE	YTD	Annual Total
Warnings	0	4	0	4	13
Citations	0	5	2	7	10
<b>TOTAL</b>	<b>0</b>	<b>9</b>	<b>2</b>	<b>11</b>	<b>23</b>

\* Discrepancies in totals between Monthly Reports can occur because of data entry delays.

Notices of Violation (NOVs):

There were no Notice of Violations (NOVs) issued in June 2010.

# Climate Change: The Public Health Response

Howard Frumkin, MD, DrPH, Jeremy Hess, MD, MPH, George Luber, PhD, Josephine Malilay, PhD, MPH, and Michael McGeehin, PhD, MSPH

There is scientific consensus that the global climate is changing, with rising surface temperatures, melting ice and snow, rising sea levels, and increasing climate variability. These changes are expected to have substantial impacts on human health. There are known, effective public health responses for many of these impacts, but the scope, timeline, and complexity of climate change are unprecedented. We propose a public health approach to climate change, based on the essential public health services, that extends to both clinical and population health services and emphasizes the coordination of government agencies (federal, state, and local), academia, the private sector, and nongovernmental organizations. (*Am J Public Health*. 2008;98:435-445. doi:10.2105/AJPH.2007.119362)

Weather and climate have been known to affect human health since the time of Hippocrates.<sup>1</sup> Heat causes hyperthermia,<sup>2,3</sup> cold causes hypothermia,<sup>4</sup> and droughts cause famine.<sup>5</sup> Injuries, displacement, and death result from floods,<sup>6,7</sup> hurricanes,<sup>8</sup> tornadoes,<sup>9</sup> and forest fires.<sup>10</sup> An entire category of diseases—the tropical diseases—is named for a particular climate; climate and weather affect the distribution and risk of many vector-borne diseases, such as malaria,<sup>11</sup> Rift Valley fever,<sup>12</sup> plague,<sup>13</sup> and dengue fever.<sup>14</sup> Weather also affects the risk of foodborne<sup>15</sup> and waterborne<sup>16,17</sup> diseases and of emerging infectious diseases such as hantavirus,<sup>18</sup> Ebola hemorrhagic fever,<sup>19</sup> and West Nile virus.<sup>20</sup> There is a well-established if less intuitive association between weather and mortality from cardiovascular and respiratory disease.<sup>21,22</sup>

The world's climate has been relatively stable for thousands of years, with a strong temperate central tendency and a nearly constant atmospheric level of carbon dioxide (CO<sub>2</sub>).<sup>23</sup> For more than a century, however, levels of CO<sub>2</sub>, methane, and other greenhouse gases have been rising, a trend associated with changes in climate and other earth systems. For example, global mean temperature has increased approximately 0.6°C since 1860,<sup>23</sup> rainfall patterns have changed in many regions,<sup>23</sup> and sea levels have risen.<sup>24</sup> There is evidence that severe storms have become more common,<sup>25,26</sup> although the science on this point is not settled.<sup>27,28</sup> Global emissions of CO<sub>2</sub> continue to increase, and CO<sub>2</sub> persists in the atmosphere for approximately 100

years, so the climate will continue to change into the foreseeable future.<sup>29</sup> Models predict that by the year 2100, the world's mean temperature will rise an additional 1.8 to 4.0°C, sea levels will rise 0.18 to 0.59 m, and weather variability will increase significantly.<sup>23</sup>

The potential health effects of climate change have been extensively reviewed.<sup>30-35</sup> Principal concerns include injuries and fatalities related to severe weather events and heat waves; infectious diseases related to changes in vector biology, water, and food contamination; allergic symptoms related to increased allergen production; respiratory and cardiovascular disease related to worsening air pollution; and nutritional shortages related to changes in food production. Indirect concerns, for which data to support projections are less available and uncertainties are greater, include mental health consequences, population dislocation, and civil conflict. In addition, changes in the patterns of pests, parasites, and pathogens affecting wildlife, livestock, agriculture, forests, and coastal marine organisms can alter ecosystem composition and functions, and changes in these life-support systems carry implications for human health.<sup>36</sup> These health effects, summarized in Table 1, are not discussed in detail here. In the United States, the burden of these conditions is expected to increase as climate change advances.

There is evidence that climate change has already affected human health. The World Health Organization (WHO) estimates that by 2000, the global burden of disease from climate change had exceeded 150 000 excess deaths per year.<sup>31,39</sup> Although individual

weather events cannot be attributed to climate change, the rising burden of storms such as Hurricane Katrina suggests that climate change has already affected public health in the United States. Public health planners and professionals at the state and local level, policymakers, and members of the public all need to consider health a central dimension of climate change and to plan and act accordingly. We propose a public health approach to climate change.

## PUBLIC HEALTH PERSPECTIVES ON CLIMATE CHANGE

Scientists, clinicians, and public health professionals have called for attention to climate change on both practical and ethical grounds.<sup>34,40-45</sup> Several well-established principles point to a vigorous, proactive public health approach to climate change.

One such principle is *prevention*. Primary prevention aims to prevent the onset of injury or illness; clinical examples include immunization, smoking cessation efforts, and the use of bicycle helmets. Secondary prevention aims to diagnose disease early to control its advance and reduce the resulting health burden; clinical examples include screening for hypertension, hyperlipidemia, and breast cancer. Tertiary prevention occurs once disease is diagnosed; it aims to reduce morbidity, avoid complications, and restore function.

There are clear analogies in the approach to climate change. Primary prevention corresponds to *mitigation*—efforts to slow, stabilize, or reverse climate change by reducing greenhouse gas emissions. Secondary and tertiary prevention corresponds to *adaptation*—efforts to anticipate and prepare for the effects of climate change, and thereby to reduce the associated health burden.<sup>46,47</sup> Mitigation efforts will occur mainly in sectors other than health, such as energy, transportation, and architecture (although the health sciences can contribute useful information regarding the choice of safe, healthful technologies). Adaptation efforts, on the other hand, correspond closely to conventional medical and public health practices.



TABLE 1—Anticipated Health Effects of Climate Change in the United States

Weather Event	Health Effects	Populations Most Affected	Additional US Health Burden	Nonclimate Determinants	Adaptation Measures	Health Data Sources for Surveillance	Meteorological and Other Data for Surveillance
Heat waves	Heat stress	The very old; athletes; the socially isolated; the poor; those with respiratory disease	Low to moderate	Acclimation; built environment	Architecture; air conditioning; warning systems; distributed, resilient, "smart power grid"; community response	ED and ambulatory visits; hospital admissions; mortality	Daily minimum and maximum temperatures; humidity; soil moisture
Extreme weather events	Injuries; drowning	Coastal, low-lying land dwellers; the poor	Uncertain; likely moderate	Engineering; zoning and land-use policies	Architecture; engineering; planning; early warning systems	Attributed risk; ED visits; hospital admissions; FEMA records; mortality	Meteorological event data: extent, timing, severity, return time for rare events
Winter weather anomalies (e.g., rain, ice)	Slips and falls; motor vehicle crashes	Dwellers in northern climates; elderly people; drivers			Public education; mass transit	ED visits	Meteorological event data
Sea-level rise	Injuries; drowning; water and soil salinization; ecosystem and economic disruption	Coastal dwellers; those with low SES	Low	Water pollution; storms; coastal development; land-use policies	Sea walls and levees; abandonment	Attributed risk; ED and ambulatory visits; mental health measures (indirect effects)	Satellite mapping of coastal areas; sea level and tidal surge records
Increased ozone and pollen formation	Respiratory disease exacerbation (e.g., COPD, asthma, allergic rhinitis, bronchitis)	The elderly; children; those with respiratory disease	Low to moderate	Smoking; air quality; respiratory infections; industrial activity; electric demand and production mode; access to health care	Pollution controls; air conditioning; education; medical therapy	ED and ambulatory visits; hospital admissions	Daily and weekly temperature; rainfall; pollen counts; ozone levels; particulate measures
Drought, ecosystem migration	Food and water shortages; malnutrition	Those with low SES; elderly; children	Low	Population growth; food distribution systems; economic and trade issues; biotechnology; petroleum cost	Technological advances; enhanced delivery systems; trade negotiations	Growth monitoring; food insecurity data	Crop yields; rainfall patterns; data on food sources and marketing
Droughts, floods, increased mean temperature	Food- and waterborne diseases	Swimmers; multiple populations at risk depending on outcome of interest	Low to moderate	Travel; land use; water treatment and quality; housing quality; food-handling practices	Public education; water treatment; medical treatment; watershed management	Disease surveillance; ED and ambulatory visits; seasonal patterns in incidence; focused observations at geographic margins	Temperature and rainfall data; vector population and habitat/range monitoring
Droughts, floods, increased mean temperature	Vector-borne disease	Outdoor workers; people pursuing outdoor recreation; the poor (without air conditioning/window screens)	Low to moderate	Travel; vector and animal host distribution; habitat change; land use	Public education; vector control; medical prophylaxis and treatment; vaccination	Disease surveillance; ED and ambulatory visits; focused observations at geographic margins	Temperature and rainfall data; vector population and habitat/range monitoring
Extreme weather events; drought	Mass population movement; international conflict	General population	Uncertain; potentially moderate to high	Sociopolitical factors; resource use and conflicts; economic development	Negotiation and conflict mediation; postdisaster response	Event and population movement monitoring; mental health outcomes surveillance	Meteorological event data; regional economic and resource use data

Continued

TABLE 1—Continued

Climate change generally; extreme events	Mental health	The young; the displaced; those with depression or anxiety	Uncertain; potentially moderate	Baseline mental health disease burden	Health communication; postdisaster mental health outreach; various therapeutic and medical management options	Mental health outcomes surveillance	Correlation of mental health outcomes with regional variable responses to extreme events; climate change as a whole
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Source. Adapted from Patz et al.<sup>37</sup> and Balbus and Wilson.<sup>38</sup>

Note. ED=emergency department; FEMA=Federal Emergency Management Agency; SES=socioeconomic status; COPD=chronic obstructive pulmonary disease.

This set of practices is collectively known as *public health preparedness*. Preparedness efforts have assumed a central role in public health in recent years. The threat of terrorist attacks, especially since September 11, 2001; the emergence of new infectious diseases and the reemergence of old ones (including the possibility of pandemics such as avian influenza); and the occurrence of natural disasters such as earthquakes and hurricanes have all compelled health professionals to study, anticipate, and prepare for such eventualities. Public health preparedness for the predicted effects of climate change is consistent with this approach.

Preparedness often occurs in the face of scientific uncertainty. Events such as an influenza pandemic, a terrorist attack, or a hurricane cannot be predicted with precision, but protecting public health remains essential. The precautionary principle, as articulated at the 1998 Wingspread Conference, holds that "When an activity raises threats of harm to human health or the environment, precautionary measures should be taken even if some cause and effect relationships are not fully established scientifically."<sup>48</sup> Specific climate change outcomes are uncertain, especially indirect and derivative outcomes such as population displacement. However, the notion that steps to protect the public from the threats of climate change cannot await full scientific certainty, and the use of "margins of safety" to ensure safer conditions, are consistent with prevailing public health practice.<sup>49,50</sup>

Risk management—systematic ongoing efforts to identify and reduce risks to health—is another relevant framework. Industries that manufacture, use, or store dangerous chemicals are required by the US Environmental Protection Agency to analyze their processes (including assessing worst-case scenarios), identify vulnerable steps,

develop strategies to reduce the risk of chemical releases or other mishaps, and implement those strategies.<sup>51</sup> Similarly, the hazard analysis and critical control point paradigm for food safety assesses the entire "life cycle" of food, from production to consumption, analyzes potential hazards, identifies critical control points, corrects, and verifies.<sup>52</sup> By analogy, health scientists can analyze relevant activities such as energy production and transportation. Using techniques such as health impact assessment,<sup>53,54</sup> they can provide data to support decisionmaking and in some cases recommend specific actions to protect public health.

Cobenefits provide another important framework for public health action on climate change. Steps that address climate change frequently yield other health benefits, both direct and indirect. For example, reducing emissions of greenhouse gases from power plants can also improve regional air quality, with direct benefits for respiratory and cardiovascular health.<sup>55–57</sup> Reducing vehicle miles traveled by encouraging walking, bicycling, and transit use not only lowers motor vehicle contributions to climate change, it also promotes physical activity, an important solution to the obesity epidemic.<sup>58,59</sup> Steps that reduce social isolation not only improve overall health<sup>60</sup> but also reduce vulnerability to heat waves.<sup>61,62</sup> A broad public health approach that fully accounts for health benefits may provide important evidence-based support for climate change strategies.

Economic considerations are critical in public health planning. The mandate to maximize health protection at the lowest short-term and long-term cost is highly relevant to climate change. In 2006, the United Kingdom Government Economic Service released *The Stern Review* on the economics of climate

change,<sup>63</sup> which predicted that climate change would bring enormous costs, including health care costs, and that mitigation and adaptation efforts would be far less costly if undertaken soon. Indeed, the costs of procrastinating may far exceed the costs of timely action, in both economic terms and health terms.<sup>43</sup> Timely action to address the health impacts of climate change makes good economic sense.

Finally, ethical considerations guide public health attention to climate change.<sup>64</sup> Medical ethics are usually based on 4 principles: autonomy, beneficence, nonmaleficence, and justice.<sup>65,66</sup> Addressing climate change embodies beneficence, because it protects people now and in the future, and nonmaleficence, because it avoids harms (including distant "downstream" harms) that flow from climate change. Justice considerations arise in the inequities that characterize the impacts of climate change and the ability to cope with them.<sup>67,68</sup>

Public health ethics reflect 3 traditions—utilitarianism, liberalism, and communitarianism<sup>69</sup>—that also offer a rationale for addressing climate change. Utilitarians would note that the net sum of human well-being—especially when future generations are taken into account—will likely increase if the health impacts of climate change are controlled. Liberal analysts, following Kant, would posit a right to a healthy environment and would therefore support policies and practices that prevent environmental degradation. Communitarians would argue that climate change undermines the requisite conditions for an intact social order. The principles of the ethical practice of public health, as presented by Thomas et al., begin with a statement that *prima facie* directs attention to climate change: "Public health should address principally the fundamental causes of disease and



requirements for health, aiming to prevent adverse health outcomes.<sup>70(p.1058)</sup> Thus, attention to climate change is dictated by the traditions of both medical and public health ethics.

## PUBLIC HEALTH ACTIONS TO ADDRESS CLIMATE CHANGE

As climate change has become a certainty, so has the need for public health action to anticipate, manage, and ameliorate the health burdens it will impose. The standard framework for public health action is the 10 Essential Services of Public Health, developed in 1994 by the American Public Health Association and a group of federal, state, and local agencies and partners.<sup>71</sup> These services, with examples pertinent to climate change, appear in Table 2 and are discussed in detail in this section.

In developing and implementing services to address climate change, public health professionals will need to confront several practical realities. First, the effects of climate change will vary considerably by region. Second, they

will vary by population group; not all people are equally susceptible. Third, these effects are highly complex, and planning and action will need to be multidimensional.

*Regional variation* will play a critical role in public health responses to climate change.<sup>72</sup> Although CO<sub>2</sub> and other greenhouse gases are relatively uniformly distributed in the atmosphere, the human health effects of climate change will vary by region, topography, and capacity for response.<sup>31</sup> For example, far northern locations will see relatively dramatic changes in temperature, hydrology, and ecosystem conditions, with effects ranging from infectious disease risk to inadequate health services.<sup>73,74</sup> Low-lying coastal regions may face flooding, salt infiltration of fresh water tables, harmful algal blooms, and in some cases severe storms.<sup>75-77</sup> The western United States may experience significant strains on water supplies as regional precipitation declines and mountain snowpacks are depleted,<sup>78</sup> in turn raising the risk of forest fires.<sup>10</sup> As a result, planning for and managing the

health impacts of climate change will need to draw on local data and will involve local and regional authorities and health care providers.

Health disparities are well recognized in public health and clinical practice, and a central tenet of public health is that such disparities need to be eliminated. One contributor to health disparities is environmental risks that disproportionately threaten certain populations, especially poor people and members of ethnic and racial minority groups—the basis of environmental justice advocacy.<sup>79,80</sup> Climate change is expected to perpetuate health disparities in this way.<sup>81</sup> Events such as Hurricane Katrina highlighted the vulnerability of the poor in New Orleans, La,<sup>82-84</sup> and on a global scale, people in poor countries will face greater health risks, with fewer resources and less resiliency than will those in wealthy nations.<sup>67,68,85-88</sup> Public health action on climate change must include vulnerability assessments, identification of the most vulnerable populations, and a focus on eliminating health disparities.

Complexity is a cardinal feature of climate change. Vast numbers of factors influence meteorological systems, many feedback loops operate, and sufficient data needed for a full evaluation are rarely available. The same is true of the health impacts of climate change. These effects will unfold over coming decades against a backdrop of other changes: demographic shifts including population growth and an aging population, increasing scarcity of fossil fuels, continuing migration to Southern and Southwestern states, and urbanization. To grapple successfully with this complexity, public health scientists will need to engage in systems thinking<sup>89</sup> and learn and apply techniques such as system dynamics modeling.<sup>90</sup>

The recognition of these 3 realities—geographic variability, population variability, and complexity—set the stage for considering public health actions to address climate change based on the following 10 essential services of public health.

### Monitor Health Status to Identify and Solve Community Health Problems

Information is key to a responsive and functioning public health system. Data from public health surveillance or tracking systems are used to determine disease burdens and trends, identify vulnerable or affected people

TABLE 2—The 10 Essential Services of Public Health, With Climate Change Examples

Service	Climate Change Example
1. Monitor health status to identify and solve community health problems.	Tracking of diseases and trends related to climate change
2. Diagnose and investigate health problems and health hazards in the community.	Investigation of infectious water-, food-, and vector-borne disease outbreaks
3. Inform, educate, and empower people about health issues.	Informing the public and policymakers about health impacts of climate change
4. Mobilize community partnerships and action to identify and solve health problems.	Public health partnerships with industry, other professional groups, faith community, and others, to craft and implement solutions
5. Develop policies and plans that support individual and community health efforts.	Municipal heat-wave preparedness plans
6. Enforce laws and regulations that protect health and ensure safety.	(Little role for public health)
7. Link people to needed personal health services and ensure the provision of health care when otherwise unavailable.	Health care service provision following disasters
8. Ensure competent public and personal health care workforce.	Training of health care providers on health aspects of climate change
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.	Program assessment of preparedness efforts such as heat-wave plans
10. Research for new insights and innovative solutions to health problems.	Research on health effects of climate change, including innovative techniques such as modeling, and research on optimal adaptation strategies

Source. Public Health Functions Steering Committee.<sup>71</sup>



and places, recognize disease clusters, and plan, implement, and evaluate public health interventions.<sup>91</sup> When these data are systematically collected, analyzed, interpreted, and disseminated, they guide the design of effective public health interventions and the judicious use of public health resources.

To respond to climate change, several categories of data—on environmental risks, vulnerability, and disease—are needed. Examples of risk data include meteorological data (such as temperature trends) and ecological data (such as mosquito density). Indicators of vulnerability include not only physical factors such as elevation, urban infrastructure, loss of forest cover, and prevalence of household air conditioning,<sup>92–95</sup> but also social factors such as isolation and poverty.<sup>96</sup> One example, the Climate Vulnerability Index, focuses on susceptibility to floods using a combination of factors measured at the local level.<sup>94</sup> Disease surveillance is a traditional public health function; data systems for infectious diseases known to be linked to climate variability, including foodborne<sup>15</sup> and waterborne<sup>97,98</sup> diseases, need to be strengthened.

These data—on risk, vulnerability, and disease—are often collected at different spatial scales and through different methods. It is essential that they be harmonized and integrated. Epidemic early warning systems combine clinical data such as emergency department and outpatient clinic syndromic surveillance with climate data, vector biology data, clinical laboratory data, veterinary data, telephone hotline call tracking, pharmaceutical use data, and other data.<sup>99–103</sup> Such systems exist in many parts of the world for vector-borne,<sup>104–107</sup> foodborne,<sup>108,109</sup> waterborne,<sup>110</sup> and respiratory<sup>111</sup> diseases and for acts of terrorism.<sup>112</sup> Such early warning systems need to be evaluated and strengthened.<sup>113–115</sup> In the United States, the National Environmental Public Health Tracking Program is a comprehensive approach to collecting and integrating data on environmental exposures, human body burdens, and diseases.<sup>116,117</sup> This program needs to expand in terms of the number of participating jurisdictions, data elements collected, integration of diverse data sources, and greater spatial resolution of the data. This will enable health authorities to understand more clearly the

associations among long-term climate changes, weather events, ecological changes, and direct and indirect health outcomes.

### Diagnose and Investigate Health Problems and Hazards in the Community

Identifying, investigating, and explaining health problems at the population level remain classic public health responsibilities—the community equivalent of a physician's diagnostic workups of patients. These functions, which flow directly from the previous task (monitoring health status), are well established in public health. However, climate change will require enhanced diagnostic and investigative capacity throughout the health system. For example, ecological changes may alter traditional vector-borne disease dynamics, possibly redefining animal hosts, vectors, and disease outcomes at the local and regional scales. Techniques that help assess health vulnerability to climate change have been proposed and offer a proactive approach to diagnosis.<sup>47</sup> The capacity of public health laboratories must be enhanced to allow rapid diagnosis and reporting of diseases that are reintroduced or alter their distribution.

An example of such investigation comes from British Columbia, where an outbreak of *Cryptococcus gattii*, formerly considered a tropical organism, was observed in 2001.<sup>118,119</sup> Investigation of the outbreak, a collaborative effort of a university and a provincial center for disease control, included such innovative sampling techniques as testing of air, soil, trees, garden waste, vehicle wheel wells, and the shoes of personnel participating in sampling, and it required laboratory capacity to culture the organism and identify it using the methods of restriction fragment length polymorphism.<sup>120</sup>

A component of diagnosis and investigation is attribution—determining the extent to which health problems can be attributed to climate change. Understanding attribution will help in developing the most effective and cost-effective strategies for health system response. Methods for estimating the health burden of climate change use techniques analogous to risk assessment.<sup>39,121</sup> These methods need further development and application.

### Inform, Educate, and Empower People About Health Issues

Most Americans believe that climate change is already having effects, and a large and increasing plurality report that they worry about it “a great deal.” However, only 1 in 5 reports understanding climate change very well. Moreover, Americans are equally divided among those who believe that media coverage of climate change is exaggerated, correct, and underestimated.<sup>122</sup> There is a high and growing level of concern, but clearly public understanding of climate change is incomplete, and a majority lacks confidence in information presented in the media.

This situation, which is familiar to health professionals, in many ways reflects public views of health and illness. The need to inform, educate, and empower people about health is critical, and experience with smoking cessation, HIV prevention, physical activity promotion, and other health issues has yielded rich insights into effective health communication.<sup>123,124</sup> However, little of this insight has been applied to climate change.<sup>125–128</sup>

Effective health communication on climate change will inform the public and policymakers about potential health effects and about steps that can be taken to reduce risk. The communication needs to be targeted to specific groups, accounting for varying levels of understanding, cultural and ethnic differences, vulnerability to the health effects of climate change, and other factors. Messages should empower people to access and use necessary health resources. Since frightening scenarios may elicit despair and helplessness, it is important to design messages that minimize these responses and that lead instead to constructive behaviors. For example, the Environmental Protection Agency offers a “What You Can Do” Web page<sup>129</sup> that provides tips for use at home, at the office, on the road, and at school, together with user-friendly tools such as a personal greenhouse gas emissions calculator. Other nations may provide useful models. For example, Health Canada offers the Canadian public a regular publication called *Your Health and a Changing Climate*, a user-friendly Web site,<sup>130</sup> and other information



channels. Research on the most effective means of communication is needed, and once implemented, communication strategies should be evaluated for efficacy.

### **Mobilize Community Partnerships to Identify and Solve Health Problems**

Responding to the health challenges posed by climate change requires a multilevel, interdisciplinary, and integrated response, so efforts should focus on developing partnerships among federal, state, and local government agencies, academia, nongovernmental organizations, and the private sector. Many of these partnerships must evolve at the local and state levels, because identifying health threats and vulnerable populations, designing and implementing adaptive measures, and responding to emergencies occur largely at those scales.

Although existing relationships with traditional public health partners should be strengthened, new collaborations must be developed. Leading examples include collaborations with architects and city planners (whose design work can reduce energy demand and limit vulnerability to heat, flooding, and other risks), transportation planners (who can design transportation systems that reduce greenhouse gas emissions and promote safe, healthy travel), and the faith community (which shares an emphasis on long-term stewardship and can help disseminate public health information). For example, the National Religious Partnership for the Environment<sup>131</sup> identifies human health as a central issue in climate change, offering a firm basis for collaboration with public health agencies.

### **Develop Policies and Plans That Support Individual and Community Health Efforts**

National policy on the mitigation of climate change will likely evolve in coming years. Although responsibility for reducing greenhouse gas emissions lies outside the health arena, health input is appropriate in at least 2 ways. First, health professionals can explain the health rationale for climate change mitigation in terms of reduced morbidity and mortality. Second, health scientists can provide evidence on the health impacts of various approaches to climate change mitigation (including cobenefits and disbenefits),<sup>132</sup> using such

techniques as health impact assessment.<sup>53,54</sup> Such input will help produce decisions that best protect public health.

The health sector should play a major role in developing plans that address health threats related to climate change. For example, cities at risk of heat waves need preparedness plans<sup>133,134</sup> that provide early warnings, educate the public and health care providers, identify vulnerable people and places,<sup>135</sup> implement health surveillance,<sup>136</sup> create buddy systems and other rescue plans, identify shelter facilities, ensure that backup generators are available and supplied with fuel, prepare transport and evacuation plans, and prepare clinical facilities to deliver appropriate care, including surge capacity.<sup>137</sup> Similar plans are needed for severe weather events,<sup>138</sup> infectious disease outbreaks, and other health threats. A good example is the Hospital Safety Index proposed by the Pan-American Health Organization, to help plan and achieve "hospitals safe from disasters."<sup>139</sup> Health data can inform the design of "climate-proof" housing, enhanced infectious disease control programs, early warning systems, and other plans. Public health authorities need to collaborate with other agencies, such as those responsible for law enforcement and emergency response, in planning and exercising. Initiatives in Portland, Ore,<sup>140</sup> and Seattle, Wash,<sup>141</sup> exemplify local health department engagement in such planning.

Other policies and plans are internal to the health system, relating to the operation of health facilities. The health sector, like many other industries, can examine its own contributions to climate change and work to reduce them. Hospitals and clinics can be designed, built, and operated in ways that lower energy demand, reduce their waste streams, and link with local transit systems to cut driving by staff, patients, and visitors. "Green purchasing" refers to preferential purchasing of environmentally friendly supplies and equipment, another set of strategies to reduce health sector contribution to climate change. The British National Health Service has adopted these approaches as policy,<sup>142</sup> and technical advice is available to US health organizations in the peer-reviewed literature<sup>143</sup> in sources such as the

*Green Guide for Health Care*,<sup>144</sup> from organizations such as Hospitals for a Healthy Environment<sup>145</sup> and from private architects and consultants.

### **Enforce Laws and Regulations That Protect Health and Ensure Safety**

Few public health laws and regulations have a direct bearing on climate change. However, public health can provide science-based input regarding laws and regulations in the environmental, transportation, and energy arenas. As policies are codified, there may be roles for state and local public health agencies in enforcing such policies as building codes, water quality regulations, and air quality laws.

### **Link People to Needed Health Services and Ensure Provision of Care**

A strong infrastructure for delivering health care services must be part of the health response to climate change. To prepare for disasters such as hurricanes, floods, and heat waves, support is needed for developing local, regional, and national emergency medical systems and enhancing their disaster response capacity, including specialized services and surge capacity. These requirements are included as part of the National Response Plan under Emergency Support Function No. 8, called Public Health and Medical Services.<sup>146</sup> Although disaster medical planning often focuses on trauma care, disasters may interrupt ongoing care for diseases such as HIV infection and renal failure, routine laboratory testing such as newborn screening, and other services, all of which must be restored. System failures during and after Hurricane Katrina made clear the need for effective, coordinated approaches for delivering clinical services.<sup>147–150</sup>

In the context of climate change, mental health services may be an important component of health service delivery. The mental health burden following acute disasters is considerable,<sup>151–155</sup> especially for high-risk groups such as children.<sup>156,157</sup> In addition, the long-term stresses of climate change—living with uncertainty, environmental threats, and alterations in familiar habitats and habits—may impose a chronic mental health burden.<sup>158–163</sup> The health system needs the capacity for rapid needs assessment, mental health service delivery, and long-term follow-up.<sup>164</sup>



### Ensure a Competent Public and Personal Health Care Workforce

A trained and competent workforce is central to the success of the health system.<sup>165</sup> Preparing the health workforce for the potential impacts of climate change and for a host of other challenges over the coming decades will require a concerted effort at the local, state, and federal levels. It will involve ensuring a basic set of competencies throughout the system and developing a cadre of scientists with multidisciplinary, specialized skills in nontraditional fields.

Medical care providers should be trained to recognize and manage emerging health threats that may be associated with climate change. For public health professionals, training networks need to provide a systematic approach to training, linked directly to essential services and needs as identified by local and state health officials. Partnerships should be developed between health science schools and other academic institutions to provide cutting-edge education for health professionals in nontraditional subjects such as economics, health impact assessments, ecology, urban health, and vulnerability modeling. It is critical that the health system develop a wider range of expertise at every level to respond adequately to the challenges of climate change. Health professional training in climate change can be found at several universities; examples include Harvard's course on human health and global environmental change<sup>166</sup> and the University of Wisconsin's graduate certificate on humans and the global environment.<sup>167</sup>

### Evaluate Effectiveness, Accessibility, and Quality of Health Services

As they work to reduce the health impacts of climate change, health professionals must demonstrate accountability for the effectiveness, accessibility, and quality of programs and interventions. The evaluation of preparedness plans, health communication strategies, and other initiatives not only helps improve public health efforts, but it can also facilitate communication with key community stakeholders.

Evaluation requires robust surveillance capacity, a well-trained public health workforce, and established, efficient, reliable systems for sharing information among different levels of government and parts of the health sector. It

**TABLE 3—Research Topics on Global Environmental Change and Human Health**

Research Domain	Examples
Understanding the health effects of global environmental change	<p>Identification of key health indicators to monitor</p> <p>Empirical studies of current health effects, taking advantage of circumstances (extreme weather events) and localities (environmental hotspots) where these effects already manifest themselves</p> <p>Scenario analyses of future health effects, combining theoretical insights, empirical data, and quantitative and qualitative modeling exercises<sup>168</sup></p> <p>Integrated assessment analyses of current and future health effects, comparing different environmental changes to facilitate priority setting</p>
Adaptation to reduce the health effects of global environmental change	<p>Development of more-effective methods for the health management of heat waves, floods, and other extreme weather events</p> <p>Development of more-effective methods to control emerging infectious diseases, such as vector control, vaccination, and pharmacological treatment</p> <p>Development of diets that are nutritious, palatable, and affordable and do not require unsustainable food production and transportation methods</p> <p>Economic analyses of various adaptation strategies, including health costs and benefits</p>
Understanding the contribution of the health sector to global environmental change	<p>Assessment of the environmental effect ("footprinting") of health sector resource use and waste generation</p> <p>Development of health sector practices that are sustainable in terms of resource use and waste generation</p>
Communication research	<p>Assessment of public and policymaker knowledge, attitudes, and behaviors with respect to climate change and identifying audience segments</p> <p>Testing of various communication strategies regarding climate change</p>

Source. Adapted from Mackenbach.<sup>170</sup>

also requires a periodic inventory of available services and assessment of the degree to which those services are accessible to the most vulnerable populations they are designed to serve. As with many other essential public health services, evaluation activities related to climate change and health will have cobenefits with other important public health activities and will likely exhibit synergistic effects in strengthening the nation's public health system.

### Search for New Insights and Innovative Solutions to Health Problems

Several lines of health research are needed to provide data-based support for public

health action on climate change.<sup>168,169</sup> These include empirical research on the association between climate change and health, scenario development to forecast health impacts and vulnerabilities, and development and testing of strategies to reduce risk. For each intervention, research is needed on the level of public health protection produced and on attendant costs. Examples are shown in Table 3.

### CONCLUSIONS

There is widespread scientific consensus that the world's climate is changing. Mounting evidence suggests current and future effects on human health, including injuries and illnesses



from severe weather events, floods, and heat exposure; increases in allergic, respiratory, vector-borne, and waterborne diseases; and threats to food and water supplies. Indirect effects may include anxiety and depression and the consequences of mass migration and regional conflicts.

Addressing these occurrences is a pressing challenge for public health. Although the scope and complexity of the challenge are unprecedented, the conceptual framework for responding draws on long-standing public health thinking. An effective public health response to climate change is essential to preventing injuries and illnesses, enhancing public health preparedness, and reducing risk. Science-based decisionmaking, informed by public health ethics, will help manage uncertainty and optimize health, environmental, and economic outcomes. The Essential Services of Public Health serve as a useful framework for planning and implementing a public health response. ■

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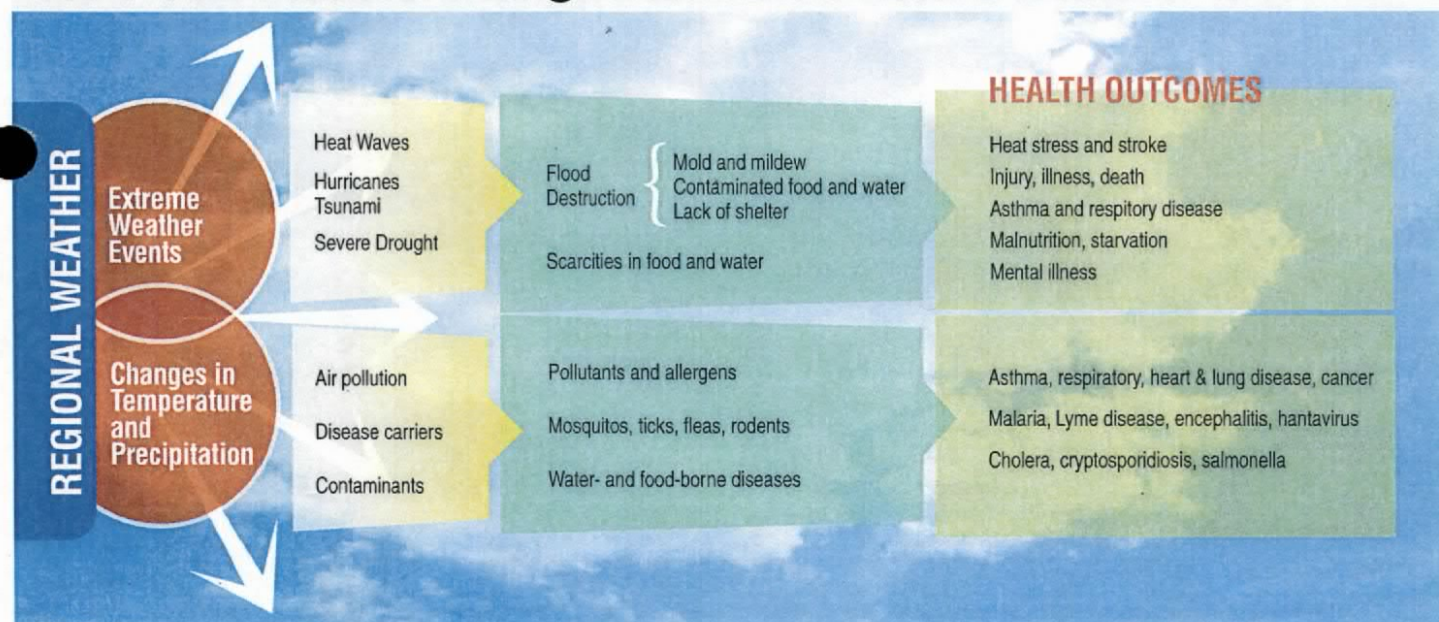
Get The Facts

# Climate Change

is a public health issue

The climate is changing and these changes impact the nation's health. The ebb and flow of disease is linked to our climate. Scientists estimate changes are leading to increases in disease and death. For example, warm weather and precipitation changes are associated with increases in West Nile virus.

## How Can Climate Change Harm the Public's Health?



Source: United States Global Change Research Program. Climate Change Impacts. 2009

## Vulnerable Populations Will Bear the Burden

Populations already at increased risk from death and disease such as communities of color, the elderly, young children, and the poor, will bear the burden of disease and death from climate change. The existing conditions that already cause worse health among these populations – lack of clean air, water and unhealthy living conditions – will be exacerbated by the adverse effects of climate change.

Communities located in particularly sensitive areas – Alaska and arid western states – are also uniquely vulnerable to the effects of climate change. These communities are not only at increased risk for disease, they are also the least able to prepare, respond and recover from effects of climate change.



## Examples of Regional Effects of Climate Change

### Northwest

Heavy rainfall and early snowmelt may lead to flooding and overflow of sewage systems, causing an increase in the spread of disease.

### Southwest

Increased temperatures and decreased rainfall are likely to put a strain on already-limited water sources, increase wildfires and reduce air quality.

### Alaska

Loss of permafrost and retreating sea ice is already changing the lives of native people and causing an increase in pest outbreaks.

### The Great Plains

Increased temperatures could mean scorching summers and more mild winters—which would significantly impact food production and create new challenges for cities facing extreme heat.

### Midwest and Northeast

Major cities like New York City and Chicago could experience extreme temperatures that would mean more heat stress and heatstroke, with the poor and elderly hit especially hard.

### Northeast

Rising temperatures could mean a harder time for people with allergies, while diseases carried by insects or animals—such as Lyme disease and West Nile virus—could extend their reach.

### Southeast Atlantic and Gulf Coast

Hurricanes and other weather events are expected to last longer and be more intense. That would mean bigger storm surges, more damage to buildings and roads, contaminated food and water, and mold exposure.

Source: United States Global Change Research Program. Climate Change Impacts. 2009

## Investment in the Public Health System *Saves Lives and Money*

Investing in our public health system to help understand, prevent, respond and adapt to the impacts of climate change is critical to the health of our nation. Investment will support:

- **Research** to better understand the domestic and global health impacts of climate change and to identify adaptive strategies
- **Infrastructure and capacity** for state and local health agencies to prepare and respond to climate change
- **Centers of Excellence** that use research results to inform state and local planning and adaptation
- **Early Warning Systems** to ensure swift responses to protect the public's health
- **Enhanced zoning** ordinances and building codes to prevent storm damage and minimize heat impacts
- **Robust prevention and control programs** to keep food and water safe from contamination and prevent the spread of vector borne disease
- **Nationwide detection and surveillance systems** to identify and prevent the spread of current and emerging diseases
- **Public policies** to adapt to climate change and to mitigate longer-term threats of climate change (e.g. policies that support sustainable communities, promote clean energy use, reduce air pollution and increase fitness)







# Washoe County Health District

July 12, 2010

TO: Members, District Board of Health  
FROM: Mary A. Anderson, MD, MPH, FACPM  
SUBJECT: District Health Officer's Report

## Visit by Dr. Mary Wakefield, Health Resources and Services Administration (HRSA) Administrator

An invitation was issued to me by Senator Reid's Office to attend a "round table discussion on strengthening the health care workforce through the Affordable Care Act." The discussion was one of several held at various venues in both Reno and Las Vegas during a visit by Dr. Mary Wakefield, RN, PhD, HRSA Administrator. The specific topic she addressed during the session I attended was the \$250 million that was made available by the Department of Health and Human Services (DHHS) to train new health care providers (Enclosure 1). The decision was made to improve the primary care workforce by:

- increasing the number of primary care residency slots (\$168M)
- supporting physician assistant training (\$32M),
- increasing the number of nurse practitioners trained (\$30M),
- establishing new nurse practitioner-led clinics (\$15M)
- encouraging States to plan for and address health professional workforce needs (\$5M)

On the face of it, the decision to improve the primary care workforce—a known deficiency in our current medical care infrastructure—seems to be a laudable goal. However, the Association of State and Territorial Health Officers (ASTHO) and its partner associations sent a letter to President Obama objecting to the use of the \$250M for upgrading the primary care workforce because it represents half of the total of \$500M set aside for the FY10 Prevention and Public Health Fund through the Patient Protection and Affordable Care Act. The attached letter (Enclosure 2) expresses the displeasure of ASTHO and partners by stating, "This use of funds for delivery of healthcare does not honor the intent of the Prevention and Public Health Fund and limits our nation's opportunity to make a significant, positive impact in health outcomes."

## Joint Meeting of the Board of County Commissioners (BCC) and the District Board of Health (DBOH)

A separate item will be placed on the DBOH agenda for the July 22, 2010 meeting to allow for discussion and action that may be required following the joint BCC/DBOH meeting of July 13, 2010.

NACCHO Meeting

I will attend the National Association of County and City Health Officials (NACCHO) annual meeting from July 14 – 16 and plan to provide an oral report on highlights at the DBOH meeting. Of note, the State Health Officer, Dr. Tracey Green, the Chief Health Officer of the Southern Nevada Health District, Dr. Larry Sands, and the Director of Carson City Health and Human Services, Ms. Marena Works, will also attend the meeting. Having a representative of all the health authorities in Nevada at this national meeting is a notable occurrence.

*Mary A. Anderson, MD, MPH*

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Mary A. Anderson, MD, MPH, FACPM  
District Health Officer

## ENCLOSURE 1

Wednesday 30, Jun 2010 | 9:57am

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En Español

**Fact Sheet: Creating Jobs and Increasing the Number of Primary Care Providers**

For too long, our nation has suffered from a shortage of primary care health professionals. The Association of American Medical Colleges estimated that the nation would have a shortage of approximately 21,000 primary care physicians in 2015. Without action, experts project a continued primary care shortfall due to the needs of an aging population, and a decline in the number of medical students choosing primary care.

The Obama Administration believes that strengthening and growing our primary care workforce is critical to reforming the nation's health care system. Increasing access to primary care physicians and nurses can help prevent disease and illness and ensure all Americans – regardless of where they live – have access to high quality care. It can also reduce costs by increasing access to preventive care. The Affordable Care Act includes a comprehensive strategy to achieve these goals by investing in a new generation of primary caregivers through increased resources for training, new incentives to physicians for providing primary care to patients, and support for caregivers who choose to enter primary care in underserved areas.

Today, the Administration is announcing a key step in that strategy – the availability of \$250 million in new funding provided by the Affordable Care Act to expand the primary workforce. The new funding – part of the Prevention and Public Health Fund – will help prepare the health system to meet the demand for health care workers with a new initiative that will train and support thousands of new doctors, nurses, nurse practitioners, and physician's assistants.

Combined with the earlier investments made by the American Recovery and Reinvestment Act, the provisions of the Affordable Care Act will support the training, development, and placement of more than 16,000 new primary care providers over the next five years.

Some of the steps the Administration is taking to train new doctors, nurses, public health workers and other health providers and strengthen the primary care workforce include:

**The Prevention and Public Health Fund**

Primary care is the backbone of preventive health care, and a strong primary care workforce is essential to health of our country. The Affordable Care Act creates a new Prevention and Public Health Fund designed to help create the necessary infrastructure to prevent disease, detect it early, and manage conditions before they become severe. This new initiative will increase the national investment in prevention and public health, improve health, and enhance health care quality.

Today, the Obama Administration announced the first allocation of \$500 million for the new Prevention and Public Health fund for fiscal year 2010. Half of this fund – \$250 million – will be used to boost the supply of primary care providers in this country by providing new resources for:

- **Creating additional primary care residency slots:** \$168 million for training more than 500 new primary care physicians by 2015;
- **Supporting physician assistant training in primary care:** \$32 million for supporting the development of more than 600 new physician assistants, who practice medicine as members of a team with their supervising physician, and can be trained in a shorter period of time compared to physicians;
- **Increasing the number of nurse practitioners trained:** \$30 million will train an additional 600 nurse practitioners, including providing incentives for part-time students to become full-time and complete their education sooner. Nurse practitioners provide comprehensive primary care;
- **Establishing new nurse practitioner-led clinics:** \$15 million for the operation of 10 nurse-managed health clinics which assist in the training of nurse practitioners. These clinics are staffed by nurse practitioners, which provide comprehensive primary health care services to populations living in medically underserved communities.
- **Encouraging States to plan for and address health professional workforce needs:** \$5 million for States to plan and implement innovative strategies to expand their primary care workforce by 10 to 25 percent over ten years to meet increased demand for primary care services.

**A New Focus on Education and Worker Training**

This effort is just one part of a comprehensive, multi-faceted strategy to encourage and educate more physicians, nurse practitioners, and physician assistants to practice in primary care, including:

- **Increasing access to providers in underserved areas:** The Affordable Care Act builds on the important work of the National Health Service Corps (NHSC) to address the nation's workforce demands. The NHSC repays educational loans and provides scholarships to primary care health care providers who practice in areas of the country that have too few health care professionals to serve people who live there. Eligible providers include primary care physicians, physician assistants, and nurse practitioners. The Affordable Care Act provides \$1.5 billion over five years to expand the National Health Service Corps. This builds on a \$300 million investment in the NHSC in the American Recovery and Reinvestment Act. The combined nearly \$2 billion investment is expected to result in an increase of more than 12,000 additional primary care physicians, nurse practitioners, and physician assistants by 2016.
- **Focusing on career training:** The Department of Labor is providing job training across the health care sector with a focus on low-skill and low-wage workers. In FY 2010 and 2011, the Department is making grants available to community colleges, consortia of community colleges, two-year Hispanic-Serving Institutions or Historically Black Colleges, Workforce Investment Boards, and other training institutions for the development or expansion of career pathway programs that prepare workers for careers in the health care sector. These programs build on efforts already underway. In fact, today, the Department of Labor is announcing the release of \$14.7 million in new grants made possible by the American Recovery and Reinvestment Act. These funds will support projects designed to provide health care training and virtual service-delivery models to promote career opportunities in the health care sector.
- **Expanding tax benefits to health professionals working in underserved areas:** In addition to the incentives provided by the Departments of Labor and Education to pursue primary care as a profession, the Department of Treasury is responsible for providing tax benefits to students. The Affordable Care Act includes a provision that excludes from taxes the value of student loans that were repaid or forgiven because the individual worked in certain health professions, including primary care. This provision is retroactive to 2009. Today, the Internal Revenue Service took steps to ensure health professionals are aware of this benefit. For 2009, approximately \$10 million in tax refunds will be made available to health care professionals who practice medicine in areas that need it most.
- **Building primary care capacity through Medicare and Medicaid:** Currently, there are unused Medicare-funded resident training slots. The Affordable Care Act reallocates Medicare resources to primary care residencies in underserved areas of the country. Teaching hospitals benefiting from the additional slots must ensure that the number of primary care residents is not reduced and at least 75 percent of the slots received must be in primary care or general surgery for at least five years. Medicare will provide a 10 percent bonus payment for primary care

provided by qualified physicians from 2011-2015. In addition, Medicaid payment rates to primary care physicians will be increased in 2013 and 2014 to at least 100 percent of associated Medicare rates. Emphasizing the critical importance of primary care by providing financial incentives will build capacity in underserved areas.

- **Providing financial assistance for students:** The Department of Education currently makes more than \$150 billion in aid available to students to help pay for undergraduate and graduate education, through a combination of grants, loans, work study, and tax credits. The Affordable Care Act increases the Federal government's investment in Pell Grants by \$40 billion, to ensure that all eligible students receive an award and that these awards are increased in future years to help keep pace with the rising costs of a college education.
- **Making health care education more accessible:** Many individuals in health professions are eligible for generous student loan forgiveness programs under current Department of Education programs. This includes Public Sector Loan Forgiveness, which allows individuals in eligible jobs to have their loans forgiven after 10 years. Qualifying jobs for Public Sector Loan Forgiveness include positions in Federal, State, local, or Tribal governments as well as nearly any non-profit organization, including many hospitals and clinics. In addition, certain nurses and medical technicians are also eligible to have their Perkins loans cancelled. The Affordable Care Act expands the existing income-based student loan repayment programs for new borrowers after July 1, 2014, by capping payments at 10 percent of their discretionary income (down from 15 percent) and forgiving loans after 20 years (down from 25 years). Public sector employees will still have their loans forgiven after 10 years.

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June 18, 2010

President Barack Obama  
 The White House  
 1600 Pennsylvania Ave., NW  
 Washington, DC 20500

Dear Mr. President:

The Association of State and Territorial Health Officials and the undersigned Affiliated Organizations, which collectively represent executive leaders in state and territorial public health agencies across the country, are surprised and disappointed that the Administration directed \$250 million from the Prevention and Public Health Fund, provided through the Patient Protection and Affordable Care Act, to support the Primary Care Workforce. This use of funds for delivery of healthcare does not honor the intent of the Prevention and Public Health Fund and limits our nation's opportunity to make a significant, positive impact in health outcomes.

The Prevention and Public Health Fund was a historic investment in prevention and public health programs that prevent illness and injury before they occur, resulting in lower healthcare costs. Focusing on preventing the leading causes of mortality and morbidity in the United States provides the greatest opportunity to help this and future generations of Americans live healthier lives and reduce healthcare costs.

We sincerely hope the remaining \$250 million of the FY10 Prevention and Public Health Fund and the entirety of this fund in subsequent fiscal years will be invested in public health and prevention as intended in the Affordable Care Act.

We look forward to working with you to implement the Affordable Care Act in a way that transforms our healthcare system to one focused on wellness and prevention.

Sincerely,

Association of State & Territorial Health Officials  
 Association of Maternal & Child Health Programs  
 Association of Public Health Laboratories  
 Association of State & Territorial Dental Directors\*  
 Association of State & Territorial Directors of Nursing  
 Association of State & Territorial Local Health Liaison  
 Officials  
 Association of State & Territorial Public Health Social  
 Workers\*  
 Directors of Health Promotion & Education

Council of State & Territorial Epidemiologists  
 National Alliance of State & Territorial AIDS Directors  
 National Association of Chronic Disease Directors  
 National Association for Public Health Statistics &  
 Information Systems  
 National Association of State Offices of Minority Health\*  
 National Association of Vector-borne Disease Control  
 Officials  
 National Coalition of STD Directors  
 Safe States Alliance

*\*Signed onto the letter after submission*



DBGH Item #17.F  
July 22, 2010

### *What is public health accreditation?*

The goal of the accreditation program is to advance the continuous quality improvement of all state, local, tribal, and territorial health departments across the country. With broad input and support, the Public Health Accreditation Board (PHAB) has developed standards that health departments can put into practice to ensure they are providing the best services possible to keep their communities safe and healthy. These standards will be used to assess health departments for accreditation. Preparing for and seeking accreditation will drive health departments to continuously improve the quality of services they deliver.

### *What is the Beta Test and why is it important?*

From fall 2009 through the end of 2010, the national public health accreditation program will be tested in the field with 30 public health departments. To represent a broad cross-section, the Beta Test sites vary in size, geographic location, structure, governance, and preparedness for accreditation. Based on the feedback from the health departments, PHAB will refine and improve the accreditation program to ensure that it is effective, feasible, and applicable to all health departments, and promotes continuous quality improvement. The accreditation Beta Test offers a unique opportunity for public health departments to have a hand in shaping the future of public health.

### *How can public health leaders and practitioners contribute to the Beta Test?*

Public health departments are the most valuable resource for the on-the-ground, critical feedback needed to revise and enhance the accreditation program prior to the national launch. PHAB welcomes comments on documents and processes and will provide opportunities for stakeholders to submit suggestions and recommendations throughout the Beta Test.

### *How widespread is support for public health accreditation?*

The overwhelming number of applications PHAB received from health departments nationwide to participate in the Beta Test signals that the field recognizes the need for, and value of, a public health accreditation program. Health agencies understand that accreditation can provide them with valuable, measurable feedback on their performance; increased accountability; enhanced credibility and visibility among key stakeholders; improved staff morale; and proof that public funds are being used to better protect, promote and preserve their community's health. Public health departments across the country are already preparing for accreditation in advance of the 2011 launch.

### *Who is involved in public health accreditation?*

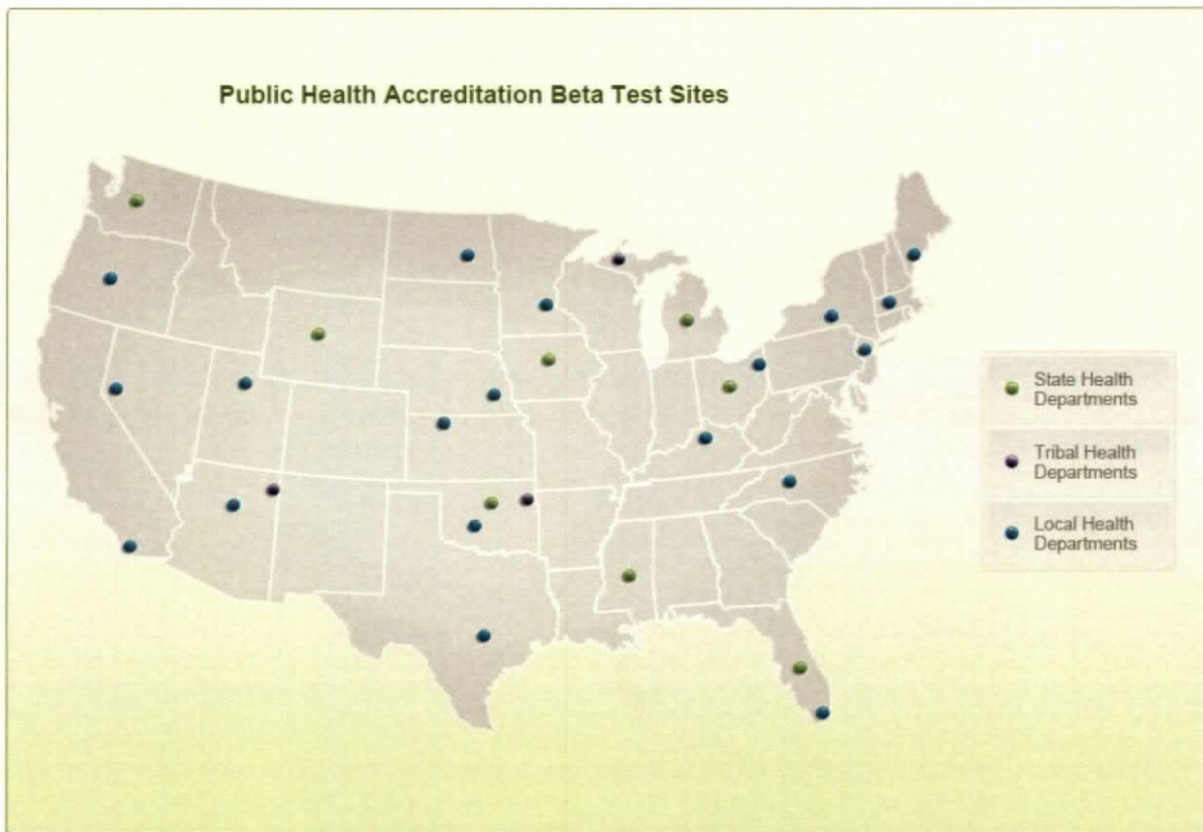
PHAB is funded by the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention. The public health accreditation program has broad support from leaders and practitioners from the national, state, and local levels. National partners and supporters include the American Public Health Association (APHA), Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), National Association of Local Boards of Health (NALBOH), National Network of Public Health Institutes (NNPHI), and National Indian Health Board (NIHB).

To learn more about public health accreditation and the Beta Test, visit [www.phaboard.org](http://www.phaboard.org).



## Public Health Accreditation Board Beta Test of the National Voluntary Public Health Accreditation Program

The Public Health Accreditation Board (PHAB) has selected **thirty health departments** to participate in a Beta Test of the national voluntary public health accreditation program. The map below shows the locations of the eight state, 19 local, and three tribal health departments that are participating in the Beta Test. To represent the diversity of health departments across the country, the Beta Test health departments vary in size, structure, population served, governance, geographic region, and degree of preparedness for accreditation. Between fall 2009 and the end of 2010, the Beta Test sites will work through the entire accreditation process and provide valuable, on-going feedback, and evaluation. Based on the feedback, PHAB will refine and improve the accreditation program to ensure that it is effective, feasible, and applicable to all public health departments, and that it promotes continuous quality improvement. Visit [www.phaboard.org](http://www.phaboard.org) for more information.



### Local Health Departments

- Austin/Travis County Health and Human Services (TX)
- Carson City Health and Human Services (NV)
- Central Valley Health District (ND)
- City of Portland Public Health Division (ME)
- Coconino County Health Department (AZ)
- Comanche County Health Department (OK)
- County of San Diego Health and Human Services Agency (CA)
- Deschutes County Health Services (OR)
- Franklin County Health Department (KY)

- Hennepin County Human Services and Public Health Department (MN)
- Mahoning County District Board of Health (OH)
- Miami-Dade County Health Department (FL)
- Northampton Health Department and the Quabbin Health District (MA)
- Norton County Health Department (KS)
- Public Health Solutions District Health Department (NE)
- The Public Health Authority of Cabarrus County, Inc. (NC)
- Tioga County Health Department (NY)
- Tooele County Health Department (UT)
- Township of Bloomfield Department of Health and Human Services (NJ)

### State Health Departments

- Florida Department of Health
- Iowa Department of Public Health
- Michigan Department of Community Health
- Mississippi State Department of Health
- Ohio Department of Health
- Oklahoma State Department of Health
- Washington State Department
- Wyoming Department of Health

### Tribal Health Departments

- Cherokee Nation Health Service (OK)
- Keweenaw Bay Indian Community, Department of Health & Human Services (MI)
- The Navajo Nation Division of Health (AZ)





PUBLIC HEALTH ACCREDITATION BOARD

Protect and improve the health of every community.



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Public health departments work to protect and improve the health of people in communities across our country. They ensure access to clean air and water, investigate disease outbreaks, encourage healthy behaviors, and advocate for health in public policy. Despite these critical responsibilities, there has not been a national accreditation program to apply standards to public health departments' quality of service – until now. Accreditation is based on standards that health departments can use to demonstrate they are providing the best services possible to keep their communities healthy and safe. Accreditation will empower public health departments to continuously improve their services and performance and ultimately raise the visibility of public health practice and its critical role in protecting the health of our nation.

### What is the Public Health Accreditation Board?

- PHAB is a non-profit, voluntary accreditation organization whose goal is to advance public health performance by providing a national framework of standards for local, state, territorial and tribal health departments. These standards were developed by leaders in public health practice and research. PHAB works closely with the following constituent partners to align the standards with the needs of all health departments regardless of size, governance, location, or population:
- American Public Health Association (APHA)
  - Association of State and Territorial Health Officials (ASTHO)
  - National Association of County and City Health Officials (NACCHO)
  - National Association of Local Boards of Health (NALBOH)
  - National Indian Health Board (NIHB)
- PHAB receives generous support from these funding partners:
- The Centers for Disease Control and Prevention (CDC)
  - The Robert Wood Johnson Foundation (RWJF)

Visit [www.phaboard.org](http://www.phaboard.org) for more information and sign up to receive our newsletter.

### What are the benefits of national accreditation?

- Credibility
- Recognition of high performing health departments
- Framework for effective planning
- Culture of quality and performance improvement
- Access to resources for improvement
- Public health services aimed at improving health outcomes

National accreditation will demonstrate the critical role of public health departments in assuring healthy and safe communities.



### Who is eligible to apply for national accreditation?

- Local health departments
- State and territorial health departments
- Tribal health departments

### What are the prerequisites for national accreditation?

- Community health assessment
- Community health improvement plan
- Agency strategic plan

### What is the cost of accreditation?

The fees for accreditation will be developed by the PHAB Board of Directors by the time the program is launched in 2011. Through research and analysis of costs and related incentives to offset those costs, a fee structure will be adopted that provides resources so that it is not a barrier for health departments seeking accreditation.



The Institute of Medicine's "The Future of the Public's Health," calls for the establishment of a national entity to examine the benefits of accrediting governmental public health departments.

The Exploring Accreditation Project (EAP) develops a proposed model that is distributed for a three month public review process. As a result of the feedback, the model is revised.

EAP is launched and the EAP Final Recommendations are released. APHA, ASTHO, NACCHO and NALBOH endorse the recommendations of the EAP and become the founding partners of PHAB.

PHAB is incorporated in May.

PHAB's workgroups and committees begin developing elements of accreditation.

PHAB conducts a beta test of accreditation.

PHAB begins accepting applications for accreditation.

2003

2004

2005

2006

2007

2008

2009-2010

2011





## What are the steps to national accreditation?

**Pre-application:** Health department prepares and assesses readiness, informs PHAB of its intent to apply, and receives training

**Application:** Health department submits online application

**Self-assessment:** Health department submits documentation

**Peer review:** Site visitors review documentation, visit health department, and develop report

**Accreditation decision:** PHAB Board awards accreditation status

**Reports and reaccreditation:** Health department reports progress and reapplies



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public health  
performance*

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