

# Washoe County



## Health District

**Matt Smith, Chair**  
**Kitty Jung, Vice Chair**  
**Denis Humphreys, OD**  
**Neoma Jardon**  
**George Hess, MD**  
**David Silverman**  
**Julia Ratti**

**Kevin Dick**  
*District Health Officer*

**Leslie Admirand**  
*Deputy District Attorney*

**WASHOE COUNTY HEALTH DISTRICT**  
1001 East Ninth Street, Reno, Nevada 89512  
P.O. Box 11130, Reno, Nevada 89520  
Telephone 775.328-2400 • Fax 775.328.3752  
[www.washoecounty.us/health](http://www.washoecounty.us/health)

### *MEETING NOTICE AND AGENDA*

#### **Washoe County District Board of Health**

Date and Time of Meeting: Thursday, December 18, 2014, 1:00 p.m.

Place of Meeting: Washoe County Health District  
1001 East Ninth Street, Building B  
South Auditorium  
Reno, Nevada 89512

All items numbered or lettered below are hereby designated **for possible action** as if the words "for possible action" were written next to each item (NRS 241.020). An item listed with asterisk (\*) next to it is an item for which no action will be taken.

<b>Time/ Item</b>	<b>Agenda Item</b>	<b>Presenter</b>
<b>1:00 p.m.</b> *1.	<b>Call to Order</b> <b>Pledge of Allegiance</b> - Led by Invitation	Mr. Matt Smith
*2.	<b>Roll Call</b>	Ms. Dawn Spinola
*3.	<b>Public Comment</b> Limited to three (3) minutes per person. No action may be taken.	Mr. Matt Smith
4.	<b>Approval of Agenda</b> December 18, 2014 Regular Meeting	Mr. Matt Smith
5.	<b>Approval of Draft Minutes</b> November 20, 2014 Regular Meeting	Mr. Matt Smith
*6.	<b>Recognitions</b> A. Years of Service 1. Irene Ramos-Hernandez - 20 years, hired 12/5/1994 – CCHS 2. Dale Brice - 20 years, hired 12/6/1994 – CCHS 3. Jeff Jeppson - 5 years, hired 12/7/2009 - EHS	Mr. Kevin Dick Mr. Matt Smith

Time/ Item	Agenda Item	Presenter
	<p>B. New Hires</p> <ol style="list-style-type: none"> <li>1. Chantelle Batton - Environmental Health Specialist Trainee I, hired 12/1/14 – EHS</li> <li>2. Victoria Nicolson-Hornblower – Public Health Nurse I, Promoted to Full Time from Intermittent Hourly 12/15/14 - CCHS</li> <li>3. Nicole Kleine – Public Health Nurse I, Promoted to Full Time from Intermittent Hourly 12/15/14 - CCHS</li> </ol> <p>C. Recognition of Achievements</p> <ol style="list-style-type: none"> <li>1. Ruth Castillo, Washoe County Excellence in Public Service Certificate</li> <li>2. Nicole Alberti, University of Minnesota Performance Improvement Certificate</li> </ol> <p>D. Retirements</p> <ol style="list-style-type: none"> <li>1. Margot Jordan, 11/4/85 - 01/02/2015 – CCHS</li> </ol> <p>E. Board Retirements</p> <ol style="list-style-type: none"> <li>1. Matt Smith, member since 1/22/03, Chair from 1/27/11 to 12/18/14</li> </ol>	
7.	<p><b>Resolution</b> Nevada Breastfeeding Welcomed Here</p>	<p>Mr. Kevin Dick Mr. Matt Smith</p>
8.	<p><b>Consent Agenda</b> Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.</p> <p><b>A. Air Quality Management Cases</b></p> <ol style="list-style-type: none"> <li>1. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board: <ol style="list-style-type: none"> <li>a. Lennar Reno LLC – NOV No. 5436, Case No. 1167</li> </ol> </li> </ol> <p><b>B. Budget Amendments / Interlocal Agreements</b></p> <ol style="list-style-type: none"> <li>1. Ratification of Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc. and University of Nevada School of Medicine Multispecialty Group Practice North, Inc. to provide medical director services for the Family Planning clinic in the total amount of \$9,000 per year for the period November 1, 2014 through June 30, 2015 unless extended by the mutual agreement of the Parties; ratification by the governing bodies shall be a</li> </ol>	<p>Ms. Charlene Albee</p> <p>Ms. Patsy Buxton</p>

Time/ Item	Agenda Item	Presenter
	<p>condition precedent to its entry into force; and if approved, authorize the Chairman to execute the Interlocal Agreement; Authorization of travel and travel reimbursements for non-County employee(s) to be determined by the School, in the amount not to exceed \$1,500.</p> <p>2. Approval of Notice of Subgrant Award from the Division of Public and Behavioral Health for the period October 1, 2014 to September 30, 2015 in the amount of \$1,062,144 in support of the Women, Infants and Children (WIC) Grant Program IO 10031; and if approved, authorize the Chairman to execute.</p> <p>3. Approve amendments totaling an increase of \$69,151 in both revenue and expense to the FY15 Advancing Conformance with the Voluntary National Retail Food Regulatory Grant Program (VNRFRPS), IO 11088.</p>	Ms. Erin Dixon
9.	<p><b>Regional Emergency Medical Services Authority</b></p> <p>A. Review and Acceptance of the REMSA Operations Reports for October, 2014.</p> <p>*B. Update of REMSA’s Community Activities During October, 2014</p>	Mr. Jim Gubbels
10.	<p><b>Discussion and possible reappointment of Jim Begbie as the Consumer at Large District Board of Health Appointed Representative to the REMSA Board of Directors and possible appointment of a Member of the Accounting Profession District Board of Health Appointed Representative to the REMSA Board of Directors</b></p>	Ms. Christina Conti
11.	<p><b>Presentation and Possible Acceptance of 2015 Washoe County District Board of Health Meeting Calendar</b></p>	Mr. Kevin Dick
12.	<p><b>Presentation, discussion and possible approval of proposed new Washoe County Health District Logo</b></p>	Mr. Kevin Dick
13.	<p><b>Acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date November 30, 2014</b></p>	Ms. Anna Heenan
14.	<p><b>Discussion, acknowledgement and possible direction to staff given status quo financial projections for the Health District Fund and the next steps in preparation of the Fiscal Year 2015-2016 Budget Process</b></p>	Ms. Anna Heenan

<b>Time/ Item</b>	<b>Agenda Item</b>	<b>Presenter</b>
15.	<b>Discussion, acknowledge and possible direction to staff on the recommended cost analysis and methodology for the Health District Administration to conduct a cost analysis of all Health District programs – Fundamental Review Recommendation #10</b>	Ms. Anna Heenan
16.	<b>Presentation, discussion, possible Board input and direction to staff to monitor and act upon 2015 Legislative Session identified topics of interest and Bill Draft Requests affecting the Health District and to submit a monthly staff legislative status report providing an update on legislative actions and Health District positions during the legislative session</b>	Mr. Kevin Dick
*17.	<b>Staff Reports and Program Updates</b> <b>A. Director, Air Quality Management</b> EPA Proposes New Ozone Ambient Air Quality Standards; Divisional Update – Monitoring & Planning and Permitting <b>B. Director, Community and Clinical Health Services</b> Divisional Update, Program Reports <b>C. Director, Environmental Health Services</b> Food, Vector-Borne Disease, Waste Management and EHS Inspections / Permits / Plan Review <b>D. Director, Epidemiology and Public Health Preparedness</b> Communicable Disease, Public Health Preparedness, and Emergency Medical Services <b>E. District Health Officer, Office of the District Health Officer</b> Integrated Emergency Management Course, REMSA/EMS, Ebola Preparedness, Regional Business License and Permits Program, Community Health Needs Assessment, Fundamental Review, Staffing, Other Events & Activities and Health District Media Contacts	Ms. Charlene Albee  Mr. Steve Kutz  Mr. Robert Sack  Dr. Randall Todd  Mr. Kevin Dick
*18.	<b>Board Comment</b> Limited to announcements or issues for future agendas.	Mr. Matt Smith
19.	<b>Emergency Items</b>	Mr. Kevin Dick
*20.	<b>Public Comment</b> Limited to three (3) minutes per person. No action may be taken.	Mr. Matt Smith
21.	<b>Adjournment</b>	Mr. Matt Smith

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

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Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of another later meeting; moved to or from the Consent section, or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later. Items listed in the Consent section of the agenda are voted on as a block and will not be read or considered separately unless withdrawn from the Consent.

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The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, PO Box 1130, Reno, NV 89520-0027, or by calling 775.328.2416, 24 hours prior to the meeting.

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**Time Limits:** Public comments are welcomed during the Public Comment periods for all matters whether listed on the agenda or not. All comments are limited to three (3) minutes per person. Additionally, public comment of three (3) minutes per person may be heard during individual action items on the agenda. Persons are invited to submit comments in writing on the agenda items and/or attend and make comment on that item at the Board meeting. Persons may not allocate unused time to other speakers.

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**Response to Public Comments:** The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The *Open Meeting Law* does not expressly prohibit responses to public comments by the Board of Health. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Board of Health will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District Staff action or to ask that a matter be listed on a future agenda. The Board of Health may do this either during the public comment item or during the following item: “Board Comments – Limited to Announcement or Issues for future Agendas.”

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

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

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

Sparks City Hall, 431 Prater Way, Sparks, NV

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

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

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

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Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9<sup>th</sup> Street, in Reno, Nevada. Ms. Dawn Spinola, Administrative Secretary to the District Board of Health is the person designated by the Washoe County District Board of Health to respond to requests for supporting materials. Ms. Spinola is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at [dspinola@washoecounty.us](mailto:dspinola@washoecounty.us). Supporting materials are also available at the Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health) pursuant to the requirements of NRS 241.020.

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# WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING MINUTES

Washoe County



Health District

**Members**  
Matt Smith, Chair  
Kitty Jung, Vice Chair  
Dr. Denis Humphreys  
Neoma Jardon  
Julia Ratti  
Dr. George Hess  
David Silverman

**Thursday, November 20, 2014  
1:00 p.m.**

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

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The Washoe County District Board of Health met in regular session on Thursday, November 20, 2014, in the Health Department South Conference Room, 1001 East Ninth Street, Reno, Nevada.

## **1. Call to Order, Pledge of Allegiance**

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

**Commissioner Jung led the pledge to the flag.**

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## **2. Roll Call**

The following members and staff were present:

Members present:     Chair Matt Smith  
                             Vice Chair Kitty Jung  
                             Dr. Denis Humphreys  
                             Dr. George Hess  
                             Julia Ratti

Members absent:     David Silverman  
                             Neoma Jardon

Staff present:         Randall Todd, DrPH, Director, EPHP, Acting District Health Officer  
                             Leslie Admirand, Deputy District Attorney  
                             Charlene Albee, Division Director, AQM  
                             Steve Kutz, Division Director, CCHS  
                             James English, Supervisor, EHS  
                             Anna Heenan, Administrative Health Services Officer, AHS  
                             Erin Dixon, Fiscal Compliance Officer, AHS  
                             Kelli Goatley-Seals, Health Educator Coordinator, CCHS  
                             Brittany Dayton, EMS Coordinator, EPHP  
                             Dawn Spinola, Administrative Secretary/Recording Secretary, ODHO

### 3. Public Comment

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

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### 4. Approval of Agenda

**Dr. Humphreys moved to approve the agenda for the November 20, 2014, District Board of Health meeting. Councilmember Ratti seconded the motion which carried five in favor and none against.**

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### 5. Approval of Draft Minutes

Chair Smith abstained from voting as he had not been present at the October meeting.

**Councilmember Ratti moved to approve the minutes of the October 23, 2014 District Board of Health regular meeting as written. Dr. Hess seconded the motion which carried four in favor and none against.**

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### 6. Recognitions

Presented by Dr. Todd and Chair Smith

#### A. Years of Service and Excellence in Public Service Certificate Program

1. Ruth Castillo - 10 years, hired 10/09/04 – CCHS

Dr. Todd announced Ms. Castillo's accomplishments and presented her with a Certificate of Appreciation.

#### B. Years of Service

1. Ana Gonzalez – 15 years, hired 11/12/1999 – CCHS

Dr. Todd announced Ms. Gonzalez' accomplishment and presented her with a Certificate of Appreciation.

#### C. New Hires

1. Christine Cifelli – P/T Advanced Practitioner of Nursing, hired 11/3/14 – CCHS  
Ms. Cifelli was not in attendance.

#### D. Recognition of Achievement

Presented by Ms. Julie Hunter

1. Alliance for Climate Education

Ms. Hunter explained the ACE had developed and implemented an Idle Free Schools program as part of Safe Routes to Schools.

Student and ACE Fellow Alicia Wong thanked the program partners, explained how the program had evolved and reviewed its successes.

The Board and audience congratulated the representatives with a round of applause.

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## 7. Proclamation

World AIDS Day

Jennifer Howell accepted the proclamation.

**Dr. Hess moved to approve the proclamation. Councilmember Ratti seconded the motion which was approved five in favor and none against.**

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## 8. Consent Agenda

### A. Air Quality Management Cases

1. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board:

a. Advanced Installations – NOV No. 5360, Case No. 1166

### B. Budget Amendments / Interlocal Agreements

1. Approve Notice of Subgrant Award for the period August 1, 2014 through July 31, 2015 in the total amount of \$140,000 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity (ELC) Federal Grant Program, IO 10984; Approve amendments totaling an increase of \$2,351 in both revenue and expense to the FY15 CDC Epidemiology and Laboratory Capacity Federal Grant Program, IO 10984; and if approved authorize the Chairman to execute.

2. Approve amendments totaling an increase of \$63,773 in both revenue and expense to the FY15 CDC Public Health Preparedness – BP2 Carry-Over Federal Grant Program, IO TBA.

3. Authorization of travel and travel reimbursements for non-County employees in the approximate amount of \$7,259, supported by the grant award (IO-20385).

4. Authorization of travel and travel reimbursements for non-County employees John Packham, PhD and three, to be determined, community leaders from other Northern Nevada counties in the approximate amount of \$5,177, supported by the grant award (IO-20385).

**Councilmember Ratti moved to approve the Consent Agenda as presented. Commissioner Jung seconded the motion which was approved five in favor and none against.**

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## 9. Regional Emergency Medical Services Authority

Presented by Mr. Jim Gubbels

A. Acceptance of the Correction of the August, 2014 ground service fee averages, presented during the October, 2014 meeting.

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B. Acceptance of the REMSA Operations Reports for September, 2014 as presented at the October, 2014 meeting.

Mr. Gubbels presented the items, noting they had not been approved when presented at the October, 2014 meeting due to an administrative error.

**Councilmember Ratti moved to approve the correction and reports. Dr. Hess seconded the motion which was approved five in favor and none against.**

Mr. Gubbels explained that, due to the compressed meeting schedule to accommodate the holidays, the October report will be presented in December and the November and December reports will be presented in January.

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**10. Acknowledgement of the receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date October, 2014**

Staff Representative: Ms. Heenan

Ms. Heenan presented the Financial Review.

Dr. Hess noted the negative numbers and the fact the anticipated annual deficits were already looming. He asked if it would be necessary to make adjustments to get through the fiscal year. Ms. Heenan stated she would be bringing a three-year forecast to the Board next month. She noted the adopted budget did contain deficits which would lead to the District being out of cash within a year. She acknowledged it was a situation that needed to be addressed, but opined it did not require immediate action as the fund balances for this fiscal year and the next fiscal year would sustain the District in the meantime.

Ms. Heenan explained revised fees would help reduce the deficit by increasing revenues and the cost-benefit analysis will assist in guiding expenditure reductions.

**Commissioner Jung moved to approve the review as presented. Councilmember Ratti seconded the motion which was approved five in favor and none against.**

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**11. Presentation, discussion and possible direction to staff responsible for District Board of Health Committees and Advisory Boards with vacancies to conduct a search for replacements and present the names of potential appointees to the Board for consideration and selection.**

Staff Representative: Dr. Todd for Mr. Kevin Dick

Dr. Todd presented the staff report. Dr. Hess asked which three Committees and Advisory Boards were being addressed. Ms. Spinola explained they were the Sewage, Wastewater and Sanitation Hearing Board, the Food Protection Hearing and Advisory Board and the Air Pollution Control Hearing Board. She noted the EMS Advisory Board should be added to the list as the DBOH was responsible for appointing two of the members.

Chair Smith opined it was a good idea for staff to conduct the searches and bring the names of the potential appointees to the Board.

Dr. Hess suggested Board members may wish to have input regarding the selection of the appointee. Mr. English explained that the current process involved staff soliciting volunteers

from the public. If that is unsuccessful the position is advertised in the newspaper. Dr. Todd opined there was nothing in the staff report that would preclude a Board member from suggesting a candidate. Chair Smith supported that statement.

Commissioner Jung opined it should be a Board policy that the vacancies are always advertised, as they are public bodies. She explained that was a County-wide policy for all public bodies as it constituted a public notice. Chair Smith agreed the openings should be advertised and it should be an open, public process.

**Councilmember Ratti moved to empower staff to initiate recruitment processes whenever they have a vacancy. As part of the recruitment process, any Board position will be publicly announced and advertised. The Board of Health will be notified the vacancy is open. Dr. Hess seconded the motion which was approved five in favor and none against.**

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**12. Discussion and possible direction to staff regarding new fees associated with Health District activities that are not currently on the Fee Schedule and beginning the process of updating of the existing fee schedule with the most current salaries, benefits, and indirect cost rates that have been approved for Fiscal Year 2015**

Staff Representative: Ms. Dixon

Ms. Dixon presented the staff report, pointing out changes made based on Board requests. In particular, Item 7 had been split out into two categories. She explained data had been collected regarding the number of permits held by the Washoe County School District (WCSD), how much they pay in fees and the number of staff hours expended on required inspections. Data had also been collected regarding the number of hours spent on Epidemiological investigations. She clarified staff would appreciate direction regarding which if any of the proposed fees the Board would like staff to take out for public comment, as well as moving forward with updating the fees based on the most current salaries, benefits, and indirect cost rates.

At Dr. Hess' request, Ms. Dixon explained the proposed fee involves charging for school inspections. NRS requires two per year, so for the first nine months of the year, staff has put 498.5 hours into the inspections. School kitchen permits net \$30,171 annually. WCSD Air Quality permits net \$18,326. Ms. Dixon listed some other public agencies that pay fees to the District; they included Washoe County, City of Reno and City of Sparks.

Councilmember Ratti summarized, clarifying that the agenda item requests that the Board direct staff to take the fees to the public and stakeholders for input and then bring that input back to the Board. It is not an approval of the fees. Ms. Dixon stated that was all correct.

Chair Smith stated that if the fees were to be presented to the public the Board should be in agreement with them so staff time was not wasted. If they were going to have a problem with one or any of them he would prefer it or they be pulled.

Councilmember Ratti stated she believed in the public input process. She was comfortable with the fees, but something presented during public input may change her mind. As a governing Board member, her job was to have an open mind in case someone presented something she had not personally contemplated. She stated she will not guarantee to vote for the fees after they go through the public process but absolutely wanted the input.

Dr. Hess stated he still had reservations but was going along with the proposed fees based on how they had been rephrased. He agreed the Board needed the feedback.

Councilmember Ratti pointed out that fee increases were not generally enthusiastically supported. Even in the face of strong opposition, if the District needs the revenue in order to be able to deliver the services, the Board needed to go forward with the fees. She reiterated that occasionally the fee payers are being subsidized by the taxpayers and that should be part of the overall discussion.

Dr. Hess stated he felt it is the District's job to investigate outbreaks, and instead of investigation fees, the offenders should be charged for repeat inspections and reopening. Ms. Dixon explained staff had expended 1,105.5 hours on those types of investigations. The Health District would likely not have requested reimbursement for any of them.

Dr. Humphreys opined the process was appropriate, and agreed with the need for public input. He pointed out staff had done what the Board directed, which was to look at the fee calculations based on cost recovery. That also helps the process of standardizing how fees are established and enforced.

Commissioner Jung opined that taxpayers should not be subsidizing fee payers. She encouraged staff to remind industry that the Board had decided to allow them to take a fee holiday, even though the District had been in a tremendous deficit situation. She did not believe they had ever done what the Board had asked them to do, which was to take advantage of the free advertising at their national levels regarding the benefits of doing business in the county to help drum up some more business. She requested staff look into what industry did to validate that and bring it back to the Board.

Commissioner Jung pointed out the Fundamental Review had identified the fees as an area of revenue generation. She stated it was important to her that the District arrives at a sustainable position so staff can be supported to provide the services. The only other alternative to balance the budget was to eliminate positions. All other avenues had been pursued and implemented.

Commissioner Jung opined that if the Board was not going to work in a unified manner on this issue it would be a waste of tax money to continue to pursue it. She felt the new Board members should be educated at the earliest possible opportunity regarding the history and issues surrounding the topic. She noted Board action in the past had been stymied by reluctance to enact unpopular steps and stated she was prepared to stand firm. She reiterated some had been given a fee holiday and been subsidized by the taxpayers. The Recession has ended and industry has expanded in some areas, so there is no reason not to ask for higher fees.

Chair Smith agreed, clarifying that unless there was something they were fundamentally morally, totally against, the Board needs to move forward together.

Ms. Dixon explained the timeline was to go to the public in January and bring the fees back to the Board in February or March, to be effective July 1. Councilmember Ratti stated she would like the District Health Officer to contemplate how to educate new Board members prior to the fee meeting. Chair Smith stated he would not be opposed to meeting with his replacement for that purpose.

Chair Smith asked how the public meetings would be conducted, opining they had not been well-advertised in the past, which led to substantial attendance and input at the public fee Board meeting. He noted the Fundamental Review had encouraged collaboration with the community, and it was important for the stakeholders to provide the input in advance. Ms. Dixon noted those conversations had already begun with some of the leadership groups. Any impacted permit holder would also receive an informational postcard regarding the meetings.

Commissioner Jung opined all notification efforts were valuable. She agreed with the value of building open, transparent relationships and providing understandable explanations about what was being proposed.

Chair Smith suggested this was an ongoing, contentious item. Councilmember Ratti noted that there had been discussion about why the fee schedule was changed annually, as opposed to being established with an automatic annual increase and reviewed in depth once every five years. The annual process was challenging for the Board, staff and the business community. Ms. Dixon explained that was part of the goals being set for the 2017 budget year.

**Councilmember Ratti moved to direct staff to present to the community the proposed new fees and bring back to the Board the fees for consideration and possible adoption into the current fee schedule and begin the process of updating the fee schedule with the most current salaries, benefits and indirect cost rates that have approved for Fiscal Year 2015. Commissioner Jung seconded the motion which was approved five in favor and none against.**

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### 13. Staff Reports and Program updates

#### A. Director, Air Quality Management

Ms. Albee stated she had nothing to add but was available to answer questions.

#### B. Director, Community and Clinical Health Services

Mr. Kutz stated he had nothing to add, but noted Kelli Seals had joined him, she was the author of the Chronic Disease Prevention program update and was available to answer questions, as was he.

Dr. Humphreys noted the numbers of overweight and obese children had experienced little change over the past 10 years. He stated he was aware of numerous outreach programs that had been conducted and asked what the thoughts were regarding future outcomes.

Ms. Seals stated the data had been collected through WCSD, as they were legislatively mandated to do so. One concern is there has not been enough programming in answer to the data. It is known where the problems are, but there has not been any funding to directly address them within the community. While there has not been grant funding awarded to address childhood obesity, staff has applied for grant funds and have used the WCSD BMI data in these grant applications. CCHS staff have implemented out-of-school time and voluntary wellness policies, and they are working with child care centers to address wellness, but do not have steady funding to address the issues.

Dr. Humphreys noted those challenges led to diabetes, which is at epidemic proportions among the school-age population.

Ms. Seals pointed out the legislation that calls for the collection of the data within the school district is set to sunset in 2015. Staff will work to try to get it extended.

Commissioner Jung suggested staff ask why the legislature mandated the data be collected while the children were in the fourth grade, as opposed to earlier. Ms. Seals noted that was when other tests were done, such as eyesight and scoliosis, and opined it was done at the same time as a convenience. Commissioner Jung suggested staff encourage the legislature to consider mandating the data collection times based on science that indicates when intervention may be more effective.

In response to a question raised by Dr. Hess regarding delays in training and implementation, Mr. Kutz explained some recent challenges with the software vendor and how they were being addressed.

### **C. Director, Environmental Health Services**

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

Dr. Hess asked if the mosquito problem in Kiley Ranch was being addressed. Mr. English explained they were working with the developers, the City of Sparks and the Land Users Development Group through the Builders Association of Northern Nevada to form a plan regarding mitigation efforts.

Commissioner Jung asked if there were any fines or fees that could be levied to the developer in the future if they built without proper approvals and then expected the county to provide mosquito treatment. Mr. English offered to research it and bring it back to the Board.

Councilmember Ratti explained Kiley Ranch Preserve was a charitable non-profit that was put in place to preserve the wetlands area and save it from development. The development plans are not near the wetlands. She asked if the District was negotiating more with the Wetlands group than the developer and Mr. English stated he believed so. He added they were also working with the developer to try to mitigate risks to the public because the wetlands were still fairly close. Councilmember Ratti pointed out the developers had no influence over the wetlands.

Commissioner Jung noted the information about the conservation group was a helpful clarification, but the developer needed to make decisions that protected the homeowners so they did not ultimately place the responsibility for mosquito control on the Health District. She requested a report on what the developer did or did not do based on staff recommendations to protect the population and what the District could do in the future if it was asked to mitigate a pre-identified health risk.

Councilmember Ratti pointed out the wetlands existed prior to development, so the wetlands were not the problem, it was the encroachment. She was unsure of what the developer could do to mitigate. Commissioner Jung suggested they should not build there; it was another example of industry asking taxpayers to subsidize. Mr. English stated he would provide a report that contained the guidelines or conditions provided as part of the developer's approval and that they were met.

Councilmember Ratti requested the report include the history of the entire Kiley Ranch project and if everything was done by the City or the developer as it should have been at the Master Project stage.

**D. Director, Epidemiology and Public Health Preparedness**

Dr. Todd pointed out the number of influenza-like illnesses were below threshold but deaths were above. The number of deaths indicates the severity. The statistics can appear to fluctuate quite a bit because they are based on small numbers. Early numbers in the season do not provide any kind of reliable estimate for how severe the remainder of the season will be.

The REMSA Board vacancy has been posted and staff will bring the names of candidate(s) to the DBOH for selection and appointment. Ms. Dayton explained it was posted on the Health District website and Twitter. The deadline is December 5. The departing Board member has provided three recommendations for his replacement. Commissioner Jung asked if staff could possibly find a way to advertise the position with a local accounting group or organization.

The EMS Program staff has elected not to include their contact information on the REMSA billing, as patients with questions should be contacting REMSA directly.

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

Dr. Todd stated he had nothing to add, but was available to answer any questions.

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**14. Board Comment**

None.

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**15. Emergency Items**

None.

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**16. \*Public Comment**

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

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**17. Adjournment**

**At 2:11 p.m., Commissioner Jung moved to adjourn. Councilmember Ratti seconded the motion which was approved five in favor and none against.**

Respectfully submitted,



---

Randall Todd for  
Kevin Dick, District Health Officer  
Secretary to the District Board of Health

*Dawn Spinola*

---

Dawn Spinola, Administrative Secretary  
Recording Secretary

Approved by Board in session on \_\_\_\_\_, 2014.

DRAFT

# Resolution

**WHEREAS** the Nevada Breastfeeding Welcomed Here Campaign encourages public health and businesses working collaboratively to protect, promote, and support breastfeeding; and

**WHEREAS** our community strives to make breastfeeding the norm for infant and young child feeding; and

**WHEREAS** breastfeeding is a proven strategy, protecting infants and mothers from chronic and acute diseases, and helps build a foundation for life-long health; and

**WHEREAS** breastfeeding provides a safe and reliable food source, especially during natural disasters and emergencies; and

**WHEREAS** all major medical authorities recommend that mothers breastfeed exclusively for six months; and

**WHEREAS** *The Surgeon General's Call to Action to Support Breastfeeding*, calls on health care providers, employers, insurers, policymakers, researchers, and the community at large to support mothers in reaching breastfeeding goals;

**NOW THEREFORE BE IT RESOLVED** that on this 18th day of December, 2014, the Washoe County District Board of Health does hereby welcome and encourage breastfeeding for new mothers and infants within the Health District.

---

A. M. Smith III, Chairman  
Washoe County District Board of Health





# WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



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

## STAFF REPORT

**BOARD MEETING DATE:** December 18, 2014

**DATE:** December 2, 2014

**TO:** District Board of Health

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

**SUBJECT:** Recommendation for the Board to uphold a citation not appealed to the Air Pollution Control Hearing Board issued to Lennar Reno LLC Case No. 1167, Unappealed Citation No. 5436 with a \$10,000.00 negotiated fine.

### SUMMARY

Air Quality Management Division Staff recommends Citation No. 5436 be upheld and a fine of \$10,000.00 be levied against Lennar Reno LLC for violation of Section 030.2175, specifically a violation of the conditional Dust Control Permit No. DCP14-0063, condition No. 1, which stipulates: "The required number of water trucks will be assigned and available for operation 24 HOURS A DAY 7 DAYS A WEEK for the purpose of water application for the control of fugitive dust". Dust Control Permit No. DCP14-0063 stipulates four (4) water trucks are required for the project as proposed. Failure to control fugitive dust per the dust permit conditions constitutes a **major violation** of the District Board of Health Regulations Governing Air Quality Management. This is a negotiated settlement.

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

### BACKGROUND

On Saturday October 25, 2014, at approximately 1:40 p.m., Air Quality Specialist II Joshua Restori received a citizen complaint, via the answering service, from Senior Air Quality Specialist Dennis Cerfoglio regarding dust blowing at the intersection of Wingfield Springs and Rolling Meadows Drive. Specialist Restori called the complainant, Ms. Barbara Wickham, at approximately 1:47 p.m. to discuss the nature of the complaint. Ms. Wickham stated dust was blowing from a construction site adjacent to her apartment complex directly into the apartment complex.

On October 23, 2014 the National Weather Service issued a Wind Advisory for the greater Reno Area for October 25<sup>th</sup> from 8 AM to 11PM. On the same day the AQMD issued an email to all current dust control permit contacts. Mr. Tim Scheideman from Lennar Reno LLC is on this distribution list.

Specialist Restori responded to the complaint and arrived on-site at approximately 2:25 p.m. When approaching Wingfield Springs from the south on Vista Boulevard, Specialist Restori observed large amounts of dust from Lennar Reno LLC's Pioneer Meadows Village 7B & 7C. Specialist Restori immediately called Mr. Tim Scheideman, Lennar Reno LLC's Director of Land Management, at 2:38 p.m.

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 784-7200 FAX (775) 784-7225

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and in a voicemail stated there were significant plumes of fugitive dust blowing from Pioneer Meadows Village 7B & 7C with no signs of dust control on site. Specialist Restori then took photographs, from various viewpoints, of the fugitive dust at the site. Mr. Tim Scheideman returned Specialist Restori's call at approximately 3:09 p.m. to discuss the fugitive dust issues stating his contractor had dispatched a water truck to the site to apply water. Specialist Restori continued to observe and monitor the site, at 3:15 p.m. a water truck arrived on site and began applying water to the area.

Specialist Restori again called Mr. Tim Scheideman to thank him for his response and to state additional water trucks would be needed to control the fugitive dust problem on the site. Specialist Restori also advised Mr. Scheideman he would be issuing Lennar Reno LLC Citation No. 5436 for failure to have water trucks on site to control fugitive dust. It was further determined Lennar Reno LLC had been issued two (2) prior Notices of Violation Citations, which were upheld by the Washoe County District Board of Health (NOV No. 5151 on March 31, 2012 and NOV No. 5376 on March 20, 2013. Both of these citations were for violations of the same permit condition at the above location.

On October 30, 2014, Senior Air Quality Specialist Dennis Cerfoglio and Specialist Joshua Restori met with representatives Tim Scheideman and Dustin Barker from Lennar Reno LLC regarding Citation No. 5436. After taking into consideration all the facts presented in the case, including the two previous citations, and because Meadows Village 7B & 7C were now being palletized, Specialist Cerfoglio recommended Citation No. 5436 be upheld with a settlement fine of \$10,000.00 dollars. A Memorandum of Understanding was signed by both parties.

### **FISCAL IMPACT**

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

### **RECOMMENDATION**

Staff recommends the Board uphold unappealed Notice of Violation Citation No 5436 issued to Lennar Reno LLC with a \$10,000.00 negotiated fine. Alternatives to upholding the citation as presented include:

1. The District Board of Health may determine no violation of the regulations has occurred and dismiss Citation No. 5436.
2. The Board may determine to uphold Citation No. 5436 and levy any fine in the range of \$0 to \$10,000.00 per day.

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

### **POSSIBLE MOTION**

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

“Move to approve the Consent Agenda as presented.”



**NOTICE OF VIOLATION**

NOV 5436

DATE ISSUED: 10/27/14

ISSUED TO: Lennar Reno LLC. PHONE #: (775) 825-7733

MAILING ADDRESS: 10345 Professional Cir CITY/ST: Reno, NV ZIP: 89521

NAME/OPERATOR: Tim Scheideman PHONE #: (775) 799-3233

PERMIT NO. DLP14-0063 COMPLAINT NO. CMR14-0176 / 0177

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 10/27/14 (DATE) AT 11:15 a.m. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

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

VIOLATION DESCRIPTION: Major Violation of Conditional Dust Control Permit  
\* DCP14-0063, Condition #1, Controlling fugitive dust.

LOCATION OF VIOLATION: Pioneer Meadows Village TR & C / Rolling Meadows Drive & Ambiente Way

POINT OF OBSERVATION: On-site; around site in all directions

Weather: Temperate; Winds 16-34 mph gusts to 50 mph Wind Direction From: N E S W

Emissions Observed: Fugitive Dust  
 (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 10/27/14 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 24/7 hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

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

Signature: [Signature] Date: 10-27-2014

Issued by: Joshua C. Restori Title: AQSI

PETITION FOR APPEAL FORM PROVIDED



# WASHOE COUNTY HEALTH DISTRICT

## AIR QUALITY MANAGEMENT DIVISION



AIR QUALITY MGMT.

NOV 04 2014

Public Health  
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WASHOE COUNTY  
HEALTH DIST.

### MEMORANDUM OF UNDERSTANDING

#### WASHOE COUNTY DISTRICT HEALTH DEPARTMENT AIR QUALITY MANAGEMENT DIVISION

Date: October 30, 2014

Company Name: Sennar Reno LLC  
Address: 10345 Professional Circle Suite 100  
Notice of Violation # 5436 Case # 1167

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 030.2175 Violation of Permit Condition No. 1 of DCP 14-0063 No Water Trucks On Site.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 10,000.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on December 18, 2014.

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

[Signature]  
Signature of Company Representative

Dustin Baker  
Print Name

VP  
Title

[Signature]  
Witness

[Signature]  
Signature of District Representative

DENNIS A. CERFOGLIO  
Print Name

Sr. Air Quality Specialist  
Title

[Signature]  
Witness

# Administrative Penalty Table

## Air Quality Management Division Washoe County Health District

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

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

### II. Major Violations - Section 020.040

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

### III. Major Violations - Section 030.107 Asbestos

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

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

Company Name Lennar Reno LLC  
Contact Name Tim Scheideman

Case 1167 NOV 5436 Complaint CMP14-0173

Violation of Section 030.2175 Violation of Permit Condition of DCP14-0063

**I. Base Penalty as specified in the Penalty Table** = \$ 10000.00

**II. Severity of Violation**

**A. Public Health Impact**

**1. Degree of Violation**

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

Minor – 0.5 Moderate – 0.75 Major – 1.0 **Adjustment Factor** 1.00

**Comment:** No control measures being employed upon arrival to DCP14-0063

**2. Toxicity of Release**

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

**Comment:** Particulate Matter

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

Negligible – 1x Moderate – 1.5x Significant – 2x **Adjustment Factor** 2.0

**Comment:** Significant fugitive dust blowing directly into residential area

Total Adjustment Factors (1 x 2 x 3) = 2.00

**B. Adjusted Base Penalty**

Base Penalty \$ 10000.00 x Adjustment Factor 2.00 = \$ 20000.00

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

Adjusted Penalty \$ 20000.00 x Number of Days or Units 1 = \$ 20000.00

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

**D. Economic Benefit**

Avoided Costs \$ 2080.00 + Delayed Costs \$ 0.00 = \$ 2080.00

**Comment:** (4) water trucks @ \$65/hr x (8) hours = \$2080.00

**Penalty Subtotal**

Adjusted Base Penalty \$ 20000.00 + Economic Benefit \$ 2080.00 = \$ 22080.00

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

**III. Penalty Adjustment Consideration**

<b>A. Degree of Cooperation</b> (0 – 25%)	-	<u>10%</u>
<b>B. Mitigating Factors</b> (0 – 25%)	-	<u>25%</u>
1. Negotiated Settlement		
2. Ability to Pay		
3. Other (explain)		
<b>Comment</b> <u>Negotiated Settlement</u>		
<b>C. Compliance History</b>		
No Previous Violations (0 – 10%)	-	<u>0%</u>
<b>Comment</b> <u>(2) Prior Violations dated 3/31/12, 3/20/13</u>		
Similar Violation in Past 12 months (25 - 50%)	+	<u>0%</u>
<b>Comment:</b> _____		
Similar Violation within past 3 year (10 - 25%)	+	<u>10%</u>
<b>Comment:</b> <u>(2) Violations - 5151, 5376</u>		
Previous Unrelated Violation (5 – 25%)	+	<u>0%</u>
<b>Comment:</b> _____		
<b>Total Penalty Adjustment Factors</b> – sum of A, B, & C		<u>-25%</u>

**IV. Recommended/Negotiated Fine**

Penalty Adjustment:											
\$ <u>22080.00</u>	x	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;"><u>-25%</u></td> <td style="width: 5%; text-align: center;">=</td> <td style="width: 65%; text-align: right;"><u>-5520.00</u></td> </tr> <tr> <td style="text-align: center;">Total Adjustment Factors</td> <td></td> <td style="text-align: right;">Total Adjustment Value</td> </tr> <tr> <td style="text-align: center;">(From Section II)</td> <td></td> <td style="text-align: right;">(From Section III)</td> </tr> </table>	<u>-25%</u>	=	<u>-5520.00</u>	Total Adjustment Factors		Total Adjustment Value	(From Section II)		(From Section III)
<u>-25%</u>	=	<u>-5520.00</u>									
Total Adjustment Factors		Total Adjustment Value									
(From Section II)		(From Section III)									

Additional Credit for Environmental Investment/Training - \$ 6600.00  
**Comment:** For application of dust palliative on Lennar permitted sites in Wingfield Springs.  
Adjusted Penalty:

\$ <u>22080.00</u>	+/-	\$ <u>-5520.00</u>	=	\$ <u>10000.00</u>
Penalty Subtotal		Total Adjustment Value		Recommended/Negotiated
(From Section II)		(From Section III + Credit)		Fine

  
Air Quality Specialist

10/27/14  
Date

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

\_\_\_\_\_  
Date



# WASHOE COUNTY HEALTH DISTRICT



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

## AIR QUALITY MANAGEMENT DIVISION

**Dust Control Permit #: DCP14-0063**

**Name of Development:** PIONEER MEADOWS VILLAGE 7B&C

**Location of Development:** ROLLING MEADOWS DRIVE & AMBIENTE WAY

**Acres:** 40

**# of Water Trucks:** 4

**Issued Date:** 07/28/2014

**Expiration Date:** 01/29/2016

**Issued To:** LENNAR RENO LLC

The following requirements are special conditions of approval for this dust control permit in addition to the standard conditions noted in the permit application. The special conditions noted below must be followed in all activities covered in this permit.

1. The required number of water trucks will be assigned and available for operation 24 HOURS A DAY, 7 DAYS A WEEK for the purpose of water application for control of fugitive dust. If the required number cannot control fugitive dust emissions from equipment operations and/or gusty wind conditions, the applicant shall immediately provide additional water trucks. CESSATION OF OPERATIONS IS REQUIRED IF DUST CANNOT BE CONTROLLED DUE TO EQUIPMENT OPERATIONS AND/OR GUSTY WIND CONDITIONS. IF CESSATION OF OPERATIONS IS USED AS A DUST CONTROL MEASURE, CONTINUED WATERING OF THE PROJECT IS REQUIRED.
2. Dust emissions generated on any entrance or exit haul roads due to equipment operations or gusty wind conditions must be controlled 24 hours a day, 7 days a week, by the use of water application or an environmentally safe dust palliative (District Regulation 040.030, Section C. 2. a. and b.) Any palliative used must comply with state and local regulations and not provide a noxious odor or contaminate ground water.
3. All projects importing or exporting dirt, rock or other fill materials must comply with the work practice standards in District Regulation 040.030, Section C. 4., including load tarping, watering or Freeboard. Any soil tracked onto adjoining paved roadways will be promptly removed by wet broom or washing. Regular vacuum or wet sweeping will be performed at least daily, and more often if necessary or if ordered by the Control Officer due to a violation. Any materials tracked out or spilled which cause visible fugitive dust for a period of five (5) minutes in any hour period shall be cleaned up immediately.
4. Any soil or fill storage piles operated or maintained as a part of this construction lot will be covered or wetted down sufficiently to prevent wind blown dust. Dust emissions from screening operations will be controlled by the use of a water truck or other control measure that prevents fugitive dust.



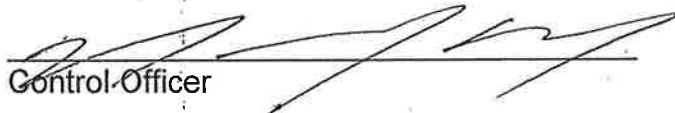
5. The applicant shall implement additional dust control measures, such as extra water trucks, water cannons, re-vegetation, environmentally safe dust palliatives (which comply with all applicable regulations and do not emit a noxious odor and do not contaminate ground water), wind fencing, and/or cessation of operations should these measures fail to control fugitive dust emissions from this project.
6. Once final grade has been completed, and if no structures are being constructed, the owner/developer shall be required to establish a long-term stable surface. This shall include re-vegetation or covering the disturbed soil with rock or crushed asphalt products within 30 days of completion of final grade. The use of an approved palliative is an option, but must be approved by the Air Quality Management Division (AQMD) prior to application.
7. The applicant shall provide a Material Safety Data Sheet (MSDS) and dilution ratio to AQMD staff for any dust palliative selected for use as a dust control measure at this site.
8. A copy of this dust control permit shall be maintained at the construction project site and available to any sub-contractor or Air Quality Management Division inspector to review upon request.
9. ANY CHANGES MADE TO THE PROPOSED OPERATIONS, SCOPE OF WORK OR SURFACE DISTURBANCES UNDER THIS DUST CONTROL PERMIT shall be submitted to the Washoe County Health District, AQMD in writing and must receive approval from the Control Officer prior to implementation.
10. The owner or the general contractor shall erect an informational sign at the main entrance to the project site. The sign shall be a minimum of 4 ft by 4 ft in size, and shall be in place prior to initiation of disturbance of the ground surface. The sign lettering shall be at least 4 inches high and shall be bold and easily readable by the public. The sign shall remain in place for the life of the project. The sign shall include the following information, also see attached example:
  - a) The name of the project.
  - b) A statement identifying the General Contractor.
  - c) A statement proclaiming that "All operators at this site are required to control dust emissions from their operations. The General Contractor is required to oversee and control project wide dust emissions."
  - d) A statement proclaiming that "For dust related problems coming from this site, or to make a dust complaint, call this phone number 24 hours per day, seven days per week: (775) 784-7200. A 24-hour phone number for both the Contractor/Developer and the Air Quality Management Division shall also be posted. The 24-hour phone number for complaints to the Air Quality Management Division is (775) 784-7200.

Dust Control Permit #: DCP14-0063

PIONEER MEADOWS VILLAGE 7B&C - ROLLING MEADOWS DRIVE & AMBIENTE WAY

11. A log book of all dust control operations, containing all information as required by the Control Officer in the standard "**WASHOE COUNTY DUST CONTROL LOG**" must be maintained on a daily basis (copies of blank log sheets are available at the Air Quality Management Division Office). Required information includes, but is not limited to, the number of **OPERATING** water trucks/pulls, the size of **OPERATING** water trucks/pulls (gallons capacity of each truck/pull), and the condition of the surface crust on disturbed areas. The operator shall record in the logbook all dust control efforts and the compliance level of the site with dust control requirements. The logbook shall be kept at the project site and made available to District representatives upon request.
12. Visible dust may not be emitted into the air from any operations or disturbed areas of this project for more than 5 minutes in any hour period (Regulation 040.030, Section C. 1). All disturbed areas must maintain a visible surface crust or other cover in compliance with Regulation 040.030, Section C.2.c. Compliance shall be determined using US Environmental Protection Agency Reference Method 22, with an observation period of not less than 5 minutes in any hour period. Copies of District Regulations, enforcement policies and USEPA Reference Testing Methods may be obtained by contacting the Air Quality Management Division at (775) 784-7200.
13. Failure to comply with all of the requirements of this Dust Control Permit shall be considered a citable violation of District Regulations and this dust control permit. Citations may be issued for each day of violation, in amounts up to \$10,000 per day as stated in District Regulations.
14. Any use of recycled wastewater from a public or private sewer treatment plant must take into account the protection of public health.

**NOTE:** All operators who clear more than one (1) acre of land also need an NPDES permit addressing water quality issues related to storm run-off from the Nevada Division of Environmental Protection. Contact the Bureau of Water Pollution Control at (775) 687-9418 for further information.

  
Control Officer

*THIS IS NOT A GRADING PERMIT. THESE CONDITIONS ADDRESS DUST CONTROL ONCE THE GRADING PERMIT HAS BEEN OBTAINED. IF THE GRADING PERMIT IS DENIED THIS PERMIT IS VOID.*

DUST CONTROL PERMIT APPLICATION

AIR QUALITY MANAGEMENT DIVISION
PO Box 11130, Reno NV 89520-0027 \* (775) 784-7200 \* Fax (775) 784-7225
www.ourcleanair.com

FEE as of July 1, 2013: \$120.00 per acre - plus a one-time \$37.00 admin fee per permit
(Less than .5 acres round down; .5 and greater round up)

THE "APPLICANT" IS RESPONSIBLE FOR ALL DUST CONTROL 24 HOURS A DAY, SEVEN DAYS A WEEK,
Including weekends and holidays, from commencement of project to completion.

The Applicant must be the Property Owner/Developer, and signed by the Applicant or his
Attorney in Fact. Fill in the application completely or it will be returned for completion.

To be filled in by AQ Staff
Permit No. 02014-0023
Area: 2
Water Truck(s): 4
Hydro Basin: Yes (No)

- 1. Name of Development: PIONEER MEADOWS VILLAGE FB+C
2. Development Address: PIONEER MEADOWS DRIVE + AMBIENTE WAY
Ambiente
3. Size of Project (disturbed acres): 40
4. Type of Project (choose one):
Commercial \_\_\_\_\_ Municipal Projects \_\_\_\_\_ Utilities \_\_\_\_\_
New Road/Street/Highway \_\_\_\_\_ Road Rehab/Maintenance \_\_\_\_\_
Residential Sub/Multi-Family \_\_\_\_\_ Single Family Residence X
6. If renewing an existing permit, list permit number: N/A

NOTE -- The Dust Control Permit is valid for eighteen (18) months from the date of approval. If the
project is not complete or has not commenced by the expiration date, the Applicant must submit a
new application to the Air Quality Management Division. Failure to do so will result in the Permit
expiring and could result in a citation.

- 7. APPLICANT -- Name and current Address of Property Owner/Developer:
Owner/Developer: LENNAR RENO, LLC Contact: TIM SCHEIDTMAN
Address: 10345 PROFESSIONAL CIRCLE SUITE 100
City: RENO State: NV Zip: 89521
Phone Number: 789-3233 Email: TIM.SCHEIDTMAN@LENNAR.COM

- 8. Name and current Address of Project Engineer/Consultant:
Engineer/Consultant: WOOD ROODERS, INC Contact: CARY CHISUM
Address: 5440 RENO CORPORATE DRIVE
City: RENO State: NV Zip: 89511
Phone Number: 823-4063 Email: CCHISUM@WOODROODERS.COM

- 9. Name and Address of General Contractor:
Contractor: SAME AS 7 Contact:
Address:
City: State: Zip:
Phone Number: Email:

- 10. Name and Address of Grading/Excavating Contractor:
Contractor: TBD Contact:
Address:
City: State: Zip:
Phone Number: Email:

2 071714 805280 TND C1631 \$487.00

11. Proposed Construction Dates – Per Phase:

\*\*\* provide grading and phasing maps \*\*\*

On-Site Grading/Excavation: Start: \_\_\_\_\_ Complete: now  
Building Construction: Start: 11/1/2014 Complete: 12/31/2016


- 12. Will fill material be required? Yes \_\_\_\_\_ yd<sup>3</sup>; No no
- 13. Will there be an excess of native material as a result of excavation? Yes \_\_\_\_\_ yd<sup>3</sup>; No no
- 14. Amount of Material to be excavated (yd<sup>3</sup>): 414
- 15. Is there a soil analysis report available? Yes yes No \_\_\_\_\_
- 16. On-Site soil type: SANDY SILT
- 17. Method of dust control to be utilized (per phase): (attach a map showing dust control strategy-utilize scale with contours)

Water Truck(s) 2 (number of trucks)  
 Chemical Sealant MULCH & TRACK RIDER (type – attach MSDS Sheets)  
 Sprinklers/Water Cannons No (locations)  
 Compaction 90% (percent)  
 Enclosure SILT FENCE (fences, windbreaks)  
 Revegetation No (type – attach seeding schedule)  
 Will temporary irrigation be supplied? Yes \_\_\_\_\_ No no  
 Water Source: PIONEER MEADOWS POND  
 Speed Limits 25 Other \_\_\_\_\_

**NOTE - Permanent stabilization methods such as construction/landscaping, revegetation, chemical sealant/palliative, or other approved method(s) of dust suppression must occur "within 30 days of grading completion". Dust suppression must continue regardless of construction status.**

- 18. Method to control mud and soil being tracked onto adjacent paved roadways: STABILIZED CONSTRUCTION ENTRANCES
- 19. Frequency of daily street cleaning: AS NEEDED
- 20. Describe the methods (fences, barriers, etc.) to prevent unauthorized traffic on the construction site(s): SILT FENCE AROUND PIONEER MEADOWS
- 21. Persons to be contacted during non-working hours in case of dust problems:  
 Name & Phone no: TIM SCHEIDEMAN 7450049 Email: TIM.SCHEIDEMAN@LENNAR.COM  
 Name & Phone no: TOM SOSA 203-6543 Email: TOM.SOSA@LENNAR.COM

22. The Applicant's (Owner/Developer) signature or that of his/her Attorney in fact on this application shall constitute agreement by the Applicant to accept responsibility for meeting the "Conditions of Plan" (attached):

 7/15/2014  
 Signature Date  
TIM SCHEIDEMAN DIR. OF LAND DEV.  
 Print or type name Title  
LENNAR POND, LLC 789-3233  
 Company Name Phone Number



# WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



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

## STAFF REPORT

**BOARD MEETING DATE: December 18, 2014**

**DATE:** November 20, 2014

**TO:** District Board of Health

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

**SUBJECT: Ratification of Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc. and University of Nevada School of Medicine Multispecialty Group Practice North, Inc. to provide medical director services for the Family Planning clinic in the total amount of \$9,000 per year for the period November 1, 2014 through June 30, 2015 unless extended by the mutual agreement of the Parties; ratification by the governing bodies shall be a condition precedent to its entry into force; and if approved, authorize the Chairman to execute the Interlocal Agreement; Authorization of travel and travel reimbursements for non-County employee(s) to be determined by the School, in the amount not to exceed \$1,500.**

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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 \$100,000, Interlocal Agreements and amendments to the adopted budget.

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

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

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

There has been no previous action taken by the Board.

### BACKGROUND

The Washoe County Health District proposes to enter into a contract with the University of Nevada School of Medicine Integrated Clinical Services, Inc. and University of Nevada School of Medicine Multispecialty Group Practice North, Inc. for the period November 1, 2014 through June 30, 2015 unless extended by the mutual agreement of the Parties. The contract rate is \$750 per month not to exceed \$9,000 per year.

The Interlocal Agreement provides for a medical director for the Family Planning clinic. The School will also provide consultation with the Family Planning Advanced Practice Registered Nurses (APRN) onsite for approximately four (4) hours per month and as needed by telephone, review and approve medical charts, provide consultation to the District on issues of family planning, conduct clinical examination of clinic patients or perform clinical procedures (IUD insertion) as necessary; review and approve the clinical protocols completed by the District's APRN's; provide written evaluation of services and staff performance on an annual basis or upon request.

The Health District will pay for one contraceptive focused training (Contraceptive technology or other approved by us) for the school's staff not to exceed \$1,500 in value. Reimbursement may include airfare, hotel, ground transportation, airport parking and mileage to the Reno airport and will follow GSA per diem rates consistent with Washoe County travel policy.

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

#### **FISCAL IMPACT**

Should the Board approve this Interlocal Agreement, there will no additional impact to the adopted FY 15 budget as expenses for this contract were anticipated and projected in the Family Planning Grant Program (internal order 10025) under account 710108, MD Consultants.

#### **RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health ratify Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc. and University of Nevada School of Medicine Multispecialty Group Practice North, Inc. to provide medical director services for the Family Planning clinic in the total amount of \$9,000 per year for the period November 1, 2014 through June 30, 2015 unless extended by the mutual agreement of the Parties; ratification by the governing bodies shall be a condition precedent to its entry into force; and if approved, authorize the Chairman to execute the Interlocal Agreement; Authorization of travel and travel reimbursements for non-County employee(s) to be determined by the School, in the amount not to exceed \$1,500.

#### **POSSIBLE MOTION**

Move to approve ratification of Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc. and University of Nevada School of Medicine Multispecialty Group Practice North, Inc. to provide medical director services for the Family Planning clinic in the total amount of \$9,000 per year for the period November 1, 2014 through June 30, 2015 unless extended by the mutual agreement of the Parties; ratification by the governing bodies shall be a condition precedent to its entry into force; and if approved, authorize the Chairman to execute the Interlocal Agreement; Authorization of travel and travel reimbursements for non-County employee(s) to be determined by the School, in the amount not to exceed \$1,500.

## INTERLOCAL AGREEMENT

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

### WITNESSETH:

WHEREAS, the District conducts several clinical public health programs including a Family Planning Clinic which requires the services of a Medical Director ; and

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

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

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

The School agrees to:

1. Designate faculty member(s) to serve as Medical Director to the District for the Family Planning Clinic.
2. Provide consultation with the Family Planning Advanced Practice Registered Nurses (APRN) onsite for approximately four (4) hours per month and as needed by telephone, review and approve medical charts, provide consultation to the District on issues of Family Planning, conduct clinical examination of clinic patients or perform clinical procedures (IUD insertion) as necessary. (See attached job description)
3. Review and approve the clinical protocols completed by the District's Advanced Practice Registered Nurses.
4. Provide written evaluation of services and staff performance on an annual basis or upon request.
5. Discuss and review problem clinic patients with District staff on site and by telephone. Provide physician coverage 52 weeks a year. The School will provide coverage when the assigned physician is on vacation, or out of town or otherwise unavailable and will advise the District of the process to contact the School's back-up physician.
6. Bill the District each month for consultative/clinical services provided.
7. Comply with all applicable laws, ordinances and regulations of governmental entities including but not limited to bloodborne pathogens, tuberculosis exposures, professional licensure, and confidentiality of District medical records.

8. Require the physician(s) to submit the following documentation to the program supervisor prior to beginning services at the District: proof of immunity to measles and rubella, proof of hepatitis B immunization or a declination form, and a negative two-step baseline Tuberculosis Skin Test (TST) within 30 days prior to beginning services at the District; or a negative TST within the last year with a second negative TST within 30 days prior to beginning services at the District; or other TB screening documentation as may be required by the District's TB program Coordinator.
9. Review and comply with District policies regarding infection control, blood borne pathogen exposures, TB exposure, confidentiality of records, and to practice standard precautions while on site at the District.
10. Comply with OSHA Blood borne Pathogen requirements for Medical Service Providers. The requirements of Exhibit A are attached and included by reference.
11. Have the medical consultants for the Family Planning Clinic submit to a full background investigation pursuant to NRS 179.180 et seq., which includes a criminal history check and fingerprinting, and authorize the District to receive the records. The discovery of a) an undisclosed conviction for a sexual offense or a conviction based on an arrest or initial charge for a sexual offense, b) an undisclosed pending arrest or initial charge for a sexual offense, or c) two or more incidents resulting in arrest or initial charge of sexual offense which have not resulted in conviction and were not disclosed may be grounds for immediate termination of this Agreement without prior notice by the District, as may the arrest, initial charge or conviction of physician for a sexual offense during the term of this Agreement.

The District agrees to:

1. Pay School \$9,000 annually at the rate of \$750.00 per calendar month for the administrative services provided as Medical Consultant of the Family Planning Clinic.
2. Pay for one contraceptive focused training (Contraceptive Technology or other approved by District) for the School's staff not to exceed \$1,500 in value.
3. Pay the School any sums still owing should this Agreement be terminated as provided hereafter and if such termination occurs during a month, School shall be paid a pro-rated amount for the fee for the month.
4. Reserve the right to withhold any payment if it is determined that the services described herein have not been provided.
5. Be responsible for all fiscal and program responsibilities, records and reports for patients provided services through District programs.
6. Assume all fiscal and program responsibilities, records, and reports for patients.
7. Provide physician(s) with appropriate forms to obtain fingerprints at the Washoe County Sheriff's Office.

#### HIPAA.

To the extent applicable to this Agreement, the parties agree to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 USC 1320d ("HIPAA") and any current and future regulations promulgated thereunder including without limitation the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Regulations"), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as "HIPAA Requirements.", including the Health



Information Technology for Economic and Clinical Health Act (“HITECH”) that was adopted as part of the American Recovery and Reinvestment Act of 2009. It is agreed that in addition to maintaining such records and data in accordance with HIPAA and any more restrictive provisions of state law, including but not limited to, chapters 441A of the Nevada Revised Statutes and the Nevada Administrative Code, the parties will require that all employees, contractors and agents with whom they share the records and data provide comparable protections to those provided by the parties. The parties agree not to use or further disclose any Protected Health Information (as defined in 42 USC 1320d), other than as permitted by HIPAA Requirements and the terms of this Agreement. The parties shall make their internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations.

#### INDEMNIFICATION.

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

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

TERM. The term of this Agreement is from November 1, 2014 through June 30, 2015. This Agreement may be further extended for a term of up to one year, by agreement in writing between the parties within 60 days prior to the end of this Agreement. Ratification by the governing bodies shall be a condition precedent to its entry into force.

TERMINATION. This Agreement and any amendments may be terminated by either party at any time, without cause or penalty upon 30 days written notice to the other party.

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

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

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

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

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

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

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

Notices to School shall be addressed to:

Director of Contracting  
UNSOM  
1664 N. Virginia Street. M/S 1332  
Reno, Nevada 89557-1332

Notices to the District shall be addressed to:

Kevin Dick, District Health Officer  
Washoe County District Health Department  
P O Box 11130  
Reno NV 89520-0027


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

District Board of Health

By: \_\_\_\_\_  
Matt Smith, Chairman

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

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

By:   
Thomas L. Schwenk, MD  
Vice President, Division of Health Sciences  
Dean, School of Medicine  
President Integrated Clinical Services, Inc.

Date: 26/05/14

## **Collaborating Physician Job Description**

**Job Summary:** Serve as Medical Director for Family Planning/Teen Health Mall Clinics. The collaborating physician acts as a consultant to the APRNs and monitors the quality of care provided by the APRNs.

### **Essential Functions:**

1. Provides direction to APRNs regarding clinical protocol and reviews and signs annually.
2. Participates in APRNs evaluation in order to ensure competency, which includes direct observation of an APRN while taking a medical history from a patient and performing an examination of patients' representative of those cared for by APRNs at the WCHD.
3. APRNs will consult with collaborating physician regarding the following:
  - Whenever situations arise which go beyond the intent of the protocols or the competence, scope of practice or experience of the APRN.
  - Whenever patient requests or conditions fail to respond to the management plan in appropriate time.
  - Any uncommon, unfamiliar or unstable patient conditions.
  - All emergency situations that require administration of medications, oxygen or that require transport, after initial stabilizing care has been started.
4. Oversees Quality Assurance (QA) by reviewing APRN client charts as indicated by QA protocol and reviews a representative sample of referrals or consultation made by the APRN with another health care professional as required by the condition of the patient.
5. Ensures the APRNs protocols reflect national standards for the APRNs medical specialty and comply with all relevant state and federal laws.
6. Collaborates on the creation and updating of the treatment protocols performed by District nurses.
7. Provides direct patient care as deemed appropriate by the APRNs.

### **Qualifications/Basic Job Requirements:**

1. Holds an active license in good standing to practice medicine and has experience in family planning care provision.
2. Practices medicine in the state.
3. Spends a part of a day at the Washoe County Health District WCHD on a monthly basis.
4. Is available at all times the APRN is providing medical services. Consultation by phone as acceptable.
5. Designates a qualified substitute physician to act as a temporary collaborating physician if the collaborating physician is unable to act as the collaborating physician for the APRNs. The scope of practice or medical competence of the temporary collaborating physician must be the same as the scope of practice or medical competence of the original collaborating physician.
6. Documents direct patient care and/or consultations with APRNs in Electronic Medical Record system.



# WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



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

## STAFF REPORT BOARD MEETING DATE: 12/18/14

**DATE:** November 24, 2014

**TO:** District Board of Health

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

**SUBJECT:** Approval of Notice of Subgrant Award from the Division of Public and Behavioral Health for the period October 1, 2014 to September 30, 2015 in the amount of \$1,062,144 in support of the Women, Infants and Children (WIC) Grant Program IO 10031; 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 \$100,000, Interlocal Agreements and amendments to the adopted budget.

The Washoe County Health District's WIC program received a Notice of Subgrant Award from the Division of Public and Behavioral Health for the period October 1, 2014 to September 30, 2015 in the total amount of \$1,062,144. A copy of the Notice of Subgrant Award is attached.

**District Board of Health strategic priority:** Be assured that mandates are met and needed services are delivered.

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

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.

### PREVIOUS ACTION

The District Board of Health retroactively approved the District Health Officer's acceptance of Subgrant Amendment #3 for the period October 1, 2012 through September 30, 2014 in the total amount of \$2,184,496 on September 25, 2014.

### BACKGROUND

The Washoe County Health District agrees to provide a level of service sufficient to provide WIC food instruments to an estimated 5,809 participants per month for a total of 69,708 participants per year during the term of this Subgrant Award.

**FISCAL IMPACT**

Should the Board approve this Notice of Subgrant Award there will be no additional fiscal impact to the FY15 WIC program budget. A budget amendment is not necessary at this time as sufficient budget authority is available through June 30, 2015.

**RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health approve Notice of Subgrant Award from the Division of Public and Behavioral Health for the period October 1, 2014 to September 30, 2015 in the amount of \$1,062,144 in support of the Women, Infants and Children (WIC) Grant Program IO 10031; and if approved, authorize the Chairman to execute.

**POSSIBLE MOTION**

Move to approve Notice of Subgrant Award from the Division of Public and Behavioral Health for the period October 1, 2014 to September 30, 2015 in the amount of \$1,062,144 in support of the Women, Infants and Children (WIC) Grant Program IO 10031; and if approved, authorize the Chairman to execute.



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

HD #: **14716**  
 Budget Account: 3214  
 Category: 14  
 GL: 8516  
 Job Number: 1055715A

### NOTICE OF SUBGRANT AWARD

<b>Program Name:</b> Women, Infants and Children (WIC) Bureau of Child, Family and Community Wellness		<b>Subgrantee Name:</b> Washoe County Health District																	
<b>Address:</b> 4126 Technology Way, Suite #102 Carson City, NV 89706-2009		<b>Address:</b> 1001 East 9 <sup>th</sup> Street/ PO Box 11130 Reno, NV 89520																	
<b>Subgrant Period:</b> October 1, 2014 through September 30, 2015		<b>Subgrantee's:</b> EIN: <u>88-60000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073-78-6998</u>																	
<b>Purpose of Award:</b> Provide reimbursement to operate WIC Clinics.																			
<b>Region(s) to be served:</b> <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <u>Washoe</u>																			
<b>Approved Budget Categories:</b>		<b>Disbursement of funds will be as follows:</b>																	
<table style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td style="text-align: right;">\$ <u>1,022,340.00</u></td></tr> <tr><td>2. Travel</td><td style="text-align: right;">\$ <u>960.00</u></td></tr> <tr><td>3. Operating</td><td style="text-align: right;">\$ <u>32,004.00</u></td></tr> <tr><td>4. Equipment</td><td style="text-align: right;">\$ <u>2,110.00</u></td></tr> <tr><td>5. Contractual/Consultant</td><td style="text-align: right;">\$ <u>0.00</u></td></tr> <tr><td>6. Training</td><td style="text-align: right;">\$ <u>1,730.00</u></td></tr> <tr><td>7. Other</td><td style="text-align: right;">\$ <u>3,000.00</u></td></tr> <tr><td><b>Total Cost:</b></td><td style="text-align: right;"><b>\$ <u>1,062,144.00</u></b></td></tr> </table>		1. Personnel	\$ <u>1,022,340.00</u>	2. Travel	\$ <u>960.00</u>	3. Operating	\$ <u>32,004.00</u>	4. Equipment	\$ <u>2,110.00</u>	5. Contractual/Consultant	\$ <u>0.00</u>	6. Training	\$ <u>1,730.00</u>	7. Other	\$ <u>3,000.00</u>	<b>Total Cost:</b>	<b>\$ <u>1,062,144.00</u></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 <b>\$1,062,144.00</b> during the subgrant period.	
1. Personnel	\$ <u>1,022,340.00</u>																		
2. Travel	\$ <u>960.00</u>																		
3. Operating	\$ <u>32,004.00</u>																		
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7. Other	\$ <u>3,000.00</u>																		
<b>Total Cost:</b>	<b>\$ <u>1,062,144.00</u></b>																		
<b>Source of Funds:</b>		<b>% of Funds:</b>	<b>CFDA:</b>																
1. WIC Nutritional Services/Administration		100%	10.557																
<b>Federal Grant #:</b> 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; and 3. The recipient of these funds agrees to stipulations listed in the incorporated documents.																			
<b>Incorporated Documents:</b> Section A: Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement; Section E: Audit Information Request; and Section F: Business Associate Addendum																			
<b>Authorized Subgrantee Official</b>		<b>Signature</b>	<b>Date</b>																
Title																			
Michelle Walker Program Manager		<i>Michelle Walker</i>	11/14/14																
Christine Mackie Bureau Chief		<i>Handler for</i>	11/18/14																
for Richard Whitley, MS Administrator, Division of Public & Behavioral Health																			

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD**

**SECTION A**

**Assurances**

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

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

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

5. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any Subgrantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. To comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offer for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations.
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of protected health information (PHI) then the Subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.
9. Subgrantee certifies, by signing this notice of subgrant award, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211). This provision shall be required of every Subgrantee receiving any payment in whole or in part from federal funds.



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD**

10. Subgrantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
11. Whether expressly prohibited by federal, state, or local law, or otherwise, no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
  - a. Any federal, state, county or local agency, legislature, commission, council, or board;
  - b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
  - c. Any officer or employee of any federal, state, county or local agency, legislature, commission, council or board.
12. Division subgrants are subject to inspection and audit by representative of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
  - a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
  - b. Ascertain whether policies, plans and procedures are being followed;
  - c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
  - d. Determine reliability of financial aspects of the conduct of the project.
13. Any audit of Subgrantee's expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending \$750,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:

***The Nevada State Division of Public and Behavioral Health  
Attn: Administrative Services Officer IV  
4150 Technology Way, Suite 300  
Carson City, NV 89706-2009***

This copy of the final audit must be sent to the Division within nine (9) months of the close of the Subgrantee's fiscal year. **To acknowledge this requirement, Section E of this notice of subgrant award must be completed.**

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**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD**

**SECTION B**

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

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

**Scope of Work for Washoe County Health District**

- 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) that has successfully completed the mandatory State training on staff of the local agency, that 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;
  - 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 State WIC facilities where WIC functions are carried out.
- II. CLINIC OPERATION
- A. Term: The term of the subgrant is October 1, 2014, through September 30, 2015.
  - B. Clinic Operation: Subgrantee shall operate clinic(s) in accordance with the State WIC Policy and Procedure Manual and 7CFR part 246, 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 services a minimum of eight hours daily. 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, VPN name 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

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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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 Health Care Quality and Compliance in accordance with Nevada Administrative Code 652. Rural clinics will make arrangements with nurses in their respective counties to perform hemoglobin tests in accordance with policy #CT: 13 of the State 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 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, 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. Local Agency:** Subgrantee shall submit to the State WIC office their annual Local Agency Nutritional Services 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 constituting the basis for submission of reimbursement requests, 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 outside 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.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**V. CASELOAD AND FUNDING**

- A. **Assigned Caseload:** Subgrantee agrees to provide the level of service to an estimated 69,708 yearly participants at a maximum allowable reimbursement award of \$1,062,144.00. A mid-term participant and funding review will be conducted during the month of May of the subgrant year for the purpose of evaluating expenditures and caseload. Adjustments may be necessary to the estimated caseload which may have the net effect of increasing or decreasing the maximum future awards. Subgrantee agrees to monthly reimbursements that are based on actual costs to provide services.
- 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 monthly to subgrantee an amount for WIC services, the total not to exceed One Million Sixty-Two Thousand One Hundred and Forty-Four Dollars (\$1,062,144.00) subject to any 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 Division of Public and Behavioral Health and that amount is based upon the following line item budget.

**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 Federal Nutritional Services (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 Division of Public and Behavioral Health, 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 issue a written decision.
- C. **Disqualification:** Subgrantee may be disqualified.
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 (Nevada Administrative Procedures Act).
- F. **Exceptions:** Expiration of this subgrant and reduction in caseload due to insufficient funds shall not be subject to appeal.

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**VIII. DISCRIMINATION**

- A. Data Collection: Subgrants 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 authorized 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 for any reason if the Division of Public and Behavioral Health, 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 to the Nevada WIC program.

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**XII.AUDIT**

Subgrantee shall have an independent audit of its operations performed during the term of this subgrant. If the subgrantee expends more than \$750,000 in aggregate federal funds, an audit must be performed in accordance with OMB Circular A-133. 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 may be 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, C, D, E and F 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.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD**

**SECTION C**

**Budget and Financial Reporting Requirements**

Subgrantee agrees to adhere to the following budget:

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>
1. Personnel	\$ 1,022,340		
		\$ 74,609	1.0 FTE Office Assistant II
		69,632	1.0 FTE Office Assistant II
		69,377	1.0 FTE Community Health Aide
		80,880	1.0 FTE Human Services Support Specialist
		105,714	1.0 FTE Community Health Nutritionist
		70,967	1.0 FTE Office Assistant II
		85,475	1.0 FTE Human Services Support Specialist
		108,610	1.0 FTE Community Health Nutritionist
		70,077	1.0 FTE Office Assistant II
		82,091	1.0 FTE Human Services Support Specialist II
		69,069	1.0 FTE Community Health Aide
		66,016	1.0 FTE Community Health Aide
		69,823	1.0 FTE Office Assistant II
2. Travel	\$ 960		
		\$ 960	Mileage for staff to travel between 4 clinics: 1,714 miles/yr. x .56
3. Operating	\$ 32,004		
		\$ 48	Medical Services @ \$48/yr. for employee screening
		24	Laundry; \$24/yr.
		96	Repairs and Maintenance @ 12 X 8 mos.
		6,000	Medical Supplies @\$500 X 12 mo. to include hemacues, lancets, alcohol, gauze, exam paper, etc.
		3,000	Copy Machine @\$250 X 12 mo.
		480	Office Supplies @\$40 X 12 mo. includes pens, paper, files, labels, markers, toner, etc.
		1,200	Office Supplies; Medfax @ \$100 X 12 mo.
		180	Postage @ \$15 X12 mo. for missed appointments, client notifications, voter registration materials, etc.
		960	Printing @\$80 X 12 mo. includes appointment slips, applications, rights and responsibilities, etc.
		700	Laboratory licenses for certifying staff @\$45 X 4=\$180, LD for NV @\$200 X 2 RDs + fingerprinting @\$60 X 2=\$520
		120	Cell phone for off -site satellite clinics @\$10/mo. X 12 mo.
		120	ADA Registration for 2 Registered Dieticians @ \$60ea.
		50	Dues for National WIC Association
		19,026	Lease for South Reno @\$1,405.50 X 12=\$16,866, for Broadway \$180 X 12=\$2,160
4. Equipment	\$ 2,110		
		\$ 2109.83	Room divider for 9 <sup>th</sup> St Breastfeeding Room
5. Contractual Consultant	\$ 0.00		
		\$	
6. Training	\$ 1,730		
		\$ 280	Registrations: Healthy Living Forum, Reno, NV @\$45 X 2, UNR Diabetes course, Reno, NV @\$95 X 2
		500	IBCLC (International Board Certified Lactation Consultant) Exam fee
		450	IBCLC Exam Review Course fee
		500	Mileage for courses, forum: 892 miles x .56.
7. Other	\$ 3,000		
		\$ 3,000	.29344% of total personnel
Total Cost	\$ 1,062,144		

Division of Public and Behavioral Health policy is to allow no more than 10% flexibility, within the approved Scope of Work. Funds may be transferred to another approved category after a written request, with supporting document for the change, has been received and approved by the Division.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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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.

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

Additionally, the Subgrantee agrees to provide:

A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.

**Reimbursement:** State WIC Program shall reimburse subgrantee monthly, and upon submission of a monthly Division of Public and Behavioral Health 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 15th of the month following 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>.

Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred.

**Allowable Expense:** Subgrantee shall be paid only for allowable expenses, as defined in the applicable regulations (OMB Circular A87, A 110, A 122 and A133). It is the policy of the State Board of Examiners to restrict contractors/subgrantees travel 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. Additional expenditure detail will be provided upon request from the Division.

**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 Requests for Reimbursement. 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.

**Refunds:** Subgrantee shall pay the 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.

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



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**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.

**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.

Additionally, the Subgrantee agrees to provide:

A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.

**The Division agrees:**

The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

**Both parties agree:**

The parties expressly agree that this Agreement may be amended or terminated immediately if for any reason the Division, State, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

The amount of this subgrant is subject to the availability of appropriate funds from the United States Department of Agriculture (USDA) Food and Nutrition Services (FNS). The amount of this Federal Fiscal Year (FFY) 2015 subgrant was based on several factors including a monthly average of the WIC participants served during FFY 2014 by each local agency, and the number of clinics offered by each local agency. If that monthly average of participants or the number of clinics changes in a material way, the Division may revise the amount of the subgrant for the local agency for FFY 2016 to reflect an increase or decrease commensurate with that change. Any revision may be dependent on the total grant funding provided to the Division by the USDA FNS. The Division would provide a minimum of 60 days notice of that change to the local agency.

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.

**Financial Reporting Requirements:**

A Request for Reimbursement (RFR) is due on a monthly basis, based on the terms of this subgrant agreement, no later than the **15<sup>th</sup>** of the following month.

Reimbursement is based on the actual expenditures incurred during the period being reported.

Payment will not be processed without all reporting being current.

Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**SECTION D**

**Request for Reimbursement**

HD#: **14716**

Budget Account: **3214**

GL: **8516**

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

<b>Program Name:</b> Women, Infants and Children (WIC)	<b>Subgrantee Name:</b> Washoe County Health District
<b>Address:</b> 4126 Technology Way, Suite 102 Carson City, NV 89706	<b>Address:</b> 1001 E 9th Street/ PO Box 11130 Reno, NV 89520
<b>Subgrant Period:</b> October 1, 2014 through September 30, 2015	<b>Subgrantee's:</b> EIN: 88-6000138 Vendor #: T40283400Q

**FINANCIAL REPORT AND REQUEST FOR FUNDS**

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

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

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$1,022,340.00	\$0.00	\$0.00	\$0.00	\$1,022,340.00	0.0%
2 Travel	\$960.00	\$0.00	\$0.00	\$0.00	\$960.00	0.0%
3 Operating	\$32,004.00	\$0.00	\$0.00	\$0.00	\$32,004.00	0.0%
4 Equipment	\$2,110.00	\$0.00	\$0.00	\$0.00	\$2,110.00	0.0%
5 Contract/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6 Training	\$1,730.00	\$0.00	\$0.00	\$0.00	\$1,730.00	0.0%
7 Other	\$3,000.00	\$0.00	\$0.00	\$0.00	\$3,000.00	0.0%
<b>Total</b>	<b>\$1,062,144.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,062,144.00</b>	<b>0.0%</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 DIVISION USE ONLY**

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

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

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

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

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

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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SECTION E

**Audit Information Request**

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to:

**Nevada State Division of Public and Behavioral Health  
Attn: Administrative Services Officer IV  
4150 Technology Way, Suite 300  
Carson City, NV 89706-2009**

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year?  YES  NO

3. When does your organization's fiscal year end?

June 30, 2015  
Washoe County Health District

4. What is the official name of your organization?

5. How often is your organization audited?

Annually  
FY13 BCC approved 11/12/13  
FY14 pending BCC approval

6. When was your last audit performed?

7. What time period did your last audit cover?

7/1/13 - 6/30/14

8. Which accounting firm conducted your last audit?

Kafoury, Armstrong & Co.

Annatkean 11/25/14  
Signature Date

Administrative Health Services  
Officer  
Title

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD

SECTION F

**Business Associate Addendum**

BETWEEN

**Nevada Division of Public and Behavioral Health**

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Hereinafter referred to as the "Covered Entity"

and

**Washoe County Health District**

---

Hereinafter referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the Contract between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the Contract. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the Contract and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS, Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into a contract containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

I. DEFINITIONS. The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.

1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
3. **CFR** stands for the Code of Federal Regulations.
4. **Contract** shall refer to this Addendum and that particular Contract to which this Addendum is made a part.
5. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes, but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

**II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.**

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).

5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the Contract, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: the Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 have occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the Contract or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use, or disclose protected health information as provided for by the Contract and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the Contract or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

III. **PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE.** The Business Associate agrees to these general use and disclosure provisions:

1. **Permitted Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the Contract, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e) (2) (i) and 42 USC 17935 and 17936.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
- c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.
- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

2. **Prohibited Uses and Disclosures:**

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction, and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

**IV. OBLIGATIONS OF COVERED ENTITY**

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.
2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

**V. TERM AND TERMINATION**

1. **Effect of Termination:**
  - a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
  - b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
  - c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.
2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.
3. **Termination for Breach of Contract.** The Business Associate agrees that the Covered Entity may immediately terminate the Contract if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

**VI. MISCELLANEOUS**

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
  - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
  - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

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DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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IN WITNESS WHEREOF, the Business Associate and the Covered Entity have agreed to the terms of the above written agreement as of the effective date set forth below.

Covered Entity

Business Associate

Division of Public and Behavioral Health  
4150 Technology Way, Suite 300  
Carson City, NV 89706

Phone: (775) 684-5975

Fax: (775) 684-4211

Washoe County Health District

Business Name

1001 E. Ninth Street

Business Address

Reno, NV 89512

Business City, State and Zip Code

775-328-2400

Business Phone Number

775-328-3752

Business Fax Number

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

for Richard Whitley, MS

Print Name

Administrator,  
Division of Public and Behavioral Health

Title

\_\_\_\_\_  
Date

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

Matt Smith

Print Name

Chairman, District Board of Health

Title

\_\_\_\_\_  
Date



# WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



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

## STAFF REPORT

**BOARD MEETING DATE: December 18, 2014**

**DATE:** December 2, 2014  
**TO:** District Board of Health  
**FROM:** Erin Dixon, Fiscal Compliance Officer, Washoe County Health District  
 775-328-2419, [edixon@washoecounty.us](mailto:edixon@washoecounty.us)  
**THROUGH:** Anna Heenan, Administrative Health Services Officer  
**SUBJECT: Approve amendments totaling an increase of \$69,151 in both revenue and expense to the FY15 Advancing Conformance with the Voluntary National Retail Food Regulatory Grant Program (VNRFRPS), IO 11088.**

### 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 strategic priority: Protect population from health problems and health hazards.

### PREVIOUS ACTION

There has been no previous action this fiscal year.

### BACKGROUND

The Washoe County Health District (District) received a Notice of Grant Award from U.S. Department of Health and Human Services, Food and Drug Administration in the amount of \$346,500 (\$69,300 per year), for the period September 12, 2012 through June 30, 2017 in support of the VNRFRPS Grant Program, IO 11088. The program did not expend all Year 2 funds and carried forward \$76,834 for a total FY 15 award of \$146,134. A copy of the Cooperative Agreement is attached.

Subject: Approve FDA Grant Amendments  
Date: December 18, 2014

### **FISCAL IMPACT**

Should the Board approve these budget amendments, the adopted FY15 budget will be **increased** by **\$69,151.00** in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
<b>2002-IO-11088-431100</b>	<b>Federal Revenue</b>	<b>\$69,151</b>
-701110	Base Salaries	\$5,000
-710100	Professional Services	\$36,691
-710300	Operating Supplies	\$2,000
-710360	Postage	\$1,530
-710502	Printing	(\$1,000)
-710546	Advertising	\$1,530
-711210	Travel	\$9,400
-711504	Equipment (NonCapital)	\$14,000
	<b>Total Expenditures</b>	<b>\$69,151</b>

The difference between the carry forward award of \$76,834 and the budget amendment of \$69,151 is \$7,683 which will be collected in indirect revenue. No budget adjustment is needed for the indirect revenue.

### **RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health approve amendments totaling an increase of \$69,151 in both revenue and expense to the FY15 Advancing Conformance with the Voluntary National Retail Food Regulatory Grant Program (VNRFRPS), IO 11088.

### **POSSIBLE MOTION**

Move to approve amendments totaling an increase of \$69,151 in both revenue and expense to the FY15 Advancing Conformance with the Voluntary National Retail Food Regulatory Grant Program (VNRFRPS), IO 11088.



Notice of Grant Award  
**RESEARCH DEMONSTRATION COOPERATIVE** **Issue Date: 06/24/2014**  
**AGREEMENTS**  
Department of Health and Human Services  
**FOOD AND DRUG ADMINISTRATION**



**Grant Number:** 5U18FD004668-03  
**FAIN:** U18FD004668

**Principal Investigator:**  
Tony Macaluso

**Project Title:** Limited Competition: Advancing Conformance with the Voluntary National Retail  
Fo

Mr. Macaluso, Tony  
Environmental Health Specialist Supervisor  
PO Box 11130  
Reno, NV 895200027

**Award e-mailed to:** genfield@washoecounty.us

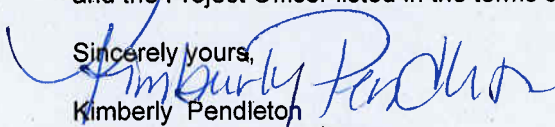
**Budget Period:** 07/01/2014 – 06/30/2015  
**Project Period:** 09/12/2012 – 06/30/2017

Dear Business Official:

The Food and Drug Administration hereby awards a grant in the amount of \$69,300 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to COUNTY OF WASHOE in support of the above referenced project. This award is pursuant to the authority of PHS Act, Sec 1706, 42 USC 300u-5, as amended; Sec2(d), PL 98-551 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the Grants Management Specialist and the Project Officer listed in the terms and conditions.

Sincerely yours,  
  
Kimberly Pendleton  
Grants Management Officer  
Office of Acquisitions & Grants Services  
Division of Acquisition Support and Grants  
Grants & Assistance Team  
FOOD AND DRUG ADMINISTRATION

See additional information below

**SECTION I – AWARD DATA – 5U18FD004668-03**

**Award Calculation (U.S. Dollars)**

Salaries and Wages	\$5,000
Personnel Costs (Subtotal)	\$5,000
Consultant Services	\$96,691
Equipment	\$14,000
Supplies	\$2,000
Travel Costs	\$9,400
Other Costs	\$5,060

Federal Direct Costs	\$132,151
Federal F&A Costs	\$13,983
Approved Budget	\$146,134
Federal Share	\$146,134
Less Unobligated Balance	\$76,834
<b>TOTAL FEDERAL AWARD AMOUNT</b>	<b>\$69,300</b>

**AMOUNT OF THIS ACTION (FEDERAL SHARE) \$69,300**

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
3	\$69,300	\$69,300
4	\$69,300	\$69,300
5	\$69,300	\$69,300

\* Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

**Fiscal Information:**

CFDA Number: 93.103  
 EIN: 1886000138A1  
 Document Number: UFD004668A  
 Fiscal Year: 2014

IC	CAN	2014	2015	2016
FD	6990928	\$69,300	\$69,300	\$69,300

\* Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

**FDA Administrative Data:**

PCC: / OC: 414P / Processed: ERAAPPS 06/24/2014

**SECTION II – PAYMENT/HOTLINE INFORMATION – 5U18FD004668-03**

PHS policy requires that you be informed that the DHHS Inspector General maintains a toll free telephone number (800-368-5779) for receiving information concerning fraud, waste and abuse under the grants and cooperative agreements. Such reports will be kept confidential and callers may decline to give their names if they choose to remain anonymous.

Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Federal Assistance Financing (DFAF),

Office of the Deputy Assistant Secretary, Finance, which will forward instructions for obtaining payments. Inquiries regarding the payment should be directed to:

Division of Federal Assistance Financing  
DASP/DASF/OS/DHHS  
P.O. Box 6021  
Rockville, MD 20852  
Telephone Number: 877-614-5533

Grantees are asked to register in the Central Contractor Registration (CCR) database. Information about CCR is available at [http://www.grants.gov/applicants/register\\_ccr.jsp](http://www.grants.gov/applicants/register_ccr.jsp). This registration will be required as electronic grant processing is implemented.

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### **SECTION III – TERMS AND CONDITIONS – 5U18FD004668-03**

This award is based on the application submitted to, and as approved by, FDA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Grant Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The PHS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. An annual Financial Status Report (SF-269) is required. An original and two copies of this report must be submitted to the FDA Grants Management Officer within 90 days after the expiration date of the budget period.
- f. A Final Program Report, Financial Status Report and Invention Statement must be submitted within 90 days after the expiration date of the project period.
- g. This award notice, including the terms and conditions cited below.

This award has been assigned the Federal Award Identification Number (FAIN) U18FD004668. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

#### **Treatment of Program Income: Additional Costs**

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### **SECTION IV – FD Special Terms and Condition – 5U18FD004668-03**

#### **Voluntary Retail Standards Conditions of the Award**

This award reflects a carryover from Year 2 into Year 3 of \$76,834  
Special conditions:

Grant recipients are required to attend Strategic Planning training and submit a revised strategic plan based on the training. More details on this requirement will be provided by Office of Partnerships in the near future.

Provide funding certification of the current year's budget for the retail foods regulatory program to demonstrate that these funds have supplemented, and not replaced, State allocations. If a decrease in allocations does occur during the cooperative agreement, a detailed justification must be provided to FDA for approval.

Facilities, work, training, and other expenses reimbursed under other funding mechanisms must remain distinct and separate from the cooperative agreement.

Agree to share strategies, documents, and other resources developed using cooperative agreement funds with other programs to advance conformance with the Retail Standards and reduce the occurrence of contributing risk factors associated with foodborne illness. Grantees may be asked to provide summaries of projects that may be publicly shared.

Contribute to the continuous improvement and advancement of the Retail Standards. Contributions may include participation in committee meetings, presentations, promotion of new strategies, and sharing of resources.

Future funding will be dependent on recommendations from the Project Officer. The scope of the recommendation will confirm that acceptable progress has been made in advancing conformance with the Retail Standards, continued compliance with all FDA regulatory requirements, and, if necessary, a corrective action plan has been implemented.

**Funding restrictions:**

These awards may only be used for advancing conformance with the Retail Standards and other projects that support the intended outcomes of the cooperative agreement program.

**Allowable costs include:**

- 1) Audiovisual materials such as videotapes, DVDs, public service announcements, etc.
- 2) Consultant services
- 3) Employee salaries, wages and fringe benefits
- 4) Rental, purchasing, calibration, and maintenance of supplies and equipment
- 5) Indirect costs
- 6) Recruitment costs for hiring new employees
- 7) Registration fees
- 8) Purchase or development of IT equipment, software, and support
- 9) Shipping and mailing of equipment and supplies
- 10) Travel
- 11) Speaker fees
- 12) Subcontracting to third parties (other than local/county/tribal agencies) is allowed but limited to 10% of each year's award.

**Non-allowable costs:**

- 1) Facilities, work, and training reimbursed under other funding mechanisms must remain distinct and separate from the cooperative agreement. The State must be able to account separately for fund expenditures, including employee salaries, wages, and benefits, under the food safety inspection contracts and other funding mechanisms and these cooperative agreements.
- 2) Vehicle purchases are not permitted.
- 3) Cooperative agreement funds may not be utilized for new building construction; however, remodeling of existing facilities is allowed, provided that remodeling costs do not exceed 10% of the grant award amount.
- 4) Please also refer to the HHS Grants Policy Statement for additional information regarding costs.

**Reporting requirements:**

When multiple years are involved, awardees will be required to submit the Non-Competing Continuation Grant Progress Report (PHS 2590) annually and financial statements as required in the HHS Grants Policy Statement.

A final progress report, invention statement, and the expenditure data portion of the Federal Financial Report are required for closeout of an award, as described in the HHS Grants Policy Statement.

The Federal Funding Accountability and Transparency Act of 2006 (Transparency Act), includes a requirement for awardees of Federal grants to report information about first-tier subawards and



executive compensation under Federal assistance awards issued in FY2011 or later. All awardees of applicable HHS grants and cooperative agreements are required to report to the Federal Subaward Reporting System (FSRS) available at [www.fsr.gov](http://www.fsr.gov) on all subawards over \$25,000. See the HHS Grants Policy Statement for additional information on this reporting requirement.

Mid-year progress reports must contain the elements below as applicable to their proposal and award, but are not limited to, the following:

1. Detailed progress report on the grantee meeting the project milestones identified in the proposal.
2. Status report on the hiring and training of food program personnel
3. Status report on the operational readiness of equipment, supplies, software, and other purchases using cooperative agreement funds.
4. Certification of current appropriation funding levels for the retail food regulatory program.
5. A strategic plan that accurately reflects when specific objectives and tasks have been, or will be, completed and/or implemented and when new objectives and tasks are identified to advance conformance with the Retail Program Standards. The strategic plan should include timeframes, responsible personnel, and other required resources.
6. Description of program improvements in achieving conformance with the Retail Program Standards and promoting more effective control of foodborne illness risk factors in.
7. Cooperative agreement project point of contact (including mailing address, telephone number, and email address) and designation of key personnel working on project.
8. Estimated unobligated balance, funds expended, and funds remaining on this project.
9. Any pending issues, concerns, or challenges encountered in accomplishing the planned work. Provide corrective actions and proposed solutions. Identify any additional support that can be provided by FDA.

The final program progress report must provide full written documentation of the entire project and summaries of accomplishments and goals, as described in the grant application. The documentation must be in a form and contain sufficient detail such that other agencies could reproduce the final project. The final program progress report should also detail the strategy to continue advancing conformance with the Retail Program Standards (current and future versions).

#### Monitoring Activities

The ORA Project Officer and Technical Advisor will monitor award recipients periodically. The monitoring may be in the form of face-to-face meetings, telephone conversations, e-mails, or written correspondence between the project officer/grants management officer and the principal investigator. Periodic site visits with officials of the recipient organization will occur, including program assessments and audits. The results of these monitoring activities will be recorded in the official cooperative agreement file and will be made available to the grant recipient, upon request, consistent with applicable disclosure statutes and FDA disclosure regulations. Also, the grantee organization must comply with all special terms and conditions of the cooperative agreement, including those which state that future funding of the project will depend on recommendations from the Project Officer and Technical Advisor.

The scope of the recommendation will confirm that:

- (1) There has been acceptable progress on the project;
- (2) there is continued compliance with all FDA regulatory requirements; and
- (3) if necessary, there is an indication that corrective action has taken place.

All formal correspondence/reports regarding the grant should be signed by an authorized institutional official and the Principal Investigator and should be sent to the attention of the grants management specialist, unless otherwise directed.

Failure to comply with the above stated Standard and Special Terms and Conditions could result in the suspension or termination of this grant project.

**THE EXPANDED AUTHORITIES DO NOT APPLY TO THIS GRANT.**

Project Officer, Cathy Hosman for inquiries and questions regarding programmatic aspects or concerns: Phone 781/587-7443/E-mail: [catherine.hosman@fda.hhs.gov](mailto:catherine.hosman@fda.hhs.gov)

Grants Management Specialist, Dan Lukash for inquiries and questions regarding administrative matters or financial concerns: Phone: 240/402-7596/E-mail: daniel.lukash@fda.hhs.gov

Direct inquiries regarding scientific programmatic issues to the official listed below.

Direct inquiries regarding fiscal and/or administrative matters to the grants management specialist listed below.

All formal correspondence/reports regarding the grant should be signed by an authorized institutional official and the Principal Investigator and should be sent to the attention of the grants management specialist, unless otherwise explicitly directed.

**STAFF CONTACTS**

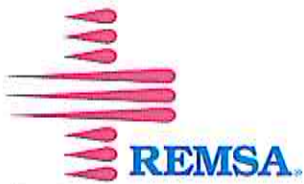
**Grants Management Specialist: Daniel Lukash**

**SPREADSHEET SUMMARY**

**GRANT NUMBER: 5U18FD004668-03**

**INSTITUTION: COUNTY OF WASHOE**

<b>Budget</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
<b>Salaries and Wages</b>	<b>\$5,000</b>		
<b>Personnel Costs (Subtotal)</b>	<b>\$5,000</b>		
<b>Consultant Services</b>	<b>\$96,691</b>		
<b>Equipment</b>	<b>\$14,000</b>		
<b>Supplies</b>	<b>\$2,000</b>		
<b>Travel Costs</b>	<b>\$9,400</b>		
<b>Other Costs</b>	<b>\$5,060</b>		
<b>TOTAL FEDERAL DC</b>	<b>\$132,151</b>	<b>\$63,000</b>	<b>\$63,000</b>
<b>TOTAL FEDERAL F&amp;A</b>	<b>\$13,983</b>	<b>\$6,300</b>	<b>\$6,300</b>
<b>TOTAL COST</b>	<b>\$69,300</b>	<b>\$69,300</b>	<b>\$69,300</b>



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*Regional Emergency Medical Services Authority*

**REMSA**

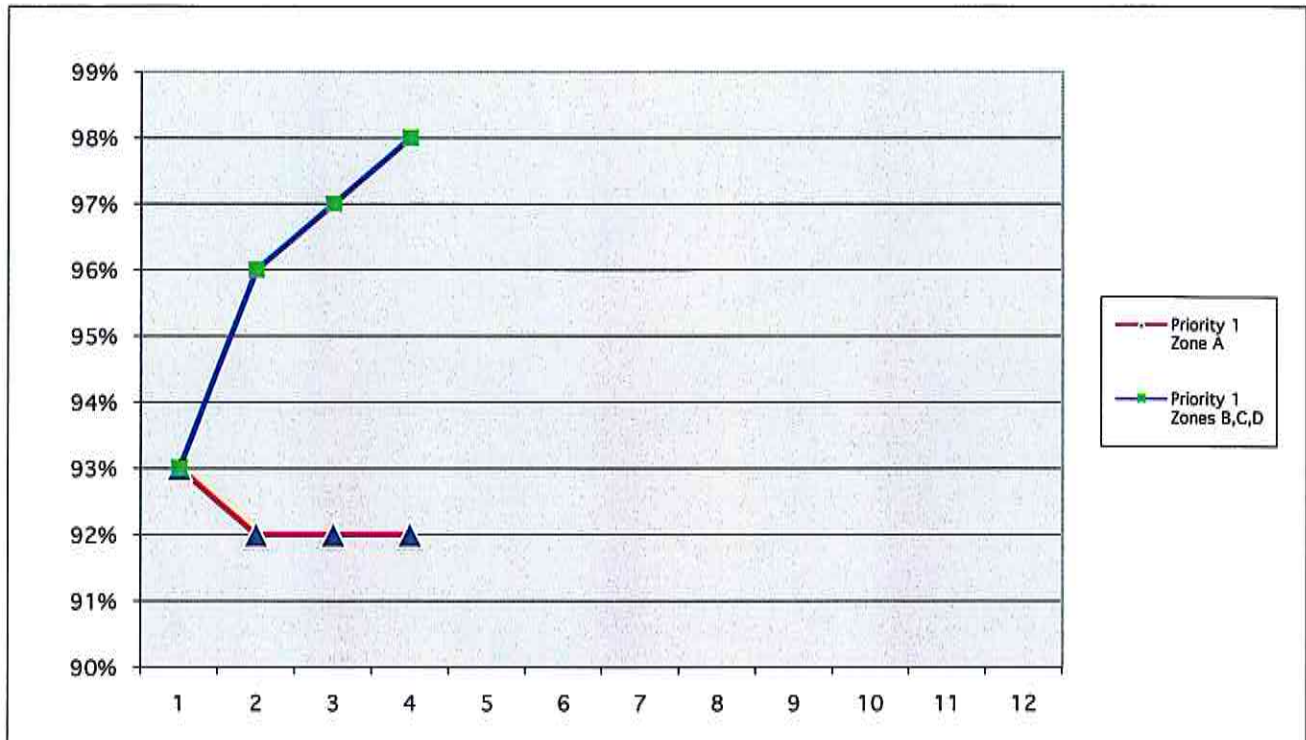
**OPERATIONS REPORTS**

**FOR**

**OCTOBER 2014**

Fiscal 2015

Month	Priority 1 System-Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul. 2014	5 mins. 41 secs.	93%	93%
Aug.	5 mins. 58 secs.	92%	96%
Sept.	5 mins. 35 secs.	92%	97%
Oct.	5 mins. 53 secs.	92%	98%
Nov.			
Dec.			
Jan. 2015			
Feb.			
Mar.			
Apr.			
May			
June 2015			



October 2014

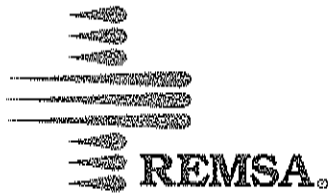
Average Response Times by Entity			
Priority	Reno	Sparks	Washoe County
P-1	5:20	5:56	9:09
P-2	5:46	6:57	9:12

# REMSA

Fiscal 2015

Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
July 2014	3767	\$4,028,488	\$1,069	\$1,069
Aug.	3965	\$4,234,791	\$1,068	\$1,069
Sept.	3674	\$3,942,547	\$1,073	\$1,070
Oct.	3806	\$4,059,917	\$1,067	\$1,069
Nov.			\$0	\$1,069
Dec.			\$0	\$1,069
Jan. 2015			\$0	\$1,069
Feb.			\$0	\$1,069
Mar.			\$0	\$1,069
Apr.			\$0	\$1,069
May			\$0	\$1,069
June 2015			\$0	\$1,069
<b>Totals</b>	<b>15212</b>	<b>\$16,265,744</b>	<b>\$1,069</b>	

Allowed ground avg bill - \$1,076.00



## GROUND AMBULANCE OPERATIONS REPORT

October 2014

### 1. OVERALL STATISTICS:

Total Number Of System Responses	5647
Total Number Of Responses In Which No Transport Resulted	1801
Total Number Of System Transports	3846

### 2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests		2%
Medical		46%
OB		0%
Psychiatric/Behavioral		6%
Transfers		17%
Trauma		25%
	Trauma – MVA	6%
	Trauma – Non MVA	19%
Unknown/Other		4%
Total Number of System Responses	100%	

### 3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director or designee reviewed:

- 100% of cardiopulmonary arrests
- 100% of pediatric patients (transport and non-transport patients)
- 100% of advanced airways (outside cardiac arrests)
- 100% of STEMI Alert or STEMI rhythms
- 100% of deliveries and neonatal resuscitation
- 100% Advanced Airway Success rates for nasal/oral intubation and King Airway placement for adult and pediatric patients.
- 100% of TAP (paramedic orientee) charts during orientation period and 10% in the first month post orientation clearance.

Total number of ALS calls resulting in a system transport: 3846

Total number of above calls receiving QA reviews: 628

Percentage of charts reviewed from the above ALS transports: 16%

*Note: In addition to the above manually reviewed charts, all call system responses with a documented PCR are electronically reviewed for protocol compliance.*

All follow-up deemed necessary resulting from Communication CQI was completed by Chris Barton, EMD, Communications Education and CQI Coordinator

**4. EDUCATION AND TRAINING REPORT:**

**A. Public Education**

**Advanced Cardiac Life Support**

Date	Course Location	Students
10/8/2014	REMSA	12
10/16/2014	REMSA	9
10/18/2014	Wendover Ambulance Service	7
10/19/2014	EMS CES 911 Training	2
10/20/2014	REMSA	11
10/24/2014	REMSA	8

**Advanced Cardiac Life Support Recert**

Date	Course Location	Students
9/15/2014	East Fork Fire Paramedic District	7
9/17/2014	East Fork Fire Paramedic District	6
10/2/2014	EMS CES 911 Training	1
10/7/2014	Nampa Fire Department	1
10/7/2014	East Fork Fire Paramedic District	3
10/15/2014	REMSA	9
10/16/2014	EMS CES 911 Training	2
10/17/2014	EMS CES 911 Training	4
10/18/2014	REMSA	19
10/22/2014	John Mohler & Co.	11

10/22/2014	Casey Quinlan	1
10/23/2014	Saint Mary's Regional Medical Center	8
10/25/2014	American Medflight	1
10/29/2014	EMS CES 911 Training	1
10/30/2014	REMSA	10
9/15/2014	East Fork Fire Paramedic District	7
9/17/2014	East Fork Fire Paramedic District	6
10/2/2014	EMS CES 911 Training	1
10/7/2014	Nampa Fire Department	1
10/7/2014	East Fork Fire Paramedic District	3
10/15/2014	REMSA	9
10/16/2014	EMS CES 911 Training	2
10/17/2014	EMS CES 911 Training	4
10/18/2014	REMSA	19
10/22/2014	John Mohler & Co.	11
10/22/2014	Casey Quinlan	1
10/23/2014	Saint Mary's Regional Medical Center	8
10/25/2014	American Medflight	1
10/29/2014	EMS CES 911 Training	1
10/30/2014	REMSA	10

#### Advanced Cardiac Life Support Skills

Date	Course Location	Students
9/15/2014	REMSA	1
10/1/2014	Saint Mary's Regional Medical Center	1
10/15/2014	Family Medicine Center UNR - REMSA	5
10/20/2014	Riggs Ambulance	1



10/22/2014	REMSA	1
10/28/2014	Erik Gustafson	1
10/29/2014	Riggs Ambulance	1
10/29/2014	Summit Air Ambulance	4

#### Advanced Cardiac Life Support Prep Course

Date	Course Location	Students
10/2/2014	REMSA	6

#### Bloodborne Pathogen

Date	Course Location	Students
10/13/2014	Career College of Northern Nevada	5
10/13/2014	Career College of Northern Nevada	3

#### Basic Life Support Instructor

Date	Course Location	Students
10/4/2014	Great Basin College	5
10/13/2014	REMSA	15
10/24/2014	Riggs Ambulance	8

#### Health Care Provider CPR

Date	Course Location	Students
9/15/2014	Robert Stone	6
9/18/2014	Robert Stone	5
9/24/2014	Nevada Department of Corrections	3
9/24/2014	Nevada Department of Corrections	2
9/24/2014	Nevada Department of Corrections	7
9/29/2014	Jennifer Kraushaar	1
9/30/2014	Nevada Department of Corrections	1

10/1/2014	Kenneth Cohen	2
10/1/2014	Barrick Cortez Goldmines	29
10/1/2014	REMSA	2
10/2/2014	EMS CES 911 Training	4
10/2/2014	REMSA	9
10/2/2014	Barrick Goldstrike	3
10/4/2014	Great Basin College	10
10/4/2014	Riggs Ambulance	3
10/6/2014	Barrick Goldstrike	26
10/9/2014	Eastern Plumas Healthcare	9
10/9/2014	Lander County Community Health	3
10/9/2014	Barrick Goldstrike	9
10/11/2014	REMSA	10
10/11/2014	Yerington High School	6
10/12/2014	EMS CES 911 Training	7
10/15/2014	Barrick Cortez Goldmines	26
10/15/2014	Milan Institute	4
10/16/2014	Barrick Bald Mountain	8
10/16/2014	REMSA	9
10/16/2014	West Hills Hospital	5
10/17/2014	EMS CES 911 Training	1
10/17/2014	Regent Care Center Reno	5
10/17/2014	Barrick Bald Mountain	5
10/18/2014	Jennifer James	1
10/19/2014	Ralph Renteria	10
10/20/2014	EMS CES 911 Training	1

10/20/2014	Newmont Mines	25
10/21/2014	Barrick Bald Mountain	4
10/21/2014	Silver Lake Volunteer Fire Department	2
10/22/2014	REMSA	10
10/22/2014	Milan Institute	5
10/24/2014	Northern Nevada HOPES - REMSA	4
10/24/2014	Trent Waechter	1
10/25/2014	EMS CES 911 Training	3
10/26/2014	Ralph Renteria	8
10/27/2014	Riggs Ambulance	8
10/27/2014	Riggs Ambulance	7
10/28/2014	EMS CES 911 Training	1
10/28/2014	Sierra Nevada Job Corps	10
10/29/2014	Riggs Ambulance	5
10/29/2014	Riggs Ambulance	5
10/29/2014	Career College of Northern Nevada	12
10/30/2014	REMSA	9
10/31/2014	Riggs Ambulance	8
10/31/2014	Riggs Ambulance	7

#### Health Care Provider Employee

Date	Course Location	Students
10/10/2014	REMSA	1
10/14/2014	REMSA	1
10/16/2014	REMSA	1
10/20/2014	REMSA	1
10/21/2014	REMSA	1

10/22/2014	REMSA	1
10/28/2014	REMSA	1
10/28/2014	REMSA	1

**Health Care Provider Recert**

Date	Course Location	Students
9/9/2014	Jennifer Kraushaar	8
9/10/2014	Humboldt General Hospital	4
10/1/2014	EMS CES 911 Training	5
10/6/2014	REMSA	10
10/7/2014	Nampa Fire Department	1
10/10/2014	Reno Family Physicians - REMSA	6
10/10/2014	REMSA	4
10/15/2014	Washoe County School District	1
10/15/2014	Storey County Fire Department	1
10/17/2014	Eagle Valley Children's Home	1
10/18/2014	National Guard	4
10/18/2014	REMSA	9
10/18/2014	Audrey Green	1
10/21/2014	EMS CES 911 Training	3
10/21/2014	Tahoe Forest Hospital	9
10/21/2014	REMSA	10
10/22/2014	Nevada Air Guard	1
10/23/2014	EMS CES 911 Training	1
10/23/2014	Casey Quinlan	15
10/23/2014	REMSA	6
10/24/2014	Northern Nevada HOPES - REMSA	5

10/24/2014	Storey County Fire Department	4
10/24/2014	Lakes Crossing Center	4
10/26/2014	EMS CES 911 Training	3
10/28/2014	REMSA	1
10/28/2014	REMSA	10
10/29/2014	EMS CES 911 Training	2
10/29/2014	Nampa Fire Department	12
10/30/2014	American Medflight	2

### Health Care Provider Skills

Date	Course Location	Students
1/17/2014	Newmont Mines	1
3/2/2014	Keith Tatsukawa	1
9/16/2014	REMSA	1
9/24/2014	REMSA	1
9/25/2014	REMSA	1
9/29/2014	REMSA	1
10/1/2014	Tahoe Forest Hospital	1
10/1/2014	Willow Springs Center	1
10/3/2014	Tahoe Forest Hospital	1
10/6/2014	Majen	1
10/7/2014	REMSA	1
10/10/2014	REMSA	1
10/13/2014	Tahoe Forest Hospital	1
10/14/2014	Tahoe Forest Hospital	1
10/16/2014	Majen	2
10/17/2014	Tahoe Forest Hospital	1

10/19/2014	UNR Orvis School of Nursing	1
10/20/2014	UNR Orvis School of Nursing	1
10/20/2014	Riggs Ambulance	1
10/20/2014	Majen	1
10/20/2014	REMSA	1
10/20/2014	REMSA	1
10/21/2014	Majen	1
10/22/2014	Majen	2
10/22/2014	Tahoe Forest Hospital	2
10/22/2014	Tahoe Forest Hospital	2
10/22/2014	REMSA	1
10/23/2014	Willow Springs Center	2
10/23/2014	REMSA	1
10/23/2014	Willow Springs Center	1
10/29/2014	REMSA	1
10/29/2014	REMSA	1
10/29/2014	Majen	7
10/29/2014	Summit Air Ambulance	6
10/30/2014	Majen	1
10/30/2014	Riggs Ambulance	1
10/31/2014	Willow Springs Center	1

#### Heart Saver CPR/AED

Date	Course Location	Students
1/8/2014	RAVE Family Foundation	4
9/16/2014	RAVE Family Foundation	10
9/17/2014	RAVE Family Foundation	10

9/18/2014	RAVE Family Foundation	13
9/20/2014	RAVE Family Foundation	9
9/23/2014	RAVE Family Foundation	8
9/24/2014	RAVE Family Foundation	10
9/25/2014	RAVE Family Foundation	13
9/27/2014	RAVE Family Foundation	10
9/30/2014	Small Mines Development	5
10/1/2014	Elko County School District	5
10/1/2014	Washoe County School District	4
10/1/2014	Newmont Mines	3
10/2/2014	Washoe County School District	6
10/3/2014	Nevada Air Guard	7
10/7/2014	Majen	4
10/8/2014	REMSA	9
10/14/2014	Washoe County School District	6
10/15/2014	Elko County School District	2
10/18/2014	Washoe County School District	5
10/19/2014	Nevada Air Guard	3
10/20/2014	Washoe County School District	3
10/21/2014	CPR Plus	5
10/22/2014	Washoe County School District	6
10/25/2014	REMSA	9
10/25/2014	Washoe County School District	3
10/27/2014	Washoe County School District	5
10/28/2014	Washoe County School District	6
10/28/2014	Smith Valley School	3
10/29/2014	Elko County School District	3

10/29/2014	Washoe County School District	4
10/30/2014	Silver Lake Volunteer Fire Department	1

### Heart Saver CPR/First Aid

Date	Course Location	Students
6/4/2014	Newmont Mines	14
9/20/2014	Riggs Ambulance	2
9/20/2014	Newmont Mines	7
9/23/2014	Wendover Ambulance Service	14
9/24/2014	Wendover Ambulance Service	15
9/25/2014	Wendover Ambulance Service	15
9/28/2014	Lander County Community Health	17
9/28/2014	Lander County Community Health	1
10/1/2014	Amazon Quidsi	3
10/2/2014	Community Living Options	3
10/2/2014	Newmont Mines	9
10/2/2014	Nevada Department of Corrections	28
10/3/2014	Sierra Nevada Job Corps	11
10/3/2014	Nevada Department of Corrections	36
10/4/2014	Scott Zettelmeier	8
10/4/2014	Elko County School District	2
10/4/2014	REMSA	7
10/7/2014	Majen	2
10/10/2014	Sierra Nevada Job Corps	11
10/15/2014	Community Living Options	5
10/15/2014	Wendover Ambulance Service	14
10/16/2014	Majen	6



10/17/2014	Sierra Nevada Job Corps	12
10/18/2014	Riggs Ambulance	26
10/18/2014	REMSA	10
10/19/2014	UNR Orvis School of Nursing	3
10/20/2014	Eagle Valley Children's Home	4
10/21/2014	EMS CES 911 Training	1
10/21/2014	Small Mines Development	5
10/22/2014	Majen	9
10/22/2014	Elko County School District	3
10/23/2014	Nevada Department of Corrections	21
10/24/2014	Nye County Emergency Management	1
10/24/2014	Newmont Mines	8
10/25/2014	EMS CES 911 Training	1
10/26/2014	Sierra Nevada Job Corps	5
10/28/2014	Majen	7
10/28/2014	Susan Phillips	3
10/29/2014	Community Living Options	4
10/30/2014	Majen	9
10/30/2014	Silver Lake Volunteer Fire Department	3

#### Heart Saver CPR/AED Skills

Date	Course Location	Students
10/10/2014	REMSA	1

#### Heart Saver First Aid Skills

Date	Course Location	Students
9/16/2014	REMSA	2

10/28/2014	REMSA	1
10/29/2014	REMSA	1

**Heart Saver First Aid**

Date	Course Location	Students
9/6/2014	Sierra Nevada Job Corps	1
9/19/2014	Sierra Nevada Job Corps	12
10/12/2014	EMS CES 911 Training	4
10/16/2014	Majen	2
10/16/2014	Milan Institute	15
10/17/2014	Eagle Valley Children's Home	1
10/19/2014	Ralph Renteria	10
10/22/2014	Saint Mary's Fitness Center	5
10/23/2014	Washoe County School District	6
10/23/2014	Milan Institute	6
10/25/2014	EMS CES 911 Training	2
10/27/2014	Ralph Renteria	8
10/28/2014	Career College of Northern Nevada	12
10/30/2014	Majen	1

**Heart Saver CPR/ First Aid Skills**

Date	Course Location	Students
10/29/2014	REMSA	1

**Health Care Provider - Spanish**

Date	Course Location	Students
3/29/2014	Barrick Dr	12

**Heart Saver Pediatric First Aid / CPR**

Date	Course Location	Students
10/4/2014	Margaret Twohey	1
10/11/2014	Jennifer Kraushaar	9
10/11/2014	REMSA	2
10/20/2014	Alex MacLennan	12
10/30/2014	Nampa Fire Department	10

**International Trauma Life Support Recert**

Date	Course Location	Students
8/22/2014	REMSA	3

**Pediatric Advanced Life Support**

Date	Course Location	Students
10/2/2014	Riggs Ambulance	1
10/5/2014	EMS CES 911 Training	2
10/10/2014	REMSA	5
10/20/2014	Sierra Army Depot	3
10/22/2014	REMSA	4
10/29/2014	EMS CES 911 Training	1
10/29/2014	Care Flight	7

**Pediatric Advanced Life Support Recert**

Date	Course Location	Students
9/16/2014	East Fork Fire Paramedic District	7
9/18/2014	East Fork Fire Paramedic District	6
9/25/2014	Humboldt General Hospital	3
10/7/2014	Tahoe Forest Hospital - REMSA	15

10/8/2014	Eastern Plumas Healthcare	1
10/8/2014	East Fork Fire Paramedic District	3
10/9/2014	American Medflight	4
10/14/2014	John Mohler & Co.	16
10/15/2014	EMS CES 911 Training	1
10/16/2014	John Mohler & Co.	13
10/17/2014	John Mohler & Co.	6
10/17/2014	REMSA	7
10/18/2014	John Mohler & Co.	17
10/22/2014	EMS CES 911 Training	2
10/28/2014	REMSA	7

#### Pediatric Advanced life Support Skills

Date	Course Location	Students
10/17/2014	Riggs Ambulance	1
10/22/2014	Riggs Ambulance	1
10/29/2014	Summit Air Ambulance	2
10/30/2014	Riggs Ambulance	1

#### Ongoing Courses

Date	Course Description / Location	Students
7/15/14	REMSA Education – EMT	23
8/11/14	REMSA Education - EMT	36
10/6/14	REMSA Education – CCEMTP	28
2/1/14	REMSA Education - Paramedic	13
8/26/14	REMSA Education – Paramedic	14
Total Students This Report		1744

<b>5. COMMUNITY RELATIONS:</b>
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**Community Outreach:**

**Point of Impact**

Date	Description	Attending
10/2/14	Mommy and Me table event at Scheels; car seat information	1 staff; 1 volunteer
10/3/14	Child Passenger Safety Awareness class at Carrington College	14 nursing students; 1 staff
10/7-10/10/14	Child Passenger Safety Technician Certification Course	4 students; 2 staff
10/11/14	Child Safety Seat Checkpoint, Raley's on Robb Drive, Reno; 25 cars and 29 seats inspected.	17 volunteers; 4 staff
10/23/14	Point of Impact/ car seat presentation; Nevada Home Visiting conference	1 staff

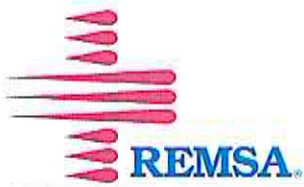
**Safe Kids Washoe County**

Date	Description	Attending
10/1/14	Walk This Way/ International Walk to School Day; Esther Bennett Elementary School	500 Students; 25 FedEx volunteers; 1staff
10/2/14	Mommy and Me table event at Scheels; Cribs for Kids	1 volunteer
10/3/14	Washoe County Child Death Review bi-monthly meeting, Reno.	1 staff
10/7/14	Nevada Health Conference Planning Meeting, Reno.	1 staff
10/8/14	Walk This Way/ International Walk to School Day; Coral Academy of Science Elementary School	50 students/ teachers/ parents; 1 volunteer; 1 staff
10/14/14	Safe Kids Coalition monthly meeting, Sparks.	13 volunteers; 1 staff
10/14/14	Esther Bennett Elementary School Safety Committee meeting, Sun Valley.	5 volunteers; 1 staff
10/15/14	Fetal Infant Mortality Review committee meeting	1 staff
10/15/14	Dr. Lynn Kinman presents on Fetal Alcohol Syndrome for Northern Nevada Maternal Child Health Coalition meeting, Reno.	1 staff
10/20-10/21/14	Nevada Health conference	2 staff

10/23/14	Cribs for Kids presentation; Nevada Home Visiting conference	1 staff
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**Public Relations**

Date	Description	Attending
10/15/14	Story by Univision on infant car seat report	1 staff
10/31/14	Reno Gazette Journal Winners column on Miniature Golf Tournament raising \$9500 for Safe Kids	



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*Regional Emergency Medical Services Authority*

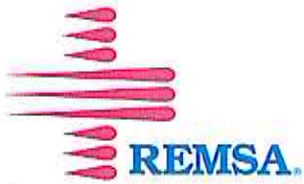
**INQUIRIES  
FOR  
OCTOBER 2014**

**INQUIRIES**

**October 2014**

There were no inquiries in the month of October.





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*Regional Emergency Medical Services Authority*

**CUSTOMER SERVICE**

**FOR**

**OCTOBER 2014**

## GROUND AMBULANCE CUSTOMER COMMENTS OCTOBER 2014

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
1	They were careful with my father, helped him & kept him calm. They listened to what occurred.	These guys were great they got it down!	This was a night right after I'd had to call before. This crew was AMAZING! My dad felt comfortable & safe as they helped him & seemed at all concerned at least about doing their job right. Unlike the paramedics from the night before.
2	Everything.	Nothing. Your fine already.	Perfect.
3	Most everything!	Stay the same except for below comment.	Did not know that the flight company & the ambulance company were different.
4	Everything from start to finish was excellent! Staff & crew were very professional, but comforting at the same time.	Nothing!!! Don't change a thing A+++ quality care right now! Great job. Thanks for everything!	
5	Arrived in a timely manner.		
6	All done well.	How do I sign up for your yearly plan?	
7			Excellent care & quality service.
8			I had head trauma and do not remember anything. However, my husband said everything was great. Thanks.
9	The EMTs were fantastic! Put us at ease.		
10	The ambulance providers were very professional. I thank them.	I called & left a message yet no one returned my call. (twice)	Please send me a copy of the Med Tech report. Thank you. (My blood pressure was 160/80?)
11			
12	Caring, compassionate.	Nothing.	
13	Keep me calm.	Everything was GREAT.	Everything was very professional, great service. Thanks.
14	Everything - it was a good experience.	Can't think of anything.	Couldn't ask for more speedy response & they made me feel safe & cared for.
15	Everything.	Everything was good.	
16	Professional service.		
17	Everything was good.		
18	Everything.	Just be here when I need you.	
19	Everything.	Everything is #1.	Top A-1.
20	Promptness.	Nothing.	
21	Transported from VA to Renown. Great guys, very helpful.		
22	Transport care.		
23	Everything was done well.		
24	They took complete control, because I wasn't responsive.		
25	Everything.		
26	Everything.	Just the same.	Very good!!
27	Everyone was very professional and kind.		
28	Listened to the caregiver about what happened to the patient.	Nothing - the staff were great!!	I'm (caregiver) very happy and glad we have REMSA. Thank you for being there for patient!!!
29	Gave me autonomy in deciding whether to go to ER, but provided convincing argument. Allowed me to use cell phone to call husband.	Billing statement says \$23,000 for service - seems exorbitant; not sure I would have gone to hosp if I knew cost!	Seemed like a long time to arrive (rural Reno) and ride to hosp was very bumpy.
30	Very efficient in transporting my wife to the hospital.	Update GPS or get streets that are not in the system into your system somehow.	Apparently our street is not in the GPS.
31	Made me comfortable and relaxed. Kept me from hyperventilating.	Keep up the good work.	
32	Sr. Care Plus - ambulance crew was a total class act!	No suggestions.	Thanks to the crew. You are the best/thank you.
33	Very courteous and helpful.		
34	Everything was very professional and the care was awesome.	Your service was great and thanks for all you did for my husband - my husband passed away 9/9/14.	I know some people were making donations to Care Flight in his memory. Will you send me a list so I can send thank you cards to them?
35			Went to Urgent Care.
36	Everything was just fine.		
37	Everything.	Nothing.	
38	Made me feel very comfortable.	?	
39	Everything.		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
40	Clamp my nose to attempt to stop the bleeding - calm me down & help me to get dressed - (was ready for bed) VERY helpful.	You have NEVER FAILED to do your best to help me! I'm 85 & live alone - so help is needed when a problem arises.	I already have! I'm not well (on O2 15 yrs.) & I count on you when in trouble!! Thank YOU for all your help!!!
41	Everything.	?	Thank you!
42	Your crew performed in a very profession and caring manner.		I misplaced my application for 2014. Please send me a form for 2015.
43	My husband called the hospital & got REMSA on the phone. They came out immediately and transported me to the hospital.		Care was excellent. Medics were knowledgeable & very comforting.
44	Everything w/concern & very professional.	Nothing more. Very satisfy with the service.	God Bless all you special & caring people & thank you so much.
45	Got me to the hospital in a no siren or whistle manner (as I had requested). I'm 87 yrs.	As for my condition, I was treated with respect & the crew was most knowledgeable.	Very happy to have REMSA in our area.
46	Very professional & seemingly caring.	Nothing.	-
47	Prompt, courteous, understanding.		The YOUNG GUYS can taken lessons from the older ones!
48	Everything.		
49	All of it.	Nothing.	I'm 88 yrs. old & living alone & I don't know what I would have done if it wasn't for REMSA. They were just great!
50	Everything!	Nothing!	Everything & everyone was outstanding.
51	Very good with my husband. Thank you so much.		
52	Everything to keep us calm once we got into the ambulance.	Have more compationate 911 dispatcher and adminstrator who returned my call of concern.	Very disappointed REMSA is now our only option for help -
53	Transport.	Get insurance info at hospital FROM patient.	Love you guys (and gals).
54	Everything.	Everything went like clockwork.	No complaints.
55	Attentive, careful, 'tho I was pretty incoherent.	Nothing.	
56			
57	The team was professional, efficient & communicated well.		Excellent care & service. Thank you!
58	Making me feel at ease.		Service was excellent.
59	Picked me up in garage of hotel.	Nothing. Had severe cramp in calf of rt leg radiating up leg and down to foot lasting approx 15 min. Could not walk.	By time ambulance came pain had subsided & I was walking but I was so shook up I asked to be taken to emergency room. After interview and waiting in ER getting up to walk at slightest discomfort in leg, I realized (am 85 yr old retired RN) there really wasn't anything a doctor could do. I left ER with brother. Thank you all for your kind concern and care.
60	First time using REMSA and was very pleased with the professionalism of all the crew. They were very good.	Nothing, all was great.	All said above.
61	No complaints!		
62	So nice and gentle with my husband's needs. Helpful to me. Respectful.	Just continue to strive to serve our community at the very BEST!	
63	Everything went well - good people made you feel you were in good hands.	Nothing I can think of.	Good job.
64	Everything!	?	
65	Everyone was so kind and took care of me so well. It was like my kids ALL around.	Fix the air conditioner, it was hot in the back.	They really were wonderful. Thanks.
66	Friendly & kind.	Did fine.	
67	Professionalism, care, sincerity.		
68	I was very impressed with the REMSA crew. Everyone is & was very caring and compassionate. They were very gentle with my mom, which I appreciated.	I can't think of anything.	REMSA brought my mom home (for hospice care) on Sat. afternoon (8/30) & she passed away Sunday morning (8/31/14).
69		Nothing - your people are perfect!! They do their job and then some.	
70	The EMT explained fully what the program was about: paramedic was caring but professional in his job & picked up a major part of my blood test so I could call my dr. immediately for help.		This program should assist drs & well as patients.
71	Everything.	Nothing. Everything was fine.	Great care.
72	Transport patient.	-	Good & complete.
73	Very courteous.		
74	Quick response, knowledgeable and helpful staff. Thank you.		
75	Everything.	Nothing.	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
76	Communicate.	Everything was just perfect.	Care of service was very complete and kindness.
77	Everything was so nice.	Nothing. Very contible.	Just wondering if Medicaid payed for ride. Thank you so much.
78		Basically ignored my severe pain & refused any med request.	
79	EMTs were very caring & thorough.		
80	Very courteous, professional and efficient - top grade.	Nothing - keep up the great ambulance staff you have.	
81	Clam me down talked to me in ambulance.	Always remember patient is scared so continue to communicate in a calm manner.	Service was great and fast to determine that they should take me to the hospital which did ended up as the right decision.
82	Alleviated pain and nausea right away - informative, reassuring.	Very pleased with the service.	
83	Personilty cursoity.	Nothing.	
84	They were very prompt in arriving to our home. They went right to work on me and gave me a shot to help with my upset stomach and on to the hospital.	They did great. I was very satisfied. Thanks to all.	
85	They all did great, got me to the hospital.	I have many falls & very help to lift me.	No more comment, just that they are great.
86	Great!		Excellant.
87	Everything as usual.		We belong to the after care group where my husband has received the finest care.
88	Everything.		You all were great.
89	Made me feel comfortable & explained what they were doing.	-	Very good service.
90	You arrived at the scene promptly and did all the preliminary tests well.	?	The interview at your office recently was excellent. I did not hear well on the phone.
91	Expedient service; followed my request for non-sirens due to early morning call.	None.	
92	Everything - you guys were wonderful.	Nothing.	
93	You were all very polite and comforting.	You did just fine.	
94	Everything! From putting in the IV in the ambulance to comforting speech and conversation to distract me from the pain.	I'm not sure, I was thoroughly satisfied with your service.	
95	Made sure I was comfortable.	Nothing, everything was fine.	REMSA has provided me services many times and all professional.
96	Staff was polite and very funny. They were able to make me happy!	If it isn't broken, don't fix it.	I think very highly about REMSA, thank you!
97	Very polite and business-like.		
98	Everything, everyone was so nice and helpful. Thank you. Your great people.		
99	The EMT was very polite. Actually reached out to me at work to get grandma's health history.		If you can put it in her file that she will refer herself as Virginia. It got confusing at the hospital because they couldn't find her health history. She is (first name) "Virginia" (last name).
100	Arrived quickly.	Everything was great.	Very good. Gave me confidence about my care.
101	I don't know. My wife spoke to dispatch.		
102	I don't know much about this run. I was full of morphine and don't remember the run at all.		
103	Great service.		
104			Your female was loud, obnoxious, she felt that she knew everything, just by looking at patient's med list. The rest of your crew just seemed to work around her. The rest of your crew were great.
105	Very good service.		
106	Arrival time, excellant, asked questions and gave helpfull information.	Everything was comforting and helpful.	Excellant service.
107		Better cardiac training. They did not seem to think there was a serious problem going on and did not take my son's comments on the issue seriously (he is trlage medic for State of CA). Once at hospital however the doctors quickly saw the same arrhythmias my son spotted and had me into testing & spending three days in the hosp for three different arrhythmias that could have been fatal if I had not been transported, which was done at the insistance of my son.	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
108	Took excellent care of me helpful with my pain and carrying me down from 2nd floor.	Nothing I can think of.	Very professional people. Very happy with service.
109	Very fast response to accident and very professional in handling patient.	Nothing!!	All very good.
110	Everything!	Prompt, knowledgeable, professional and courteous - what could be better!	
111	OK.	Allright.	
112	I am 80 yrs. They were gently kind strong picking me up off the ground and very hansom.	Nothing. They took care of everything.	
113	Your people were very professional, kind, and respectful.	I think they are just fine the way they are.	Thank you for your help.
114	All was well & professional.	Not a thing. Well organized.	No questions came to mind.
115	Drove.	Nothing.	
116			Deceased 7-31-14.
117	I was not aware for most of the trip.		
118	You were friendly, helpful and explained everything well. We called REMSA twice and they were professional both times.		Very good.
119	Very caring & professional.		
120	Everything from what my son and granddaughter said. They were all very helpful. I am so very thankful to each and everyone of them. Thank you.		
121	Friendly, prompt service.		interveinous efforts were multiple but fell short. Road condltions were almost impossible to conteract. Could have waited?
122	Take good care of me.	Everything was OK.	-
123	Everything.	Continue doing your best.	
124	Everything.	Continue your service. Everyone was so helpful and pleasant.	
125	Care was fast - friendly and very helpful in explaining what was going on.	Couldn't ask for anything more.	Appreciated all the drs. that came into the room - they cared.
126	Rapid response time. Personnel were caring & professional.	-	I have been a nurse for 44 years and I was very impressed with your service.
127	Caring & helpful.		
128	Rushed me to hospital in good time.		
129	Provide info & good treatment.		
130	Everything.		
131	The paramedic said I was OK & didn't have to get in. I volunteered, to go get reason for faint.	Fainted, don't know. Smooth ride.	Medics were genuinely concerned, informational, & had my data.
132	The personnel was great. I have not delt with the billing staff.		
133	Very prompt & informative.		
134	Showed up, from there they transported me to Renown where I was a John Doe for 3 days.	Make sure my medical problems are addressed.	My being a patient of Renown's for almost 20 years was ignored.
135	Very kind, made me feel cared for and they made feel comfortable.		
136	They kept me informed on what was going to take place.		
137	Delivered me to Renown Hospital with patient care administered.	N/A	N/A. Thank your staff for their professional help.
138	Very professional and caring.		Very impress with service and professionalism.
139	All friendly, putting me at ease. I ask a question, they responded fully. They totally know their job.	Nothing, just keep doing everything as is.	
140	Everything was good.		
141	I arrived safely.	Unfortunately, I have had several problems this year. Overall, the only comment is that they need more training for inserting IV needle!	
142	We don't it do.	N/A	N/A
143	Handling of patient, smooth, safe ride.		
144	Unable to comment.		
145	Transported me safely from NNMCM to Renown Hospital.	All is well.	Medicare is denying charges. Billing being contested.
146	Making sure I wasn't dying.	N/A	N/A
147	Checked me over for heart attack and got me to the hospital.	The guys were great.	Tell the 2 guys thank you and I was 5 days in the hospital for surgery complications.
148			Claimant deceased 7/31/14.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
149	Patient died 7/31/14. Thank you for your effort on his behalf.		
150	Everything.	Perfect.	
151	Handled the patient to gurney very well.	N/A	
152	All.	Nothing. It was all good.	
153	Everything, professional, caring, polite, I want to thank them very much!		Very good!
154	Quick response & delivery to hospital.	Keep up the good work.	
155	Very nice. They cared about my comfort.		
156	Very caring, cared about my comfort.	Everything was great.	
157	The ambulance ride was alright.	-	It was o.k.
158	All was well.	Nothing.	N/A
159	Putting the patient's needs before all else.	No comment at this time - all has been good up to now.	
160	Everything - you treated a 92 year old with compassion & respect. Thank you.	You do a very good job & I can't think of anything that you could improve.	
161	Care post accident! Billing very patient with "little old lady's" failing memory.	Nothing.	Everyone's pleasantness, and smile, and concern over being comfortable.
162		Nothing - the group was very professional to me & my nurse.	
163	Arrived promptly.	Your doing great except:	The nurse who was doing the blood IV couldn't find a good place to start - she ended up doing this in my wrist. Bad place! Wrong place! They had to redo it at the hospital and it hurt like hell.
164	I was very impressed with the REMSA ambulance service.	I think you did an excellent job.	Well done!
165	Everything.	-	-
166	Pros - medics were both "pros."	Nothing!!	Thank you!!
167	Arrived quickly - stated what I needed to do - asked after me took over - were careful.		(We are senior saver members.)
168	Made me feel calm and not get excited.	Continue to be helpful and kind.	Every thing was just good in general.
169	Unknown/I was out.	Unknown/I was out.	
170	Talked to me, let me know what was happening.		Was great.
171	Very prompt in arrival.	More intense training! The crew (2 males, 1 female). I was not given enough time to fully understand the procedures. Seemed very rushed. 2nd time only in hospital. Was very nervous and had a major anxiety attack. Was imm hooked up to all kinds of wires, etc. Was very scared, as I was alone in my home. Also felt that my dignity was being compromised at the time, as I was not given enuf time to put a proper attire on.	
172	Everything.	Nothing.	
173	I really don't remember - I was in constant pain.		
174	Staff was wonderful!	Not a thing.	
175	Everything went well.	Nothing.	
176	You arrived quickly, expressed concern, spoke clearly and honestly, and successfully brought me to the E.R.	Not sure, as the service was very good.	
177	Fast response.	Nothing.	Nice job.
178	Everything.	Nothing, everything was great.	Happy with care & service.
179	Great ride.		
180	Immediate & caring response.	N/A	Nice, compassionate, and professional.
181	Took me to hospital quickly. The nurse seemed concerned.	The IV was crooked in my left arm on arrival to hospital and had to be placed on right arm just past my wrist on top. It hurt a lot being placed there and my arm was black and blue for a week.	
182			
183	All help accomplished in an outstanding manner.	Keep up all work in an outstanding manner.	All employes are outstanding in there work.
184	Check the patient out & see what could do.		
185	Very kind and und.	Just keep on being nice & understanding and prompt!	Love you guys!
186	Very professional, knowledgeable and compassionate.	N/A	What a wonderful crew. Patient got the best care and I felt he was in good and the best care.
187	Was careful with her (my mother).	Nothing I can think of.	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
188	You did perfectly well. The crew assured me that everything's gonna be OK. I felt relieved.	Job well done!	
189	Polite & professional.	Don't stop striving to do better - we thank you for what you do!	
190	Excellent job.	Nothing at this time.	N/A
191	Everything was OK.		
192	Communicated well!, moved quickly but calmly, were reassuring & helpful.		
193	Nothing. Took me to wrong hospital.	Pay attention.	
194	You are very helpful.	You are all helpful and great serving all patients.	
195			
196	Your EMTs are very professional & empathetic to everyone involved!	You already do such an exceptional job!	
197	Concern & good care of patient. Also explained to me in detail why he would be going to Renown Instead of VA.		"Outstanding Service"
198	You guys were nice and polite.	Nothing.	
199	Your staff were so caring & helpful.	Nothing.	
200	Everything, best communication every.	Nothing.	I've worked in the med field for more than 20 yrs. Your co. "rocks." The best service and care, communication I've ever witnessed. Thank you.
201	The friendliness of the crew was very appreciated! They were patient, professional and extremely kind. They knew I was very anxious & nervous & they took the time to answer my questions & explain things, all while performing their duties expertly and with confidence.		
202	Load me & the care they gave!	Remain the same.	
203	The staff were very caring, gentle. They made us feel comfortable and at ease.	Continue the great compassion.	Staff were knowledgeable.
204			Thanks for doing such a good job.
205		Better training.	On 9/18/14, I called 911 as I suddenly felt very weak & not able to catch my breath. I thought it was very low blood sugar. The paramedics came and I was so shaky I could not test my sugar. They took my sugar which was high 267. They did suggest I eat just in case. I thought I felt better but after they left I had to call dispatch for them to return as I felt very ill and weak. They were still on the street. The paramedics did not come back in and the dispatch said to go outside. I find it very DISCONCERTING THAT I HAD TO LOCK UP AND WALK MYSELF DOWN THE DRIVEWAY. The paramedics knew I was coming as the indicated to me they were getting things ready & told me to get in on the passenger side. I was taken to Northern Nevada Medical Ct and admitted because the ER staff thought it might be cardiac related. I underwent a complete cardiac workout. The cardiologist said I was okay. However, I find it appalling that because of my health risk as a diabetic, 61 yr old woman it could have been worse. How did the paramedics know but THEN TO HAVE TO WALK MYSELF TO THE AMBULANCE is unprofessional. The weakness & breathlessness was due to PLEURISY. Very poor service on the part of REMSA.
206	Everything! Crew was great.		
207	Arrived in timely manner. Assessed the problem immediately.	Not a thing.	
208	Everything.		
209	Everything!		
210	Everything was great. Thank everybody again.		
211	Everything.	Nothing.	Excellent.
212	Prompt, courteous service.		
213	Everything.	Your always great.	Always appreciate you your all wonderful.
214	Professional/knowledgeable/caring		Very good.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
215		Get better service at emg. Renown.	
216	Getting me to the hospital fast so I could get help.		We never heard from them (billing).
217	Were respectful.		
218	The attendants were kind and respectful. They were also obviously efficient.	Not a thing.	
219	Communicated very well. Very professional.		
220	Everything.		
221	Very kind & very gentle with their care. Very, very professional when they had to come into the airplane to transport me out.	Keep up the great work. I was treated like royalty and the crew was so sweet & respectful!	Thank you so much for all you have done & continue to do for me and for my family.
222	Everything.		Good, fast service.
223	Everything.		Good, fast service.
224	O.K.	Don't send fire dept.	We are old and therefor don't like waste.
225	Everything was great there were no problems and the staff was very kind.	If the staff spoke Spanish.	In general everything was good.
226	You gave me options - I had a choice back board or not? Neck collar or not? Go or don't go?		They collected my important stuff out of the car. Awesome. Thanks.
227	Overall very well.		
228	Professional/knowledgable/caring		Very good.
229	Everything.		
230	Good. However, at hospital it was determined I had a "sepsis infection." Please indocronate your crews.	I felt they almost blew it off. Infection is deadly.	While i was taken to NNMC, both wife and I felt they were about to blow it off as just an anxiety attack. I have a triple bypass operation set for next week. Better safe than sorry.
231	Your paramedics are THOROUGHLY professional, clean, VERY courteous and caring.	Keep doing your work so well!	
232	Thank you. You explained everything you were doing & why.		
233	Everything. Very comforting and respectful.	More comforting ride - very bumpy.	
234	Professional/knowledgable, caring		Very good.
235	Quick, professional transport, no problems.		
236		Nothing.	
237	Talked to me.		
238	Quick response, caring and professional first responders.	N/A	N/A
239	Paramedic and ambulance personnel were kind, supportive - consummate professionals!	Please bill the correct insurance (all auto insurance information has been provided).	
240			You do an awesome job every single day!
241	Great job.		Great job.
242	I was very well cared for! Your staff talked to me at all times - telling me exactly what they were doing and why!	I don't know.	Excellent in every way!
243	Everything.		They were great.
244	The first responders were absolutely wonderful! So upbeat and reassuring.	Everything was great.	
245	Friendly, courteous, respectful, kind and compassionate.	Always treat everyone the same.	Everything went exceptionally well.
246	Making sure I was OK.	Nothing.	They were very helpful.
247	Calming me down.	Nothing. It was great.	The care was great. They were very helpful.
248	Kept patient calm and did not scare her.	Nothing you were great.	Prompt, professional, concerned. Great job.
249	Everything - I was transfered from the V.A. to Renown.		Good care & service.
250	Got me to hospital comfortably.	Quicker response time.	
251	Very pleased w/REMSA.	Thank you!	
252	Everything.		
253	The two crew members were great! Did a great job. Made me feel comfortable and safe till we got to the hospital.		
254		More padding on gurneys.	
255	Everything. They all were very good to me under circumstances!	Nothing.	
256	Everything.		
257	I can not say enough about how wonderful, kind, helpfull, even about all the bad roads they say sorry for the bump when they are putting in the line for the IV.	I don't know what you could do better when you do all wright!	Silver Saver.
258	Keep us calm in a stressful situation.		Very professional and informed crew - Thank you!



	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
259	Everything was great. I'm 71 years old and I was in a lot of pain and so scared.	You made my (so) scary incident a good experience. Your guys were great.	My care was great from when they got me off the pavement to the hospital. I can't thank you enough. Your personnel was the best every. They were so good to me. Thank you so much.
260	Very polite - explained what was going on to her. (Patient deceased.)		
261	Kept us calm and informed of all things going on.		We know nothing about the billing staff.
262	Everything.	Nothing.	
263	(Yes, very well.)		
264	Getting to the ambulance & onto hospital with the least amount of pain.	Practice inserting IV needle. They had a little trouble.	Your service was prompt and I appreciated the good service. Thanks!
265	The EMTs are always calming. They answer ones questions.	Nothing.	Service is terrific.
266	Prompt - courteous - explained		
267	You were here quick, got him there quick and saved his life. I'm happy. You did great!		
268			I was not there and had no exposure to them. My mom is 91 years old.
269	Response & transport, communication.	Nothing I can think of..	Very professional.
270	Very professional, calming, excellent IV!!, quick & thorough. Great crew!		EMTs/staff were very professional & helped calm my anxiety during the emergency & transport.
271	All the above.	They done everything right.	Everything is perfectly right & thank you for saved my life.
272	Everything to my knowledge.		
273	Were prompt, caring & courteous.		Outstanding!
274	Everything!	Excellent, nothing!	Perfect!
275	Everything.		The crew knows what to do, & I'm very glad they do.
276	Service was great.	Better response times.	
277	Very friendly & professional.		
278		Less bumps - kidney problem - felt every bump on highway.	Had to wait until 0330 AM for transport was supposed to go @ 12:00 midnight was waiting since 2130 hours.
279			They did very good.
280	Everything.	Nothing.	
281	Everything!!!	Nothing.	
282	My husband does not remember that day except for the paramedic who took care of him. Thank you.	You served him very well. Thank you.	
283	Your employees were very kind & understanding to the patient.		
284	All pro from start to end.	None.	None.
285	Everything.	None.	
286	Professional, compassionate demeanor; very much appreciate the help they provided to me.		This was my first experience calling 911, riding in an ambulance, and being in the hospital. Everyone was great and I couldn't have asked for better care. Thank you.
287	The crew were very helpful and informative. They were also courteous.	The crew seems to be very astute in their fields.	Thank you.
288	The ambulance came quickly when I called 911 and took me to the hospital.	Don't make me wait hours to be seen when you don't know my pain level; it was sad.	I didn't like the fact that the nurses took people back before me.
289	Their kindness was the greatest. Reassuring knew I was scared.	Just always being here for us. Their caring, knowledge, kindness.	Could not have been better. I knew they knew I was ALONE at that time.
290	Prompt.	Work on IVs.	
291	I was really impressed with the 2 EMT's kindness and courtesy care given to me.		
292	My experience with REMA's people was very good - they couldn't be any BETTER.	You already have two wonderful workers.	
293	Everything.	I can't think of anything.	
294	Everything.	Keep doing what you do!	It was great! Thank you.
295	All.	Nothing.	No questions. Thanks.
296	Quick.	Hope I do not need services.	
297	Did their job ASAP.	-	Very good.
298			Take speed bumps more slowly.
299	Everything.	Just do what you do now. Do not change.	
300	Yes.		

What Did We Do Well?		What Can We Do To Serve You Better	Description / Comments
301	Responded quickly.	-0-	I was treated very nice & everybody very helpful - God Bless all.
302	Everything.	Can't think of anything.	You do a great job.
303	Everything.	Can't think of anything.	
304	Your EMT crew were the best. They treated my 11 yr. old daughter with perfection. They went above and beyond.	When a parent can't ride in ambulance there should be a door for them to get in to see their child.	
305	Everything was fine.	N/A	
306	You came promptly and explained what you were doing.	Maybe in my case a little more training in inserting an IV.	The service was on time and a big comfort!
307	Took care of 92 yr. old mom!	All good.	
308	Very helpful staff. She explained everything very well.	That was very good.	
309	I was handled very well by all.	Continue the good work.	The IV was a bit of a jolt.
310	Patient arrived safely.		Pick up time was delayed by 2 hours. At that point we did not know when they would arrive. People's lives were put on hold for that length of time. In fragile situations I don't feel that is acceptable.
311	All.	Nothing.	
312	Gentle, reassuring, kind, cheerful, quick, effect & helpful.		
313	Stayed calm and professional.		
314	Quick response - professional in every manner.		
315	They were there for me & they treated me so nicely.	You don't have to serve me better. I'm very pleased for the way they serve me.	I don't have any comments. Like I said, I'm pleased & Happy the service they give me.
316	Assisted me to the gurney.	Keep up good work.	
317	Talked me through everything & very polite.		
318	Everything was. Continuing with the excellent work. Thanks.		
319	Your people are awesome!	Don't know they are all the personnel is real good at this job.	
320	Everything.		The crew does everything once you're in the ambulance. They take care of everything.
321	They (2) kept talking to me - altho I was pretty well "out in space." They were SO NICE.		Care and service WAS GREAT!!
322	Arrived in a timely manner.	Nothing except keep up the good work.	
323	Everything.	Nothing. Everyone was exceptionally helpful.	Your service is always excellent.
324	Fast, efficient, good communication.	Keep doing what you are doing.	Very professional.
325	You explained everything to my satisfaction and were very kind.	?	
326	Everything.	Nothing.	Great care.
327	You saved my life (thank you).	Keep the professionals you have.	
328	Your staff was very good, kept it quiet so my neighbors didn't come out.	Nothing comes to mind.	I assume you will bill my Worker's Comp - call me.
329		I was not present at this time.	
330	Helped keep me alive & got me to the hospital promptly! Thank you!	Keep up the good work!	Good job!!!
331	Everything.		
332	Everything!	-	REMSA is what emergency care should be.
333	Took "charge" of situation both medical and to calm down frayed nerves of patient & wife.	Your "medics" could hardly do "better." They were super professional in all ways.	Both care and service were the very best - exceptional. From our hearts to yours, Blessings!
334	Staff was extremely comprehensive as they ran various tests on my mother. Staff was engaging & effective.	My experience was extremely positive.	Overall, I was pleased w/the service that my mother received. Kudos!
335	Your staff helped in every manner &, which I might add, gave my wife and me moment together.	Keep the quality of staff that you have - pleasant, personal, and professional.	Very alert with their eye single to my comfort, protection and care.
336	You provided transportation to CC & that was great - Thanks.		Transportation was arranged by St. Mary's.
337	The paramedics, I did not get their names, in my confusion were excellent.	Very comforting, detailed and empathetic.	Thank you so very much.
338	I was cared for well & pleasantly.		Well done.
339	Kind & helpful.		
340	My mom felt very comfortable & cared for by the EMTs.		

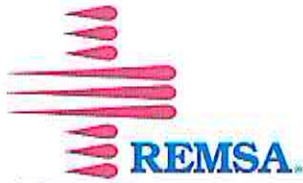
	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
341	Nothing, it was APPALLING service.	Don't inform a scared man who can't walk that he's fine & try to make him walk w/o help.	My father had several strokes that week, one had to be this night. I have to imagine at least one stroke was this night. The EMTs were reluctant to help him into the chair he nearly fell. They were RUDE & made him more afraid than anything else. I was reluctant to ever call an ambulance again. I know he became difficult to deal with but it was after the EMTs CONTINUALLY called him a LIAR. (The dispatcher was the only helpful one involved.)
342	Keep me alive on an amio drip: explained v-tag & ablation very clearly. Wonderful explanations.	Just keep up the good work. Your EMTs are outstanding. They kept me calm & informed.	This was a transfer from South Meadows ER to Renown Main (cardio ICU).
343	Everything.	Lower your rates.	They made me feel very comfortable.
344	Everything, very polite and nice.		
345	Friendly.	Overall good experience; no changes.	Was unconscious w/helicopter flight however the ladies that helped transport me in ambulance was great.
346			We did not use your service on 9-9-11. We used it on 9-10-11. I sent in the survey sheet for that date. Thank you.
347	Patient care.	Completely satisfied.	
348	The courtesy that was given to me and my daughter was very thoughtful.		I was very pleased.
349	Very caring & willing to do what was needed.		
350	Everything.	Keep up the good job.	
351	Made him feel at ease.		
352	Very friendly. Made me as comfort as they could. Your service is great.	Don't know.	All excellent.
353	Worked quickly.		
354			I did not call. Your people were polite & very understanding. Thanks for your help when I needed it.
355	They did what was needed taking vitals - etc.		
356	Prompt, cleaned up blood from floor.		
357	Everything. They were most helpful in calming me in a stressful situation. I was always well informed as to what was going on and what they suggested I do & needed to be done.	Nothing - everything worked out for the best.	The paramedics were kind and thoughtful. I was most impressed that one of them came to check on my husband & I when he brought someone else to the hospital later on in the day. I thought that was beyond his responsibility but was most appreciated and thoughtful. Thanks for such great service.
358	The two medics were great with my family and myself. My mother and sister understood.		Thanks to your medics.
359	Get me to the hospital promptly.	Continue having compassion.	
360	Response time very good.		More training in order to stop bleeding is necessary.
361	I have used your service a few times recently and have been impressed with the standard of care including the advice nurse.		
362	The attendants were kind, funny and professional. Made a bad situation good.		
363	Very helpful everything.	-0-	
364	Couldn't ask for any better treatment than what we received. Patient, too.		
365	Excellent job! Very helpful and caring. Thank you.	Just being there. Thank you!	
366	Dispatcher was great. Paramedics were great also.		
367	Everything. Thanks.	Stay around forever.	
368	All this is very good.	All this is very good.	All this is very good.
369	Everything - kind & curious.		
370	Talked to the patient and made him feel like a person.		
371	Lifting me.	Nothing.	There is nothing you could have done.
372	Responded quickly to the call. Put food out for my dog.	Your people did a wonderful job responding and helping me.	
373	Lakeside Manor called - ? Billing -	I've taken REMSA since 07. No complaints. It had been about 4 yrs. no calls.	I don't understand billing. ?
374	Everything.	Nothing.	
375			Very considerant EMTs.
376	Got me to the hospital.		Did the job!

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
377	Just stay REMSA.		
378	Everything perfect. Thanks!		
379			I have no comment, my wife passed away 9/26/14.
380	All personnel worked in a professional manner.	Continue to work as you are.	Everything was excellent!
381	Don't remember much.		
382	Everything - I was very grateful they came & I received excellent care.	Nothing.	See above.
383			The people were great!!!
384	After numerous times they know how important getting me to the hospital is.		
385	Telling patient what's going on as they: take vitals, fill out paperwork, answer questions.	Not sure why we were idling in the parking lot for so long before leaving for the hospital.	The personnel are both very professional & they have compassion. They also communicated effectively to the ER staff.
386	So very caring! quick! & professional!	Nothing! The service was excelent.	
387	Everything - I'm very thankful we have your insurance. We will continue forever, if possible.	Your very good.	Your like a angeles in disguise - I was scared.
388	Everything.	?	
389	Your caring & concern.	None.	
390	Why do you send me these surveys? Your crews are well trained and do their jobs very well.		
391	The crew was very polite in transporting me to Renown from NV Medical.	Nothing.	
392	You were fast and kind. My only question is, I was wondering why I didn't get a field EKG. I was having bi & trigeminy on the monitor, and I complained about chest discomfort & pressure into my throat. Just a question... (Patient is a RN.)		
393	The crew was very quick to respond & treat me to get me stable & transported me to the hospital quickly.	Nothing, service was good.	
394	Everything was excellent, doctors were really helpfull and knoleageable.	Nothing really, everything was excellent.	
395	Everything - I'm very thankful for all your help & consideration.	Nothing - your extremely excellent & helpful under a bad situation.	Your very good. Thank you again.
396	Everything! Very nice and helpful.	Nothing I can think of.	Very outstanding service and care - thank you!
397	Everything! Very understanding, polite and nice.	Nothing I can think of.	Great service! Thank you very much.
398	Everything! Detailed information communication, professional & caring attitudes all around! Comforting & humor was displayed by all team members. Thank you!	-0-	
399	Took time to explain what the different options were for his transportation.	Nothing.	
400	Caring & on time.		
401	Kept me informed as to what they were doing.	Unknown, I think everyone did a great job!	
402	Caring & really made patient feel dignified in a tough situation.		
403	Everything - very professional.	?	Treated very well -
404	All.	Your good.	
405	I called the nurse help line through REMSA. She was very helpful.		Thank you!
406	Complete courtesy.	Nothing.	
407	Personnel helpful & curious.	-0-	Very efficient.
408	Very nice.		
409	Made me well.		
410	Everything.		
411	You saved my life, my family and I are grateful. The staff is wonderful	Great service.	
412	Everything.	Nothing.	Wonderful.
413	Yes.		
414	All.	All good.	
415	Everything was done very well. Thank you.	Just what you did was great.	It was what was needed. Thanks again.
416	Very calm & confident & easy to talk to; very caring! Thank you!	Nothing.	
417	Everyone was very professional.	Thank you for being there when we needed you the most.	
418	Always courteous and professional.		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
419	Promptness when we called. Polite when taking me to the hospital.	Cannot think of anything.	In general, your service was very satisfactory.
420	Came out to the rescue when called.	Nothing needs to be change.	All staff was great.
421	Very reassuring and kind.	Nothing.	Very good.
422	Yes.		
423	Everything was good.		
424			<p>I would like to explain my experience with REMSA services provided 8/23/14. First I will say that all the employees were polite. That is however the only positive comment.</p> <p>First of all the technician was a trainee and that was not disclosed to me. He blew the vein in my right arm and the busing was so severe it took several weeks for it to disappear. The technician who ended up opening a line in my left arm explained in detail all the things to the other technician about what he had done wrong. Full disclosure should be made and the patient should be given the option of having a trainee work on them or not.</p> <p>Secondly the ambulance itself was a nightmare. The interior was hot because the transmission, power steering and brakes were all going out. They had driven round trip from Wadsworth earlier that day that was a hazard to everyone who was in the vehicle or possibly in potential harm of the ambulance causing an accident. They did end up calling for a backup ambulance and I was transferred to an air-conditioned and hopefully mechanically sound vehicle.</p> <p>None of the above should have ever happened. Not only unprofessional but letting me the patient know REMSA had put other lives at stake earlier that day is inexcusable both by telling me and that REMSA endangers lives.</p>
425	Response time, and I appreciated the fellows letting me know what my status was.		
426	The men's came less 15-minute too help me. I live alone my puppy and me. They gave me time for someone too care for my puppy.	Keep doing what you all do!	They know "love" most of all. "Check and care" for me medicailly frist. Thank you all for the work and love you all give.
427	Most of them were nice.	Tell them to say nice things and be helpful to the elderly.	One of the EMTs said, "This is NOT a taxi." He hurt me more. I was passing a kidney stone and had a panic attack I hadn't had in a long time. They were very nice and helpful when I got to the hospital (hospital staff).
428	Took me to the hospital requested & proptly.		
429	The help provided was accurate. The support and words given were very helpful and well appreciated.		
430	Everything was great.		
431	The ride to the "VA hospital" was very good.		I thought everything was very good, I wanted the VA hospital and they took me there.
432	Everything.		
433	Made me feel very comfortable.		
434	I did not call 911 - my neighbor did as I was "out" so can't answer.		Very good.
435	I seem to have to use REMSA every month lately. The crew makes me feel safe.		Each time I use REMSA (a lot this year) I know they will do their very best for me.
436	Explained everything they were doing -		Good job! Thanks! I was scared & my 74 yr old husband more.
437	N/A	N/A	N/A
438	Everything. They made her & I feel comfortable.	Be less expensive.	
439	Kept my 4 yr old calm when under extreme duress!	-0-	
440	Crew exuded warmth & friendliness.		
441	Get here in a hurry very well.	The boys did a great job. You could put a I.V. better cuz they hurt me very badly.	Otherwise they were all great.
442	Professional!		
443	Quick arrival - very professional.		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
444	Great service.		What about air flight care? Would like to know more.
445	Very considerate.		
446	Everything.		
447	Efficient - calming me & professional.		
448	Everything!!	Nothing.	I'm satisfied. I was treated like a queen.
449	The drivers were polite and caring and explained every step.		
450	Got her to the ER after on site care.		
451	Your crew made me feel very well cared for.	Nothing, they are wonderful!	
452	Very pleasant. Kept me well informed in all tests.		
453	Everything.	No comment.	Don't have to.
454	Your personnel were prompt, professional, courteous, competent and comforting. I appreciated that they explained what was happening and what they were going to do.	I wish I could think of something, but I can't.	Your people are GREAT!!!!
455	I was not there - relying on my father for information. He said everything was fine & very thorough.		
456	Everything as usual!	No complaints!	Keep up the outstanding service!
457	Arrived quickly. They were very efficient and professional.		It was excellent.
458	All... God Bless all...	Continue the same way...	
459	Everyone was helpful.		
460	Response was fast.		
461	All my needs were met with politeness & very professional.	Everything your staff did this trip was very good and much appreciated.	Very professional and knowledgeable. Thank you.
462	Everything - fast & efficient. Saved her life.		Excellent staff.
463	Kind, & I understand a little about the public, and your staff does not change one bit.	Just keep up the attitudes, & caring for the patients! You've all been good to me. Thanks.	
464	Very accepting & understanding of what the patient is going through at the time.	Keep up the good work. Thank you for being there for me. Thank you.	
465	Everything professional, calm, accurate information, gentle, kind.		
466	I have bad veins and when I'm dehydrated they impossible to find. I had to wait to get to the hospital to get IV. They tried 2 or three times.		
467	Was very calm and knew what to do.	The driving could be better.	I have no comments. Thank you for the service.
468	Crew arrived very promptly and were very professional and knowledgeable.	My service was perfect.	You can be proud of your crews!
469	Assessed condition of patient. Were patient with her during her responses which were intensified as has autism and was confused.		Excellent care.
470	No complaints. All done well.	??	
471	Everything.	Nothing. It's all good.	Keep doing what you are doing.
472	My family has always been thankful for your wonderful service and care.		
473	From what I can recall, keeping me calm/aware of my surroundings. And if I was alright & needed anything.	Coming back from a seizure and everything was just so fast. Maybe it's needed but I was confused.	Thank you.
474	Transport - calmed me down.		
475	Very, very well.		Please note correct spelling of last name (starts with V not B).
476	I was 2,000 miles away from home. Everybody took really good care of me.		
477	Everyone was so kind and caring. I was 2,000 miles away from home.	Nothing. Everybody was wonderful.	Was great.
478	Explaining what was going on, as I was unable to respond, even though I didn't understand some of what was being said.	As far as I can remember, the service was good.	N/A
479	Everything.		
480	Excellent, the on board staff was very helpful & friendly.		Very satisfied.
481	It was the human connection that was most impressive to me. They did that while being professional.	Not sure if you could. Thank you all so much. May your lives be full.	
482		Hospital staff was not happy about IV location or size.	
483	EMT crew was great w/our 3 year old daughter.		
484	Everything!		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
485	Everything OK, thanks.		
486	Rapid diagnosis & transport, felt less scared because EMT kept talking, called ahead to ER so everything went so smoothly once we got there.		I feel so lucky for the service given to me. Thank you so much!
487	Saved my life again. Thanks.	Nothing.	
488		No complaints.	
489			The only negative issue I had was I beat the ambulance there. And no one at the hospital knew where my grandmother was & I came from Reno.
490	Very professional. Everyone couldn't be more professional & efficient than they already are.		
491	Everything went very well, the people were friendly.	You did just fine.	
492	Arrive in timely manner.		
493	They put me at ease by talking to me, asking me questions.	I can't see anything else that is needed.	I'm so afraid of needles, and they were so kind.
494	All.	Just be there to help.	Very good.
495		Great care. No complaints!	We have referred Silver Saver to many of our friends. Best care.
496	Quick response. Kept me informed of all actions.		
497	I was unconscious most of the time, so I don't remember.		
498	Picked me up in a timely fashion.	Just continue as you are.	Phone call was made by my sister & handled well.
499	Everything everyone has done was done in a caring & respectful way. They have always been kind to me.	You are always superb... I am the problem. The team wants me to go but I am so afraid because I know I cannot pay it.	
500	Explanation & education. The EMTs assured me that I did the right thing to call them.	Nothing. Your guys were great. This was my second ride (9/27 & 10/4).	The ambulances are bumpy & noisy. Better shocks? Put shocks on the gurneys!! I appreciate the teamwork. I wouldn't be alive today if it weren't for all the medical people --- beginning with the person at the REMSA hot line who realized I needed to get to ER fast (Sept. 27). I was in VTAC & was right on the edge, but didn't realize the racing heart was serious.
501	Compassionate, calm & ability to work efficiently & quickly.	Better train personnel in drawing blood, especially in difficult patients, ie, rolling veins.	
502	Polite, listened to our concerns - very gentle with our mom -		
503	Everything. Can not think of one thing I would change. Even kept my feet warm!!	Really can not think of one thing.	
504	All around "great."	Can't think of anything.	Would recommend REMSA to anyone!
505	Very good service.		
506	We live in a mobile and I was worried how they were to get him out and they did perfectly beautiful job. They were so good.	As far as we are concerned it could not be better.	The pt. said they were very gentle and VERY, VERY good with his hip.
507	Everything. Especially the IV.	Nothing.	It is always excellent.
508	Everything. Hopefully I won't need your services again.		
509	Everyone was kind, empathetic, efficient & knew what they were doing!	Don't change!	The ambulance was clean and well laid out & the staff were excellent. I was a navy corpsman, ambulance medic, LPN & RN. Your guys are excellent!
510	Excellent, as always.	Just be there...	N/A
511	Quick response, took charge of situation, felt confident my husband was in good hands.		
512	Everything.	Not much of anything.	
513			
514	Arrived quickly to help me to hospital.	None.	
515	They were gentle with me but had problems getting IV in my veins.	Not sure - always have great service.	



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*Regional Emergency Medical Services Authority*

**REMSA**  
**PUBLIC RELATIONS REPORT**  
**FOR**  
**OCTOBER 2014**



**PUBLIC RELATIONS**

**October 2014**

<b>ACTIVITY</b>	<b>RESULTS</b>
Began contacting the Cities of Reno, Sparks and Carson City, as well as Washoe County in order to present Community Health Programs preliminary results during a council/commission meeting.	Meetings will take place in November, December and January.

## Car Safety Seat Check This Saturday in Northwest Reno

Posted: Oct 06, 2014 1:18 PM PDT Updated: Oct 06, 2014 1:18 PM PDT

By Kellene Stockwell

You can make sure your child's car seat is properly installed at an event this Saturday morning at Raley's in northwest Reno.

REMSA, in partnership with Safe Kids Washoe County and Raley's, will hold a child safety seat inspection checkpoint starting at 10 a.m. at 1630 Robb Drive in Reno.

There, safety technicians will make sure the seat is properly installed and the right kind for the age and weight of your child.

REMSA says 3 out of 4 car seats are not installed correctly. And according to the National Highway Traffic Safety Administration, car crashes are the number one cause of death for all children.

The event is limited to 30 cars so you'll want to get there early.

For more information, call 858-KIDS.



## Washoe County Has Protocols in Place for Ebola

Posted: Oct 07, 2014 5:12 PM PDT Updated: Oct 07, 2014 6:18 PM PDT

By Jennifer Burton

The Washoe County Health District has updated its infectious disease plan to include precautions for Ebola. The plan includes detailed checklists to determine whether a patient might have the disease, and protocols for hospitals and EMTs to follow if they suspect a patient here might have Ebola. Questions on the checklist—like the patient's travel history—can help assess the risk to the patient and health care workers.



Phillip Ulibarri, of the Washoe County Health District, says the CDC guidelines are shared with hospitals, doctors and other partners in Northern Nevada. "We follow those protocols; we promote those protocols among our partners. The people in Washoe County should know that we are giving health care providers the most current and updated information as we get it from the CDC," he said.

People on the front lines of health care, like paramedics, also follow specific policies for suspected Ebola exposure. At REMSA dispatchers ask questions designed to identify patients who may have an infectious disease. They pass along the information to first responders. "They notify the responding crew members that we have a positive screen, and that universal precautions are required. What that means to the paramedic is that they will don personal protective gear before they actually enter the scene," said Aaron Abbott, who is the director of Operational Services at REMSA.

Abbott says he feels prepared if Ebola were to show up here. "We are, this week, coming out with specific training on Ebola. Every year we do emerging infectious disease training. Our crews are well prepared on signs and symptoms of any infectious disease," Abbott said.



## Are We Ready for Ebola?

Posted: Wed 11:12 PM, Oct 15, 2014

By: [Catherine Van](#)

RENO, NV - With two victims of Ebola here in the United States, many are wondering if they could be next. Although those chances are very slim, would local hospitals be able to stop the spread while treating patients?



Since the outbreak of ebola in the United States, hospitals and medical professionals across the nation are all hands on deck, including our own.

"It is scary. It is scary for both staff and for patients," said Scott Lamprecht, RN.

Lamprecht is a certified nurse and the president of the Nevada Nurses Association. After seeing how Dallas played out, he wants to make sure nurses in the area are prepared for the worst.

"We are currently doing a review and update and putting the information out about standard precaution, having nurses review that, bring that information forward and reemphasizing that," he said.

A lot of the training is reeducation through communication. Should there be a case in northern Nevada, Renown has isolation rooms prepared and available. REMSA has more than 100 of the protective suits, approved by the CDC, ready to distribute.

"There's absolutely no need for a panic," said Tracey Green, the Public and Behavioral Health chief medical officer. "We are in the process of continuing all the preparation, answering questions, assuring the training is occurring and giving good succinct guidance because we are really prepared here in Nevada."

The state board is actively making sure all the plans are up-to-date and there are adequate resources available.

"If there are any shortfalls we will be identifying before we have to deal with the real case," Green said. "We are ready and we are in operation."

## County, Reno Airport Continue Prepping for Ebola

**Emerson Marcus, Reno Gazette Journal**

*10:05 p.m. PDT October 15, 2014*

A passenger on a Frontier Airlines flight that unknowingly transported an Ebola patient from Cleveland to Dallas has traveled to the Reno area, reported to a local health care facility for screening and been released, the county said Wednesday night.

"We currently have no reason to expect that this individual poses any risk to the community," Washoe County District Health Officer Kevin Dick said in a statement released via news release Wednesday evening.

"The individual reported to a health care facility, was screened and released according to CDC directives," he said. "The CDC determined that this individual did not pose a significant risk."

Renown Health released the following statement late Wednesday:

"Late this afternoon a passenger on Frontier Airlines flight 1143 arrived at Renown Urgent Care at Vista Blvd. The passenger had been contacted by the Centers for Disease Control and Prevention (CDC) as part of that agency's outreach to all 132 passengers on the flight.

"Care providers followed CDC protocols and assisted the passenger in contacting the CDC. The CDC determined that there was no risk of Ebola to the community and subsequently cleared the passenger to return home," the statement added.

The Washoe County Health District rolled out an incident command system earlier this week, and Reno airport officials are set to meet with an Ebola expert after a second health care employee was diagnosed with the virus putting the nation on high alert.

The second Dallas nurse caught the disease from a patient and flew across the Midwest aboard an airliner the day before she fell ill, even though government guidelines should have kept her off the plane.

The first nurse, identified as Nina Pham, was wearing protective gear when she took care of Thomas Eric Duncan but became the first person to contract the disease within the United States.

In its news release, the Washoe County Health District said it is in regular communication with the CDC to bolster its Ebola preparedness.

The health district is sharing numerous health alerts from the CDC, including published checklists, hospital infection control and screening and response protocol with health care workers throughout the area, Dick said.



The Washoe County Health District's incident command system designates certain hierarchy and protocol if an Ebola incident were to occur in Northern Nevada.

The system is similar to how America fights fires with multiple government agencies responding to an emergency at once.

The plan focuses responsibilities on the emergency incident, in this case a potential airline passenger carrying the virus and how to transport and test the patient.

The county health district and REMSA would respond first, health district spokesman Phil Ulibarri said.

If the Reno-Tahoe International Airport were to receive an Ebola report, the plane carrying the passenger would move to a designated remote portion of the air field, airport spokesman Brian Kulpin said.

"We have what we call a pandemic plan," Kulpin said. "It goes back to SARS; we updated it for the bird flu and recently dusted it off for Ebola."

"If we got a call, there are a full set of procedures to follow," he said.

Plan specifics are still being discussed this week, Ulibarri said, and as the nation learns from mistakes made in Dallas.

Kulpin said Ebola expert Dr. James Wilson is set to speak with airport employees Thursday on how to handle the incident and educate them on the virus.

The county, airport and region have worked aggressively for the past month, remaining proactive, Wilson said.

"Everybody across the country is still picking at the protocols because of what happened in Dallas where two health care workers were infected and probably more," he said. "You have some issues where I think that we have to kind of be mindful that this is a very fluid situation that we have to pause and remind ourselves whether this (certain protocols and procedures) is the right."

*The Associated Press and David Jacobs of the RGJ contributed to this report.*

## 'Code Stroke' Drill Helps Prepare Medical Teams

Posted: Oct 20, 2014 3:06 PM PDT Updated: Oct 20, 2014 3:06 PM PDT

By Andi Guevara

In the United States, strokes are one of the leading causes of death for both men and women. But the chance for survival increases dramatically if patients get medical care as soon as symptoms appear.

That's why Renown Regional Medical Center partners with REMSA to have trained teams ready at all times.

Monday the two agencies held a "Code Stroke" drill and Channel 2 News rode along for a closer look at how the professionals prepare for this kind of emergency.

A stroke is an attack of the brain - when two million brain cells die every minute - so speed of care is vital to survival and recovery. But, medical professionals say, patients must do their part- by calling 911 immediately if a stroke is suspected.

That's when the medical team takes over. Paramedics begin taking vitals as soon as they arrive and continue on the ride to the hospital... alerting medics that a possible stroke patient is coming in.

Vicki Skorupski is the Stroke Program Coordinator for Renown. She says the partnership with REMSA is crucial when it comes to helping stroke patients.

"They draw labs for us so they can hand labs right to our lab so we have quick turnaround for our lab results, they will start two IVs."

While the paramedics are busy in the ambulance - a whole stroke team is coming together at Renown... preparing for the patient. It's a big team and everyone plays a crucial role - from the person who gets your name...

"...to the CT tech being there so we can get you back for a quick CT scan so we can be sure we know what's going on inside your head," says Vicki "...to the neurologist who is waiting, is paged, who is here as quickly as possible, right at the bedside doing that assessment."



Even the pharmacy is alerted, to begin preparing medication.

Tune in to Channel 2 News at 5:00 p.m., Tuesday, for details on how to recognize a stroke when it's happening and a first-hand look at stroke treatment as I ride along and play the patient during the "Code Stroke" drill.





## Doctors Say Time Essential When Helping Stroke Victims

Posted: Oct 21, 2014 2:59 PM PDT Updated: Oct 21, 2014 2:59 PM PDT  
By Andi Guevara

Strokes used to be known as a disease of the elderly, now hospitals are seeing 50 and 60-year-old patients.

**Renown Regional Medical Center** in Reno is a primary stroke center. This week, I joined the hospital along with REMSA for a "Code Stroke" drill. I played the patient and learned why calling 911 immediately is so important.

"Time Lost Is Brain Lost" – it's a phrase you'll see repeated in medical literature. Two million brain cells die every minute during a stroke. So, experts say if you even suspect a stroke... make the call.



For our scenario, paramedics arrive at the news station with sirens blaring and move quickly to get vitals... and check for those crucial signs that help determine if a stroke is happening. The standard is an acronym called **\*FAST\***

Neurologist, Dr. Ivan Lopez along with Nurse and Stroke Program coordinator Vicki Skorupski, explain:

**F** for face because the individual will have facial weakness.

.... then we use the acronym

**A** for Arms. So you'd ask them to hold their arms out or in front ...and the one side might be weaker

**S** for speech because they won't be able to speak properly.  
"And then

**T** stands for Time. Time to call 911."

During this drill, the paramedics decide my situation is serious and within minutes we're heading to the hospital. At Renown, an entire stroke team is ready – from nurses to radiologists all waiting for our arrival.

Dr. Ivan Lopez says there is no time to spare. "A stroke means a portion of the brain dies because of lack of blood flow."

Lack of blood flow causes the majority of strokes – these are called ischemic, but the doctor must look inside my head to make sure it's not a hemorrhagic stroke, when ruptured vessels bleed onto the brain.

So a quick trip down the hall for a CT scan.

The team is well coordinated and calm. They tell me it's because they handle stroke alerts twice a day. But don't be fooled, everyone is watching the clock.

"The only medication that we have available for acute stroke therapy is what we call I-V t-PA, and we have a window of time where we can give it," says Dr. Lopez.

t-PA dissolves blood clots, but can only be administered within three hours of the onset of symptoms. It's so important that the time I'm admitted to the hospital is written on my foot. "And that's our target. To give you that drug within an hour for the best outcomes," says nurse Vicki Skorupski.

Even if you get the t-PA in the right time frame, it doesn't always guarantee a positive outcome. However, the most surprising thing that I learned is that most strokes are preventable. Smoking, alcohol, high cholesterol and obesity all increase a person's risk of having a stroke, even at a young age.

## City of Reno to Host Public Safety Forum Thursday

Posted: Oct 21, 2014 11:15 AM PDT Updated: Oct 21, 2014 11:16 AM PDT

*From the City of Reno:*

The City of Reno will host a Public Safety Forum on Thursday starting at 6 p.m. in the Council Chamber at City Hall.

The purpose of the Public Safety Forum is to define what “public safety” means to the community, focusing specifically on the areas of dispatch, fire, police, and REMSA. The forum will also be televised on Charter Channel 194 and live streamed at [Reno.gov/Meetings](http://Reno.gov/Meetings).

The public meeting will feature public comment, presentations from local emergency response officials, and a question-and-answer session. There will be four presentations during the forum:

- Daniel Johnson, Manager of Communications and Technology for the City of Reno (oversees emergency dispatch center)
- Steve Pitts, Reno Police Chief
- Michael Hernandez, Reno Fire Chief
- Jim Gubbels, President and CEO of REMSA

“In our continued effort to engage the public, the public safety forum is designed to answer questions and provide a clear understanding of our public safety services,” Reno City Manager Andrew Clinger says. “We want to hear from our community, and we encourage interested citizens to attend the forum and share their thoughts.”

*From the City of Reno*

## City of Reno Hosts Public Safety Forum

Posted: Oct 23, 2014 11:43 PM PDT Updated: Oct 24, 2014 12:16 AM PDT

By Adam Varahachaikol



Locals had a chance to get their questions answered at safety forum with first responders Thursday night. They learned about what our police, fire and medical crews do, and locals who came out found it helpful.

"Wanted to participate because I work through my church, and I am the preparedness coordinator," said Valerie Tilson of Southeast Reno. "What better way to get informed myself and share the information with others."

We heard from the city of Reno's emergency dispatch center, along with Reno Police and Fire, and REMSA. The point of the forum was to have a conversation with locals about what they do and why they do it.

"Our job is to get the right response to the right emergency in a quick and efficient manner," said Daniel Johnson, Manager of the City's Communication and Technology (oversees emergency dispatch center).

For example, you may not know that firefighters are trained in basic to moderate first aid.

"One of the most common questions I get is, 'why is it when I call 911 for an ambulance, fire trucks show up?'," said Chief Michael Hernandez of the Reno Fire Department. "'Well, we showed up because we're right down the street.' So, it's a way for us to explain who we are, what we do and why we do what we do."

Reno Police talked about their work to continue to clean up the downtown streets.

"We're looking at, right now, to improve our presence downtown," said Reno Police Chief Steve Pitts. "You'll still have a strong presence in the remainder of the neighborhoods in our community, but we're looking into improving our uniform presence downtown."

After some short presentations, locals had the chance to pick the brains of several first responders on things like medical calls.

"Be sure to unlock your front door," Jim Gubbels, President and C.E.O. of REMSA, told the crowd. "Get your medications out for us. Do you have any pets? Oh, you do, that's wonderful, but put your pets in the bedroom and close the door, so we can get right to you when we get on scene."

Chief Hernandez also addressed keeping your home fire-safe.

"We encourage all of our citizens to keep a central space," he said. "I think it's 30 feet around the home with respect to shrubs."

If you have a smart phone, Chief Pitts suggested using it if you see a crime in progress.

"If you can, take a picture of that person," he said. "Take a picture of that car, and we'll make sure we get that info, and you basically got some good, identifiable information."

They also got suggestions on what they could do better.

"Let's get more of a conversation going with the community as a whole," Chief Pitts told Channel 2 News. "It's been a tough couple of years with the economy. We've lost police and fire staffing, and we've changed some of our deployment and service schemes. We need to hear from the community on how we can do better in the future."

"Where do we need to fill those voids with respect to community education, outreach, target audiences that perhaps we're missing?" Chief Hernandez told Channel 2 News. "So, this is a valuable tool for us."

The conversation doesn't end here:

<http://thinkreno.org/>

From now, until December 22nd, you can get your questions answered on Twitter. Use the hashtags, #ASKRPD, #ASKRFD, #ASKREMSA.





## Report Card From Reno

BY [TERESA MCCALLION, EMT-B](#) ON OCT 12, 2014

*With more than 2,000 home visits to date, community paramedics like Ryan Ramsdell have helped REMSA reduce 9-1-1 and ED use and hospital readmissions.*

*Photo credit: John Erich*



*Thanks in part to a vigorous public education campaign, REMSA's Nurse Health Line has fielded nearly 16,000 calls.*

*Photo credit: John Erich*

This is where the rubber meets the road: Progress reports with preliminary outcomes from recipients of the first round of CMS Health Care Innovation Award grants are now becoming available. The grants, part of the Accountable Care Act, are meant to encourage compelling new ways to support the Triple Aim and deliver better health, improve care and decrease costs to people enrolled in Medicare, Medicaid and the Children's Health Insurance Program. After three years it's time to see if that investment is paying off. The Regional Emergency Medical Services Authority (REMSA), the sole provider of ground and air ambulance services in the Reno-Sparks, Nev., area, was one of the original 107 organizations to receive a coveted Innovation grant. Project director Brenda Staffan says that, although the results are preliminary, the project has been a success on a number of levels. "We are increasing access to quality care in a safe and reliable way," she says. "As we continue to put systems in place, we expect even better results."

For its project, which encompasses three Community Health Programs, REMSA received \$9,872,988 through the Health Care Innovation Award program. According to REMSA's grant application, the overall goal was to reduce patient care expenditures by \$10.5 million over three years.

All three programs are designed to accomplish one or more objectives:

- Reduce hospital readmissions;
- Avoid all-cause hospital admissions;
- Reduce ED visits;
- Reduce the cost of care, either directly or downstream.

## **Nurse Health Line**

The first intervention is the Nurse Health Line, created to field low-acuity calls. While some other communities have similar systems, Staffan says REMSA's is the only one available to date that features a nonemergency phone number broadly marketed to the public.

The nurse navigators are colocated in the 9-1-1 medical communications center. Emergency calls through 9-1-1 that meet the "omega" criteria—meaning a no-acuity condition that does not require transport by ambulance to an ED—are transferred to the Nurse Health Line. "This is still in the pilot phase. Eventually we will stop sending ambulances to those calls," Staffan says.

Under the program, launched in October 2013, nurse navigators provide 24/7 assessment, clinical education, triage and referral to healthcare and community services. The program has fielded 15,941 calls. "This intervention has experienced extraordinary levels of community demand," Staffan says.

As a result, 1,149 ED visits and 190 ambulance transports have been avoided, for an estimated savings of \$4.3 million in average charges. Staffan notes that charges are not the same as payments, since payers often pay a discounted rate.

## **Alternative Destinations**

The second intervention is Ambulance Transport Alternatives. Paramedics who respond to low-acuity 9-1-1 calls perform advanced assessments in the field and determine whether to transport the patient to an urgent care center or clinic, transport an inebriated patient directly to the detoxification center, or transport a psychiatric patient directly to a mental health hospital. If the patient's condition warrants, they can still go to the hospital.

Since the launch of this intervention in December 2012, the paramedics have transported 550 patients to alternative destinations. "The volume is slightly lower than we projected," Staffan says. Getting facilities to participate has been time-consuming. Barriers remain, including the operating hours of participating facilities, facility consent to accept patients, and facility acceptance of a patient's insurance. "This project has been logistically complex," she says. REMSA is working to expand the number of alternative destinations from 14 to 16. It started with four.

The good news is that the program has saved \$2 million in charges. Even better, the 4.4% repatriation rate is within an acceptable range. Staffan says safety is critical to all three of the interventions, but particular attention was paid to this one. All repatriation transports are reviewed through the CQI process, which includes REMSA's medical director, Brad Lee, MD. Repatriations have been due to issues regarding facility capacity, a change in the patient's condition or a request by the patient or family member. Undertriage was not an issue. "There was never an adverse outcome," Staffan says.

## **Community Paramedics**

The third intervention calls for specially trained community health paramedics to perform in-home delegated tasks to improve the transition from hospital to home, perform point-of-care lab tests and improve care plan adherence. The goal is to reduce costly readmissions and post-discharge complications through community health surveillance, education, home safety and injury prevention. Physicians can contact the community paramedics for after-hours visits to prevent 9-1-1 calls. Special emphasis is placed on frequent 9-1-1 users.

Preliminary results show Community Health Paramedics can safely avert hospital readmissions while simultaneously improving care coordination and patient quality of life and satisfaction. "In the last year we have enrolled 444 patients and made more than 2,020 in-home visits," Staffan says. Since the Community Health Paramedic program was launched in June 2013, REMSA's hospital readmission rate has been reduced from an average of 18% to 13%.

Staffan notes these are preliminary outcomes and reflect a best-faith effort to present an accurate description of the programs' progress. Savings estimates are calculated based upon average charges from data provided by the Nevada Center for Health Statistics and Informatics. They will be updated as new data is identified and methodologies are validated.

"We are still in the process of fine-tuning our data sources," Staffan says. "While CMS hasn't officially reviewed these preliminary results, the agency is conducting an independent evaluation that will be published at the end of the grant period." There is one stat about which she has no doubt: "No adverse outcomes have been caused by these interventions."

Staffan says the interventions will continue to be refined as acceptance and understanding of the programs increase. "With a strong early foundation supported by these preliminary outcomes, we look forward to working with payers and partners to sustain and expand the gains achieved to the benefit of the entire healthcare delivery system and the patients the system serves," she says.





# WASHOE COUNTY HEALTH DISTRICT

## EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS DIVISION



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

### STAFF REPORT

**BOARD MEETING DATE:** December 18, 2014

**TO:** District Board of Health

**FROM:** Christina Conti, EMS Program Manager  
775-326-6042, cconti@washoecounty.us

**SUBJECT:** **Discussion and possible reappointment of Jim Begbie as the Consumer at Large District Board of Health Appointed Representative to the REMSA Board of Directors and possible appointment of a Member of the Accounting Profession District Board of Health Appointed Representative to the REMSA Board of Directors**

### SUMMARY

The REMSA Board of Directors is comprised of seven positions, three of which are District Board of Health (DBOH) appointed representatives. There are currently two appointed positions that are requiring appointments by the DBOH. The first is the Consumer at Large representative, currently held by Jim Begbie, Chairman of the REMSA Board; and the second is the member of the accounting profession representative, recently vacated by Dick Barnard.

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

### PREVIOUS ACTION

In 1986, upon the creation of the Franchise agreement for ambulance services in Washoe County, the REMSA Board of Directors was created to include the three representatives appointed by the DBOH. Since 1986, the DBOH has appointed representatives to the REMSA Board of Directors as positions have become vacant.

### BACKGROUND

During the November 20, 2014 DBOH meeting, EMS staff was directed to conduct an independent outreach for an appropriate replacement for the CPA position on the REMSA Board of Directors. EMS staff sent out an announcement to the largest firms in Washoe County as well as to the Nevada Society of CPAs. The firms who received an announcement were: Ingenium CPA, CFO Accounting Solutions, and Pangborn & Co. The outreach yielded three additional candidates to accompany the previous two submitted from REMSA outgoing Board of Director CPA Dick Barnard. A summary of all five candidates is listed in alphabetical order below.

#### *Candidate #1 Carlon, Lisa*

Ms. Carlon has been in the field of public accounting since 1995. Over the years, she has worked with CEOs, CFOs, bookkeepers, and advisors. In addition to public accounting, Ms. Carlon has non-profit experience and is currently a Board member for the Nevada Diabetes Association. The diverse background of Ms. Carlon has given her the ability to work successfully with other professionals, regardless of their discipline. Ms. Carlon was submitted by REMSA as a possible DBOH

appointment. During her tour of REMSA, Ms. Carlon was impressed with the community involvement. Ms. Carlon is interested in joining the Board to continue working in our community with non-profit organizations and utilizing her strengths of being a CPA to further the objectives of the organization.

*Candidate #2: Dobrowski, Michael*

Mr. Dobrowski has worked in the accounting field since 1990, having experience in both private industry and healthcare. Mr. Dobrowski has had involvement with Boards of Directors and Foundations, providing input on financial strategy and projects. While the majority of his experience is in private industry, Mr. Dobrowski has a firsthand understanding of the healthcare industry from an auditors perspective as well as a member of the healthcare team. Mr. Dobrowski responded to the recruitment of EMS staff. Mr. Dobrowski hasn't had an opportunity to tour REMSA. However, he is impressed with the image REMSA projects in the community and the service provided to the citizens. Mr. Dobrowski is interested in joining the REMSA Board to give back to the community by utilizing his experience as a CPA and familiarity of the healthcare industry.

*Candidate #3: Jimenez, Nissa*

Ms. Jimenez has worked in public accounting since 2001. During her career, Ms. Jimenez has participated on audit teams for both government and non-profit agencies, to include NLTFPD, REMSA and Tahoe Forest Hospital. Ms. Jimenez also worked as a volunteer fire/EMT while in college in upstate New York, which allowed her the opportunity to help citizens directly and have a firsthand understanding of EMS services from both a fire/EMT and ambulance service perspective. Ms. Jimenez responded to the recruitment of EMS staff. During her tour of REMSA, Ms. Jimenez was left with a feeling of pride at the opportunity to work with an organization that touches so many of our citizen lives. Ms. Jimenez is interested in joining the REMSA Board to give back to the community through volunteerism that highlights her professional skills and her personal interests.

*Candidate #4: Morgan, David*

Mr. Morgan had been a practicing CPA for more than 50 years at Pangborn & Co, retiring this past August. Mr. Morgan has been a Board member of over 10 Boards within Washoe County to include, Nevada State Board of Accountancy, Reno-Sparks Chamber of Commerce, EDawn, and Girls Scouts of the Sierra. His experience in the various community organizations has given Mr. Morgan an understanding of both governmental and non-profit financial structures and obligations. Mr. Morgan responded to the recruitment of EMS staff. During his tour of REMSA, Mr. Morgan was left with the enthusiasm for the mission of the organization and feels that as a retired CPA, he could dedicate the time to the mission and goals of REMSA. Mr. Morgan is interested in joining the REMSA Board to continue his devotion to public service within our community.

*Candidate #5: Nelson, Tim*

Mr. Nelson is a CPA who has held several financial leadership roles since 1986. Mr. Nelson has held positions of Accountant, Controller, Chief Financial Officer, and Chief Executive Officer. Mr. Nelson has served on the Boards of several community organizations to include, SBA's Nevada Small Business Development Center and the Northern Nevada Chapter of the American Red Cross. With his background, Mr. Nelson has an understanding of public accounting, insurance requirements and small business. Mr. Nelson was submitted by REMSA as a possible DBOH appointment. During his tour of REMSA, Mr. Nelson was impressed by the organizational mission and the services provided to citizens. Mr. Nelson is interested in joining the REMSA Board to assist with ensuring REMSA is fiscally sound, transparent to the community and continues to respond to the community.

*Consumer at Large Representative:*

Mr. Jim Begbie was previously appointed by the District Board of Health as the Consumer at Large Representative to the REMSA Board of Directors. Mr. Begbie formerly served as the Administrative Health Services Officer for the Health District and was appointed Interim District Health Officer on several occasions. Mr. Begbie was elected as Chariman of the REMSA Board of Directors during the past year. Mr. Begbie's term has expired. He is willing to serve another term and to continue in his role as Chair of the REMSA Board.

Each of the five candidates for the CPA Appointed position brings an individual strength that would be of benefit to the REMSA Board. Ms. Carlon brings strength of diverse interactions with other professionals. Mr. Dobrowski brings strength of understanding the intricacies of the healthcare industry, having worked for one of the regional hospitals for several years. Ms. Jimenez brings strength of understanding the accounting field as well as the EMS world from her volunteerism. Mr. Morgan brings strength of years of experience and community involvement in various disciplines. Mr. Nelson brings strength of a varied background with experience in both insurance brokerage and accounting. One candidate has a working knowledge of EMS but not within Washoe County.

**FISCAL IMPACT**

There is no additional fiscal impact to the FY15 budget should the Board approve the appointments to the REMSA Board of Directors.

**RECOMMENDATION**

Staff recommends the reappointment of Jim Begbie as the Consumer at Large District Board of Health Appointed Representative to the REMSA Board of Directors and (*insert name*) as the Member of the Accounting Profession District Board of Health Appointed Representative to the REMSA Board of Directors".

**POSSIBLE MOTION**

Should the Board be prepared to appoint representatives, a possible motion would be: "Move to approve the reappointment of Jim Begbie as the Consumer at Large District Board of Health Appointed Representative to the REMSA Board of Directors and (*insert name*) as the Member of the Accounting Profession District Board of Health Appointed Representative to the REMSA Board of Directors".

December 3, 2014

Washoe County  
District Board of Health  
[EMSPProgram@washoecounty.us](mailto:EMSPProgram@washoecounty.us)

RE: REMSA Board position

To Whom it May Concern:

I am submitting this letter of interest to serve on the Board of Directors for REMSA. In addition, my resume is attached.

I had the pleasure of meeting Jim Gubbels in October and he took me on an extensive tour of the facility along with explaining all of the various training programs, community programs and various other programs that REMSA is involved with.

Needless to say, I was very impressed and also had no idea how large and sophisticated this organization is.

I look forward to hearing from you and please do not hesitate to call should you have any questions.

Sincerely,



Lisa M. Carlon, CPA  
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# Lisa Matley Carlon, CPA

[lisacaron50@yahoo.com](mailto:lisacaron50@yahoo.com)

775-351-8083

[www.linkedin.com/in/lisa-m-carlon](http://www.linkedin.com/in/lisa-m-carlon)

Key financial advisor and tax consultant to individuals, corporations, partnerships, trusts, and non-profits covering a wide range of industries – manufacturing, technology and service firms. Active member of senior executive team in accounting practice. Outstanding expertise in International, Federal and State tax. Skilled and effective presenter and adept negotiator with established banking relationships. Facts-based, results-driven, collegial, management style.

- Budget preparation assistance and review
- International tax compliance, research and structure analysis
- Development of accounting policies and procedures/internal control procedures
- Financial statement audits/reviews/compilations
- Staff training and development
- Relationship development with insurance, payroll/benefits, banking and investment advisors

## ***Accomplishments***

- Working with businesses to develop accounting policies and procedures; dashboards to track key financial data; tax saving strategies (DPAD, R&D, retirement plans)
- Worked with technology company to clean up parent/subsidiary books, and establish banking relationship for line of credit approval
- Established accounting policies and procedures for 6 entities for real estate development company
- Managed \$700,000 ledger for public accounting firm that included tax and assurance services
- Successfully negotiated with the Internal Revenue Service on behalf of clients
- Wrote procedure manual/checklist on international tax preparation/issue identification for top 5 national accounting firm

## ***Professional Experience***

*Evans, Nelson & Company CPAS*

*Reno NV*

*2014 – current*

Evans, Nelson & Company CPAS is a local public accounting firm with an experienced team that works to help individuals and businesses save money and time and helping businesses increase profits.

Senior Manager: Tax expert with a client list that includes non-profits, businesses in the industries of manufacturing, construction, and service, and high wealth individuals.

Experience with tax planning, business consulting, IRS resolution, financial statement analysis and cash flow planning.

*Bosma Group, P.C./Bosma Business Center*

*Reno NV*

*2009 – 2014*

Bosma Group PC is a business and tax accounting firm bringing world class financial expertise to growing businesses.

Shareholder: Tax expert for Bosma Group P.C. Managed \$700,000 ledger that focuses on business entities. Expertise in tax saving credits/accounting methods, international tax strategies/compliance (IC DISC), cost segregation and property tax negotiations. Resolves client difficulties with the IRS and other tax agencies. Experience with financial statement audits/reviews and compilations and presenting results to owners, managers and others. Advises on cash flow, business management and banking relationships. Trains and oversees staff of up to seven.

Bosma Business Center is dedicated to providing businesses and business people with access to a wide range of business advisors in one location. Tenants of the Bosma Business Center offer innovative informational programs for businesses and each other, mutually leveraging connections to increase client services.

Partner: Works with executive team on monitoring budgets, building design and contract relationships

*.MTK Limited, LLC*

*Reno NV*

*2006 – 2009*

Property Developer, established in 2005, specializing in mixed use in-fill and rural development.

Controller: Developed accounting processes, record keeping and books for six different entities. Tracked budgets, presented financial reports and analysis to owners on a monthly basis. Worked hand in hand with outside advisors (CPA, attorney, insurance, real estate agents).

*Grant Thornton Reno*

*Reno NV*

*1995 – 2006*

Local office of Grant Thornton, LLP \$1.2 billion revenue, 6,000-employee accounting firm specializing in audit, internal control, business risk, trust and estate planning, state and local tax, international tax, federal tax. With over 40 professional staff, Reno office is one of three largest accounting practices in Northern Nevada.

Tax Manager and International Tax Practice Leader: Reviewed tax returns, performing research on technical issues. Engaged by National Tax Practice Leader to write up international tax manual utilized by all Grant Thornton offices. Worked closely with the Regional International Tax Partner on international compliance and research projects for other Grant Thornton offices.

Senior Tax Associate: Prepared individual, partnership, corporation, trust and non-profit tax returns. Promoted to Tax Manager after earning CPA designation.

Other Positions, Tax Associate and Bookkeeper: Provided bookkeeping services for Grant Thornton clients and promoted to Tax Associate preparing taxes. Promoted to Senior Tax Associate upon receiving degree from UNR.

***Education***

- CPA, Nevada 2005
- Grant Thornton International Tax Academy 2003
- Bachelor of Science – Business, University of Nevada Reno 2002

***Affiliations and Community Involvement***

- American Institute of Certified Public Accountants (AICPA), Member
- Nevada Society of Certified Public Accountants (NVCPA), Reno Chapter Past President; current member
- Nevada Diabetes Association for Children and Adults, Past Treasurer; current board member
- The Chamber Leadership, Graduate 2011 Leadership Program

Michael J. Dobrowski, CPA  
6580 S. McCarran Blvd.  
Suite D-2  
Reno, NV 89509  
775-329-0843 (Work)  
[RenoCPA@NVBell.net](mailto:RenoCPA@NVBell.net)

December 5, 2014

District Board of Health  
1001 E. 9<sup>th</sup> Street  
Building B  
Reno, NV 89512

Dear District Board of Health:

I am interested in joining the REMSA Board in order to support the mission and goals of your organization. I have been a licensed Certified Public Accountant in the State of Nevada for 25 years. I worked for Saint Mary's Health Network for 7 years, and am keenly aware of the challenges faced by non-profit health organizations. My past experiences as an accounting professional and volunteer make me highly qualified to sit on the REMSA Board.

In addition to my accounting career, I have volunteered for several charitable organizations and served in the capacity of financial positions on many of those Boards. These experiences are excellent expressions of my commitment to Northern Nevada. I wish to continue volunteering for various organizations in our community.

I have enclosed a brief resume / biography of my career and volunteer experiences. I would welcome the opportunity to discuss the current vacancy on the REMSA Board. Feel free to contact me at 329-0843 or e-mail me at [RenoCPA@NVBell.net](mailto:RenoCPA@NVBell.net) with any questions. Thank you for your time and consideration.

Sincerely,

Michael Dobrowski

Michael J. Dobrowski, CPA  
Biography / Resume

Born and raised in Reno.

Currently make Reno my home with my wife Pam and two sons, Matthew and Andrew.

Went to the University of Wyoming and graduated with a Bachelor of Science in Accounting.

Returned to Reno and began practicing accounting with the firm currently known as Cupit, Milligan, Ogden and Williams. While working for the firm, I sat for the CPA exam, passed and became a Certified Public Accountant in 1990.

After working for the accounting firm, I went into private industry working for Great Basin Federal Credit Union for two years. I served on their executive committee as the Finance and Accounting Manager.

Shortly after leaving Great Basin I was given the opportunity to work in healthcare. I was hired by Saint Mary's Regional Medical Center in 1991 to manage their accounting department. While with Saint Mary's, I worked closely with the Foundation and provided input to several network wide strategic developments. After working for Saint Mary's Health Network for seven years, I decided to pursue my dream of operating a business. I left the Network and started my own accounting practice.

At the same time I left Saint Mary's, I partnered with my father Francis, in a daily money management firm known as Management Services. Having run the business for 15 years, I continue to offer families and small businesses various solutions to save time and money with their personal budgeting and bill paying.

While developing "Management Services," I have been growing my accounting firm as well. My firm specializes in personal and small business tax returns. In addition to providing tax solutions, I enjoy assisting many of my clients with retirement planning. I have setup multiple businesses on QuickBooks accounting software and have attained QuickBooks ProAdvisor status.

Above all I strive to keep my clients informed on their personal accounting and tax matters. I maintain an open door policy for communication and encourage client phone calls and e-mails throughout the year.



My volunteer, leadership and community service commitments include the following positions:

Reno Tahoe Open / Barracuda Championship – Have volunteered since inaugural event in 1999.

Graduate of the Chamber's Leadership Reno-Sparks Program 2000.

Saint Rose of Lima Catholic Church – Finance and Building Committee. August 2002 groundbreaking.

Washoe Little League – Treasurer and various teams' Manager.

South Reno Babe Ruth – Treasurer and Coach.

Boys and Girls Club of Truckee Meadows – Ballers Basketball Coach.

Elizabeth Lenz Elementary and Galena High School – Parent Teacher Organizations.

Great Reno Balloon Race – Parking volunteer.



December 1, 2014

To Washoe County District Board of Health,

I would like to express my interest in becoming a Board Member with REMSA, where I can use my skills as a CPA to help your organization reach its objectives.

I am Tax Senior Manager at Eide Bailly, LLP, formerly Muckel Anderson CPAs. I moved to Reno from Lake Tahoe in 2001. I've worked primarily in public accounting since my graduation from UNR in 2000, aside from a brief period 2011 to 2014 where I worked in private accounting.

My first experience in the healthcare field was during college, prior to my transfer into UNR. I lived in upstate New York where all emergency medical and fire departments were voluntary. I volunteered as part of the team of first aid responders. This required me to rotate an on-call schedule with an ambulance crew. After graduation from UNR in 2000, my professional experience includes participation on the audit team for governmental and non-profit organizations such as Tahoe Forest Hospital; North Lake Tahoe and Donner Public Utility Districts; North Lake Tahoe Fire Department; and REMSA.

I get along well with others when working in a group setting and I have the ability to help others find common ground when they disagree on what actions to take. I am confident that I have the skills and experience to assist in the creation and implementation of new projects that will enhance the performance of the organization.

I have included my professional resume for your review. I am hopeful you will consider me for the available accounting representative position on the REMSA Board of Directors. I would welcome the opportunity to meet with members of the Board for additional interview questions.

Sincerely,

A handwritten signature in cursive script that reads "Nissa Jimenez".

Nissa Jimenez

Tax Senior Manager  
Eide Bailly, LLP  
Jones Vargas Center  
300 E. 2nd Street, Ste. 1320  
Reno, NV 89501

## NISSA JIMENEZ, CPA

njimenez@eidebailly.com – office 775.686.3203 – cell 775.842.7899

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### PROFESSIONAL EXPERIENCE

Eide Bailly, LLP (formerly Muckel Anderson CPAs) – Reno, NV

**Tax Senior Manager**, August 2014 – present

- Review and preparation of federal and state income tax returns, including verbal and written IRS communications. Research technical issues to stay abreast of current and emerging tax laws unique to specialized industries such as real estate, information technology, and healthcare.
- Manage client relationships, new client development and referral, and client billing.
- Assist in management of tax department; handling administrative tasks, training staff, implementing new departmental procedures throughout merger period.

AIG – Reno, NV

**Tax Manager**, September 2013 – August 2014

- Manage preparation and review of multi-state, multi-tiered partnership tax returns, addressing contributions, distributions, allocation of debt and tax items, capital account analysis, loans, special allocations, sales of partnership interests and assets, credit and depreciation calculations, and winding up and dissolution of partnerships.
- Review of partnership agreements, partnership audits, partnership general ledgers and related backup and documentation.
- Manage preparation of apportionment data, state withholding, state waivers, and state tax payments.
- Manage preparation and completion of annual benefits packages for third party investors, Corporate and individuals, and respond to Corporate requests related to tax provision reporting.

The Applied Companies – Reno, NV

**Director of Accounting**, October 2011 – September 2013

- Responsible for managing the day to day financial operations of four partnership entities and direction of accounting/finance department staff, including weekly payroll processing of 400+ employees.
- Communicate with internal and external users of financial information the results of operations and tax projections, for payroll, partnership (LLC) and pass-through purposes.
- Analyze financial statements to present results on a monthly basis in the form of rolling forecasts, return on operations analysis, and cash flow analysis to predict the outcome of potential or proposed business goals.
- Prepare various financial, operational and statistical metrics in accordance with generally accepted accounting principles (GAAP) and identify tax basis variances.
- Prepare annual budget and monitor on monthly basis by reviewing financial reports and reconciling to subsidiary accounting systems. Illustrate and communicate results to three primary divisions to make recommendations and advise on impacts to existing and future operations, ensuring compliance with budgetary directives, policies and regulations and limitations for authorized spending.
- Bank administrator for Company accounts; including planning and management of asset transfer between institutions and manage use of banking line of credit to leverage cash flow.
- Manage preparation and filing of payroll reports each quarter for federal and states, nationwide.
- Maintain written and verbal communication with outside attorneys and CPAs for purposes of state registration, trademarking, annual audits of financial statements and benefit plans.
- Recommend and participate in implementing financial systems, process improvements and accounting controls to ensure the quality and efficiency of financial accounting, payroll processing, and reporting.

## NISSA JIMENEZ, CPA

---

Rundberg-Atherton, LLC – Reno, NV

**Self-employed**, August 2009 – October 2011

- Prepare federal and multi-state income tax returns for small business partnerships, S corporations, and C corporations; limited liability investment companies; simple and complex trusts; and individuals (including high-net worth individuals). Calculate quarterly federal and multi-state tax payments in accordance with planning or safe-harboring rules and follow through on timely delivery.
- Process payroll and complete monthly, quarterly and annual payroll tax reporting for limited liability companies and S corporations; including implementation of health insurance and retirement account benefits for small business corporation.
- Prepare annual miscellaneous income Forms 1099, sales and use tax reporting, and personal property declarations.
- Prepare cash flow analysis, P/L budgets, and income projections and communicate findings and conclusions with client company management.
- Full charge QuickBooks accounting for personal service providers, aircraft brokers and legal firms; including reconciliation of all general ledger accounts and journal entry adjustments.
- Research projects for tax reporting related to transfer and acquisition of partnership interest in exchange for property and services, bankruptcy and insolvency exclusions, forgiveness of debt and related revenue recognition.
- Advise choice of entity in setting up new businesses based on long-term financial planning, liability protection, and multi-state nexus.

J.A. Solari and Partners (formerly Solari and Sturmer, LLC) – Reno, NV

**Tax Manager**, January 2007 – August 2009

**Senior Accountant**, April 2004 – December 2006

**Staff Accountant**, January 2004 – April 2004

- Reviewed and prepared federal and multi-state income tax returns for individuals, partnerships, nonprofit organizations, trusts and estates, S corporations, consolidated corporations, and publicly traded and closely held corporations; U.S. individuals living and working in, and corporations and partnerships operating in, foreign countries.
- Prepared full-disclosure financial statements in accordance with GAAP and OCBOA methods.
- Structured and managed excel databases to illustrate accounting and tax consequences based on unique industry principles.
- Researched technical issues and present written and verbal communication of findings and conclusions.
- Managed multiple high net-worth family businesses for purposes of estate planning and income tax reporting.
- Recognized for successful communication and negotiation of federal (IRS) and state inquiries.
- Spearheaded a specialized real estate developer and construction contractor industry niche program and staff mentoring program, developed staff training handbooks and research approaches, designed and implemented quality control standards applied to firm issued financial statements. Analyzed the adequacy of controls over company assets and cash flow management and made recommendations for improvements in resource utilization and tax strategies for client corporations and pass-through entities.

### EDUCATION & CREDENTIALS

**Masters of Science in Taxation**, Golden Gate University – August 2008

**CPA**, State of Nevada – July 2002

**Bachelor of Science Business Administration**, University of Nevada Reno – May 2000

**Nevada Society of CPAs and American Institute of Public Accountants**, Member since 2000

## Conti, Christina

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**From:** Nissa Jimenez <njimenez@eidebailly.com>  
**Sent:** Friday, December 05, 2014 4:45 PM  
**To:** Conti, Christina; Dayton, Brittany  
**Subject:** Thank You for your time today

Hi Christina and Brittany,

I just got back to my office after touring the facility with Jim. I wanted to thank you for your time today and to express again my interest in being a member of REMSA's Board of Directors.

I feel REMSA is especially important to our community and it would give me great pride to be part of an organization that touches so many of our citizens lives. Jim is so passionate about the organization's purpose and its employees! He is an excellent ambassador.

I hope my experience is suitable for the accounting representative role and that the Washoe County Health District Board will select me for this responsibility.

Have a great weekend. I will look forward to hearing from you on or after December 18.

Best regards,

**Nissa Jimenez, CPA**

Tax Senior Manager  
Jones Vargas Center  
300 E. 2nd St., Ste. 1320  
Reno, NV 89501-1586

T 775.686.3203

M 775.842.7899

F 775.686.3210

Connect with me on [LinkedIn](#)

[www.eidebailly.com](http://www.eidebailly.com)

**Experience the Eide Bailly Difference**



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We are pleased to announce that Muckel Anderson CPAs has combined its practice with the regional CPA and business advisory firm of Eide Bailly LLP, effective November 3, 2014. We are very excited about this opportunity and, on behalf of the combined Firm, wish to convey our strong commitment to continue providing you with the high quality services you expect from your professional service providers.

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Washoe County Health District  
1001 East Ninth Street  
P O Box 11130  
Reno, Nevada 89520

DEC - 5 2014

Dear Board Members,

I am interested in being considered for the open position on the REMSA Board.

A Nevada CPA since 1965, I recently retired from Pangborn & Co. Ltd, CPAs, after more than 50 years of practice and I have the time and interest to devote to the mission and goals of REMSA.

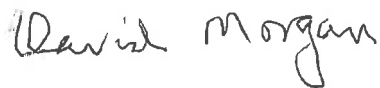
My experience in working with State agency Boards and with not-for-profit boards who supervise full time staff and employees will be useful to bring to this Board.

Jim Gubbels graciously gave me a two-hour tour of the REMSA facility this week, and it is impressive to see the passion he shares for REMSA's public responsibility. Christina Conti and Brittany Dayton also met with me this afternoon and gave me additional insight into the mission of REMSA.

A brief copy of my resume is attached.

Thank you for your consideration.

Sincerely,



David Morgan

David J Morgan  
1761 Three Mile Drive  
Reno, NV 89509

775-322-6511

Certified Public Accountant  
Since 1965; Nevada License #206

Pangborn & Co. LTD, CPAs  
March 1963 to August 2014

Nevada State Board of Accountancy (two terms), Past Chairman;

Investigator for Nevada State Board of Accountancy;

Former member of Joint Trial Board of American Institute of Certified Public Accountants (two terms);

Reno-Sparks Chamber of Commerce, Past President;

Economic Forum of State of Nevada (three terms), Past Chairman;

Reno Rotary Club, Past President;

Active with Masonic Organizations

Former Board Member of:

WIN  
EDAWN  
Girl Scouts of Sierra (Treasurer)  
United Way (Treasurer)  
Junior Achievement (Treasurer)  
Planned Giving Round Table (Treasurer)

Resident since 1947  
Married to Mary Lynne since 1963

References on request.



December 5, 2014

Washoe County  
District Board of Health  
1001 East Ninth Street  
P.O. Box 11130  
Reno, Nevada 89520-0027  
VIA EMAIL TO: [EMSPROGRAM@WASHOECOUNTY.US](mailto:EMSPROGRAM@WASHOECOUNTY.US)

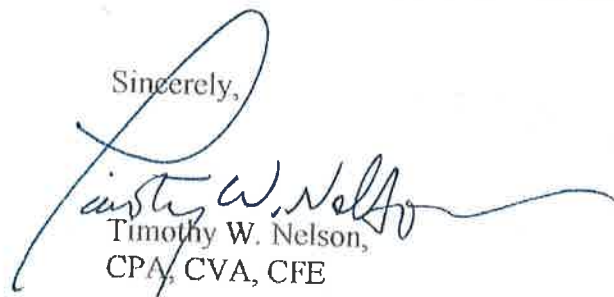
To Whom It May Concern:

I am writing to apply for the open position on the REMSA Board. I became aware of the position from my good friend Bonnie Drinkwater, who is the current legal counsel for the organization. Subsequently, I have had the opportunity to meet with Mr. Jim Gubbels to discuss the position and whether I might be a good fit.

I would very much like to be considered for the position, and to that end have submitted my resume for consideration. I believe that my background and experience in the community would serve REMSA and our community well, and hope that you will find that to be true as well.

If you would like further information or need questions answered, please contact me at the address on our letterhead below, via telephone at (775) 825-6008 or via email at [tnelson@encpas.com](mailto:tnelson@encpas.com).

Sincerely,



Timothy W. Nelson,  
CPA, CVA, CFE

TN:en





**Chief Financial Officer, Vice President of Finance and Resource Management**

2000 - 2002      HOMESEEKERS, INC. and Subsidiaries      Brea, CA  
A publicly-traded high tech Company providing services to the real estate industry.

**Chief Financial Officer, Corporate Secretary**

1994 - 1996      DIAMOND'S CASINO (T K ENTERPRISES, INC.)      Reno, NV  
A Reno-based hotel-casino.

**Corporate Controller**

1989 - 2006      VARIOUS CPA FIRMS      Reno, NV  
Various Certified Public Accountant and Consulting Firms

**Intern, Staff Accountant, Manager, Senior Manager**

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**EDUCATION & CERTIFICATIONS**

2010      ASSOCIATION OF CERTIFIED FRAUD EXAMINERS      Austin, TX  
CFE Certificate dated November 10, 2010

2008/1999      NATIONAL ASSOC. OF CERTIFIED VALUATION ANALYSTS Salt Lake City, UT  
CVA Certificate #041831 and #990027

1994      NEVADA STATE BOARD OF ACCOUNTANCY      Reno, NV  
CPA Certificate #2513

1991      UNIVERSITY OF NEVADA, RENO      Reno, NV  
Bachelor of Science Degree in Business Administration  
Dual Emphasis in Accounting and Computer Information Systems

---

**PROFESSIONAL MEMBERSHIPS**

American Institute of Certified Public Accountants  
Nevada Society of Certified Public Accountants  
National Association of Certified Valuation Analysts  
Association of Certified Fraud Examiners

**COMMUNITY SUPPORT**

Board member of the SBA's Small Business Development Center (SBDC) for Nevada  
Board member of the Pioneer Center for the Performing Arts  
Past President and Board member of the No. NV Chapter of the American Red Cross  
Volunteer for the No. NV Chapter of the Susan G. Komen Foundation

**2015 PROPOSED DISTRICT BOARD OF HEALTH MEETING CALENDAR**

January						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
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February						
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31						

June						
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30	31					

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29	30					

December						
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20	21	22	23	24	25	26
27	28	29	30	31		



REGULAR BOARD MEETINGS

4th\* Thursday at 1:00 pm in Health District Board Room

\*November and December 2014 meetings are scheduled on the 3rd Thursdays due to holidays.



# WASHOE COUNTY HEALTH DISTRICT

## OFFICE OF THE DISTRICT HEALTH OFFICER



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

### STAFF REPORT

**BOARD MEETING DATE:** December 18, 2014

**TO:** District Board of Health

**FROM:** Phillip Ulibarri, Public Health Communications Program Manager  
775.328.2414, [pulibbarri@washoecounty.us](mailto:pulibbarri@washoecounty.us)

**THROUGH:** Kevin Dick, District Health Officer  
775.328.2416, [kdick@washoecounty.us](mailto:kdick@washoecounty.us)

**SUBJECT:** Presentation, discussion and possible approval of proposed new Washoe County Health District Logo

### SUMMARY

Staff recommends that the Washoe County District Board of Health (Board) approve the proposed new Washoe County Health District Logo.

### PREVIOUS ACTION

- The Board has discussed branding efforts several times in the past but has not pursued re-branding due to cost.

### BACKGROUND

The District Health logo is in need of updating for the following reasons:

- **Readability:** The current logo is confusing and does not adapt well to size reduction especially important for internet, mobile phone and Android use.
- **Simplification:** The WCHD logo usually appears in a very busy environment such as websites, print and mobile advertising, brochures, and other collateral, where there are many pieces of information competing for the reader's attention, as well as other "main-message" campaigns that have their own distinctive logos. Currently our business cards and letterhead have more information than most corporate stationery packages. By simplifying the District's logo, the Health Districts mission and other main messages are easier to read.
- **Adaptability:** The new logo adapts easily and uses the equity and recognition that has already been established with the National Public Health logo/icon. The new logo also fits well with other District branding efforts such as Keep It Clean and the programs inclusive of that brand.
- **Functionality.** The logo type can be reduced to a very small size without losing detail or readability. It can also be used in one color, reducing costs.
- The current logo was created in-house over 25 years ago by retired environmentalist Skip Houk. Renditions of the logo with "Washoe County Health Department" versus "Washoe County Health District" create confusion.
- The current logo as a stand-alone without any text (i.e., Health District) is not identifiable.

- The new logo was developed recently to support the Keep It Clean branding being used by Air Quality Management Division.

### **FISCAL IMPACT**

- There is no fiscal impact to the FY15 budget should the Board approve the approval of the new logo.
- Existing stationary and business cards will be phased out and replaced with new when depleted.

### **RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health (Board) approve the proposed new Washoe County Health District Logo.

### **POSSIBLE MOTION**

Should the Board agree with staff recommendation, a possible motion would be “Move to approve the proposed new Washoe County Health District Logo.”

WASHOE COUNTY  
**HEALTH DISTRICT**

---

ENHANCING QUALITY OF LIFE

# WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE



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

**Kevin Dick**  
District Health Officer

1001 East Ninth Street  
Reno, NV 89512

Office: 775-328-2416  
Main: 775-328-2400

[kdick@washoecounty.us](mailto:kdick@washoecounty.us)  
[washoecounty.us/health](http://washoecounty.us/health)

Serving Reno, Sparks and all of Washoe County, Nevada.

# WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE



**Public Health**  
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OFFICE OF THE  
DISTRICT HEALTH  
OFFICER

**Phillip Ulibarri**  
Public Information Officer

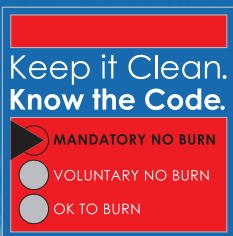
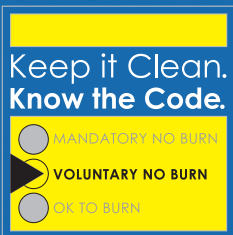
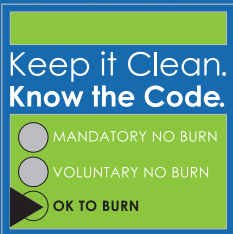
1001 East Ninth Street  
Reno, NV 89512

Office: 775-328-2483

[pulibarri@washoecounty.us](mailto:pulibarri@washoecounty.us)  
[washoecounty.us/health](http://washoecounty.us/health)

Serving Reno, Sparks and all of Washoe County, Nevada.

# Keep it Clean. Know the Code.



Know the  
**Green, Yellow, Red**  
Burn Code and when  
to burn for cleaner,  
healthier air during  
winter months.

To Know the Code  
visit: [www.ourcleanair.com](http://www.ourcleanair.com)  
or call (775) 784-7200.

WASHOE COUNTY  
HEALTH DISTRICT  
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Sponsored by the  
Washoe County Health District  
Air Quality Management Division



Public Health  
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WASHOE COUNTY  
**HEALTH DISTRICT**  
ENHANCING QUALITY OF LIFE

AIR QUALITY MANAGEMENT DIVISION

1001 East Ninth Street | P.O. Box 11130 | Reno, Nevada 89520

AQMD Office: 775-784-7200 | Fax: 775-784-7255 | [washoecounty.us/health](http://washoecounty.us/health)

Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



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



# WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



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

## STAFF REPORT BOARD MEETING DATE: December 18, 2014

**TO:** District Board of Health

**FROM:** Anna Heenan, Administrative Health Services Officer  
328-2417, [aheenan@washoecounty.us](mailto:aheenan@washoecounty.us)

**SUBJECT:** Acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date November 30, 2014

### SUMMARY

The first five months of the fiscal year 2015 (FY15) ended with a cash balance of \$131,763. Total revenues were \$5.9 million, 30.7% of budget and an increase of 4.1% compared to fiscal year 2014 (FY14). The increase was due to the transfer from the County General Fund being up 21.1%, with the general fund transfer excluded there was a decline of 6.3%, \$221,920. With 41.7% of the fiscal year completed the expenditures totaled \$8.0 million, 38.3% of the budget and 5.5% more than FY14. Salaries and benefits continue to be the single largest category increase over FY14 at an increase of \$407,838, 7.4%, for a total cost of \$5.9 million.

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

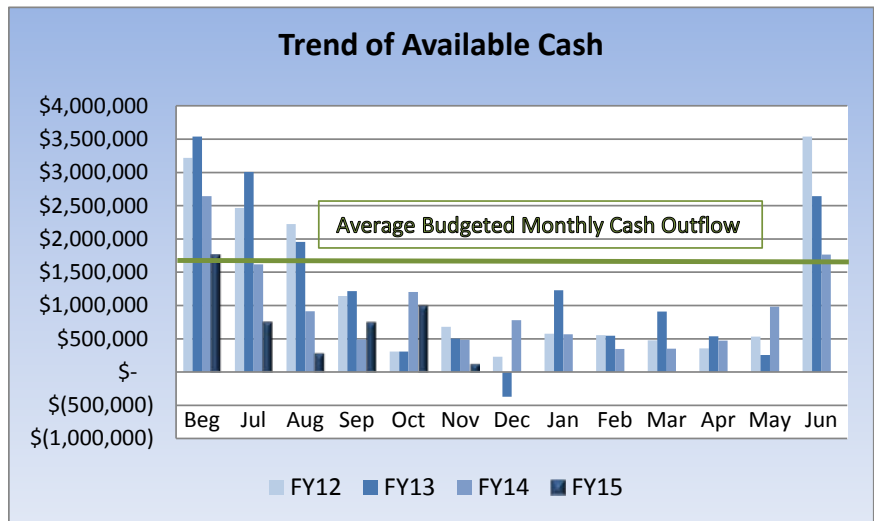
### PREVIOUS ACTION

Fiscal Year 2015 Budget was adopted May 19, 2014.

### BACKGROUND

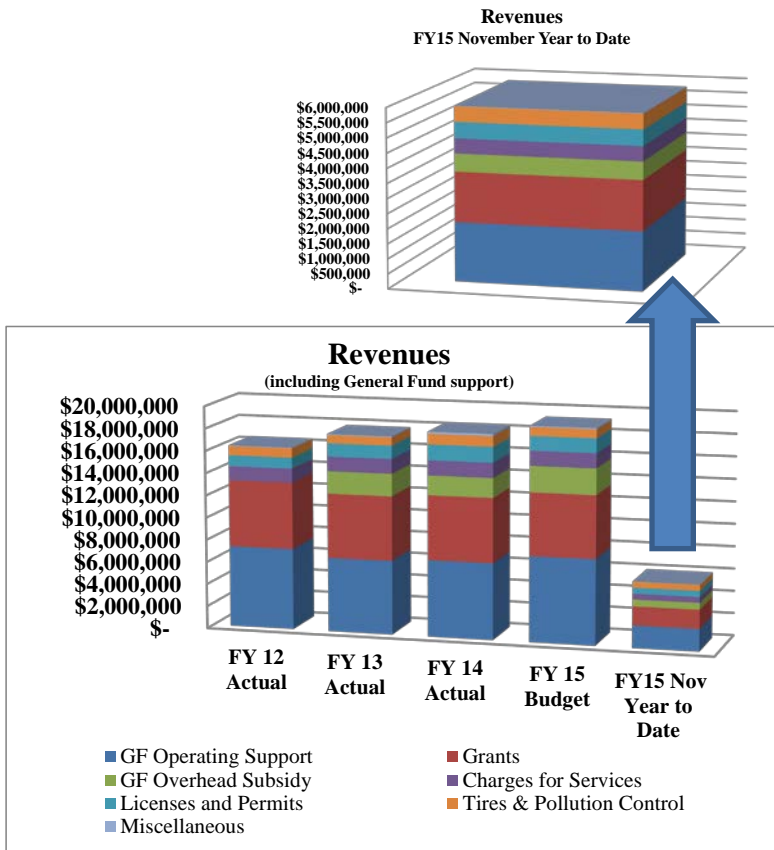
#### Review of Cash

The available cash at the end of the five months of FY15 was \$131,763 which was 7.6% of the average budgeted monthly cash outflow of \$1.7 million and down 73.0%, \$355,649, compared to FY14. Since cash was available from other funding sources the County General Fund did not transfer funding in November, 2014 nor was funding transferred the same time last fiscal year; however, if funds are needed in December a transfer will take place.



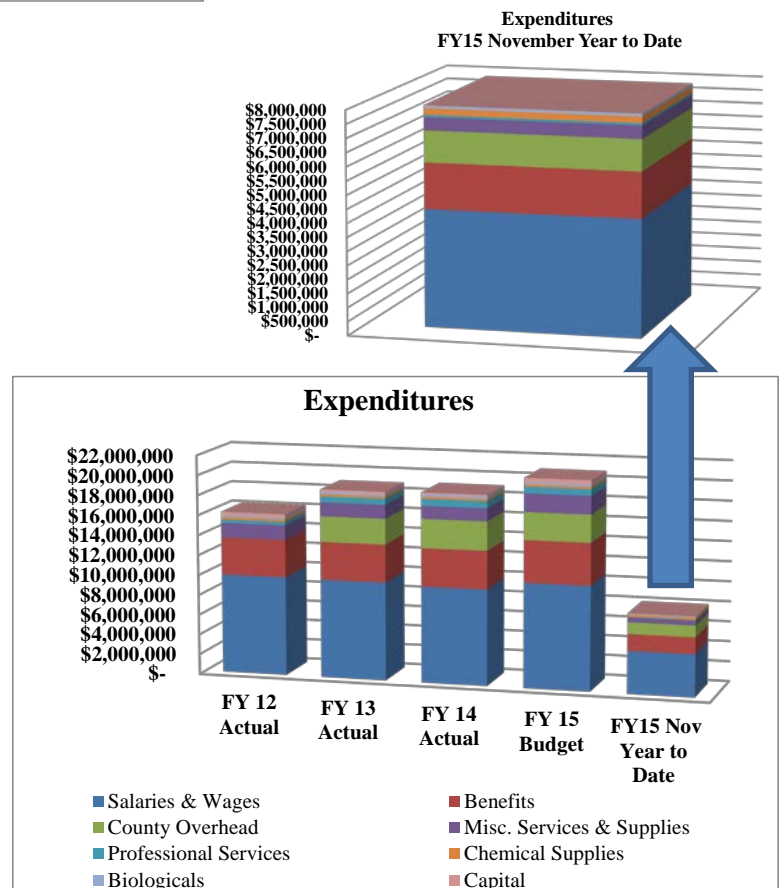
Note: December FY13 negative cash is due to 50%, \$1.3million, of the County Overhead being charged in December with just 8.3%, \$719,000, of the County Support being transferred to the fund.

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



**Revenues** for FY15 year to date November of \$5.9 million were up \$231,529, 4.1%, from the same time last fiscal year and were 30.7% of budget. The following revenue categories were down: grants by 7.3%, \$133,483; tires & pollution control by 7.2%, \$39,828; charges for services by 5.5%, \$29,611; and miscellaneous revenue by 68.8%, \$35,688. General Fund support was up 21.1%, \$454,075; and, licenses and permits were up 3.0%, \$16,064 over FY14.

**Expenditures** of \$8.0 million for year to date November increased 5.5%, \$411,273, compared to the same time frame for last fiscal year 2014. Salaries and benefits expenditures for the five months of FY15 were \$5.9 million, 7.4% increase, \$407,838, over the prior year. Salaries and benefits are 74.4% of the total expenditures for the fiscal year. Total services and supplies of \$2.0 million were up \$27,851, 1.4%, over fiscal year 2014. Capital spent year to date was a little under \$8,000 at \$7,961.



**Review of Revenue and Expenditures by Division**

AQM division revenue has a 23.0% decline, \$292,278, over FY14. This decline is due to a one time excess funding from the DMV of \$314,381 in FY14; excluding this funding source FY15 was up over FY14 by 2.3%, \$22,103. EHS is up 28.1% over FY14 with the majority of that increase due to the tire fee revenue; excluding the tire fee revenue the increase over FY14 is 2.9%, \$14,732. EPHP is down from FY14 by 17.5%, \$109,949, mainly due to a decline in grant reimbursements for the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program and the Centers for Disease Control and Prevention Public Health Preparedness grants; however, the decline was budgeted and the revenue is in-line with the anticipated reimbursement. County General Fund transferred \$2,605,048 of the budgeted transfer, \$454,075 more than the same time last fiscal year.

With 41.7% of the fiscal year completed the total expenditures of \$8.0 million were slightly less at 38.3% of total budget. ODHO, CCHS, EHS were running at a level spending pattern for the year. AHS continues to be high due to the unbudgeted retirement payouts and AQM was low due to unspent capital funding. The EPHP is down from what would be a level spending pattern due to the recruitment time that was required for new staff in the Vital Statistics and Emergency Medical Services program. The County General Fund overhead charges for the five months totaled \$1,142,109, 41.7% of budget, but down 5.4% from FY14 due to the overall decline in the overhead charge.

Washoe County Health District								
Summary of Revenues (including County General Fund transfers) and Expenditures								
Fiscal Year 2011/2012 through November Year to Date Fiscal Year 2014/2015 (FY15)								
	Actual Fiscal Year		Fiscal Year 2013/2014		Fiscal Year 2014/2015			
	2011/2012	2012/2013	Actual Year End	November Year to Date	Adjusted Budget	November Year to Date	Percent of Budget	FY15 Increase over FY14
<b>Revenues (all sources of funds)</b>								
ODHO	-	-	-	-	-	-	-	-
AHS	8	33,453	87,930	32,903	61,113	41	0.1%	-99.9%
AQM	1,966,492	2,068,697	2,491,036	1,269,346	2,116,070	977,068	46.2%	-23.0%
CCHS	3,706,478	3,322,667	3,388,099	982,320	3,528,098	1,031,310	29.2%	5.0%
EHS	1,755,042	1,828,482	1,890,192	582,311	1,862,623	745,863	40.0%	28.1%
EPHP	1,670,338	1,833,643	1,805,986	629,309	1,566,507	519,360	33.2%	-17.5%
GF Operating	7,250,850	6,623,891	6,853,891	1,713,473	7,666,420	1,997,101	26.0%	16.6%
GF Overhead Subsidy	-	2,000,000	1,750,000	437,500	2,333,772	607,947	26.0%	39.0%
<b>Total Revenues</b>	<b>\$16,349,208</b>	<b>\$17,710,834</b>	<b>\$18,267,134</b>	<b>\$ 5,647,161</b>	<b>\$19,134,602</b>	<b>\$ 5,878,690</b>	<b>30.7%</b>	<b>4.1%</b>
<b>Expenditures</b>								
ODHO	-	-	-	-	437,477	181,246	41.4%	-
AHS	1,202,330	1,305,407	1,247,924	491,238	1,004,343	459,834	45.8%	-6.4%
AQM	1,955,798	2,297,077	2,170,911	808,415	2,752,520	846,331	30.7%	4.7%
CCHS	6,086,866	5,757,304	5,779,003	2,222,185	5,987,646	2,356,758	39.4%	6.1%
EHS	4,848,375	4,772,942	4,804,597	2,062,266	5,533,991	2,183,883	39.5%	5.9%
EPHP	2,084,830	2,129,310	2,022,331	747,423	2,287,196	780,153	34.1%	4.4%
GF Overhead Charge	-	2,553,372	2,898,034	1,207,514	2,741,061	1,142,109	41.7%	-5.4%
<b>Total Expenditures</b>	<b>\$16,178,200</b>	<b>\$18,815,411</b>	<b>\$18,922,800</b>	<b>\$ 7,539,040</b>	<b>\$20,744,234</b>	<b>\$ 7,950,313</b>	<b>38.3%</b>	<b>5.5%</b>
<b>Revenues (sources of funds) less Expenditures:</b>								
ODHO	-	-	-	-	(437,477)	(181,246)		
AHS	(1,202,322)	(1,271,953)	(1,159,994)	(458,335)	(943,230)	(459,792)		
AQM	10,694	(228,380)	320,125	460,931	(636,450)	130,737		
CCHS	(2,380,389)	(2,434,637)	(2,390,904)	(1,239,865)	(2,459,548)	(1,325,448)		
EHS	(3,093,333)	(2,944,460)	(2,914,405)	(1,479,955)	(3,671,368)	(1,438,020)		
EPHP	(414,492)	(295,666)	(216,345)	(118,114)	(720,689)	(260,793)		
GF Operating	7,250,850	6,623,891	6,853,891	1,713,473	7,666,420	1,997,101		
GF Overhead Subsidy	-	(553,372)	(1,148,034)	(770,014)	(407,289)	(534,162)		
<b>Surplus (deficit)</b>	<b>\$ 171,008</b>	<b>\$ (1,104,577)</b>	<b>\$ (655,666)</b>	<b>\$ (1,891,879)</b>	<b>\$ (1,609,632)</b>	<b>\$ (2,071,623)</b>		
<b>Fund Balance (FB)</b>	<b>\$ 3,916,042</b>	<b>\$ 2,811,465</b>	<b>\$ 2,155,799</b>		<b>\$ 546,168</b>			
<b>FB as a % of Expenditures</b>	<b>24.2%</b>	<b>14.9%</b>	<b>11.4%</b>		<b>2.6%</b>			

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

**FISCAL IMPACT**

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

**RECOMMENDATION**

Staff recommends that the District Board of Health acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date November 30, 2014.

**POSSIBLE MOTION**

Move to acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date November 30, 2014.

**Attachment:**

Health District Fund summary report with line item detail

Period: 1 thru 5 2015 Fund: 202 Health Fund  
 Accounts: GO-P-L P&L Accounts Fund Center: 000 Default Washoe County  
 Business Area: \* Functional Area: 000 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance	Act%	2014 Plan	2014 Actual	Balance	Act%
422503 Environmental Permits	46,317-	15,702-	30,615-	34	63,177-	24,767-	38,410-	39
422504 Pool Permits	97,000-	17,874-	79,126-	18	74,690-	15,366-	59,324-	21
422505 RV Permits	11,000-	5,009-	5,991-	46	13,306-	5,271-	8,035-	40
422507 Food Service Permits	420,000-	181,667-	238,333-	43	492,181-	161,038-	331,143-	33
422508 Wat Well Const Perm	30,000-	15,580-	14,420-	52	23,567-	17,728-	5,839-	75
422509 Water Company Permits	5,000-	6,216-	1,216	124	3,200-	3,246-	46	101
422510 Air Pollution Permits	474,103-	218,481-	255,622-	46	584,012-	203,164-	380,849-	35
422511 ISDS Permits	75,000-	29,836-	45,164-	40	66,522-	40,394-	26,128-	61
422513 Special Event Permits	105,000-	43,150-	61,850-	41	99,623-	47,582-	52,041-	48
422514 Initial Applic Fee	31,000-	12,276-	18,724-	40	35,226-	11,172-	24,054-	32
* Licenses and Permits	1,294,420-	545,791-	748,629-	42	1,455,504-	529,728-	925,777-	36
431100 Federal Grants	5,061,735-	1,460,068-	3,601,668-	29	5,301,515-	1,494,664-	3,806,851-	28
431105 Federal Grants - Indirect	235,667-	93,755-	141,912-	40	243,178-	127,382-	115,796-	52
432100 State Grants	311,068-	134,574-	176,494-	43	741,802-	201,190-	540,612-	27
432105 State Grants-Indirect	16,026-	1,758-	14,268-	11	2,205-	402-	1,803-	18
432310 Tire Fee NRS 444A.090	468,548-	225,303-	243,245-	48	468,548-	76,483-	392,065-	16
432311 Pol Ctrl 445B.830	318,667-	290,727-	27,940-	91	300,000-	164,994-	135,006-	55
* Intergovernmental	6,411,712-	2,206,185-	4,205,527-	34	7,057,248-	2,065,115-	4,992,133-	29
460162 Services to Other Agencies								
460500 Other Immunizations	89,000-	13,325-	75,676-	15	89,000-	21,523-	67,477-	24
460501 Medicaid Clinical Services	8,200-	507-	7,693-	6	8,200-	1,607-	6,593-	20
460503 Childhood Immunizations	20,000-	5,208-	14,792-	26	20,000-	7,405-	12,595-	37
460504 Maternal Child Health								
460505 Non Title X Revenue								
460508 Tuberculosis	4,100-	2,605-	1,495-	64	4,100-	2,567-	1,533-	63
460509 Water Quality								
460510 IT Overlay	35,344-	13,735-	21,609-	39	35,344-	15,262-	20,082-	43
460511 Birth and Death Certificates	480,000-	183,218-	296,782-	38	450,000-	183,377-	266,623-	41
460512 Duplication Service Fees		67-	67			521-	521	
460513 Other Health Service Charges		359-	359					
460514 Food Service Certification	18,000-	8,678-	9,322-	48	19,984-	7,459-	12,525-	37
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	1,750-	18,522-	16,772	1,058	1,750-	18,725-	16,975	1,070
460517 Influenza Immunization	7,000-	53-	6,948-	1	7,000-	1,697-	5,303-	24
460518 STD Fees	21,000-	5,056-	15,944-	24	21,000-	8,833-	12,167-	42
460519 Outpatient Services								
460520 Eng Serv Health	50,000-	20,361-	29,639-	41	50,707-	22,194-	28,513-	44
460521 Plan Review - Pools & Spas	3,600-	1,500-	2,100-	42	3,816-	1,673-	2,143-	44
460523 Plan Review - Food Services	20,000-	7,504-	12,496-	38	18,765-	9,791-	8,974-	52
460524 Family Planning	32,000-	12,506-	19,494-	39	27,000-	14,636-	12,364-	54
460525 Plan Review - Vector	42,000-	21,150-	20,850-	50	36,021-	24,269-	11,752-	67
460526 Plan Review-Air Quality	57,889-	18,683-	39,206-	32	65,272-	12,972-	52,300-	20
460527 NOE-AQM	116,984-	52,189-	64,795-	45	113,934-	53,303-	60,631-	47

Period: 1 thru 5 2015  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*

Fund: 202  
 Fund Center: 000  
 Functional Area: 000

Health Fund  
 Default Washoe County  
 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance	Act%	2014 Plan	2014 Actual	Balance	Act%
460528 NESHAP-AQM	99,333-	33,476-	65,857-	34	135,389-	31,388-	104,001-	23
460529 Assessments-AQM	51,336-	18,538-	32,798-	36	57,888-	19,530-	38,358-	34
460530 Inspector Registr-AQ	2,162-	855-	1,307-	40	14,655-	2,113-	12,542-	14
460531 Dust Plan-Air Quality	142,403-	53,208-	89,195-	37	187,690-	62,376-	125,314-	33
460532 Plan Rvw Hotel/Motel		2,530-	2,530					
460533 Quick Start								
460534 Child Care Inspection	8,514-	4,132-	4,382-	49	10,560-	3,936-	6,624-	37
460535 Pub Accomod Inspectn	19,000-	7,488-	11,512-	39	22,540-	7,107-	15,433-	32
460570 Education Revenue					2,900-	800-	2,100-	28
* Charges for Services	1,329,615-	505,453-	824,162-	38	1,403,515-	535,064-	868,451-	38
483000 Rental Income		41-	41					
484050 Donations Federal Pgm Income	37,550-	11,304-	26,246-	30	37,550-	16,403-	21,147-	44
484195 Non-Govt'l Grants	55,988-		55,988-		88,263-	32,276-	55,987-	37
484197 Non-Gov. Grants-Indirect	5,125-		5,125-		5,125-		5,125-	
485100 Reimbursements		3,371-	3,371					
485121 Jury Reimbursements						80-	80	
485300 Other Misc Govt Rev		1,497-	1,497		62,229-	316,896-	254,667	509
* Miscellaneous	98,663-	16,213-	82,450-	16	193,167-	365,656-	172,489	189
** Revenue	9,134,410-	3,273,642-	5,860,768-	36	10,109,435-	3,495,562-	6,613,873-	35
701110 Base Salaries	9,237,416	3,771,861	5,465,555	41	9,191,190	3,513,521	5,677,669	38
701120 Part Time	408,927	170,378	238,549	42	565,940	169,361	396,579	30
701130 Pooled Positions	504,876	176,275	328,601	35	464,481	188,132	276,349	41
701140 Holiday Work	4,319	1,892	2,427	44	2,819	2,912	94-	103
701150 xcContractual Wages								
701200 Incentive Longevity	155,100	1,478	153,622	1	165,426	797	164,628	0
701300 Overtime	62,405	29,297	33,108	47	69,920	27,760	42,160	40
701406 Standby Pay						100-	100	
701408 Call Back	1,000		1,000		1,000		1,000	
701412 Salary Adjustment	60,733		60,733		230,085-		230,085-	
701413 Vac Payoff/Sick Pay-Term		85,406	85,406-			23,750	23,750-	
701417 Comp Time		11,798	11,798-			3,121	3,121-	
701419 Comp Time - Transfer						1,886	1,886-	
* Salaries and Wages	10,434,776	4,248,385	6,186,391	41	10,230,689	3,931,140	6,299,550	38
705110 Group Insurance	1,457,971	589,911	868,059	40	1,422,035	549,816	872,219	39
705210 Retirement	2,517,459	985,803	1,531,656	39	2,515,667	936,029	1,579,638	37
705215 Retirement Calculation								
705230 Medicare April 1986	135,173	58,124	77,049	43	136,701	53,029	83,673	39
705320 Workmens Comp	67,787	28,245	39,542	42	66,992	27,558	39,434	41
705330 Unemploy Comp	15,179	6,325	8,855	42	15,375	11,385	3,991	74
705360 Benefit Adjustment	31,202		31,202					
* Employee Benefits	4,224,771	1,668,408	2,556,363	39	4,156,770	1,577,816	2,578,955	38
710100 Professional Services	646,556	82,060	564,496	13	1,211,770	41,173	1,170,597	3

Run by: AHEENAN  
 Run date: 12/04/2014 12:58:18  
 Report: 400/ZS16

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

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 Variation: 1/ 85

Period: 1 thru 5 2015  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*  
 Fund: 202 Health Fund  
 Fund Center: 000 Default Washoe County  
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance	Act%	2014 Plan	2014 Actual	Balance	Act%
710105 Medical Services	9,323	2,241	7,083	24	9,173	2,826	6,348	31
710108 MD Consultants	83,908	14,300	69,608	17	46,950	14,238	32,713	30
710110 Contracted/Temp Services	14,085	14,513	427-	103	53,500	16,412	37,088	31
710119 Subrecipient Payments								
710200 Service Contract	120,720	38,333	82,386	32	103,593	43,598	59,995	42
710205 Repairs and Maintenance	5,538	2,939	2,599	53	11,470	4,513	6,957	39
710210 Software Maintenance	15,235	9,363	5,872	61	15,636	15,530	106	99
710300 Operating Supplies	116,634	26,966	89,668	23	134,870	49,635	85,235	37
710302 Small Tools & Allow	22,685	200	22,485	1	10,685	230	10,455	2
710308 Animal Supplies	1,600		1,600		1,600	583	1,017	36
710319 Chemical Supplies	231,900	231,713	187	100	232,300	168,802	63,498	73
710325 Signs and Markers								
710334 Copy Machine Expense	25,885	9,633	16,252	37	28,447	9,966	18,481	35
710350 Office Supplies	55,244	11,722	43,522	21	41,074	9,905	31,168	24
710355 Books and Subscriptions	6,964	1,914	5,050	27	7,594	3,140	4,454	41
710360 Postage	21,420	6,762	14,658	32	24,435	6,745	17,690	28
710361 Express and Courier	560	124	436	22	735	98	637	13
710391 Fuel & Lube	100		100		100		100	
710412 Do Not Use								
710500 Other Expense	27,750	3,459	24,291	12	24,932	3,586	21,346	14
710502 Printing	21,922	4,396	17,526	20	33,970	6,010	27,960	18
710503 Licenses & Permits	6,331	2,115	4,216	33	7,887	870	7,017	11
710505 Rental Equipment	1,800		1,800		1,900		1,900	
710506 Dept Insurance Deductible		150	150-			184	184-	
710507 Network and Data Lines	11,295	4,158	7,137	37	5,530	4,354	1,176	79
710508 Telephone Land Lines	42,878	14,345	28,533	33	42,484	14,533	27,951	34
710509 Seminars and Meetings	45,498	8,424	37,075	19	36,065	12,313	23,752	34
710512 Auto Expense	14,185	2,643	11,542	19	19,102	5,236	13,867	27
710514 Regulatory Assessments	11,920	9,319	2,601	78	11,920	5,960	5,960	50
710519 Cellular Phone	15,714	5,629	10,085	36	15,660	5,721	9,939	37
710524 Utility relocation						200	200-	
710529 Dues	11,867	3,551	8,316	30	10,756	1,800	8,956	17
710535 Credit Card Fees	12,665	6,677	5,988	53	11,925	4,656	7,269	39
710546 Advertising	263,720	13,722	249,997	5	47,600	1,503	46,097	3
710551 Cash Discounts Lost		233	233-			31	31-	
710563 Recruitment		301	301-					
710577 Uniforms & Special Clothing	12,350	1,372	10,978	11	25,500	2,865	22,635	11
710585 Undesignated Budget	90,642		90,642		62,229		62,229	
710598 Telecomm Charge-out contra								
710600 LT Lease-Office Space	109,115	39,846	69,269	37	109,115	33,526	75,589	31
710620 LT Lease-Equipment								
710703 Biologicals	224,882	96,064	128,818	43	246,791	97,583	149,208	40
710714 Referral Services					6,328		6,328	



Period: 1 thru 5 2015  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*

Fund: 202  
 Fund Center: 000  
 Functional Area: 000

Health Fund  
 Default Washoe County  
 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance	Act%	2014 Plan	2014 Actual	Balance	Act%
710721 Outpatient	88,786	26,199	62,587	30	93,093	20,226	72,866	22
710872 Food Purchases	5,089	117	4,971	2	10,176	339	9,836	3
711010 Utilities					180		180	
711020 Water/Sewer								
711100 ESD Asset Management	66,526	27,323	39,203	41	47,436	20,636	26,800	44
711113 Equip Srv Replace	27,586	11,262	16,324	41	27,084	11,503	15,581	42
711114 Equip Srv O & M	41,538	21,485	20,053	52	46,869	20,229	26,639	43
711115 Equip Srv Motor Pool	5,000		5,000		16,741		16,741	
711117 ESD Fuel Charge	48,591	25,029	23,562	52	55,492	21,499	33,993	39
711119 Prop & Liab Billings	74,502	31,043	43,459	42	74,502	31,043	43,459	42
711210 Travel	200,848	38,104	162,743	19	269,811	33,669	236,142	12
711300 Cash Over Short		20-	20			20	20-	
711399 ProCard in Process		680	680-					
711400 Overhead - General Fund	2,741,061	1,142,109	1,598,952	42	2,898,034	1,207,514	1,690,520	42
711504 Equipment nonCapital	83,575	33,044	50,532	40	135,712	42,707	93,005	31
* Services and Supplies	5,685,993	2,025,559	3,660,434	36	6,328,754	1,997,708	4,331,046	32
781004 Equipment Capital	373,694	7,961	365,733	2	332,748	32,377	300,371	10
781007 Vehicles Capital	25,000		25,000		100,000		100,000	
* Capital Outlay	398,694	7,961	390,733	2	432,748	32,377	400,371	7
** Expenses	20,744,234	7,950,313	12,793,921	38	21,148,962	7,539,040	13,609,922	36
485193 Surplus Supplies Sales						626-	626	
* Other Fin. Sources						626-	626	
621001 Transfer From General	10,000,192-	2,605,048-	7,395,144-	26	8,603,891-	2,150,973-	6,452,918-	25
* Transfers In	10,000,192-	2,605,048-	7,395,144-	26	8,603,891-	2,150,973-	6,452,918-	25
818000 Transfer to Intrafund								
* Transfers Out								
** Other Financing Src/Use	10,000,192-	2,605,048-	7,395,144-	26	8,603,891-	2,151,599-	6,452,292-	25
*** Total	1,609,632	2,071,623	461,991-	129	2,435,636	1,891,879	543,757	78



# WASHOE COUNTY HEALTH DISTRICT



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

## ADMINISTRATIVE HEALTH SERVICES DIVISION

### STAFF REPORT

**BOARD MEETING DATE: December 18, 2014**

**TO:** District Board of Health

**FROM:** Anna Heenan, Administrative Health Services Officer

**THROUGH:** Kevin Dick, Health District Officer

**SUBJECT:** **Discussion, acknowledgement and possible direction to staff given status quo financial projections for the Health District Fund and the next steps in preparation of the Fiscal Year 2015-2016 Budget Process**

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### SUMMARY

Staff is looking for possible direction from the District Board of Health for the preparation going into the Fiscal Year 2015-2016 (FY16) budget process.

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

### PREVIOUS ACTION

No previous action associated with this staff report.

### BACKGROUND

The purpose of this staff report is to provide a financial review of the existing operations with a 3 year outlook if we follow a status quo process and to layout the next steps for the fiscal year 2015-2016 budget process.

### Economic Outlook

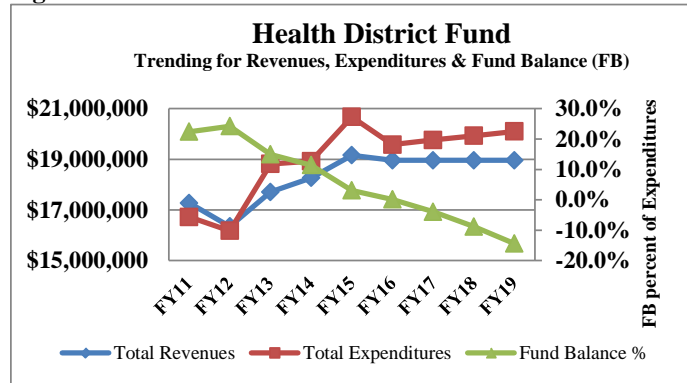
The economy continues to show signs of improvements. According to the Nevada Department of Employment, Training and Rehabilitation the metropolitan statistical area (MSA) for Reno/Sparks has seen an increase in jobs of 7,400, 3.7%, over last year. According to the State the sales tax is up 5.0% over last year for Washoe County. The Economic Forum for the State revenue projections reports a positive outlook for sales tax at 6.7% for FY16 and 8.9% for Fiscal Year 2016-2017 (FY17). The County Assessor has estimated a 6% increase in assessed valuation which normally generates a 1% to 2% increase in property tax revenue. These revenue sources are what help to fund the transfer from the General Fund which is currently \$10 million, 51% of the Health District Fund adopted budgeted resources for the fiscal year 2015. Given this positive economic outlook for Washoe County we hope for a positive change in the transfer from the County General Fund; however, the final revenue projections and transfer from the County General Fund will not be known until March 2015.

### Fiscal Year 2015

The budget for the current fiscal year (FY15) was built assuming a modest growth in revenue sources sufficient to cover a portion of normal increases in base costs due to the full year of employee wage increases, merits and other contractual increases. The overall theme for FY15 was to remain relatively flat.

The current estimate year end (ETCs) assumes a 4.9% increase in revenues and general fund support over FY14. Unfortunately, the revenue increases do not outpace unavoidable increases in expenditures (i.e. merit increases, retirement payouts, PERS, health benefits, contractual obligations, etc.). As seen in figure 1, assuming the current revenue streams the expenditures continue to increase faster than the revenues causing the need to use fund balance.

Figure 1



**Review of projected financials given status quo**

As shown in figure 2, the Health District Fund has enough fund balance to sustain one more fiscal year after FY15 but is anticipated to have a negative fund balance situation by Fiscal Year 2016/2017. Appendix A has the Health District Program details of the Health District Fund forecast.

Figure 2

Washoe County Health District Fund									
	Actual				ETC	Base	Projected		
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019
<b>FUND SUMMARY:</b>									
<b>SOURCES OF FUNDS:</b>									
Opening Fund Balance	3,194,988	3,745,034	3,916,042	2,811,464	2,155,799	640,374	22,730	(780,256)	(1,750,563)
<b>Revenue:</b>									
Licenses and Permits	1,042,434	984,267	1,179,756	1,406,086	1,294,420	1,294,420	1,294,420	1,294,420	1,294,420
Federal & State Grants	5,868,159	5,861,928	5,630,117	5,438,048	5,372,804	5,136,494	5,136,494	5,136,494	5,136,494
Federal & State Indirect Rev.	76,808	106,217	142,069	357,864	266,543	251,693	251,693	251,693	251,693
Tire Fees	450,911	513,800	432,642	314,136	468,548	468,548	468,548	468,548	468,548
Pollution Control (NRS445B.830)	306,945	313,965	314,903	634,731	318,667	318,667	318,667	318,667	318,667
Dust Plan	141,680	141,672	123,364	147,678	142,403	142,403	142,403	142,403	142,403
Birth & Death Certificates	359,725	439,910	476,829	457,596	480,000	480,000	480,000	480,000	480,000
Other Charges for Services	786,760	684,167	714,058	734,285	747,161	753,509	753,509	753,509	753,509
Miscellaneous	44,676	52,432	73,204	172,819	66,241	37,550	37,550	37,550	37,550
<b>Total Revenue</b>	<b>9,078,098</b>	<b>9,098,358</b>	<b>9,086,942</b>	<b>9,663,243</b>	<b>9,156,787</b>	<b>8,883,285</b>	<b>8,883,285</b>	<b>8,883,285</b>	<b>8,883,285</b>
General Fund (GF) transfer-Operating	8,192,500	7,250,850	6,623,891	6,853,891	7,666,420	7,743,084	7,743,084	7,743,084	7,743,084
GF transfer Overhead Subsidy	-	-	2,000,000	1,750,000	2,333,772	2,333,772	2,333,772	2,333,772	2,333,772
Total General Fund transfer	8,192,500	7,250,850	8,623,891	8,603,891	10,000,192	10,076,856	10,076,856	10,076,856	10,076,856
<b>Total Sources of Funds</b>	<b>20,465,586</b>	<b>20,094,242</b>	<b>21,626,875</b>	<b>21,078,599</b>	<b>21,312,778</b>	<b>19,600,515</b>	<b>18,982,871</b>	<b>18,179,885</b>	<b>17,209,578</b>
<b>USES OF FUNDS:</b>									
<b>Expenditures:</b>									
Salaries & Wages	10,120,151	9,525,698	9,458,939	9,169,680	10,080,519	10,103,937	10,235,289	10,368,347	10,503,136
Intermittent Hourly Positions	382,755	335,390	344,928	421,427	332,811	294,811	294,811	294,811	294,811
Group Insurance	1,406,215	1,334,706	1,336,381	1,307,483	1,481,783	1,484,149	1,484,149	1,484,149	1,484,149
Retirement	2,116,730	2,205,442	2,189,491	2,310,772	2,514,673	2,581,597	2,635,587	2,669,849	2,704,557
Other Employee Benefits	226,638	205,137	268,263	211,142	252,315	221,417	221,417	221,417	221,417
Contract/Professional Svcs	614,224	557,610	713,360	809,059	607,036	335,999	335,999	335,999	335,999
Chemical Supplies (Vector only)	321,497	265,304	231,490	231,398	231,500	231,500	231,500	231,500	231,500
Biologicals	130,575	180,620	226,789	247,975	222,346	221,946	221,946	221,946	221,946
Fleet Management billings	164,958	176,543	136,051	161,263	189,232	189,232	189,232	189,232	189,232
Outpatient	102,101	90,911	85,670	79,036	88,786	88,786	88,786	88,786	88,786
Property & Liability billings	71,512	77,036	80,283	74,502	74,501	74,501	74,501	74,501	74,501
Other Services and Supplies	977,827	907,873	977,769	854,241	1,457,146	941,792	941,792	941,792	941,792
GF Overhead costs	-	-	2,553,372	2,898,034	2,741,061	2,741,061	2,741,061	2,741,061	2,741,061
Capital	85,369	315,930	212,624	146,788	398,694	67,057	67,057	67,057	67,057
<b>Total Expenditures</b>	<b>16,720,552</b>	<b>16,178,200</b>	<b>18,815,411</b>	<b>18,922,800</b>	<b>20,672,404</b>	<b>19,577,785</b>	<b>19,763,126</b>	<b>19,930,448</b>	<b>20,099,944</b>
Transfer to General Fund	-	-	-	-	-	-	-	-	-
<b>Total Uses of Funds</b>	<b>16,720,552</b>	<b>16,178,200</b>	<b>18,815,411</b>	<b>18,922,800</b>	<b>20,672,404</b>	<b>19,577,785</b>	<b>19,763,126</b>	<b>19,930,448</b>	<b>20,099,944</b>
<b>Ending Fund Balance</b>	<b>3,745,034</b>	<b>3,916,042</b>	<b>2,811,464</b>	<b>2,155,799</b>	<b>640,374</b>	<b>22,730</b>	<b>(780,256)</b>	<b>(1,750,563)</b>	<b>(2,890,367)</b>
<b>Fund Balance as a percent of Uses of Funds</b>	<b>22.4%</b>	<b>24.2%</b>	<b>14.9%</b>	<b>11.4%</b>	<b>3.1%</b>	<b>0.1%</b>	<b>-3.9%</b>	<b>-8.8%</b>	<b>-14.4%</b>

The fees for the program services are currently under review and if approved will generate an anticipated \$100,000 increase due to new fees. However, even with holding the expenditures flat this increase in new fees will not eliminate the structural deficit. All revenue sources will need to be evaluated for possible areas to increase and the expenditures should also be evaluated for areas to decrease so as to bring the Health Fund into structural alignment.

Given the status quo projections the fund cannot sustain an increase in the expenditures without additional resources so it is recommended that the FY16 budget process maintain expenditures at a status quo level unless additional resources can be identified to pay for any increase. Staff should also look for ways to reduce expenditures or shift existing resources to areas that require funding. Appendix B is provided as a summary of the current FY16 base budget, which will be analyzed and brought back to the Board in February for review.

**Fiscal challenges that is not included in the projections at this time:**

- Labor issues
  - Cost of living adjustments beyond FY15
  - Health Insurance increases
  - Retirement increases
- Impact of Legislative session
- County Impacts
  - Amount of General Fund transfers for operating expenditures
  - Amount of General Fund transfer to cover indirect costs (subsidy)
  - Countywide cost allocation (COWCAP) for County indirect costs

**Next Steps**

- **December – January, 2015**
  - Develop Capital Improvement requests to submit to the County
  - Work with the Health District Program staff to estimate the FY15 year-end and develop an initial funding level for FY16
  - January, 2015 is the County Manager's budget message to the Department Heads
- **February, 2015**
  - Budget Status report and direction from the DBOH for FY16 budget to include an updated Financial projection given FY16 budget requests
  - FY16 Budget due to the County
- **March, 2015**
  - District Health Officer delivers FY16 budget to County and City Managers
  - DBOH update on the FY16 Budget meeting with the County and Cities Managers
- **April, 2015:**
  - Health District budget presentations to the BCC
- **May, 2015:**
  - May 12, BCC meeting, Manager's recommendations for FY16 budget and approval of the Washoe County Capital Improvement Plan
  - May 18, 2015, Public Hearing and possible adoption of the FY16 Final Budget
- **June - July, 2015**
  - June 1, Final Adopted Budget is delivered to the Department of Taxation
  - 30 days after close of session, Amended Budget for legislative changes. This is driven by the County Managers Office and may or may not be required
  - July 1, 2015, start of Fiscal Year 2015-2016

Subject: Update and status report for FY 16 Budget process

Date: December 18, 2014

Page 4 of 4

### **FISCAL IMPACT**

No fiscal impact.

### **RECOMMENDATION**

It is recommended that the Board provide direction to staff given status quo financial projections for the Health District Fund and the next steps in preparation of the Fiscal Year 2015-2016 Budget Process.

### **POSSIBLE MOTION**

Move to acknowledge the receipt of the status quo financial projections for the Health District Fund and direct staff to continue with the proposed next steps for the Fiscal Year 2015-2016 Budget Process.

### **Attachments:**

Appendix A - History, Current Estimates and Status Quo Projected Financials by Program

Appendix B – Washoe County Health District FY16 Base Budget as of November, 2014

**Washoe County Health District Fund  
History, Current Estimates and Status Quo Projected Financials by Program**

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**Washoe County Health District Fund**  
**History, Current Estimates and Status Quo Projected Financials by Program**

	Actual				ETC	Draft Base	Projected		
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019
<b>FUND SUMMARY:</b>									
<b>SOURCES OF FUNDS:</b>									
Opening Fund Balance	3,194,988	3,745,034	3,916,042	2,811,464	2,155,799	640,374	22,730	(780,256)	(1,750,563)
<b>Revenue:</b>									
Licenses and Permits	1,042,434	984,267	1,179,756	1,406,086	1,294,420	1,294,420	1,294,420	1,294,420	1,294,420
Federal & State Grants	5,868,159	5,861,928	5,630,117	5,438,048	5,372,804	5,136,494	5,136,494	5,136,494	5,136,494
Federal & State Indirect Rev.	76,808	106,217	142,069	357,864	266,543	251,693	251,693	251,693	251,693
Tire Fees	450,911	513,800	432,642	314,136	468,548	468,548	468,548	468,548	468,548
Pollution Control (NRS445B.830)	306,945	313,965	314,903	634,731	318,667	318,667	318,667	318,667	318,667
Dust Plan	141,680	141,672	123,364	147,678	142,403	142,403	142,403	142,403	142,403
Birth & Death Certificates	359,725	439,910	476,829	457,596	480,000	480,000	480,000	480,000	480,000
Other Charges for Services	786,760	684,167	714,058	734,285	747,161	753,509	753,509	753,509	753,509
Miscellaneous	44,676	52,432	73,204	172,819	66,241	37,550	37,550	37,550	37,550
Total Revenue	9,078,098	9,098,358	9,086,942	9,663,243	9,156,787	8,883,285	8,883,285	8,883,285	8,883,285
General Fund (GF) transfer-Operating	8,192,500	7,250,850	6,623,891	6,853,891	7,666,420	7,743,084	7,743,084	7,743,084	7,743,084
GF transfer/Overhead Subsidy	-	-	2,000,000	1,750,000	2,333,772	2,333,772	2,333,772	2,333,772	2,333,772
Total General Fund transfer	8,192,500	7,250,850	8,623,891	8,603,891	10,000,192	10,076,856	10,076,856	10,076,856	10,076,856
<b>Total Sources of Funds</b>	<b>20,465,586</b>	<b>20,094,242</b>	<b>21,626,875</b>	<b>21,078,599</b>	<b>21,312,778</b>	<b>19,600,515</b>	<b>18,982,871</b>	<b>18,179,885</b>	<b>17,209,578</b>
<b>USES OF FUNDS:</b>									
<b>Expenditures:</b>									
Salaries & Wages	10,120,151	9,525,698	9,458,939	9,169,680	10,080,519	10,103,937	10,235,289	10,368,347	10,503,136
Intermittent Hourly Positions	382,755	335,390	344,928	421,427	332,811	294,811	294,811	294,811	294,811
Group Insurance	1,406,215	1,334,706	1,336,381	1,307,483	1,481,783	1,484,149	1,484,149	1,484,149	1,484,149
Retirement	2,116,730	2,205,442	2,189,491	2,310,772	2,514,673	2,581,597	2,635,587	2,669,849	2,704,557
Other Employee Benefits	226,638	205,137	268,263	211,142	252,315	221,417	221,417	221,417	221,417
Contract/Professional Svcs	614,224	557,610	713,360	809,059	607,036	335,999	335,999	335,999	335,999
Chemical Supplies(Vector only)	321,497	265,304	231,490	231,398	231,500	231,500	231,500	231,500	231,500
Biologicals	130,575	180,620	226,789	247,975	222,346	221,946	221,946	221,946	221,946
Fleet Management billings	164,958	176,543	136,051	161,263	189,232	189,232	189,232	189,232	189,232
Outpatient	102,101	90,911	85,670	79,036	88,786	88,786	88,786	88,786	88,786
Property & Liability billings	71,512	77,036	80,283	74,502	74,502	74,501	74,501	74,501	74,501
Other Services and Supplies	977,827	907,873	977,769	854,241	1,457,146	941,792	941,792	941,792	941,792
GF Overhead costs	-	-	2,553,372	2,898,034	2,741,061	2,741,061	2,741,061	2,741,061	2,741,061
Capital	85,369	315,930	212,624	146,788	398,694	67,057	67,057	67,057	67,057
<b>Total Expenditures</b>	<b>16,720,552</b>	<b>16,178,200</b>	<b>18,815,411</b>	<b>18,922,800</b>	<b>20,672,404</b>	<b>19,577,785</b>	<b>19,763,126</b>	<b>19,930,448</b>	<b>20,099,944</b>
Transfer to General Fund	-	-	-	-	-	-	-	-	-
<b>Total Uses of Funds</b>	<b>16,720,552</b>	<b>16,178,200</b>	<b>18,815,411</b>	<b>18,922,800</b>	<b>20,672,404</b>	<b>19,577,785</b>	<b>19,763,126</b>	<b>19,930,448</b>	<b>20,099,944</b>
<b>Ending Fund Balance (FB)</b>	<b>3,745,034</b>	<b>3,916,042</b>	<b>2,811,464</b>	<b>2,155,799</b>	<b>640,374</b>	<b>22,730</b>	<b>(780,256)</b>	<b>(1,750,563)</b>	<b>(2,890,367)</b>
<b>FB as a percent of Uses of Funds</b>	<b>22.4%</b>	<b>24.2%</b>	<b>14.9%</b>	<b>11.4%</b>	<b>3.1%</b>	<b>0.1%</b>	<b>-3.9%</b>	<b>-8.8%</b>	<b>-14.4%</b>

**Washoe County Health District Fund**  
**History, Current Estimates and Status Quo Projected Financials by Program**

	Actual				ETC	Draft Base	Projected		
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019
<b>Expenditures by Program:</b>									
<b>ADMINISTRATION:</b>									
<i>Office of the District Health Officer. (Opened July 1, 2013)</i>									
<b>Expenditures:</b>									
Salaries & Wages	-	-	-	-	287,278	298,137	302,012	305,939	309,916
Group Insurance	-	-	-	-	30,923	31,134	31,134	31,134	31,134
Retirement	-	-	-	-	73,382	76,770	77,768	78,779	79,803
Other Employee Benefits	-	-	-	-	4,092	4,245	4,245	4,245	4,245
Contract/Professional Svcs	-	-	-	-	10,000	10,000	10,000	10,000	10,000
Property & Liability billings	-	-	-	-	-	-	-	-	-
Other Services and Supplies	-	-	-	-	11,145	11,145	11,145	11,145	11,145
GF Overhead costs	-	-	-	-	-	-	-	-	-
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	-	-	-	-	416,821	431,431	436,305	441,242	446,243
<i>Administrative Health Services Division</i>									
<b>Revenue:</b>									
Other Charges for Services	-	8	5	-	-	-	-	-	-
Miscellaneous	-	-	33,448	87,930	28,691	-	-	-	-
Sub-total Revenue	-	8	33,453	87,930	28,691	-	-	-	-
<b>Expenditures:</b>									
Salaries & Wages	882,962	816,336	827,959	792,486	704,193	647,280	655,694	664,218	672,853
Group Insurance	108,063	92,965	91,261	87,983	87,130	87,719	87,719	87,719	87,719
Retirement	184,951	192,029	187,127	200,852	160,346	165,130	168,841	171,036	173,260
Other Employee Benefits	20,453	18,765	74,403	17,590	17,003	16,191	16,191	16,191	16,191
Contract/Professional Svcs	3,405	30,575	80,786	115,940	6,500	1,500	1,500	1,500	1,500
Fleet Management billings	-	1,684	-	-	-	-	-	-	-
Property & Liability billings	5,772	7,005	6,383	5,772	5,772	5,772	5,772	5,772	5,772
Other Services and Supplies	37,029	42,971	37,487	27,301	69,494	24,335	24,335	24,335	24,335
GF Overhead costs	-	-	61,135	88,816	77,897	77,897	77,897	77,897	77,897
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	1,242,635	1,202,329	1,366,542	1,336,740	1,128,334	1,025,823	1,037,950	1,048,669	1,059,527
Revenue Less Expenditures	(1,242,635)	(1,202,321)	(1,333,089)	(1,248,810)	(1,099,643)	(1,025,823)	(1,037,950)	(1,048,669)	(1,059,527)



**Washoe County Health District Fund**  
**History, Current Estimates and Status Quo Projected Financials by Program**

	Actual				ETC	Draft Base	Projected		
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019
<b>AIR QUALITY MANAGEMENT DIVISION</b>									
<i>Air Quality Division</i>									
<b>Revenue:</b>									
Licenses and Permits	364,998	336,462	456,430	532,135	474,103	474,103	474,103	474,103	474,103
Federal & State Grants	801,706	914,623	891,875	832,542	823,820	708,173	708,173	708,173	708,173
Federal & State Indirect Rev.	26,922	22,844	27,309	63,334	29,372	29,372	29,372	29,372	29,372
Pollution Control (NRS445B.8)	306,945	313,965	314,903	634,731	318,667	318,667	318,667	318,667	318,667
Dust Plan	141,680	141,672	123,364	147,678	142,403	142,403	142,403	142,403	142,403
Other Charges for Services	215,619	236,353	254,802	280,536	327,704	327,704	327,704	327,704	327,704
Miscellaneous	56	573	15	80	-	-	-	-	-
Sub-total Revenue	1,857,926	1,966,492	2,068,697	2,491,036	2,116,070	2,000,422	2,000,422	2,000,422	2,000,422
<b>Expenditures:</b>									
Salaries & Wages	1,350,132	1,171,561	1,248,223	1,239,932	1,330,979	1,368,418	1,386,207	1,404,228	1,422,483
Intermittent Hourly Positions	16,421	10,358	9,421	6,449	16,064	8,064	8,064	8,064	8,064
Group Insurance	166,943	145,207	162,975	174,644	204,231	202,933	202,933	202,933	202,933
Retirement	276,897	260,239	294,714	306,953	338,642	350,457	356,948	361,589	366,289
Other Employee Benefits	27,334	25,541	26,948	27,355	28,986	29,623	29,623	29,623	29,623
Contract/Professional Srvs	82,520	36,137	156,119	133,892	297,804	44,416	44,416	44,416	44,416
Fleet Management billings	39,582	38,365	31,240	37,917	39,340	39,340	39,340	39,340	39,340
Property & Liability billings	7,600	9,247	9,525	9,322	9,322	9,321	9,321	9,321	9,321
Other Services and Supplies	102,841	106,556	146,638	114,476	226,583	57,092	57,092	57,092	57,092
Capital	60,232	152,587	211,274	119,972	257,944	26,307	26,307	26,307	26,307
GF Overhead costs	-	-	332,303	353,791	338,776	338,776	338,776	338,776	338,776
Sub-total Expenditures	2,130,502	1,955,798	2,629,381	2,524,703	3,088,671	2,474,746	2,499,026	2,521,687	2,544,643
Revenue Less Expenditures	(272,577)	10,694	(560,684)	(33,667)	(972,601)	(474,324)	(498,604)	(521,265)	(544,221)

**Washoe County Health District Fund**  
**History, Current Estimates and Status Quo Projected Financials by Program**

	Actual				ETC	Draft Base	Projected		
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019
<b>COMMUNITY &amp; CLINICAL HEALTH SERVICES DIVISION</b>									
<i><b>Chronic Disease Prevention</b></i>									
<b>Revenue:</b>									
Federal & State Grants	120,299	182,111	113,678	254,348	285,769	285,769	285,769	285,769	285,769
Federal & State Indirect Rev.	-	-	-	12,834	13,821	13,821	13,821	13,821	13,821
Sub-total Revenue	120,299	182,111	113,678	267,182	299,590	299,590	299,590	299,590	299,590
<b>Expenditures:</b>									
Salaries & Wages	219,511	147,499	152,507	120,985	180,429	194,939	197,473	200,040	202,641
Intermittent Hourly Positions	-	-	-	27,184	20,692	20,692	20,692	20,692	20,692
Group Insurance	37,150	27,136	27,751	16,758	25,564	26,091	26,091	26,091	26,091
Retirement	47,061	33,921	36,218	27,571	45,833	47,622	50,849	51,510	52,180
Other Employee Benefits	5,726	3,408	3,248	3,053	3,497	3,469	3,469	3,469	3,469
Contract/Professional Srvs	48,991	86,450	40,431	185,753	87,439	80,658	80,658	80,658	80,658
Property & Liability billings	2,280	2,396	1,473	1,178	1,178	1,178	1,178	1,178	1,178
Other Services and Supplies	12,761	24,860	8,028	10,805	119,497	118,727	118,727	118,727	118,727
GF Overhead costs	-	-	-	-	-	-	-	-	-
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	373,480	325,669	269,657	393,287	484,129	493,376	499,138	502,366	505,636
Revenue Less Expenditures	(253,181)	(143,558)	(155,980)	(126,105)	(184,539)	(193,786)	(199,548)	(202,776)	(206,046)
<i><b>Community &amp; Clinical Health</b></i>									
<b>Revenue:</b>									
Other Charges for Services	8,430	3,959	1,387	540	-	-	-	-	-
Miscellaneous	-	4,581	1,305	15	-	-	-	-	-
Sub-total Revenue	8,430	8,540	2,692	555	-	-	-	-	-
<b>Expenditures:</b>									
Salaries & Wages	180,146	195,303	169,560	179,916	121,514	128,675	130,347	132,042	133,758
Group Insurance	17,378	16,029	20,477	20,297	12,530	12,796	12,796	12,796	12,796
Retirement	38,538	43,852	39,990	46,068	30,992	33,134	33,564	34,001	34,443
Other Employee Benefits	4,589	3,550	3,545	3,456	2,664	2,782	2,782	2,782	2,782
Contract/Professional Srvs	750	10,585	1,555	836	1,475	1,475	1,475	1,475	1,475
Fleet Management billings	472	-	1,724	2,217	4,847	4,847	4,847	4,847	4,847
Property & Liability billings	1,900	817	1,350	842	842	842	842	842	842
Other Services and Supplies	8,876	8,841	5,104	22,707	56,341	13,299	13,299	13,299	13,299
GF Overhead costs	-	-	796,170	1,170,065	1,103,379	1,103,379	1,103,379	1,103,379	1,103,379
Capital	-	-	-	23,948	40,750	40,750	40,750	40,750	40,750
Sub-total Expenditures	252,648	278,978	1,039,476	1,470,351	1,375,333	1,341,978	1,344,081	1,346,212	1,348,371
Revenue Less Expenditures	(244,218)	(270,439)	(1,036,784)	(1,469,796)	(1,375,333)	(1,341,978)	(1,344,081)	(1,346,212)	(1,348,371)

**Washoe County Health District Fund**  
**History, Current Estimates and Status Quo Projected Financials by Program**

	Actual				ETC	Draft Base	Projected		
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019
<b><i>Family Planning</i></b>									
<b>Revenue:</b>									
Federal & State Grants	887,653	904,151	859,328	785,268	780,726	780,726	780,726	780,726	780,726
Federal & State Indirect Rev.	-	-	-	18,637	23,312	23,312	23,312	23,312	23,312
Other Charges for Services	55,454	34,414	27,454	34,370	38,300	38,300	38,300	38,300	38,300
Miscellaneous	25,795	26,318	22,601	24,230	21,000	21,000	21,000	21,000	21,000
Sub-total Revenue	968,902	964,883	909,383	862,505	863,338	863,338	863,338	863,338	863,338
<b>Expenditures:</b>									
Salaries & Wages	528,159	524,453	456,050	417,338	499,079	485,116	491,423	497,811	504,283
Intermittent Hourly Positions	83,320	55,667	80,619	101,970	16,351	16,351	16,351	16,351	16,351
Group Insurance	88,350	82,689	80,850	73,609	93,354	87,940	87,940	87,940	87,940
Retirement	113,309	123,709	108,016	106,676	128,156	122,343	126,541	128,186	129,853
Other Employee Benefits	12,809	10,817	11,415	11,607	11,690	11,286	11,286	11,286	11,286
Contract/Professional Svcs	8,448	31,689	23,098	24,967	8,000	8,000	8,000	8,000	8,000
Biologicals	105,408	102,412	159,047	129,887	88,246	88,246	88,246	88,246	88,246
Outpatient	23,043	23,961	15,043	15,424	28,000	28,000	28,000	28,000	28,000
Property & Liability billings	4,560	3,993	4,910	4,661	4,661	4,661	4,661	4,661	4,661
Other Services and Supplies	65,427	61,273	50,417	53,703	56,490	56,690	56,690	56,690	56,690
GF Overhead costs	-	-	-	-	-	-	-	-	-
Capital	-	17,467	1,350	2,869	-	-	-	-	-
Sub-total Expenditures	1,032,833	1,038,129	990,814	942,710	934,027	908,633	919,138	927,171	935,309
Revenue less Expenditures	(63,931)	(73,246)	(81,431)	(80,205)	(70,689)	(45,295)	(55,800)	(63,833)	(71,971)
<b><i>Immunizations</i></b>									
<b>Revenue:</b>									
Federal & State Grants	336,300	337,135	273,950	279,687	295,619	295,619	295,619	295,619	295,619
Federal & State Indirect Rev.	21,072	11,778	14,069	25,601	39,434	39,434	39,434	39,434	39,434
Other Charges for Services	196,506	143,428	97,428	160,125	116,500	116,500	116,500	116,500	116,500
Miscellaneous	14,064	14,105	12,878	8,490	14,000	14,000	14,000	14,000	14,000
Sub-total Revenue	567,941	506,446	398,325	473,903	465,553	465,553	465,553	465,553	465,553
<b>Expenditures:</b>									
Salaries & Wages	642,349	619,365	596,496	600,842	639,478	651,313	659,780	668,357	677,046
Intermittent Hourly Positions	86,329	68,365	64,940	77,773	52,700	52,700	52,700	52,700	52,700
Group Insurance	82,977	91,921	94,011	93,382	107,653	110,469	110,469	110,469	110,469
Retirement	137,215	145,996	139,986	149,346	160,971	164,393	169,893	172,102	174,339
Other Employee Benefits	18,220	10,430	14,498	14,210	14,700	14,566	14,566	14,566	14,566
Contract/Professional Svcs	32,357	13,103	21,149	25,476	13,718	13,718	13,718	13,718	13,718
Biologicals	18,498	64,542	59,228	113,315	122,000	122,000	122,000	122,000	122,000
Fleet Management billings	-	75	-	-	-	-	-	-	-
Property & Liability billings	6,840	3,736	5,696	5,243	5,243	5,243	5,243	5,243	5,243

**Washoe County Health District Fund**  
**History, Current Estimates and Status Quo Projected Financials by Program**

	Actual				ETC	Draft Base	Projected		
	FY 2010- 2011	FY 2011- 2012	FY 2012- 2013	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019
Other Services and Supplies	55,417	71,958	38,299	48,530	51,848	51,368	51,368	51,368	51,368
GF Overhead costs	-	-	-	-	-	-	-	-	-
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	1,080,202	1,089,491	1,034,302	1,128,117	1,168,311	1,185,770	1,199,737	1,210,523	1,221,449
Revenue less Expenditures	(512,260)	(583,046)	(635,977)	(654,215)	(702,758)	(720,217)	(734,184)	(744,970)	(755,896)
<b><i>Maternal, Child &amp; Adolescent Health</i></b>									
<b>Revenue:</b>									
Federal & State Grants	57,884	58,117	63,622	52,856	52,856	49,286	49,286	49,286	49,286
Federal & State Indirect Rev.	-	-	-	5,141	5,144	5,144	5,144	5,144	5,144
Sub-total Revenue	57,884	58,117	63,622	57,997	58,000	54,430	54,430	54,430	54,430
<b>Expenditures:</b>									
Salaries & Wages	295,926	305,367	288,642	244,488	105,477	98,191	99,467	100,760	102,070
Intermittent Hourly Positions	-	-	102	274	-	-	-	-	-
Group Insurance	34,236	33,835	40,316	29,566	13,714	14,302	14,302	14,302	14,302
Retirement	61,542	72,632	68,539	62,606	26,232	24,876	25,613	25,946	26,283
Other Employee Benefits	5,464	5,786	5,943	5,806	4,737	4,606	4,606	4,606	4,606
Contract/Professional Svcs	312	312	1,759	3,114	600	600	600	600	600
Biologicals	-	219	389	222	900	500	500	500	500
Property & Liability billings	1,520	2,148	2,259	2,285	2,285	2,285	2,285	2,285	2,285
Other Services and Supplies	15,223	11,918	11,892	10,871	14,242	8,870	8,870	8,870	8,870
GF Overhead costs	-	-	-	-	-	-	-	-	-
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	414,223	432,216	419,840	359,233	168,186	154,229	156,243	157,869	159,516
Revenue less Expenditures	(356,338)	(374,099)	(356,218)	(301,236)	(110,186)	(99,800)	(101,813)	(103,439)	(105,086)
<b><i>Sexual Health - HIV</i></b>									
<b>Revenue:</b>									
Federal & State Grants	704,626	609,084	509,749	425,231	452,922	359,879	359,879	359,879	359,879
Federal & State Indirect Rev.	-	-	14,013	26,706	26,316	26,316	26,316	26,316	26,316
Sub-total Revenue	704,626	609,084	523,762	451,937	479,238	386,195	386,195	386,195	386,195
<b>Expenditures:</b>									
Salaries & Wages	321,935	307,779	247,038	229,660	253,391	205,759	208,434	211,144	213,889
Intermittent Hourly Positions	9,737	15,743	21,082	23,097	21,011	21,011	21,011	21,011	21,011
Group Insurance	40,403	37,156	30,258	30,678	26,561	28,560	28,560	28,560	28,560
Retirement	68,835	72,681	49,751	58,982	52,978	58,152	53,672	54,370	55,076
Other Employee Benefits	6,481	6,378	5,716	5,854	31,016	4,525	4,525	4,525	4,525
Contract/Professional Svcs	208,625	102,459	26,416	29,400	100	100	100	100	100
Outpatient	12,630	24,443	31,215	14,649	17,860	17,860	17,860	17,860	17,860

**Washoe County Health District Fund**  
**History, Current Estimates and Status Quo Projected Financials by Program**

	Actual				ETC	Draft Base	Projected		
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019
Property & Liability billings	-	-	-	-	-	-	-	-	-
Other Services and Supplies	35,980	42,445	98,274	33,150	30,699	29,133	29,133	29,133	29,133
GF Overhead costs			-	-	-	-	-	-	-
Capital			-	-	-	-	-	-	-
Sub-total Expenditures	704,626	609,083	509,750	425,470	433,616	365,101	363,295	366,703	370,154
Revenue less Expenditures	(0)	0	14,013	26,467	45,622	21,094	22,900	19,492	16,041
<b><u>Sexual Health - STD</u></b>									
<b>Revenue:</b>									
Federal & State Grants	126,228	119,391	116,925	94,019	108,913	108,913	108,913	108,913	108,913
Federal & State Indirect Rev.	-	-	4,086	7,525	10,110	10,110	10,110	10,110	10,110
Other Charges for Services	34,406	22,310	20,880	17,015	22,900	22,900	22,900	22,900	22,900
Miscellaneous	4,650	4,003	2,376	3,067	2,500	2,500	2,500	2,500	2,500
Sub-total Revenue	165,285	145,704	144,267	121,626	144,423	144,423	144,423	144,423	144,423
<b>Expenditures:</b>									
Salaries & Wages	389,689	352,951	332,324	267,808	415,552	431,402	437,010	442,692	448,447
Intermittent Hourly Positions	8,103	12,344	15,196	25,123	20,000	20,000	20,000	20,000	20,000
Group Insurance	40,933	40,862	48,950	40,020	60,672	62,001	62,001	62,001	62,001
Retirement	83,958	82,899	77,832	68,919	106,067	110,963	112,530	113,993	115,475
Other Employee Benefits	8,265	9,521	7,612	7,127	8,402	8,582	8,582	8,582	8,582
Contract/Professional Svcs	19,420	19,659	18,913	14,911	19,650	19,650	19,650	19,650	19,650
Biologicals	-	3,387	2,197	614	4,000	4,000	4,000	4,000	4,000
Outpatient	52,997	30,656	29,050	37,079	29,916	29,916	29,916	29,916	29,916
Property & Liability billings	3,800	6,445	4,812	4,930	4,930	4,930	4,930	4,930	4,930
Other Services and Supplies	20,804	20,228	13,116	24,220	15,006	15,006	15,006	15,006	15,006
GF Overhead costs	-	-	-	-	-	-	-	-	-
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	627,968	578,952	550,002	490,752	684,196	706,450	713,626	720,770	728,007
Revenue less Expenditures	(462,683)	(433,248)	(405,736)	(369,126)	(539,773)	(562,027)	(569,203)	(576,347)	(583,584)
<b><u>Tuberculosis</u></b>									
<b>Revenue:</b>									
Federal & State Grants	197,433	71,244	73,477	85,939	95,022	95,022	95,022	95,022	95,022
Federal & State Indirect Rev.	-	-	3,478	6,186	6,564	6,564	6,564	6,564	6,564
Other Charges for Services	9,467	4,878	4,624	4,298	5,350	5,350	5,350	5,350	5,350
Miscellaneous	(64)	33	11	57	50	50	50	50	50
Sub-total Revenue	206,835	76,155	81,590	96,479	106,986	106,986	106,986	106,986	106,986

**Washoe County Health District Fund**  
**History, Current Estimates and Status Quo Projected Financials by Program**

	Actual				ETC	Draft Base	Projected		
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019
<b>Expenditures:</b>									
Salaries & Wages	334,305	270,314	293,597	331,668	357,865	350,943	355,505	360,127	364,808
Intermittent Hourly Positions	7,610	44,494	16,771	17,721	11,158	11,158	11,158	11,158	11,158
Group Insurance	41,644	34,635	45,666	49,354	52,919	52,127	52,127	52,127	52,127
Retirement	64,099	63,932	69,692	84,409	90,014	90,212	91,543	92,733	93,938
Other Employee Benefits	6,317	5,761	6,600	7,117	7,642	7,510	7,510	7,510	7,510
Contract/Professional Svcs	21,237	21,196	21,317	18,072	18,846	18,800	18,800	18,800	18,800
Biologicals	6,256	9,777	5,928	2,547	7,150	7,150	7,150	7,150	7,150
Outpatient	12,217	10,652	7,928	10,306	10,875	10,875	10,875	10,875	10,875
Fleet Management billings	-	58	-	-	-	-	-	-	-
Property & Liability billings	1,900	2,242	2,651	2,165	2,165	2,165	2,165	2,165	2,165
Other Services and Supplies	19,006	14,658	16,861	18,061	37,552	36,369	36,369	36,369	36,369
GF Overhead costs	-	-	-	-	-	-	-	-	-
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	514,590	477,717	487,011	541,420	596,186	587,309	593,202	599,013	604,901
Revenue less Expenditures	(307,755)	(401,563)	(405,421)	(444,940)	(489,200)	(480,323)	(486,216)	(492,027)	(497,915)
<b><i>Women, Infants and Children</i></b>									
<b>Revenue:</b>									
Federal & State Grants	1,087,008	1,127,335	1,085,348	1,040,614	1,109,048	1,109,048	1,109,048	1,109,048	1,109,048
Federal & State Indirect Rev.	-	28,103	-	15,303	16,772	1,922	1,922	1,922	1,922
Sub-total Revenue	1,087,008	1,155,439	1,085,348	1,055,916	1,125,820	1,110,970	1,110,970	1,110,970	1,110,970
<b>Expenditures:</b>									
Salaries & Wages	765,699	756,028	783,722	740,804	778,055	770,918	780,939	791,092	801,376
Intermittent Hourly Positions	24,417	12,925	13,420	13,350	20,000	20,000	20,000	20,000	20,000
Group Insurance	153,389	159,243	158,086	158,855	162,724	161,884	161,884	161,884	161,884
Retirement	163,116	178,616	184,801	190,005	196,630	198,460	201,092	203,706	206,354
Other Employee Benefits	18,617	17,844	18,571	17,998	18,868	18,805	18,805	18,805	18,805
Contract/Professional Svcs	314	1,240	732	26	50	50	50	50	50
Biologicals	-	-	-	-	-	-	-	-	-
Outpatient	-	-	-	-	-	-	-	-	-
Fleet Management billings	890	260	-	-	-	-	-	-	-
Property & Liability billings	6,460	7,495	7,856	7,398	7,398	7,398	7,398	7,398	7,398
Other Services and Supplies	117,159	122,977	85,435	69,293	94,809	94,193	94,193	94,193	94,193
GF Overhead costs	-	-	211,726	-	-	-	-	-	-
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	1,250,061	1,256,628	1,464,349	1,197,728	1,278,534	1,271,707	1,284,361	1,297,128	1,310,060
Revenue less Expenditures	(163,053)	(101,190)	(379,001)	(141,812)	(152,714)	(160,738)	(173,392)	(186,158)	(199,091)

**Washoe County Health District Fund**  
**History, Current Estimates and Status Quo Projected Financials by Program**

	Actual				ETC	Draft Base	Projected		
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019
<b>ENVIRONMENTAL HEALTH SERVICES DIVISION</b>									
<i>Environmental Health Services</i>									
<b>Revenue:</b>									
Licenses and Permits	245,517	232,759	222,791	250,579	239,317	239,317	239,317	239,317	239,317
Other Charges for Services	188,744	166,777	208,704	129,987	116,458	116,458	116,458	116,458	116,458
Miscellaneous	150	-	525	28,386	-	-	-	-	-
Sub-total Revenue	434,411	399,536	432,020	408,953	355,775	355,775	355,775	355,775	355,775
<b>Expenditures:</b>									
Salaries & Wages	1,117,228	1,036,672	1,038,469	1,075,321	1,112,089	1,019,847	1,033,105	1,046,535	1,060,140
Intermittent Hourly Positions	10,151	8,974	7,205	19,740	9,000	9,000	9,000	9,000	9,000
Group Insurance	156,206	147,519	133,065	155,552	163,451	148,778	148,778	148,778	148,778
Retirement	233,670	234,661	226,432	277,875	280,704	260,963	266,024	269,483	272,986
Other Employee Benefits	22,845	20,744	22,105	22,840	23,605	22,239	22,239	22,239	22,239
Contract/Professional Svcs	6,988	5,262	2,278	8,874	6,048	6,048	6,048	6,048	6,048
Fleet Management billings	38,717	38,642	30,461	26,823	38,225	38,225	38,225	38,225	38,225
Property & Liability billings	9,120	8,406	8,543	7,965	8,783	8,783	8,783	8,783	8,783
Other Services and Supplies	53,889	51,110	62,884	55,832	89,219	89,219	89,219	89,219	89,219
GF Overhead costs	-	-	841,746	896,927	847,585	847,585	847,585	847,585	847,585
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	1,648,814	1,551,990	2,373,186	2,547,749	2,578,707	2,450,685	2,469,005	2,485,894	2,503,002
Revenue less Expenditures	(1,214,402)	(1,152,454)	(1,941,166)	(2,138,796)	(2,222,932)	(2,094,910)	(2,113,230)	(2,130,119)	(2,147,227)
<b>Food Protection</b>									
<b>Revenue:</b>									
Licenses and Permits	390,262	372,425	451,114	565,818	556,000	556,000	556,000	556,000	556,000
Federal & State Grants	-	-	11,332	41,852	63,000	63,000	63,000	63,000	63,000
Federal & State Indirect Rev.	-	-	1,133	4,185	6,300	6,300	6,300	6,300	6,300
Other Charges for Services	39,917	40,264	49,334	44,433	38,000	38,000	38,000	38,000	38,000
Miscellaneous	-	2,620	-	2,500	-	-	-	-	-
Sub-total Revenue	430,179	415,309	512,913	658,788	663,300	663,300	663,300	663,300	663,300
<b>Expenditures:</b>									
Salaries & Wages	1,065,574	1,055,700	1,111,450	1,002,042	1,123,300	1,238,930	1,255,036	1,271,352	1,287,879
Intermittent Hourly Positions	43,724	49,056	49,741	36,664	49,000	49,000	49,000	49,000	49,000
Group Insurance	175,011	167,182	159,026	135,822	151,875	164,732	164,732	164,732	164,732
Retirement	225,498	247,956	261,423	247,974	275,062	309,368	323,172	327,373	331,629
Other Employee Benefits	23,983	23,654	24,281	22,240	23,558	25,109	25,109	25,109	25,109
Contract/Professional Svcs	-	-	-	33,788	60,000	60,000	60,000	60,000	60,000
Fleet Management billings	32,232	35,595	29,860	39,953	45,697	45,697	45,697	45,697	45,697
Property & Liability billings	7,220	8,593	8,543	7,335	7,335	7,335	7,335	7,335	7,335
Other Services and Supplies	8,771	15,287	12,052	17,738	24,450	24,450	24,450	24,450	24,450

**Washoe County Health District Fund**  
**History, Current Estimates and Status Quo Projected Financials by Program**

	Actual				ETC	Draft Base	Projected		
	FY 2010- 2011	FY 2011- 2012	FY 2012- 2013	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019
GF Overhead costs	-	-	-	-	-	-	-	-	-
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	1,582,012	1,603,022	1,656,376	1,543,555	1,760,277	1,924,620	1,954,531	1,975,047	1,995,831
Revenue less Expenditures	(1,151,833)	(1,187,713)	(1,143,463)	(884,766)	(1,096,977)	(1,261,320)	(1,291,231)	(1,311,747)	(1,332,531)
<b><u>Safe Drinking Water</u></b>									
<b>Revenue:</b>									
Licenses and Permits	2,801	4,122	5,336	10,051	-	-	-	-	-
Federal & State Grants	94,030	79,098	90,000	81,230	81,230	81,230	81,230	81,230	81,230
Federal & State Indirect Rev.	-	10,902	-	8,770	8,770	8,770	8,770	8,770	8,770
Sub-total Revenue	96,831	94,122	95,336	100,051	90,000	90,000	90,000	90,000	90,000
<b>Expenditures:</b>									
Salaries & Wages	138,004	95,090	95,997	60,441	51,938	57,989	58,742	59,506	60,280
Intermittent Hourly Positions	24,279	6,250	-	-	-	-	-	-	-
Group Insurance	14,888	8,432	12,774	8,639	8,741	8,953	8,953	8,953	8,953
Retirement	30,557	19,655	23,195	13,656	13,045	14,803	15,126	15,323	15,522
Other Employee Benefits	3,364	3,218	2,330	1,862	702	788	788	788	788
Contract/Professional Svcs	60	12	-	-	1,171	1,171	1,171	1,171	1,171
Fleet Management billings	4,186	3,107	2,893	5,411	-	-	-	-	-
Property & Liability billings	1,140	1,868	982	818	-	-	-	-	-
Other Services and Supplies	736	362	1,688	2,487	2,143	2,143	2,143	2,143	2,143
GF Overhead costs	-	-	-	-	-	-	-	-	-
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	217,213	137,996	139,859	93,313	77,740	85,847	86,924	87,884	88,857
Revenue less Expenditures	(120,383)	(43,874)	(44,523)	6,738	12,260	4,153	3,076	2,116	1,143
<b><u>Solid Waste Management</u></b>									
<b>Revenue:</b>									
Licenses and Permits	38,856	38,499	44,085	47,503	25,000	25,000	25,000	25,000	25,000
Tire Fees	450,911	513,800	432,642	314,136	468,548	468,548	468,548	468,548	468,548
Other Charges for Services	14	33	344	357	-	-	-	-	-
Miscellaneous	-	-	45	18,064	-	-	-	-	-
Sub-total Revenue	489,782	552,331	477,116	380,060	493,548	493,548	493,548	493,548	493,548
<b>Expenditures:</b>									
Salaries & Wages	233,347	282,555	268,091	277,111	329,438	323,157	327,358	331,614	335,925
Intermittent Hourly Positions	18,155	-	-	-	30,500	500	500	500	500
Group Insurance	28,654	43,596	38,611	40,334	50,489	50,313	50,313	50,313	50,313
Retirement	49,033	67,215	61,258	70,034	88,079	88,709	84,295	85,391	86,501
Other Employee Benefits	5,837	4,774	6,432	6,969	7,594	7,645	7,645	7,645	7,645



**Washoe County Health District Fund**  
**History, Current Estimates and Status Quo Projected Financials by Program**

	Actual				ETC	Draft Base	Projected		
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019
Contract/Professional Srvs	1,014	8,084	981	13,908	-	-	-	-	-
Fleet Management billings	13,013	12,774	12,261	13,144	15,434	15,434	15,434	15,434	15,434
Property & Liability billings	2,280	1,868	3,437	3,367	3,367	3,367	3,367	3,367	3,367
Other Services and Supplies	64,924	37,814	77,277	69,751	343,494	25,387	25,387	25,387	25,387
GF Overhead costs	-	-	-	36,349	36,349	36,349	36,349	36,349	36,349
Capital	-	-	-	-	100,000	-	-	-	-
Sub-total Expenditures	416,257	458,680	468,347	530,966	1,004,745	550,861	550,648	555,999	561,420
Revenue less Expenditures	73,524	93,651	8,769	(150,907)	(511,197)	(57,313)	(57,100)	(62,451)	(67,872)
<b><u>Underground Storage Tanks</u></b>									
<b>Revenue:</b>									
Federal & State Grants	205,461	187,000	187,000	226,007	208,236	208,236	208,236	208,236	208,236
Federal & State Indirect Rev.	-	-	-	15,993	9,764	9,764	9,764	9,764	9,764
Sub-total Revenue	205,461	187,000	187,000	242,000	218,000	218,000	218,000	218,000	218,000
<b>Expenditures:</b>									
Salaries & Wages	130,127	131,652	133,120	138,290	150,839	147,615	149,534	151,478	153,447
Group Insurance	19,021	18,018	17,815	18,192	18,935	18,257	18,257	18,257	18,257
Retirement	28,112	31,082	31,655	34,884	32,378	32,387	38,505	39,006	39,513
Other Employee Benefits	2,761	2,263	2,303	2,439	2,334	2,294	2,294	2,294	2,294
Other Services and Supplies	25,440	3,985	2,106	32,202	9,652	9,652	9,652	9,652	9,652
Property & Liability billings	-	-	-	-	-	-	-	-	-
GF Overhead costs	-	-	-	-	-	-	-	-	-
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	205,461	187,000	187,000	226,007	214,138	210,204	218,242	220,686	223,162
Revenue less Expenditures	-	-	-	15,993	3,862	7,796	(242)	(2,686)	(5,162)
<b><u>Vector Borne Diseases</u></b>									
<b>Revenue:</b>									
Other Charges for Services	37,657	31,743	49,096	62,590	42,000	42,000	42,000	42,000	42,000
Sub-total Revenue	37,657	31,743	49,096	62,590	42,000	42,000	42,000	42,000	42,000
<b>Expenditures:</b>									
Salaries & Wages	290,759	250,535	210,479	225,935	242,806	244,888	248,071	251,296	254,563
Intermittent Hourly Positions	49,611	47,237	42,678	55,699	65,000	65,000	65,000	65,000	65,000
Group Insurance	44,778	30,307	25,392	26,100	30,311	29,832	29,832	29,832	29,832
Retirement	61,036	55,111	49,715	57,508	61,081	62,389	63,878	64,709	65,550
Other Employee Benefits	6,615	6,800	5,738	6,302	6,239	5,810	5,810	5,810	5,810
Contract/Professional Srvs	34,606	16,317	17,630	13,640	10,500	10,500	10,500	10,500	10,500
Chemical Supplies(Vector only)	321,497	265,304	231,490	231,398	231,500	231,500	231,500	231,500	231,500
Fleet Management billings	31,739	42,467	22,646	23,889	32,336	32,336	32,336	32,336	32,336

**Washoe County Health District Fund**  
**History, Current Estimates and Status Quo Projected Financials by Program**

	Actual				ETC	Draft Base	Projected		
	FY 2010- 2011	FY 2011- 2012	FY 2012- 2013	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019
Property & Liability billings	1,520	2,512	2,151	2,107	2,107	2,107	2,107	2,107	2,107
Other Services and Supplies	117,238	118,099	106,999	115,954	107,361	107,361	107,361	107,361	107,361
GF Overhead costs	-	-	-	-	-	-	-	-	-
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	959,399	834,689	714,918	758,533	789,241	791,722	796,395	800,450	804,559
Revenue less Expenditures	(921,742)	(802,946)	(665,822)	(695,943)	(747,241)	(749,722)	(754,395)	(758,450)	(762,559)
<b><u>Hazardous Materials</u></b>									
<b>Revenue:</b>									
Federal & State Grants	75,000	75,000	75,000	37,750	-	-	-	-	-
Federal & State Indirect Rev.	-	-	-	-	-	-	-	-	-
Sub-total Revenue	75,000	75,000	75,000	37,750	-	-	-	-	-
<b>Expenditures:</b>									
Salaries & Wages	56,642	53,341	53,813	22,698	-	-	-	-	-
Intermittent Hourly Positions	-	-	-	-	-	-	-	-	-
Group Insurance	6,407	7,634	7,593	3,012	-	-	-	-	-
Retirement	10,762	12,808	12,841	5,916	-	-	-	-	-
Other Employee Benefits	1,190	1,217	753	324	-	-	-	-	-
Other Services and Supplies	-	-	-	5,799	-	-	-	-	-
GF Overhead costs	-	-	-	-	-	-	-	-	-
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	75,000	75,000	75,000	37,750	-	-	-	-	-
Revenue less Expenditures	-	-	-	-	-	-	-	-	-

**Washoe County Health District Fund**  
**History, Current Estimates and Status Quo Projected Financials by Program**

	Actual				ETC	Draft Base	Projected		
	FY 2010- 2011	FY 2011- 2012	FY 2012- 2013	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019
<b>EPIDEMIOLOGY &amp; PUBLIC HEALTH PREPAREDNESS DIVISION</b>									
<b><u>Emergency Medical Services</u></b>									
<b>Revenue:</b>									
Other Charges for Services	-	-	-	-	39,949	46,297	46,297	46,297	46,297
Miscellaneous	-	200	-	-	-	-	-	-	-
Sub-total Revenue	-	200	-	-	39,949	46,297	46,297	46,297	46,297
<b>Expenditures:</b>									
Salaries & Wages	60,998	92,869	95,775	42,463	142,063	177,245	179,549	181,884	184,248
Intermittent Hourly Positions	-	-	-	16,383	-	-	-	-	-
Group Insurance	5,456	10,361	10,333	1,765	20,841	26,338	26,338	26,338	26,338
Retirement	8,310	16,670	17,340	7,186	36,059	45,614	46,234	46,835	47,444
Other Employee Benefits	1,763	1,916	1,980	1,353	2,746	3,295	3,295	3,295	3,295
Contract/Professional Svcs	-	8,000	-	28	25,000	25,000	25,000	25,000	25,000
Property & Liability billings	760	654	687	673	673	673	673	673	673
Other Services and Supplies	2,067	5,794	1,605	1,488	15,330	92,212	92,212	92,212	92,212
GF Overhead costs	-	-	-	-	-	-	-	-	-
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	79,353	136,264	127,721	71,338	242,713	370,378	373,302	376,237	379,210
Revenue less Expenditures	(79,353)	(136,064)	(127,721)	(71,338)	(202,764)	(324,081)	(327,005)	(329,940)	(332,913)
<b><u>Epidemiology Surveillance</u></b>									
<b>Revenue:</b>									
Federal & State Grants	143,239	288,775	128,554	128,331	118,530	118,530	118,530	118,530	118,530
Federal & State Indirect Rev.	8,931	6,393	11,226	17,617	12,103	12,103	12,103	12,103	12,103
Other Charges for Services	546	-	-	35	-	-	-	-	-
Miscellaneous	25	-	-	-	-	-	-	-	-
Sub-total Revenue	152,741	295,168	139,780	145,983	130,633	130,633	130,633	130,633	130,633
<b>Expenditures:</b>									
Salaries & Wages	450,936	466,770	464,034	475,920	489,995	492,084	498,481	504,961	511,526
Intermittent Hourly Positions	237	-	454	-	500	500	500	500	500
Group Insurance	62,851	64,069	63,718	60,708	67,836	67,210	67,210	67,210	67,210
Retirement	95,766	109,831	108,900	121,456	125,028	126,583	128,359	130,028	131,718
Other Employee Benefits	9,941	10,101	10,048	10,265	10,608	10,647	10,647	10,647	10,647
Contract/Professional Svcs	18,259	39,992	525	13,429	13,600	13,600	13,600	13,600	13,600
Biologicals	21	-	-	554	50	50	50	50	50
Outpatient	1,214	1,199	2,434	1,579	2,135	2,135	2,135	2,135	2,135
Fleet Management billings	998	1,817	1,065	1,182	10,863	10,863	10,863	10,863	10,863
Property & Liability billings	6,080	6,678	8,043	7,480	7,480	7,480	7,480	7,480	7,480
Other Services and Supplies	65,552	42,567	31,005	13,027	20,064	20,064	20,064	20,064	20,064
GF Overhead costs	-	-	310,292	352,086	337,076	337,076	337,076	337,076	337,076

**Washoe County Health District Fund**  
**History, Current Estimates and Status Quo Projected Financials by Program**

	Actual				ETC	Draft Base	Projected		
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019
Capital	-	145,876	-	-	-	-	-	-	-
Sub-total Expenditures	711,854	888,901	1,000,518	1,057,686	1,085,234	1,088,291	1,096,464	1,104,613	1,112,868
Revenue less Expenditures	(559,113)	(593,733)	(860,738)	(911,703)	(954,601)	(957,658)	(965,831)	(973,980)	(982,235)
<b><i>Public Health Preparedness</i></b>									
<b>Revenue:</b>									
Federal & State Grants	1,031,292	908,864	1,150,279	1,072,374	897,112	873,063	873,063	873,063	873,063
Federal & State Indirect Rev.	19,884	26,196	66,755	130,033	58,762	58,762	58,762	58,762	58,762
Sub-total Revenue	1,051,175	935,060	1,217,034	1,202,407	955,874	931,825	931,825	931,825	931,825
<b>Expenditures:</b>									
Salaries & Wages	572,694	498,706	491,703	581,273	599,466	588,144	595,790	603,535	611,381
Intermittent Hourly Positions	662	3,976	23,300	-	834	834	834	834	834
Group Insurance	67,085	60,939	52,523	67,281	69,476	66,083	66,083	66,083	66,083
Retirement	114,469	117,536	116,366	145,666	151,023	151,188	153,416	155,410	157,431
Other Employee Benefits	11,792	10,331	11,374	12,843	17,685	13,204	13,204	13,204	13,204
Contract/Professional Svcs	122,422	121,189	297,009	167,081	20,036	14,214	14,214	14,214	14,214
Biologicals	392	284	-	835	-	-	-	-	-
Fleet Management billings	3,130	1,698	3,901	10,727	2,491	2,491	2,491	2,491	2,491
Property & Liability billings	-	-	-	-	-	-	-	-	-
Other Services and Supplies	123,287	85,767	152,955	88,651	40,550	34,385	34,385	34,385	34,385
GF Overhead costs	-	-	-	-	-	-	-	-	-
Capital	25,137	-	-	-	-	-	-	-	-
Sub-total Expenditures	1,041,070	900,426	1,149,131	1,074,358	901,560	870,543	880,417	890,157	900,023
Revenue less Expenditures	10,105	34,634	67,904	128,049	54,314	61,282	51,408	41,668	31,802

**Washoe County Health District Fund**  
**History, Current Estimates and Status Quo Projected Financials by Program**

	Actual				ETC	Draft Base	Projected		
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019
<b><i>Vital Statistics</i></b>									
<b>Revenue:</b>									
Birth & Death Certificates	359,725	439,910	476,829	457,596	480,000	480,000	480,000	480,000	480,000
Sub-total Revenue	359,725	439,910	476,829	457,596	480,000	480,000	480,000	480,000	480,000
<b>Expenditures:</b>									
Salaries & Wages	93,032	94,851	99,889	102,261	165,297	182,949	185,328	187,737	190,177
Group Insurance	14,391	14,971	14,931	14,931	21,855	25,694	25,694	25,694	25,694
Retirement	19,995	22,412	23,699	26,230	41,972	47,084	47,722	48,342	48,971
Other Employee Benefits	2,275	2,317	2,420	2,533	3,943	4,197	4,197	4,197	4,197
Contract/Professional Svcs	4,496	5,352	2,664	5,924	6,500	6,500	6,500	6,500	6,500
Property & Liability billings	760	934	982	962	962	962	962	962	962
Other Services and Supplies	25,400	18,402	17,647	18,196	21,176	20,695	20,695	20,695	20,695
GF Overhead costs	-	-	-	-	-	-	-	-	-
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	160,349	159,240	162,232	171,036	261,705	288,081	291,097	294,127	297,196
Revenue less Expenditures	199,376	280,670	314,597	286,560	218,295	191,919	188,903	185,873	182,804

## Washoe County Health District FY 16 Base Budget as of November, 2014

	Expenditure (Exp.) Total	% of Total Exp.	Grant Revenue	Indirect Revenue	Fees, Charges for Services, & Other	Total Revenue	County General Fund Support (GF) Required to Balance	% Grants	% Indirect	% Fees, Charges for Services, & Other	% of GF
<b>ADMINISTRATION:</b>											
Office of the District Health Officer	431,431	2.2%	-	-	-	-	431,431	0.0%	0.0%	0.0%	100.0%
Administrative Health Services	1,025,823	5.2%	-	-	-	-	1,025,823	0.0%	0.0%	0.0%	100.0%
<b>TOTAL ADMINISTRATION</b>	<b>1,457,254</b>	<b>7.4%</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,457,254</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>
<b>AIR QUALITY MANAGEMENT:</b>											
Air Quality Division	2,474,746	12.6%	708,173	29,372	1,262,877	2,000,422	474,324	28.6%	1.2%	51.0%	19.2%
<b>COMMUNITY AND CLINICAL HEALTH SERVICES (CCHS):</b>											
Chronic Disease Prevention	493,376	2.5%	285,769	13,821	-	299,590	193,786	57.9%	2.8%	0.0%	39.3%
Community & Clinical Health	1,341,978	6.9%	-	-	-	-	1,341,978	0.0%	0.0%	0.0%	100.0%
Family Planning	908,633	4.6%	780,726	23,312	59,300	863,338	45,295	85.9%	2.6%	6.5%	5.0%
Immunizations	1,185,770	6.1%	295,619	39,434	130,500	465,553	720,217	24.9%	3.3%	11.0%	60.7%
Maternal, Child & Adolescent Health	154,229	0.8%	49,286	5,144	-	54,430	99,800	32.0%	3.3%	0.0%	64.7%
Sexual Health - HIV	365,101	1.9%	359,879	26,316	-	386,195	(21,094)	98.6%	7.2%	0.0%	-5.8%
Sexual Health - STD	706,450	3.6%	108,913	10,110	25,400	144,423	562,027	15.4%	1.4%	3.6%	79.6%
Tuberculosis	587,309	3.0%	95,022	6,564	5,400	106,986	480,323	16.2%	1.1%	0.9%	81.8%
Women, Infants and Children	1,271,707	6.5%	1,109,048	1,922	-	1,110,970	160,738	87.2%	0.2%	0.0%	12.6%
<b>TOTAL CCHS</b>	<b>7,014,553</b>	<b>35.8%</b>	<b>3,084,262</b>	<b>126,623</b>	<b>220,600</b>	<b>3,431,484</b>	<b>3,583,069</b>	<b>44.0%</b>	<b>1.8%</b>	<b>3.1%</b>	<b>51.1%</b>
<b>ENVIRONMENTAL HEALTH SERVICES DIVISION (EHS):</b>											
Environmental Health Services	2,450,685	12.5%	-	-	355,775	355,775	2,094,910	0.0%	0.0%	14.5%	85.5%
Food Protection	1,924,620	9.8%	63,000	6,300	594,000	663,300	1,261,320	3.3%	0.3%	30.9%	65.5%
Safe Drinking Water	85,847	0.4%	81,230	8,770	-	90,000	(4,153)	94.6%	10.2%	0.0%	-4.8%
Solid Waste Management	550,861	2.8%	-	-	493,548	493,548	57,313	0.0%	0.0%	89.6%	10.4%
Underground Storage Tanks	210,204	1.1%	208,236	9,764	-	218,000	(7,796)	99.1%	4.6%	0.0%	-3.7%
Vector Borne Diseases	791,722	4.0%	-	-	42,000	42,000	749,722	0.0%	0.0%	5.3%	94.7%
<b>TOTAL EHS</b>	<b>6,013,939</b>	<b>30.7%</b>	<b>352,466</b>	<b>24,834</b>	<b>1,485,323</b>	<b>1,862,623</b>	<b>4,151,316</b>	<b>5.9%</b>	<b>0.4%</b>	<b>24.7%</b>	<b>69.0%</b>
<b>EPIDEMIOLOGY &amp; PUBLIC HEALTH PREPAREDNESS DIVISION (EPHP):</b>											
Emergency Medical Services	370,378	1.9%	-	-	46,297	46,297	324,081	0.0%	0.0%	12.5%	87.5%
Epidemiology Surveillance	1,088,291	5.6%	118,530	12,103	-	130,633	957,658	10.9%	1.1%	0.0%	88.0%
Public Health Preparedness	870,543	4.4%	873,063	58,762	-	931,825	(61,282)	100.3%	6.8%	0.0%	-7.0%
Vital Statistics	288,081	1.5%	-	-	480,000	480,000	(191,919)	0.0%	0.0%	166.6%	-66.6%
<b>TOTAL EPHP</b>	<b>2,617,293</b>	<b>13.4%</b>	<b>991,593</b>	<b>70,865</b>	<b>526,297</b>	<b>1,588,755</b>	<b>1,028,538</b>	<b>37.9%</b>	<b>2.7%</b>	<b>20.1%</b>	<b>39.3%</b>
<b>TOTAL HEALTH DISTRICT</b>	<b>\$ 19,577,785</b>	<b>100.0%</b>	<b>\$ 5,136,494</b>	<b>\$ 251,693</b>	<b>\$ 3,495,097</b>	<b>\$ 8,883,285</b>	<b>\$ 10,694,500</b>	<b>26.2%</b>	<b>1.3%</b>	<b>17.9%</b>	<b>54.6%</b>

Note: The base general fund transfer as of November 2014 is \$10,076,856 - a shortfall of \$617,644



# WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



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

## STAFF REPORT

**BOARD MEETING DATE: December 18, 2014**

**TO:** District Board of Health

**FROM:** Anna Heenan, Administrative Health Services Officer

**THROUGH:** Kevin Dick, Health District Officer

**SUBJECT:** Discussion, acknowledge and possible direction to staff on the recommended cost analysis and methodology for the Health District Administration to conduct a cost analysis of all Health District programs – Fundamental Review Recommendation #10

---

### SUMMARY

Discussion and possible direction to staff regarding the attached cost analysis and methodology for the Administration program which was the pilot project for the Fundamental Review Recommendation #10, perform cost analysis of all programs. Staff is looking for direction from the Board as to whether the analysis is on track given Board direction on June 26, 2014, so as to start the Phase 1 of the cost analysis.

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

### PREVIOUS ACTION

On February 27, 2014, the *Washoe County Public Health: A Fundamental Review* report was presented to the District Board of Health. This report outlined 24 recommendations for the Washoe County Health District.

On March 27, 2014, the District Health Officer presented a staff report with a proposed prioritization for implementation of the 24 recommendations to the District Board of Health for its review and direction to staff. The District Board of Health took action to adopt the report as presented.

On June 26, 2014, the District Board of Health approved the proposed uniform cost methodology and schedule to review the 22 Health District Programs; and directed staff to initiate the cost analyses.

### BACKGROUND

On June 26, 2014 the Board directed staff to

- Utilize a uniform cost methodology, which will be the total cost of both direct and indirect cost of running the program
  - The direct costs are those activities or services that benefit specific projects.
  - The indirect costs are not directly attributable to one project but benefit more than one project.
- Identify the list of activities associated with the program.
- Identify the staff associated with the program.
- Review historical trends, cyclical trends, and ongoing versus one-time occurrences.
- Utilize the Public Health Uniform National Data System (PHUND\$) to analyze data.

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WASHOE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

- Report back to the Board for feedback regarding the status of the project.

November 5, 2014 the draft pilot project reviewing the Health District Administration was submitted to the Health Officer for evaluation and review. The direction from the Board on June 26<sup>th</sup> was incorporated in the methodology used to complete the costs analysis. The complete analysis is attached but to summarize the report the following recommendations have been pulled from the analysis.

### **Recommendations from the Cost Analysis**

#### **Health District Fund**

The Health District Fund is fiscally stable for the current fiscal year; however, there is a \$541,000, 2.8%, structural deficit that needs to be addressed. Given the structural deficit there are a couple options; increase revenues and/or decrease expenditures. It is recommended that both approaches be explored. Revenue opportunities are currently being analyzed and if approved should generate approximately \$100,000 toward the reported structural deficit. The expenditures per capita of \$44.08 for WCHD is running higher than the median, \$38.32, and the mean, \$43.98, benchmark reported by the Public Health Uniform National Data System (PHUND\$) so in comparing the benchmarks there is room for reductions in expenditures so that will be studied in the different phases of the cost analysis project.

The total FTEs for the Health District are 20.9%, 39.78 FTEs, below the median and 6.5%, 10.48 FTEs, below the average reported by NACCHO therefore the total FTEs should not be decreased in an attempt to decrease overall expenditures but should be explored in the future cost analysis for the proper mix of classifications required per program.

#### **Administration**

Given that administration is running at 7.3% of total cost compared to a median benchmark of 12.9% there is no immediate need to adjust the overall expenditures in Administration. However, there are areas within the FTE classifications that can be adjusted.

The fiscal staff FTEs is level with the median reported, 3.0, but is 1.25 FTEs, 29%, below the average of other Local Health Departments fiscal staff. In looking at workload activities for Administration the administrative/clerical category can be reduced by one FTE without jeopardizing the workload productivity. It is recommended that through attrition an administrative/clerical position be reclassified to a fiscal position so that the fiscal staff can focus on revenue opportunities and cost analysis that will help to balance the structural deficit.

Administration is slightly above the median for public information and technology positions; however, with the growth in demand for public information and advanced technology and to increase efficiencies in the workplace, adjustments to those FTEs are not recommended.

Total services and supplies budget appear to be sufficient to meet the overall demands on the expenditures; however, the employee development funding is below the benchmarking for expenditures per employee for training so funding from other line items should be shifted to allow for staff to increase the knowledge and skills brought to the work environment.



Subject: Update on the progress of the Pilot Cost Analysis

Date: December 18, 2014

Page 3 of 3

These recommendations are not what we seek from the Board at this time but will be bringing them back, when required, with separate Board actions or through future budget processes. This staff report is meant to get feedback from the Board as to whether we are on track with the methodology directed in June, 2014, or to make any adjustments to the methodology prior to starting Phase I of the cost analysis.

Listed below are the programs within each phase.

**Phase I**

- Environmental Health Services
- Epidemiology Surveillance
- Food Protection
- Sexual Health HIV
- Sexual Health STD
- Tuberculosis
- Vector Borne Disease

**Phase II**

- Air Quality Management
- Chronic Disease Prevention
- Family Planning
- Immunizations
- Maternal, Child and Adolescent Health
- Public Health Preparedness
- Solid Waste Management
- Women, Infants and Children

**Phase III**

- Community & Clinical Health Services
- Emergency Medical Services
- Safe Drinking Water
- Underground Storage Tanks
- Vital Statistics

**FISCAL IMPACT**

No fiscal impact.

**RECOMMENDATION**

Staff recommends that the District Board of Health acknowledge the Pilot Program, Administration, cost analysis and method used so as to continue the process with the Phase I group.

**POSSIBLE MOTION**

Should the Board agree with the method used for the Pilot Program, a possible motion would be: Move to acknowledge the cost analysis of the Pilot Program for the Health District Administration and methodology used and direct staff to start the cost analysis of the Phase I group.

attachment



# WASHOE COUNTY HEALTH DISTRICT

## ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health  
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Date: November 5, 2014

To: Kevin Dick, District Health Officer

From: Anna Heenan, Administrative Health Services Officer

Subject: Cost Analysis Pilot project – Administration of the Health District

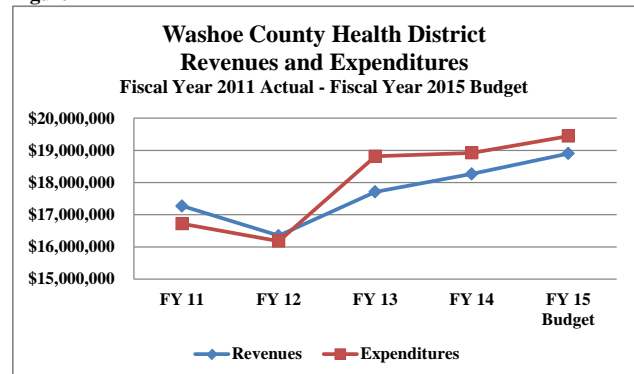
### SUMMARY

The pilot project for goal ten of the Fundamental Review focuses on the cost analysis of the Washoe County Health District Administration. Due to the fact that Administration includes both the Office of the District Health Officer and the Administrative Health Services Division of the Washoe County Health District (WCHD), referred to as Administration, both programs have been reviewed.

### Health District

The total adopted budgeted expenditures (May 2014) for the Health District for Fiscal Year 2015 (FY15) is \$19,443,252 with the revenues being budgeted at \$18,901,863 resulting in a structural deficit of \$541,389. Although there is sufficient fund balance to cover the structural deficit for the fiscal year it is not fiscally prudent to continue to operate at that level; therefore, the pilot project and the future phases for the cost analysis project will address the requirements to help bring the structural deficit into alignment so that the expenditures do not exceed the revenue (figure 1).

Figure 1



Total full-time equivalents (FTEs) for the Health District in FY15 are 150.72 (details on p.14-appendix C), 10.48 FTEs below the mean benchmark of 161.20 and 39.78 FTEs below the median benchmark of 190.50. In looking at the FTEs per 100,000 population WCHD is at 34.17 FTEs which is well below the median of 43.52 FTEs (Note that the benchmarks used are from the NACCHO *Local Public Health Workforce Benchmarks* reported in 2011 and 2013 so for comparisons to WCHD FY15 it should be approached as a guideline for comparisons)

### Administration

The total FY15 adopted budget expenditures, including indirect costs, for Administration is \$1,410,844, an increase of 7.9% over the actual spent in fiscal year 2013-2014 (FY14) mainly due to a shift of a position from the Clinical Services to the Administration so as to strengthen the Districts mission for; quality improvement, improved community health and engagement, and to strengthen the infrastructure within the Office of the District Health Officer. The total expenditures for Administration is 7.3% of the total costs of all programs within the WCHD; this level is below the benchmark of 9.0% to 15.0% recommended by the Public Health Uniform National Data System (PHUND\$).

The major benefits of Administration is the completion of the tasks that include accounts payable, community relations, grants administration, payroll, public relations, purchasing, risk management,  
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technology management, and quality improvement; which are required so that the other programs in the WCHD can focus on the delivery of services to the community. Another benefit is the ability to perform the Administrative tasks within the recommended levels presented by the National Association of County & City Health Officials and noted in the background.

The overall staffing for administration falls in line with benchmarking. Looking into the workload activities and the classifications within administration a shift from the administrative/clerical staff to the fiscal staff would allow for a greater focus on revenue generation and continual cost benefits analysis. A shift in funding to increase employee development should be done to bring the training budget into alignment with best practices.

## **BACKGROUND**

The Health District Fund accounts for general fund support, intergovernmental grants and user fees dedicated to public health services. The Washoe County Health District reports to a District Board of Health composed of representatives appointed by the governing bodies of the Cities of Reno and Sparks, and Washoe County.

### **Statutory Authority for Administration to Provide Services**

The following chapters of the Nevada Revised Statute (NRS) and Washoe County Code give Administration the authority to provide the services being performed by staff:

NRS 439 Administration of Public Health  
NRS 332 Purchasing: Local Governments  
NRS 354 Local Financial Administration

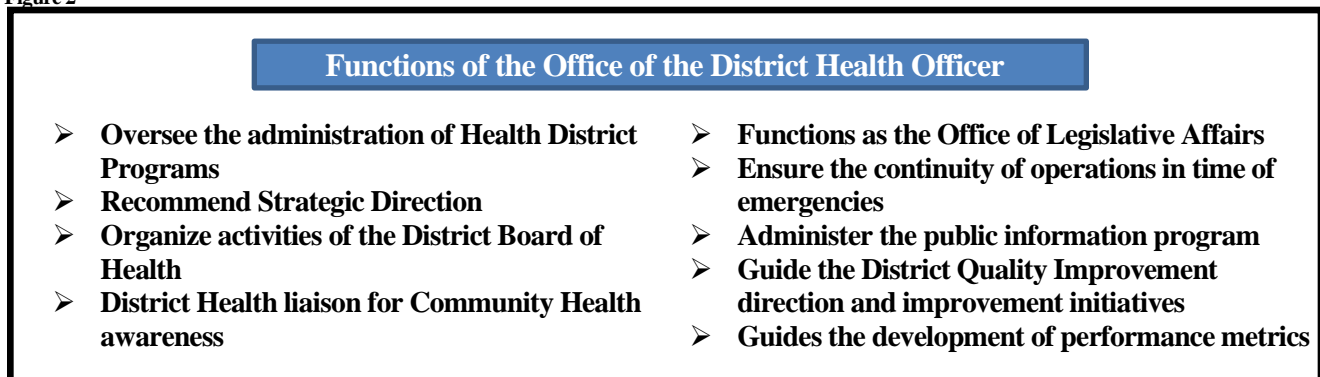
Washoe County Code:  
Chapter 5—Administration and Personnel  
Chapter 15 – County Finances; Purchasing

Administration of the Washoe County Health District (WCHD) falls within two areas of the organization structure: the Office of the District Health Officer, established July 1, 2014, and the Administrative Health Services Division.

### **Office of the District Health Officer (ODHO)**

The Office of the District Health Officer provides direction and leadership for the WCHD; manages public relations and outreach functions; guides quality improvement and strategic direction; and conducts DBOH administrative functions as outlined in figure 2.

Figure 2



The ODHO includes 4 FTEs; the Health Officer, Public Health Communications Program Manager, Quality Improvement Officer/Programs and Projects Director, and Administrative Secretary. The main goal of the staff for the ODHO is to help strengthen the organizational effectiveness of the WCHD.

The FY15 adopted budget for this program is \$437,477 (figure 3); which includes the 4 FTEs and the services and supplies to support the program. Of the \$21,145 services and supplies budget for FY15 47%, \$10,000, is being used to continue funding the commitment of \$20,000 for the Community Needs Assessment that was started in Fiscal Year 2014.

Figure 3

Washoe County Health District - Office of the District Health Officer Summary					
Cost Elements	Fiscal Year Actual				Budget
	2010-11	2011-12	2012-13	2013-14	2014-15
<b>Expenditures:</b>	<b>Office of the District Health Officer was created July 1, 2014, prior to July expenditures were reported in the Administrative Health Services program</b>				
Salaries and Wages					307,764
Employee Benefits					108,568
Services and Supplies					21,145
Capital					-
<b>ODHO Expenditures</b>	\$ -	\$ -	\$ -	\$ -	\$ 437,477

Note: Line item detail is located in Appendix A page 11

**Administrative Health Services Division (AHS)**

The AHS division ensures administrative compliance with fiscal and operational policies of the DBOH and Board of County Commissioners, and is responsible for planning, personnel management, policies, and other administrative duties as outlined in figure 4.

Figure 4

**Functions of the Administrative Health Services Division**

- Ensure the proper implementation of payroll and human resources policies and procedures
- Coordinate the financial reporting for the Health District
- Ensure the proper implementation of internal controls for cash handling, grants administration and contract administration
- Liaison to County for managing of fleet, risk management, facilities maintenance and Health District inventory of assets
- Ensure proper functioning and operations of the Health District Technology
- Administer the HIPAA Privacy and Security issues for the Health District

AHS has 10 FTEs; 1 Account Clerk, 1 Administrative Health Services Officer, 1 Administrative Assistant I, 2 Department Systems Specialist, 2 Fiscal Compliance Officers, 2 Office Assistant IIs, and 1 Office Support Specialist.

The total FY15 adopted budget for the Administrative Health Services program is \$973,367 (figure 5) for direct and indirect costs; which includes the 10 FTEs and the services and supplies to support the program. Total services and supplies budgeted are \$31,607 with the largest line items being seminars and travel at \$9,800, 31% of the total services and supplies, to support the staff on employee development. The second single largest cost, \$5,772, in services and supplies is the property and liability charges at 18% of the total services and supplies. Property and liability is the Administration share of the total cost to run the Risk Management liability program in the County.

Figure 5

Washoe County Health District - Administrative Health Services Division Summary					
Cost Elements	Fiscal Year Actual				Budget
	2010-11	2011-12	2012-13	2013-14	2014-15
<b>Total Revenue and other sources</b>	\$ -	\$ 8	\$ 1,842	\$ 653	\$ -
<b>Expenditures:</b>					
Salaries and Wages	882,962	816,336	818,247	784,544	600,934
Employee Benefits	313,467	303,759	349,972	303,613	262,929
Services and Supplies	46,206	82,235	110,701	130,500	31,607
Capital	-	-	-	-	-
<b>Total Direct Expenditures</b>	\$ 1,242,634	\$ 1,202,330	\$ 1,278,920	\$ 1,218,657	\$ 895,470
<b>Total Indirect Expenditures</b>	\$ -	\$ -	\$ 61,135	\$ 88,816	\$ 77,897
<b>Total AHS Expenditures</b>	\$ 1,242,634	\$ 1,202,330	\$ 1,340,055	\$ 1,307,473	\$ 973,367

Note: Line item detail is located in Appendix B page 12

### Administration

Given that both the ODHO and AHS are administrative in nature the costs have been consolidated so as to compare to benchmark statistics. The total consolidated FY15 expenditures for the two programs are \$1,410,844 (figure 6), with less than 3.8%, \$52,752, being in services and supplies and zero direct revenue due to the nature of the program being Administration.

Figure 6

Washoe County Health District (WCHD) - Administration Summary					
Cost Elements	Fiscal Year Actual				Budget
	2010-11	2011-12	2012-13	2013-14	2014-15
<b>Revenue and Other Sources</b>					
Charges for Services	-	8	5	-	-
Miscellaneous	-	-	1,837	-	-
<b>Total Available Resources</b>	\$ -	\$ 8	\$ 1,842	\$ -	\$ -
<b>Expenditures</b>					
Salaries and Wages	882,962	816,336	818,247	784,544	908,698
Employee Benefits	313,467	303,759	349,972	303,613	371,497
Services and Supplies	46,206	82,235	110,701	130,500	52,752
Capital Outlay	-	-	-	-	-
County overhead	-	-	61,135	88,816	77,897
<b>Total expenditures</b>	\$ 1,242,634	\$ 1,202,330	\$ 1,340,055	\$ 1,307,473	\$ 1,410,844
% increase over prior year		-3.2%	11.5%	-2.4%	7.9%

The Health District Fund received direction from the DBOH on December 20, 2012 to apply indirect cost rates to all programs where appropriate. The indirect federal and state reimbursement on grants and the additional revenue generated from the fees for services due to this policy is projected to be \$407,000. The benefits of the indirect cost rate revenue returned to the Health District Fund far exceed the \$4,400 spent on the consultant to perform the study. Given that the indirection is to update the cost rate annually, the consulting costs should continue to be part of the cost structure so as to generate the return on investment that is currently in the financial structure.

In looking at the revenue per capita, the WCHD at \$42.85 (figure 7) is above the median benchmark of \$38.38 but well below the average benchmark of \$46.35. However, the WCHD expenditures per capita of \$44.08 is above both the average and median for benchmarking. Focusing in on Administration, the expenditures at 7.3% of total Health District expenditures are well below the industry benchmark of 12.9%.

Figure 7

Washoe County Health District (WCHD) and Administration Summary of Trends					
Cost Elements	Fiscal Year Actual				Budget
	2010-11	2011-12	2012-13	2013-14	2014-15
<b>STATISTICS:</b>					
Population (Source: NV Dept of Taxation and State Demographer)	421,593	427,704	432,324	436,595	441,115
Total Fund Sources of Revenue	\$17,270,598	\$16,349,208	\$17,710,834	\$18,266,482	\$ 18,901,863
Total Fund Expenditures (Exp.)	\$16,720,552	\$16,178,200	\$18,815,411	\$18,922,800	\$ 19,443,252
<b>STATISTICS:</b>					
Population (Source: NV Dept of Taxation and State Demographer)	421,593	427,704	432,324	436,595	441,115
<b>TOTAL HEALTH DISTRICT TRENDS:</b>					
PHUND\$ Benchmark-Revenue/Capita Median	\$ 49.68	\$ 38.67	\$ 38.38	\$ 38.38	\$ 38.38
<b>WCHD Total Fund Revenue per Capita</b>	<b>\$ 40.97</b>	<b>\$ 38.23</b>	<b>\$ 40.97</b>	<b>\$ 41.84</b>	<b>\$ 42.85</b>
PHUND\$ Benchmark-Revenue/Capita Mean	\$ 44.61	\$ 50.06	\$ 46.35	\$ 46.35	\$ 46.35
PHUND\$ Benchmark Exp./Capita Median	\$ 36.27	\$ 38.72	\$ 38.32	\$ 38.32	\$ 38.32
<b>WCHD Total Fund Exp. per Capita</b>	<b>\$ 39.66</b>	<b>\$ 37.83</b>	<b>\$ 43.52</b>	<b>\$ 43.34</b>	<b>\$ 44.08</b>
PHUND\$ Benchmark Exp./Capita Mean	\$ 43.90	\$ 51.41	\$ 43.98	\$ 43.98	\$ 43.98
<b>ADMINISTRATION TRENDS:</b>					
PHUND\$ Benchmark Median Admin Exp. as a percent (%) of Total Expenditures	20.8%	20.1%	12.9%	12.9%	12.9%
<b>WCHD Admin Exp. % of total costs (incl. indirect)</b>	<b>7.4%</b>	<b>7.4%</b>	<b>7.1%</b>	<b>6.9%</b>	<b>7.3%</b>
Sources: PHUND\$ Benchmark values are from The National Connection for Local Public Health - Public Health Uniform National Data System (PHUND\$) NACCHO Median - National Association of County & City Health Officials - National Profile of Local Health Departments (2010-reported in FY11-12, 2013 reported in FY13-15) Both Mean and Medians are used - mean is the average and the median is the mid point which is less affected by outliers and skewed data					

The total FY15 FTEs budgeted for the WCHD is 150.72 (Appendix C). The FY15 population of the County is projected to be 441,115 (figure 7) which equates to the WCHD having 34.17 FTEs per 100,000 population to deliver the services that are required. Based on the benchmark values from the *National Association of County & City Health Officials - Public Health National Data System* the median FTE per 100,000 population was last reported in 2013 to be on average 62.30 (figure 11). The median benchmark is 44.11, which is considerably higher than what WCHD is running (figure 8).

The administrative/clerical staff for the WCHD is approximately 9.07 with the median benchmark reporting 7.71 (figure 9); however, the average is 14.70 (figure 11) which is 62% higher than the level for WCHD. The management/directors classification, as defined by PHUND\$, of 1.36 FTE per 100,000 population (figure 10) is one area that exceeds the median benchmark of 0.93 FTEs per 100,000 and falls below the recommended ratio of 8 to 12 for staff to 1 management position with an average of 7.67 when looking at Director level and the District Health Officer positions.

Taking into consideration all management/supervisors the ratio for WCHD is running at 7.13 for staff to management ratio. However, while the 8 to 12 ratio is a benchmark many operations require a 5 to 1 ratio or a 20 to 1 ratio depending on the level of day to day involvement, coaching, direction required, and mentoring that is required by the management with the staff. Given this, each program will need to be reviewed for the proper level of staff to management.

Figure 8

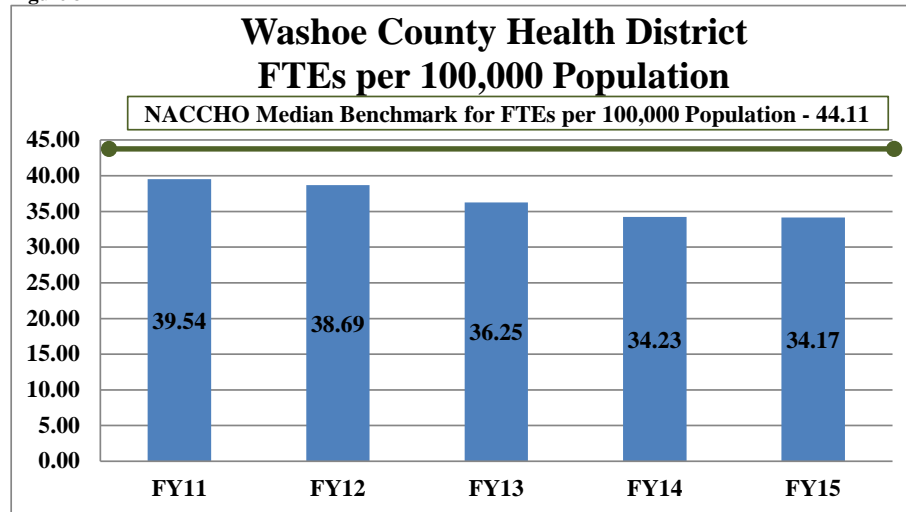


Figure 9

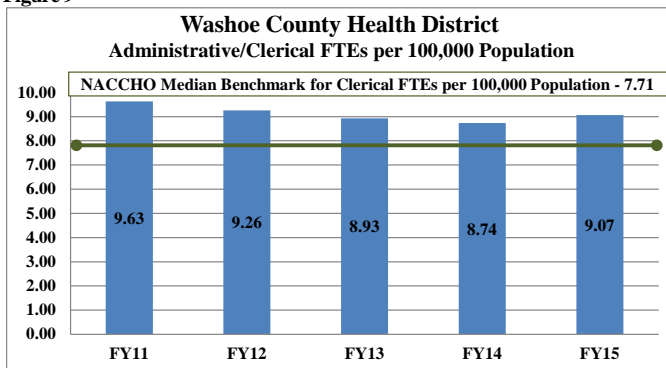
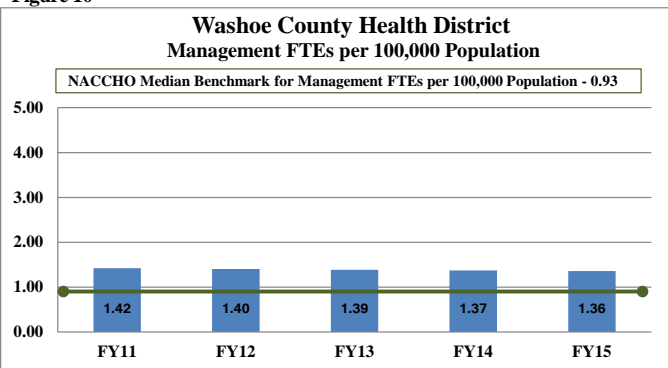


Figure 10



Focusing on just Administration, the number of staff supervised by the District Health Officer is 8 and the Administrative Health Services Officer supervises 9 so the overall staff to management ratio is within the recommended benchmark. The FTEs in Administration that are above the median benchmarking are in the Technology and Public Information area. Reported in figure 11 is the median benchmark for Technology and Public Information that runs 1.50 FTEs and 0.50 FTEs, respectively. The WCHD actual FTEs for Technology and Public Information are 2.00 for Technology and 1.0 for Public Information, both just slightly above the median.

In the report by the *Public Health Accreditation Board -Standards and Measures* it is reported that the need for public health accreditation include domains which are groups of standards that pertain to a broad group of public health services. If WCHD continues to explore the accreditation process the Domain 3 will need to be achieved. This domain is to inform and educate the community about public health issues and functions. This domain assesses the processes for continuing two-way communication with the public as standard operating procedure. The public needs access to accurate timely information in the case of particular health risks like H1N1 and Ebola. To facilitate communication, the Health District needs to have a relationship with community partners and the population and sub-groups of the population that it serves.

Communication methods are changing rapidly through digital media such as Twitter and Facebook. In addition, the science of public health branding is developing rapidly. Branding is important for the

department's image, reputation, and perceived value. Given the critical nature of public relations between the Community and the WCHD and given the level of collaboration that is required from all agencies associated with Public Health it is critical to maintain one full-time position for public relations so as to guarantee the Health District strategic direction and continuity of the information being shared.

The technological advances that are required not only for the public relations standpoint but for the billings and reporting stand point due to the new Regional Permitting System and the Insight Software requirements, the two FTEs, although above the median, are required for the existing workload that is currently being done by the staff.

Figure 11

<b>Washoe County Health District (WCHD) and Administration Trends</b>					
<b>Cost Elements</b>	<b>Fiscal Year Actual</b>				<b>Budget</b>
	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>
<b>STATISTICS:</b>					
Population (Source: NV Dept of Taxation and State Demographer)	421,593	427,704	432,324	436,595	441,115
WCHD Administrative/Clerical (A/C) FTEs	40.60	39.60	38.61	38.15	40.00
WCHD Managers/Directors FTEs	6.00	6.00	6.00	6.00	6.00
<b>TRENDS IN FULL-TIME EQUIVALENTS (FTE):</b>					
<b>TOTAL HEALTH DISTRICT TRENDS:</b>					
NACCHO Median Total FTEs given population	217.00	217.00	190.50	190.50	190.50
<b>WCHD Total FTEs</b>	<b>166.68</b>	<b>165.48</b>	<b>156.72</b>	<b>149.43</b>	<b>150.72</b>
PHUND\$ Benchmark-Mean Total FTEs	159.43	159.43	161.20	161.20	161.20
PHUND\$ Benchmark-Median FTE per 100,000	47.84	47.84	44.11	44.11	44.11
<b>WCHD FTEs per 100,000 population (pop)</b>	<b>39.54</b>	<b>38.69</b>	<b>36.25</b>	<b>34.23</b>	<b>34.17</b>
PHUND\$ Benchmark-Mean FTE per 100,000	53.90	53.90	62.30	62.30	62.30
NACCHO Median A/C Staff FTE per 100,000 pop	8.06	7.95	7.86	7.79	7.71
<b>WCHD A/C FTEs per 100,000 pop</b>	<b>9.63</b>	<b>9.26</b>	<b>8.93</b>	<b>8.74</b>	<b>9.07</b>
PHUND\$ Benchmark-Mean A/C FTE per 100,000	17.30	17.30	14.70	14.70	14.70
NACCHO Median Management FTE per 100,000 pop	1.42	1.42	0.93	0.93	0.93
<b>WCHD Management FTEs per 100,000 pop</b>	<b>1.42</b>	<b>1.40</b>	<b>1.39</b>	<b>1.37</b>	<b>1.36</b>
<b>ADMINISTRATION TRENDS:</b>					
NACCHO Median Public Info. FTE given population	0.50	0.50	0.50	0.50	0.50
<b>WCHD Public Info. FTEs given pop</b>	<b>3.00</b>	<b>1.00</b>	<b>1.00</b>	<b>1.00</b>	<b>1.00</b>
NACCHO Median Technology FTE given pop	0.00	0.00	1.50	1.50	1.50
<b>WCHD Technology FTEs given pop</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>
PHUND\$ Benchmark-Median Fiscal FTEs	3.00	3.00	3.00	3.00	3.00
<b>WCHD Fiscal FTEs</b>	<b>3.00</b>	<b>3.00</b>	<b>3.00</b>	<b>3.00</b>	<b>3.00</b>
PHUND\$ Benchmark-Mean FTEs	4.63	4.40	4.25	4.25	4.25
Sources: PHUND\$ Benchmark values are from The National Connection for Local Public Health - Public Health Uniform National Data System (PHUND\$) NACCHO Median information-National Association of County&City Health Officials-National Profile of Local Health Departments(2010-reported in FY11-12, 2013 used in FY13-15) Both Mean and Medians are used - mean is the average and the median is the mid point which is less affected by outliers and skewed data					



The fiscal administration is one area that is equal to the median benchmark reported of 3 FTEs but is below the average of 4.25 that is benchmarked for other Local Health Departments (figure 11). The current 3 FTEs manage the fiscal operations of the entire WCHD. Focusing on the current funding sources, the major sources of funds are from grants, FY15 budget of \$5.4 million, and County General Fund support of \$10.0 million (figure 12). The other funding sources (figure 13) are below \$1 million each with the Charges from Services approaching \$1 million at \$850,000 for FY15. The current workload of the existing fiscal staff is sufficient for the operations to continue status quo. However, to reduce the support required from the County General Fund; to explore new grants; to explore additional charges for services opportunities; to continue to analyze and update the existing fee structure; and to continue to provide the level of financial oversight for the WCHD an additional staff position would be required in the fiscal program of Administration. However, in the

workload review that was done it was found that there is potential for a shift from the administrative/clerical positions to the fiscal staff so an increase in overall staffing is not required.

Figure 12

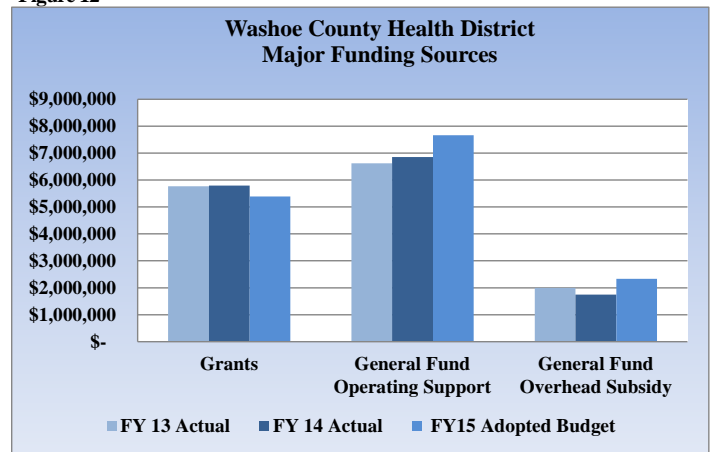
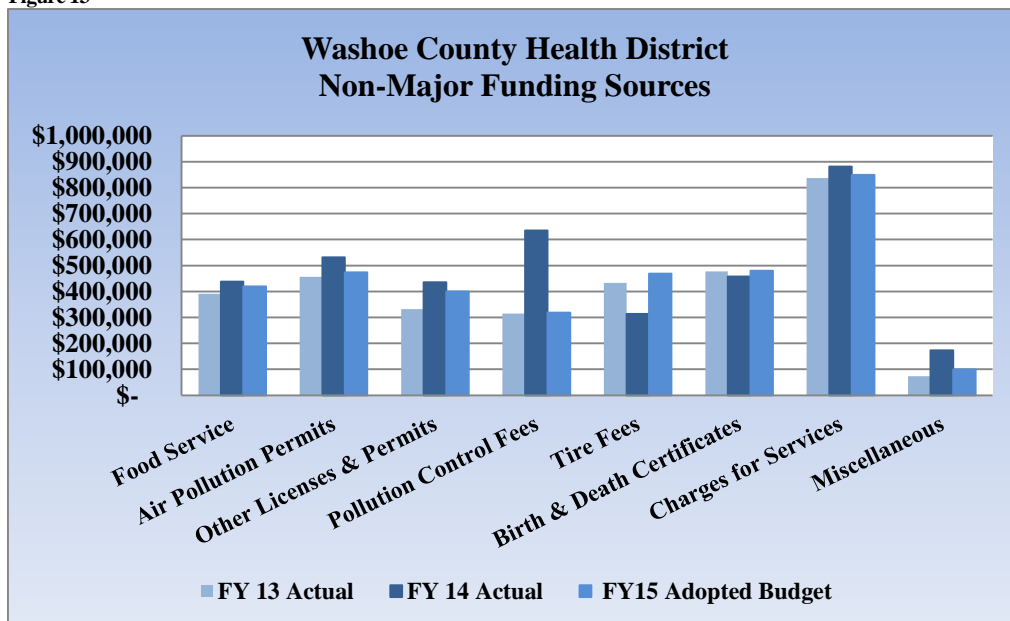


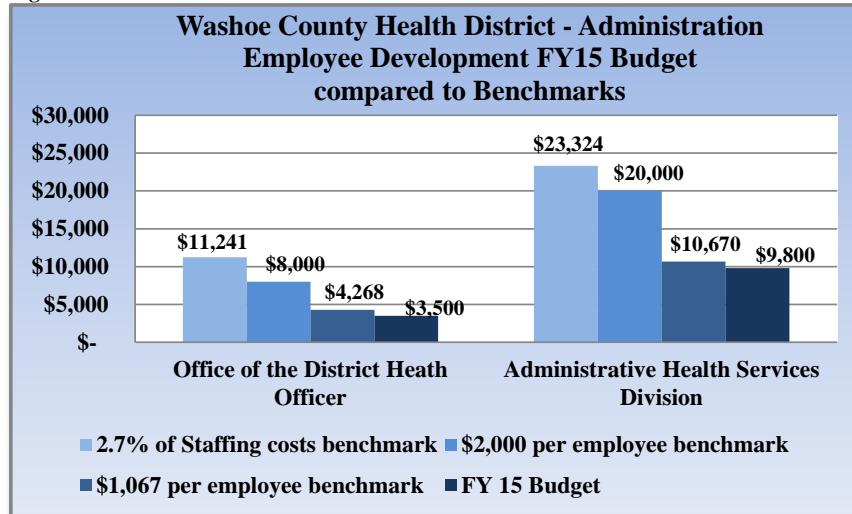
Figure 13



According to the Society of Human Resource Management the role of employee training and development is becoming more important as organizations are increasingly relying on the knowledge, skills and abilities of their human capital to drive performance. Since training is a major component in enhancing employee competencies, monitoring the training cost per employee is critical. The budget for training and development of Administration employees for FY15 is \$13,300. In the ODHO there are 4 employees with a

budget of \$3,500, \$875 per employee. In the Administrative Health Services Division there are 10 employees with a training budget of \$9,800, \$980 per employee. The budget for the Administration is below the lower end of the benchmark for expenditure per employee for training (figure 14). Additional resources should be shifted to the employee development budget so as to increase productivity, increase customer and employee satisfaction, and to gain operational efficiency as determined by studies done by the Society for Human Resource Management.

Figure 14



**RECOMMENDATIONS**

**Health District Fund**

The Health District Fund is fiscally stable for the current fiscal year; however, there is a \$541,000, 2.8%, structural deficit that needs to be addressed. Given the structural deficit there are a couple options; increase revenues and/or decrease expenditures. It is recommended that both approaches be explored. Revenue opportunities are currently being analyzed and if approved should generate approximately \$100,000 toward the reported structural deficit. The expenditures per capita of \$44.08 for WCHD is running higher than the median, \$38.32, and the mean, \$43.98, benchmark reported by the Public Health Uniform National Data System (PHUNDS) so in comparing the benchmarks there is room for reductions in expenditures so that will be studied in the different phases of the cost analysis project.

The total FTEs for the Health District are 20.9%, 39.78 FTEs, below the median and 6.5%, 10.48 FTEs, below the average reported by NACCHO therefore the total FTEs should not be decreased in an attempt to decrease overall expenditures but should be explored in the future cost analysis for the proper mix of classifications required per program.

**Administration**

Given that administration is running at 7.3% of total cost compared to a median benchmark of 12.9% there is no immediate need to adjust the overall expenditures in Administration. However, there are areas within the FTE classifications that can be adjusted.

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The fiscal staff FTEs is level with the median reported, 3.0, but is 1.25 FTEs, 29%, below the average of other Local Health Departments fiscal staff. In looking at workload activities for Administration the administrative/clerical category can be reduced by one FTE without jeopardizing the workload productivity. It is recommended that through attrition an administrative/clerical position be reclassified to a fiscal position so that the fiscal staff can focus on revenue opportunities and cost analysis that will help to balance the structural deficit.

Administration is slightly above the median for public information and technology positions; however, with the growth in demand for public information and advanced technology and to increase efficiencies in the workplace, adjustments to those FTEs are not recommended.

Total services and supplies budget appear to be sufficient to meet the overall demands on the expenditures; however, the employee development funding is below the benchmarking for expenditures per employee for training so funding from other line items should be shifted to allow for staff to increase the knowledge and skills brought to the work environment.

**Appendix A-Line item detail for the Office of the District health Officer-established July 1, 2014:**

<b>Washoe County Health District - Office of the District Health Officer</b>					
<b>Cost Elements</b>	<b>Fiscal Year Actual</b>				<b>Budget</b>
	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>
<b>Expenditures:</b>					
701110 Base Salaries	-	-	-	-	305,688
701200 Incentive Longevity	-	-	-	-	2,075
<b>Salaries and Wages</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>307,764</b>
705110 Group Insurance	-	-	-	-	31,764
705210 Retirement	-	-	-	-	72,786
705230 Medicare April 1986	-	-	-	-	4,019
<b>Employee Benefits</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>108,568</b>
710100 Professional Services	-	-	-	-	10,000
710105 Medical Services	-	-	-	-	50
710205 Repairs and Maintenance	-	-	-	-	100
710334 Copy Machine Expense	-	-	-	-	1,000
710350 Office Supplies	-	-	-	-	1,000
710355 Books and Subscriptions	-	-	-	-	500
710360 Postage	-	-	-	-	300
710361 Express and Courier	-	-	-	-	50
710500 Other Expense	-	-	-	-	50
710502 Printing	-	-	-	-	625
710508 Telephone Land Lines	-	-	-	-	1,000
710509 Seminars and Meetings	-	-	-	-	1,000
710512 Auto Expense	-	-	-	-	300
710519 Cellular Phone	-	-	-	-	660
710529 Dues	-	-	-	-	1,360
710872 Food Purchases	-	-	-	-	150
711210 Travel	-	-	-	-	2,500
711504 Equipment nonCapital	-	-	-	-	500
<b>Services and Supplies</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>21,145</b>
<b>Office of D.H.O. Expenditures</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>437,477</b>
<small>(cost center 170202-Separated from 170200 Administration July 1, 2014)</small>					

**Appendix B-Line item detail for the Administrative Health Services Division:**

Washoe County Health District - Administrative Health Services Division (AHS)					
Cost Elements	Fiscal Year Actual				Budget
	2010-11	2011-12	2012-13	2013-14	2014-15
<b>Revenue and other sources</b>					
460512 Duplication Service Fees	-	8	5	-	-
<b>Charges for Services</b>	<b>\$ -</b>	<b>\$ 8</b>	<b>\$ 5</b>	<b>\$ -</b>	<b>\$ -</b>
485100 Reimbursements			119	-	-
485300 Other Miscellaneous Governmental Revenue			1,717	-	-
<b>Miscellaneous</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,837</b>	<b>\$ -</b>	<b>\$ -</b>
485193 Surplus Supplies Sales			-	653	-
<b>Revenue and other sources</b>	<b>\$ -</b>	<b>\$ 8</b>	<b>\$ 1,842</b>	<b>\$ 653</b>	<b>\$ -</b>
<b>Expenditures (Exp.)</b>					
701110 Base Salaries	853,481	801,368	767,082	763,308	588,084
701140 Holiday Work	484	-	43	-	-
701200 Incentive Longevity	12,460	11,340	11,063	11,354	9,850
701300 Overtime	5,822	3,239	1,606	3,072	3,000
701413 Vac Payoff/Sick Pay-Term	10,715	388	22,414	2,035	-
701417 Comp Time	-	0	16,039	2,890	-
701419 Comp Time - Transfer			-	1,886	-
<b>Salaries and Wages</b>	<b>\$ 882,962</b>	<b>\$ 816,336</b>	<b>\$ 818,247</b>	<b>\$ 784,544</b>	<b>\$ 600,934</b>
705110 Group Insurance	108,063	92,965	90,895	87,327	85,247
705210 Retirement	184,951	192,029	184,812	198,809	161,632
705230 Medicare April 1986	12,581	11,700	12,412	11,177	8,985
705320 Workmens Compensation Insurance	4,879	5,715	5,083	5,124	5,889
705330 Unemployment Compensation	2,992	1,350	1,235	1,176	1,176
705510 Severance Pay			55,536	-	-
<b>Employee Benefits</b>	<b>\$ 313,467</b>	<b>\$ 303,759</b>	<b>\$ 349,972</b>	<b>\$ 303,613</b>	<b>\$ 262,929</b>
710100 Professional Services	3,405	2,122	72,018	97,927	1,500
710105 Medical Services	77	-	12	117	100
710110 Contracted/Temp Services	-	28,453	-	2,897	-
710200 Service Contract	218	-	-	-	-
710205 Repairs and Maintenance	-	5,043	541	280	200
710300 Operating Supplies	657	419	174	318	175
710312 Special Dept Expense	-	-	100	-	-
710334 Copy Machine Expense	1,782	2,783	3,592	3,696	3,000
710350 Office Supplies	4,414	4,355	3,052	3,077	3,000
710355 Books and Subscriptions	1,169	2,501	791	3,346	2,100
710360 Postage	1,098	819	4,408	958	700
710361 Express and Courier	15	-	35	15	50
710500 Other Expense	-	57	50	60	-
710502 Printing	804	912	470	824	500
710503 Licenses & Permits	165	1,626	895	-	-
710507 Network and Data Lines	444	467	460	39	480
710508 Telephone Land Lines	3,534	3,316	3,166	2,882	2,580
710509 Seminars and Meetings	1,692	2,736	2,811	3,487	2,300
710512 Auto Expense	91	1,791	1,205	246	500

**Appendix B (continued):**

<b>Washoe County Health District - AHS (continued)</b>					
<b>Cost Elements</b>	<b>Fiscal Year Actual</b>				<b>Budget</b>
	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>
710519 Cellular Phone	1,322	2,246	1,370	248	-
710529 Dues	876	3,204	5,352	849	500
710546 Advertising	81	-	198	-	150
710551 Cash Discounts Lost	-	-	4	-	-
710552 Moving Costs	-	1,046	-	-	-
710563 Recruitment	1,449	-	-	-	-
711100 ESD Asset Management	360	312	-	-	-
711114 Equipment Services Operation and Maint	696	666	-	-	-
711115 Equipment Services Motor Pool	38	-	-	-	-
711117 Equipment Services Fuel Charge	667	706	-	-	-
711119 Property & Liability Billings	6,460	7,005	6,383	5,772	5,772
711210 Travel	6,287	7,602	3,210	3,335	7,500
711300 Cash Over Short	1	(28)	-	40	-
711504 Equipment nonCapital	8,407	2,075	402	88	500
<b>Services and Supplies</b>	<b>\$ 46,206</b>	<b>\$ 82,235</b>	<b>\$ 110,701</b>	<b>\$ 130,500</b>	<b>\$ 31,607</b>
<b>Total Direct Expenditures</b>	<b>\$ 1,242,634</b>	<b>\$ 1,202,330</b>	<b>\$ 1,278,920</b>	<b>\$ 1,218,657</b>	<b>\$ 895,470</b>
<b>Indirect Expenditures:</b>					
818000 County Indirect Costs	-	-	61,135	88,816	77,897
<b>Total Indirect Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 61,135</b>	<b>\$ 88,816</b>	<b>\$ 77,897</b>
<b>Administration Revenue less Exp.</b>	<b>\$ (1,242,634)</b>	<b>\$ (1,202,322)</b>	<b>\$ (1,338,213)</b>	<b>\$ (1,306,820)</b>	<b>\$ (973,367)</b>
<small>(cost center 170200)</small>					

**Appendix C – WCHD Full-time Equivalent (FTEs):**

<b>Washoe County District Health History of Budgeted Full-time equivalents (FTEs)</b>						
<b>Title</b>	<b>Category</b>	<b>FY 11 FTEs</b>	<b>FY 12 FTEs</b>	<b>FY 13 FTEs</b>	<b>FY 14 FTEs</b>	<b>FY15 FTEs</b>
ACCOUNT CLERK	ac	1.00	1.00	1.00	1.00	1.00
ACCOUNT CLERK II	ac	1.00	0.00	0.00	0.00	0.00
ADMINISTRATIVE ASSISTANT I	ac	2.00	2.00	2.00	2.00	2.00
ADMINISTRATIVE ASSISTANT II	ac	1.00	0.00	0.00	0.00	0.00
ADMINISTRATIVE HEALTH SERVICES OFFICER	m	1.00	1.00	1.00	1.00	1.00
ADMINISTRATIVE SECRETARY	ac	2.00	3.00	3.00	3.00	3.00
ADVANCED PRACTITIONER OF NURSING	n	2.40	2.40	2.40	2.40	2.21
AIR QUALITY SPECIALIST II	aq	7.00	8.00	8.00	8.00	8.00
AIR QUALITY SUPERVISOR	aq	2.00	2.00	2.00	2.00	2.00
COMMUNITY HEALTH AIDE	ot	7.45	7.45	7.45	6.60	6.00
COMMUNITY HEALTH NUTRITIONIST	h	2.00	2.00	2.00	2.00	2.00
DEPARTMENT SYSTEMS SPECIALIST	t	2.00	2.00	2.00	2.00	2.00
DISEASE INTERVENTION SPECIALIST	n	4.00	4.00	4.00	4.00	4.00
DISTRICT HEALTH OFFICER	m	1.00	1.00	1.00	1.00	1.00
DIV DIR AIR QUALITY MGMT	m	1.00	1.00	1.00	1.00	1.00
DIV DIRECTOR-CCHS	m	1.00	1.00	1.00	1.00	1.00
DIV DIRECTOR-ENVIRONMENTAL SERVICES	m	1.00	1.00	1.00	1.00	1.00
EMERGENCY MEDICAL SERVICES COORDINATOR	epc	1.00	1.00	1.00	1.00	1.53
EMERGENCY MEDICAL SERVICES PROGRAM MGR	epc	0.00	0.00	0.00	0.00	1.00
ENVIRONMENTAL ENGINEER II	aq	3.00	3.00	3.00	2.00	2.00
ENVIRONMENTAL HEALTH SPECIALIST	e	21.40	21.40	21.80	20.75	20.75
ENVIRONMENTAL HEALTH SPECIALIST SUPVR	e	3.00	3.00	3.00	3.00	3.00
EPI CENTER DIRECTOR	m	1.00	1.00	1.00	1.00	1.00
EPIDEMIOLOGIST	n	2.00	2.40	2.20	2.05	2.05
FISCAL COMPLIANCE OFFICER	ot	2.00	2.00	2.00	2.00	2.00
HAZARDOUS MATERIALS SPECIALIST	e	1.00	1.00	0.00	0.00	0.00
HEALTH EDUCATOR COORDINATOR	he	0.00	0.00	0.00	0.00	2.00
HEALTH EDUCATOR II	he	3.00	3.18	3.10	2.72	2.72
HUMAN SERVICES SUPPORT SPECIALIST II	ac	4.00	4.00	4.00	4.00	4.00
LICENSED ENGINEER	e	2.00	2.00	1.30	0.00	1.00
LICENSED PRACTICAL NURSE	n	1.00	1.00	1.00	0.00	0.00
OFFICE ASSISTANT II	ac	18.60	18.60	17.61	17.15	19.00
OFFICE ASSISTANT III	ac	1.00	1.00	1.00	1.00	1.00
OFFICE SUPPORT SPECIALIST	ac	4.00	4.00	4.00	4.00	5.00
PLANS/PERMITS/APPLICATIONS AIDE	ac	4.00	4.00	4.00	4.00	3.00
PROGRAM COORDINATOR	epi	3.00	3.00	3.00	3.00	1.00
PUBLIC HEALTH COMMUNICATIONS PROGRAM MGR	pio	0.00	0.00	0.00	0.00	1.00
PUBLIC HEALTH EMERGENCY RESPONSE COORD	epc	2.00	2.00	2.00	3.00	2.00
PUBLIC HEALTH INVESTIGATOR II	epi	2.30	2.40	2.20	2.05	2.05
PUBLIC HEALTH NURSE II	n	13.25	13.25	13.69	13.15	13.50
PUBLIC HEALTH NURSE SUPERVISOR	n	3.00	3.00	3.00	3.00	3.00
PUBLIC HEALTH PREPAREDNESS MANAGER	epc	1.00	1.00	1.00	1.00	1.00
PUBLIC INFORMATION OFFICER	pio	3.00	1.00	1.00	1.00	0.00

**Appendix C (continued):**

<b>Washoe County District Health History of Budgeted Full-time equivalents (FTEs)</b>						
<b>Title</b>	<b>Category</b>	<b>FY 11 FTEs</b>	<b>FY 12 FTEs</b>	<b>FY 13 FTEs</b>	<b>FY 14 FTEs</b>	<b>FY15 FTEs</b>
PUBLIC SERVICE INTERN	e	3.39	3.51	2.76	2.26	2.01
REGISTERED NURSE I	n	6.89	6.89	1.21	1.30	0.90
SR. AIR QUALITY SPECIALIST	aq	3.00	3.00	3.00	3.00	3.00
SR. ENVIRONMENTAL HEALTH SPECIALIST	e	6.00	6.00	6.00	6.00	6.00
SR. EPIDEMIOLOGIST	epi	1.00	1.00	1.00	1.00	1.00
SENIOR LICENSED ENGINEER	e	1.00	1.00	1.00	1.00	0.00
STATISTICIAN	ac	1.00	1.00	1.00	1.00	1.00
STOREKEEPER	ac	1.00	1.00	1.00	1.00	1.00
VECTOR BORNE DISEASE SPECIALIST	e	3.00	3.00	3.00	2.00	2.00
VECTOR CONTROL COORDINATOR	e	1.00	1.00	1.00	1.00	1.00
WIC PROGRAM MANAGER	h	1.00	1.00	1.00	1.00	1.00
<b>TOTAL HEALTH DISTRICT FTEs</b>		<b>166.68</b>	<b>165.48</b>	<b>156.72</b>	<b>149.43</b>	<b>150.72</b>
Year over year increase (decrease)		(20.59)	(1.20)	(8.76)	(7.29)	1.29
<b>CATEGORIES (see definition below):</b>						
ADMINISTRATIVE/CLERICAL POSITIONS	ac	40.60	39.60	38.61	38.15	40.00
AIR QUALITY SPECIALISTS	aq	15.00	16.00	16.00	15.00	15.00
EMERGENCY PREPAREDNESS COORDINATOR	epc	4.00	4.00	4.00	5.00	5.53
ENVIRONMENTAL HEALTH SPECIALISTS	e	41.79	41.91	39.86	36.01	35.76
EPIDEMIOLOGISTS	epi	6.30	6.40	6.20	6.05	4.05
HEALTH EDUCATOR	he	3.00	3.18	3.10	2.72	4.72
INFORMATION SYSTEM SPECIALISTS/TECHNOLOGY	t	2.00	2.00	2.00	2.00	2.00
LOCAL HEALTH OFFICIALS/MANAGERS/DIRECTORS	m	6.00	6.00	6.00	6.00	6.00
OTHER (not grouped by NACCHO)	ot	9.45	9.45	9.45	8.60	8.00
PUBLIC HEALTH NURSE	n	32.54	32.94	27.50	25.90	25.66
PUBLIC INFORMATION	pio	3.00	1.00	1.00	1.00	1.00
NUTRITIONIST/DIETITIANS	h	3.00	3.00	3.00	3.00	3.00
<b>TOTAL HEALTH DISTRICT FTEs</b>		<b>166.68</b>	<b>165.48</b>	<b>156.72</b>	<b>149.43</b>	<b>150.72</b>
Source of definitions of categories - National Association of County & City Health Officials:						
<b>Administrative/Clerical Personnel</b> provide support for office, business, or financial operations. They assist with internal and external communication, record keeping, and other essential administrative duties.						
<b>Emergency Preparedness Coordinators</b> develop emergency preparedness, response, and recovery plans for the community. They also ensure that Local Health Departments emergency preparedness plans and guidelines coordinate with other organizations and government entities, such as fire and police; and local businesses.						
<b>Environmental Health (EH) Specialists</b> monitor and enforce safety and health standards and regulations related to the environment. EH specialists might be concerned with a variety of environmental health issues, such as waste removal, occupational safety and health, food safety, water quality and vector control.						
<b>Epidemiologists</b> are experts in disease surveillance. They recognize and report outbreaks and illness in the community, track trends in health status and disease, and seek to discover the source or root causes of health problems in populations. They often design, develop, and implement public health programs and interventions.						
<b>Health Educators</b> assess, plan, implement, and evaluate health education outreach programs and interventions that are designed to encourage healthy behaviors through policy, environmental, and lifestyles changes. They often collaborates with other health professional, worksites, schools, and othe organizations to prevent illness.						
<b>Information System (IS) Specialists/Informaticians</b> apply information management science to improve population health and the organizational administration, evaluation, and public engagement processes. They identify the knowledge management, information, and data needs of their organization.						
<b>Local Health Officials/Managers/Directors</b> are the top executives at Local Health Departments. They plan, direct, and manage public health programs, such as immunization, environmental health, and health programs for women and children. They supervise staff, enforce public health laws and regulations.						
<b>Nutritionist/Dietitians</b> seek to prevent illness and disease related to diet and exercise. They develop and supervise programs and educate and empower people to make healthy decisions. Nutritionist may als conduct studies and surveys to						
<b>Public Health Nurses</b> protect and promote the health of populations. While public health nurses may provide direct clinical services, such as immunizations and physical examinations, their focus is primarily on assessing the needs of individuals within the context of the community setting.						
<b>Public Information (PI) Specialists</b> communicate important health information to the public and serve as a liaison to community groups, agencies, elected officials, and the media. PI specialists commonly oversee internal communications, assist with marketing for health promotion programs and services offered by Health Departments.						





# WASHOE COUNTY HEALTH DISTRICT

## OFFICE OF THE DISTRICT HEALTH OFFICER



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

### STAFF REPORT

**BOARD MEETING DATE:** December 18, 2014

**TO:** District Board of Health

**FROM:** Kevin Dick, District Health Officer  
775.328.2416, kdick@washoecounty.us

**SUBJECT:** **Presentation, discussion, possible Board input and direction to staff to monitor and act upon 2015 Legislative Session identified topics of interest and Bill Draft Requests affecting the Health District and to submit a monthly staff legislative status report providing an update on legislative actions and Health District positions during the legislative session**

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### SUMMARY

Staff has identified a list of topics recommended to be acted upon or monitored during the 2015 Legislative session (Attached Exhibit A). Additionally, incoming Bill Draft Requests (BDRs) have been monitored for potential impact (Attached Exhibit B) and staff is recommending they be acted upon as necessary if it is determined they are applicable to the Health District.

Staff seeks input from the Board on the list of topics and whether the Board would like to include others areas of focus. Staff recommends the Board, as a standing policy, direct staff to monitor and act upon 2015 Legislative Session identified topics of interest and Bill Draft Requests affecting the Health District and submit a monthly staff legislative status report providing an update on legislative actions and Health District positions during the legislative session.

**District Health Strategic Objective supported by this item:** Demonstrate the value and contribution of public health, secure and deploy resources for sustainable impact, strengthen WCHD as an innovative, high- performing organization and achieve targeted improvements in health outcomes and health equity.

### PREVIOUS ACTION

Each biennium, WCHD has monitored Legislative activities and acted on them as directed by the District Board of Health.

### BACKGROUND

Each biennium the Nevada State Legislature convenes to review, repeal or enact laws governing the State. The Washoe County Health District (WCHD) monitors bills that may impact public health, and takes action in the form of bill tracking, providing testimony, and sometimes meeting with lawmakers to assist them in their decision-making process. WCHD works with Washoe County to identify positions and attempts to resolve any contrary positions on bills.

The activities noted above have the potential to require significant staff time. This will be completely dependent on the number of bills that potentially affect the WCHD and the level of controversy surrounding each one. The District Health Officer will register as a lobbyist in order to be able to fill that role on behalf of the Health District as necessary during the session.

Bills advance and evolve, sometimes rapidly, during the legislative session and the District Health Officer will require significant discretion in working with staff and the legislature to provide input, information, and position on bills during the fluid environment which will be occurring between DBOH meetings at which new board direction may be provided.

### **FISCAL IMPACT**

Should the Board approve staff's recommendation, there will be no fiscal impact to the adopted FY15 budget

### **RECOMMENDATION**

Staff recommends the Board provide their input on legislative priorities or concerns, direct staff to monitor and act upon 2015 Legislative Session identified topics of interest and Bill Draft Requests affecting the Health District and/or public health, and to submit a monthly staff report so that the Board may remain apprised of bill status, Health District positions, and provide additional input or direction through the course of the legislative session.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Direct staff to monitor and act upon 2015 Legislative Session identified topics of interest and Bill Draft Requests affecting the Health District, and submit a monthly staff legislative status report providing an update on legislative actions and Health District positions during the legislative session."

**2015 Legislative Topics of Interest**

- (From 2013) Health Care Reform and Exchanges
- (From 2013) School breakfast program and generally nutrition in public schools
- (From 2013) Childcare worker training on health and development
- (From 2013) School based health centers
- (From 2013) Climate Change
- (From 2013) AB 571- Clean Indoor Act
- (From 2013) SB 421 - National Master Settlement Agreement
- (From 2013) Modernization of Vital Records
- (From 2013) Smog Check Program
- (From 2013) Health District and funding
- (From 2013) Funding for the Health District through Tobacco settlement proceeds or additional tobacco tax
- Medical marijuana – all aspects - reactive
- Cottage food – proactive & reactive
- Classic Vehicle plates – lack of miles driven enforcement – proactive
- E-Cigarettes – proactive & reactive
- Smoke-free campuses – proactive
- Sexual education - proactive
- Genetically-modified food labeling - reactive
- Raw milk - reactive

ITEM 16 EXHIBIT B

BDR	Description	Sponsor or Requester
43-2	Revises provisions concerning the identification of seasonal residents and establishes provisions for the permitting of motor vehicles of seasonal residents.	Assemblyman Carrillo
54-3	Revises provisions relating to mental health.	Senate Committee on Health and Human Services
14-4	Revises provisions relating to public safety.	Senator Jones
5-9	Revises provisions concerning registration and community notification of juvenile sex offenders.	Senate Committee on Judiciary
43-11	Makes various changes concerning motor vehicles.	Senator Parks
43-13	Increases the maximum speed at which a person may drive or operate a vehicle.	Senator Gustavson
43-14	Requires the Department of Motor Vehicles to establish a next-of-kin registry.	Senator Gustavson
43-17	Makes various changes to provisions governing public safety.	Senator Spearman, Senator Manendo, Senator Woodhouse
18	Makes various changes concerning health care.	Senator Spearman
23-19	Revises provisions governing ethics in government.	Senator Smith
21	Makes changes governing cleanup of discharges from petroleum.	Assemblyman Bobzien, Senator Smith
26	Clarifies provisions governing regulation of trapping of fur-bearing mammals.	Assemblyman Hansen
54-27	Requires suicide awareness and prevention training for licensed educational personnel and certain other professionals.	Assemblyman Frierson
30	Revises provisions concerning sanitation.	Assemblyman Carrillo
31	Revises provisions governing trapping of wildlife.	Assemblyman Wheeler
R-33	AJR: Urges the Federal Government to support the management of certain birds to reduce the impact of predators on the greater sage grouse population in Nevada.	Assembly Committee on Natural Resources, Agriculture, and Mining
7-34	Exempts home-based businesses with an annual gross income of less than \$60,000 from the requirement to obtain a state business license.	Assemblyman Hansen
38	Revises provisions governing course of instruction on sexual education.	Assemblyman Bobzien
41	Makes various changes concerning the use of green building materials and products in residential construction.	Senator Spearman
42-43	Provides for the establishment of Rangeland Fire Protection Associations.	Assemblyman Hansen, Assemblyman Aizley
46	Revises provisions governing the collection of data for purposes of economic development.	Assemblywoman Neal
58-52	Makes various changes concerning infrastructure for natural gas.	Senator Atkinson, Assemblywoman Kirkpatrick
43-54	Revises provisions governing registration of motor vehicles.	Assembly Committee on Transportation
50-56	Revises provisions governing animals.	Senator Manendo
59	Revises provisions prohibiting certain discriminatory acts.	Senator Parks
54-62	Revises provisions governing licensing and practice of certain medical professionals.	Legislative Committee on Health Care (NRS 439B.200)
40-66	Provides for certain businesses to obtain and use auto-injectable epinephrine in certain circumstances.	Legislative Committee on Health Care (NRS 439B.200)

54-67	Revises provisions relating to certain persons who provide services to persons with autism.	Legislative Committee on Health Care (NRS 439B.200)
58-69	Revises provisions governing motor carriers.	Assemblyman Ellison
43-72	Revises provisions governing traffic laws.	Senator Manendo
79	Revises provisions relating to appointment and removal of members of boards, commissions and similar bodies by the Governor and the Legislature.	Senator Jones
50-80	Revises provisions relating to animal welfare.	Senator Jones
84	Revises provisions relating to licensing of medical professionals.	Senate Committee on Health and Human Services
40-85	Makes changes to Nevada's medical marijuana laws.	Senate Committee on Judiciary
40-88	Allows a stand-alone bar to permit dogs to enter the establishment at the discretion of the establishment's owner.	Senator Settelmeyer
45-89	Provides exemptions from registration requirements for the trapping of animals on private property.	Senator Settelmeyer
43-92	Conforms registration requirements for OHVs to standards for cars.	Senator Settelmeyer
94	Makes various changes concerning health care.	Senator Woodhouse
95	Revises provisions relating to health care.	Senator Woodhouse
97	Revises provisions relating to public safety.	Senator Woodhouse
107	Revises provisions relating to pedestrian safety.	Senator Jones, Assemblyman Healey
109	Revises provisions relating to squatters.	Senator Jones
111	Makes various changes relating to energy efficiency.	Senator Spearman
112	Revises provisions relating to health care.	Senator Spearman
117	Provides for targeted HIV outreach and testing.	Assemblyman Thompson
7-120	Exempts certain home-based businesses from the requirement to obtain a state business license.	Senator Roberson
121	Makes various changes relating to fire and emergency medical services in Washoe County.	Senator Kieckhefer, Assemblyman Bobzien
123	Makes various changes regarding transparency and ethics in government.	Assembly Committee on Legislative Operations and Elections
40-125	Enacts the "Nevada Right to Try Law" to allow terminally-ill patients access to certain therapies and medications that are currently considered experimental.	Assemblyman Ohrenschall, Senator Woodhouse
127	Revises provisions governing trapping of wildlife.	Senate Committee on Natural Resources
128	Revises provisions governing the health and safety of children.	Assemblyman Sprinkle
C-137	SJR: Repeals term limits for state and local offices.	Senator Segerblom
139	Makes various changes relating to construction of school facilities.	Senator Smith
140	Revises provisions relating to construction of school facilities.	Senator Smith
141	Revises provisions relating to vital statistics.	Senator Smith
144	Makes various changes relating to the regulation of e-cigarettes.	Senate Committee on Finance
145	Makes various changes relating to taxation of e-cigarettes.	Senate Committee on Finance
34-147	Enacts provisions regarding Nevada student data privacy and protection.	Assemblyman Kirner

32-150	Makes various changes concerning governmental financial administration.	Senator Spearman
57-153	Clarifies provisions of the Nevada Insurance Code.	Attorney General
14-154	Makes various changes relating to Medicaid fraud.	Attorney General
19-155	Revises provisions governing meetings of public bodies.	Attorney General
19-157	Revises provisions governing public records.	Attorney General
54-161	Revises provisions governing state professional licensing boards.	Attorney General
164	Provides for implementation of the federal Innovation in Surface Transportation Act.	Senate Committee on Transportation
167	Revises provisions governing community paramedicine programs.	Assemblyman Oscarson
170	Revises provisions related to motorcycle safety.	Senate Committee on Transportation
7-171	Repeals the requirement for a state business license fee and certain filing fees for businesses.	Assemblyman Wheeler
17-172	Revises provisions governing legislative measures.	Assemblyman Wheeler
32-175	Revises provisions governing the sale of electronic cigarettes and licensure of machinery used to manufacture cigarettes.	Attorney General
176	Revises provisions relating to the Legislature.	Senator Atkinson
179	Revises laws related to cottage-food industries.	Senator Ford
187	Revises provisions governing salvage and recovery of unmanned aerial systems.	Senator Hammond
38-192	Revises provisions relating to child welfare.	Legislative Committee on Child Welfare and Juvenile Justice (NRS 218E.705)
38-193	Revises provisions relating to foster homes.	Legislative Committee on Child Welfare and Juvenile Justice (NRS 218E.705)
38-194	Revises provisions relating to children in foster care.	Legislative Committee on Child Welfare and Juvenile Justice (NRS 218E.705)
195	Revises provisions relating to child welfare.	Legislative Committee on Child Welfare and Juvenile Justice (NRS 218E.705)
38-196	Revises provisions relating to child welfare.	Legislative Committee on Child Welfare and Juvenile Justice (NRS 218E.705)
197	Revises provisions relating to motor vehicles, including taxicabs.	Senator Manendo
38-209	Revises provisions governing family resource centers.	Assemblyman Thompson
40-214	Creates Nevada's "Good Samaritan Drug Overdose Law."	Senator Kieckhefer
43-215	Revises provisions relating to organ donation.	Senator Kieckhefer
52-228	Revises provisions relating to the operation of wineries in Nevada.	Assemblyman Hickey
230	Creates a Public Safety Task Force to recommend effective legislation to address driving under the influence of drugs, including marijuana.	Assemblyman Hickey
54-231	Revises provisions governing the practice of medicine.	Assemblyman Eisen
233	Revises provisions governing sex offenders and sexual offenses.	Assemblywoman Fiore
38-234	Revises provisions governing the regulation of foster homes for children.	Assemblywoman Fiore
235	Makes various changes to encourage physical activity in schools.	Senator Hardy

40-239	Makes various changes relating to prescriptions for certain medications.	Senator Hardy
249	Creates provisions related to exempt employees who are lactating.	Assemblywoman Spiegel
48-253	Revises provisions relating to water resources.	Assemblyman Ohrenschall
28-256	Makes various changes concerning government purchasing and bidding.	Assemblywoman Kirkpatrick
54-260	Makes various changes relating to physician assistants.	Senator Hardy
57-261	Revises provisions relating to insurance.	Senator Smith
264	Revises provisions relating to health care.	Senator Roberson
266	Revises provisions governing workforce development.	Assemblywoman Bustamante Adams
268	Revises provisions governing motor carriers.	Assemblywoman Bustamante Adams
270	Revises provisions governing transportation.	Assemblywoman Diaz
277	Makes various changes relating to public safety.	Assemblyman Sprinkle
280	Revises provisions relating to animals.	Senator Kieckhefer
20-284	Grants power to local governments to perform certain acts or duties which are not prohibited or limited by statute.	Senator Goicoechea
32-300	Revises provisions governing fuel taxes.	Assemblyman Healey, Assemblyman Paul Anderson
11-301	Revises provisions governing birth certificates and parental identification.	Assemblywoman Benitez-Thompson
32-307	Clarifies provisions governing taxation of tobacco products other than cigarettes to specifically include the consumable part of e-cigarettes and nicotine heated in a vapor device.	Taxation, Department of
308	Revises provisions relating to the Committee on Local Government Finance and assistance to financially distressed local governments.	Taxation, Department of
23-309	Revises provisions of the Nevada Ethics in Government Law.	Ethics, Commission on
34-317	Revises provisions governing the annual audits of the count of pupils in public schools and provides authority for annual audits of recipients and sub-recipients of state and federal grants of money.	Education, Department of
32-322	Revises administrative provisions governing the collection of excise taxes on medical marijuana.	Taxation, Department of
40-323	Revises provisions governing the Statewide Health Information Exchange System.	Health and Human Services, Department of-Director's Office
57-326	Revises provisions governing duties of insurers, self-insured plans, pharmacy benefit managers, group health plans, other organizations that issue policies of health insurance and service benefit plans regarding payments made by Medicaid for health care.	Health Care Financing and Policy, Division of-Health and Human Services
38-327	Revises provisions governing payment for medical assistance and hospital care for indigent persons.	Health Care Financing and Policy, Division of-Health and Human Services
34-332	Provides requirements for administration of questionnaires and surveys in public schools.	Public and Behavioral Health, Division of-Health and Human Services
40-333	Revises provisions governing issuance of medical marijuana registry identification cards.	Public and Behavioral Health, Division of-Health and Human Services
38-337	Revises provisions governing the Statewide Central Registry for the Collection of Information Concerning the Abuse or Neglect of a Child.	Child and Family Services, Division of-Health and Human Services

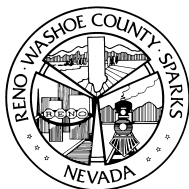
50-345	Revises provisions relating to the State Department of Agriculture and the regulation of agriculture.	Agriculture, State Department of
49-346	Makes various changes relating to the regulation of agriculture.	Agriculture, State Department of
58-347	Revises provisions governing pipeline and subsurface safety.	Public Utilities Commission of Nevada
48-366	Makes various changes relating to the adjudication of vested water rights, appropriation of public waters, underground water and wells and planning and development of water resources.	Water Resources, Division of-Conservation and Natural Resources
48-367	Revises provisions governing groundwater management plans and critical management areas.	Water Resources, Division of-Conservation and Natural Resources
7-368	Provides exemption from state business license requirement for businesses assigned to provide vehicles or equipment as responders to wildland fires, floods, earthquakes and other emergencies.	Forestry, Division of-Conservation and Natural Resources
42-369	Reorganizes provisions relating to fire protection districts.	Forestry, Division of-Conservation and Natural Resources
51-370	Clarifies provisions governing expenditure of money from the Fund for Cleaning Up Discharges of Petroleum.	Environmental Protection, Division of-Conservation and Natural Resources
57-371	Revises provisions governing the regulation of insurance.	Insurance, Division of-Business and Industry
35-375	Revises provisions governing the issuance of special obligation bonds to provide money for highway construction projects.	Transportation, Department of
43-378	Revises provisions governing the safety requirements for driving on highways that cross railroad tracks.	Motor Vehicles, Department of
40-380	Revises provisions governing licensing of stations authorized to perform emission inspections of motor vehicles.	Motor Vehicles, Department of
32-381	Clarifies provisions governing reimbursement of interstate special fuel users for taxes paid on fuel used outside of Nevada.	Motor Vehicles, Department of
32-382	Revises provisions governing taxes on special fuels.	Motor Vehicles, Department of
36-391	Establishes the Nevada Intrastate Mutual Aid System to create a flexible and scalable method of implementing intrastate mutual aid among political subdivisions, special districts and federally recognized tribes within the State for all hazards.	Emergency Management, Division of-Public Safety
40-392	Provides for the regulation of the sale of dextromethorphan.	Assembly Committee on Commerce and Labor
396	Revises provisions governing motor vehicle registration.	Assemblywoman Neal
398	Revises provisions governing contractors.	Assemblywoman Neal
399	Revises provisions governing managed care.	Assemblywoman Neal
34-404	Revises provisions relating to plans for schools to use in responding to a crisis or emergency.	Legislative Committee on Education (NRS 218E.605)
34-407	Revises provisions relating to information included in the annual report of accountability prepared by school districts and sponsors of charter schools.	Legislative Committee on Education (NRS 218E.605)
412	Makes various changes concerning the regulation of the practice of medicine.	Assembly Committee on Commerce and Labor
43-413	Revises provisions relating to certain special license plates.	Senator Brower
9-414	Revises provisions relating to renewable energy projects.	Assemblyman Ohrenschall



22-422	Revises provisions governing local government agreements for the development of land.	Henderson, City of
49-423	Authorizes industrial hemp farming in Nevada.	Senate Committee on Judiciary
427	Makes various changes to reduce medical errors in hospitals.	Senator Segerblom
429	Revises provisions relating to governmental administration.	North Las Vegas, City of
R-431	_JR: Urges Congress to facilitate the release of the federal grant funds previously awarded to the Nevada Fire Safe Council for hazardous fuels treatment in the Lake Tahoe Basin.	Legislative Committee for the Review and Oversight of the Tahoe Regional Planning Agency and the Marlette Lake Water System (NRS 218E.555)
46-438	Revises provisions governing fracking to restrict fracking, require regulation of fracking solely by the Division of Environmental Protection, and make other changes.	Senator Segerblom
18-439	Enacts an "Environmental Policy Act" for Nevada.	Senator Segerblom
57-440	Revises provisions relating to health insurance covering prescription drugs.	Senate Committee on Commerce, Labor and Energy
5-444	Revises provisions governing juvenile records.	Assembly Committee on Judiciary
7-448	Revises provisions governing the State Business Portal.	Secretary of State
7-450	Revises provisions governing state business licenses.	Secretary of State
R-451	SJR: Urges Congress to enact legislation transferring title and ownership of certain public lands to the State of Nevada pursuant to the plan recommended by the Nevada Land Management Task Force.	Senator Goicoechea, Senator Gustavson, Assemblyman Ellison, Assemblyman Hansen, Assemblyman Oscarson, Assemblyman Wheeler, Assemblyman Hambrick, Assemblyman Duncan, Assemblyman Kirner, Assemblywoman Fiore
R-452	SJR: Urges Congress to require the sharing of federal receipts from commercial activity on certain public lands among the Federal Government, the State of Nevada and its counties.	Senator Goicoechea, Senator Gustavson, Assemblyman Ellison, Assemblyman Hansen
22-454	Revises provisions governing the authorized uses of the proceeds of the Residential Construction Tax.	Nevada League of Cities and Municipalities
32-455	Revises provisions governing state licenses required for liquor importers, wholesale dealers of wines and liquors, wholesale dealers of beer, wine makers, instructional wine-making facilities, breweries, brew pubs and craft distilleries to require approval of governing body of city instead of county if principal place of business is located in a city.	Nevada League of Cities and Municipalities
31-456	Revises provisions governing timing of adoption of tentative budgets by local governments.	Nevada League of Cities and Municipalities
19-464	Clarifies provisions governing the fees that may be charged for providing copies of public records.	Nevada League of Cities and Municipalities
20-465	Grants authority for a Board of Commissioners to adopt ordinances regulating specific health and safety issues.	Nevada Association of Counties
40-474	Revises provisions governing requirements for hospitals to provide emergency services and care.	Clark County
40-475	Revises provisions relating to the public records of county hospitals and meetings of the governing bodies of county hospitals.	Clark County

476	Revises provisions governing funding of public hospitals.	Clark County
481	Creates a statewide committee to study present and future supplies of water and allocation levels in Nevada.	Legislative Committee on Public Lands (NRS 218E.510)
46-482	Revises provisions governing pit lakes.	Legislative Committee on Public Lands (NRS 218E.510)
42-484	Creates a nonprofit Rangeland Fire Protection Association in each county in Nevada.	Legislative Committee on Public Lands (NRS 218E.510)
486	Makes various changes relating to governmental administration.	Lieutenant Governor
38-498	Revises provisions governing the regulation of county emergency shelters for children.	Clark County
31-499	Revises provisions governing State Controller's debt collection system.	State Controller
38-506	Revises provisions governing out-of-school recreation programs.	Assemblywoman Diaz
507	Revises provisions relating to energy.	Assembly Committee on Commerce and Labor
34-510	Revises provisions governing school buses.	Assembly Committee on Education
512	Enacts the Caregiver Advise, Record, Enable (CARE) Act.	Senate Committee on Health and Human Services
529	Revises provisions governing special license plates.	Assemblyman Wheeler
537	Provides for an interim study regarding the development and implementation of energy efficient programs for various industries in this State.	Senator Spearman
540	Revises provisions governing public works.	Assembly Committee on Government Affairs
38-545	Makes various changes relating to the Committee for the Statewide Alert System.	Legislative Commission (NRS 218E.150)
19-547	Authorizes disciplinary action against employee who improperly disposes of official state record.	Legislative Commission (NRS 218E.150)
548	Makes changes relating to oil and gas.	Senate Committee on Natural Resources
549	Enacts provisions to protect natural resource and wildlife distribution data.	Senate Committee on Natural Resources
550	Makes various changes relating to the Nevada Commission for Women.	Legislative Commission (NRS 218E.150)
38-552	Makes various changes to certain advisory committees in the field of health care.	Legislative Commission (NRS 218E.150)
26-554	Makes various changes relating to the Executive Council of the Land Use Planning Advisory Council.	Legislative Commission (NRS 218E.150)
556	Makes an appropriation to Communities in Schools of Nevada, Inc. to coordinate the provision of student and family services to youth in this State.	Senate Committee on Finance
562	Revises provisions relating to information concerning pupils.	Senator Woodhouse
43-571	Revises provisions governing motor vehicle licensing.	Assemblyman Carrillo
43-572	Revises provisions governing vehicle licensing, registration and insurance.	Assemblyman Carrillo
575	Makes various changes relating to the coordination of medical and dental benefits.	Senator Hardy
576	Makes various changes relating to professional licensing boards.	Senator Hardy

577	Makes various changes related to the provision of health care services and network adequacy.	Assembly Committee on Health and Human Services
579	Provides enhanced support services for veterans.	Assemblyman Edwards
580	Ensures protection of public access to public lands.	Assemblyman Edwards
581	Provides natural resources access and protection.	Assemblyman Edwards
582	Enacts the public school innovation initiative.	Assemblyman Edwards
589	Revises provisions relating to medical records.	Senator Hardy
595	Revises provisions governing reductions in the workforce of school districts.	Senator Brower
597	Revises provisions relating to firearms.	Senator Settelmeyer
598	Revises provisions relating to public works projects.	Senator Settelmeyer
604	Revises provisions relating to local governing bodies and officials.	Senator Settelmeyer
54-606	Enacts the Nevada TeleHealth Access Equity Act.	Assemblyman Oscarson
607	Revises provisions regarding infrastructure projects and rates of speed for the operation of a motor vehicle.	Assemblyman Armstrong
609	Revises provisions governing the disposal of abandoned recreational vehicles.	Senator Goicoechea
610	Makes various changes related to recruiting, retaining, stabilizing and expanding regional commercial air service in the State.	Senator Goicoechea
612	Makes various changes relating to wildlife.	Senator Goicoechea
616	Creates a Sportsmen's Education Fund.	Senator Hammond
622	Establishes safe harbor provisions for children who are victims of sexual exploitation.	Assemblyman Araujo
623	Establishes provisions to address childhood obesity for children in child care facilities.	Assemblyman Araujo
624	Revises provisions governing the Department of Motor Vehicles and registration under the Selective Service System.	Assemblyman O'Neill
626	Revises provisions governing equipment for motor vehicles.	Assemblyman Carrillo
631	Revises provisions governing alcoholic beverages.	Senator Settelmeyer
632	Revises provisions relating to motor carriers.	Senator Settelmeyer
633	Revises provisions relating to certain businesses.	Senate Committee on Commerce, Labor and Energy
635	Revises provisions relating to occupational diseases.	Senate Committee on Commerce, Labor and Energy
637	Makes various changes to provisions governing the termination of parental rights.	Senator Hammond
642	Reduces regulations governing the transportation industry.	Assembly Committee on Transportation
647	Provides for establishment of academic and research standards for designation of a public university as a Research University.	Senator Ford
649	Establishes a program to provide first responders with critical medical information relating to victims of motor vehicle emergencies.	Assemblyman Armstrong
650	Provides for the merger of certain fire protection districts in certain counties.	Assemblyman Kirner



# WASHOE COUNTY HEALTH DISTRICT



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

## AIR QUALITY MANAGEMENT DIVISION

### DIVISION DIRECTOR STAFF REPORT BOARD MEETING DATE: December 18, 2014

**DATE:** December 5, 2014

**TO:** District Board of Health

**FROM:** Charlene Albee, Director  
775-784-7211, calbee@washoecounty.us

**SUBJECT:** Program Update – EPA Proposes New Ozone Ambient Air Quality Standards;  
Divisional Update – Monitoring & Planning and Permitting

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#### 1. Program Update

##### a. EPA Proposes New Ozone Ambient Air Quality Standards

On November 26, 2014, the U.S. Environmental Protection Agency (EPA) announced the long awaited proposal to strengthen the air quality standard for ozone to within a range of 65 to 70 parts per billion (ppb), while taking comments on a level as low as 60 ppb. Based on more than 1,000 new scientific reports, the Administrator determined there are serious threats to public health at exposures below the current standard of 75 ppb, established in 2008. The Clean Air Act requires EPA to review the National Ambient Air Quality Standards every 5 years considering only the health effects as presented by a panel of independent scientific experts.

Ground level ozone is not emitted directly into the air but is the result of chemical reactions between oxides of nitrogen (NO<sub>x</sub>) and volatile organic compounds (VOC) in the presence of sunlight. The primary sources of NO<sub>x</sub> and VOC are motor vehicle exhaust, industries, power plants, and vapors from certain fuels, chemical solvents, and paints. Breathing ozone can trigger a variety of health problems especially for children, the elderly, people of all ages who suffer from lung diseases like asthma, and has been linked to premature death from respiratory and cardiovascular causes. Ground level ozone can also have harmful effects on sensitive vegetation and ecosystems resulting in stunted tree growth and reduced crop yield. EPA estimates strengthening the standard to between 65 and 70 ppb will result in a reduction of 710 to 4,300 premature deaths; 1,400 to 4,300 asthma related emergency room visits; 65,000 to 180,000 missed work days; and 330,000 to 1 million missed school days.

The Clean Air Act does establish a schedule to allow states and local air agencies time to meet the new standards. EPA will seek public comment on the proposal for 90 days following publication in the Federal Register. After consideration of all of the comments, the final standard will be issued by October 1, 2015. Agencies must review the most recent three (3) years of monitoring data to determine the area design value prior to

submitting recommendations by October 2016 regarding attainment designations. Areas not meeting the new standard will be designated as non-attainment and will be required to submit a State Implementation Plan (SIP) with emission reduction programs to meet the standard between 2020 and 2037, depending on the severity of the non-attainment.

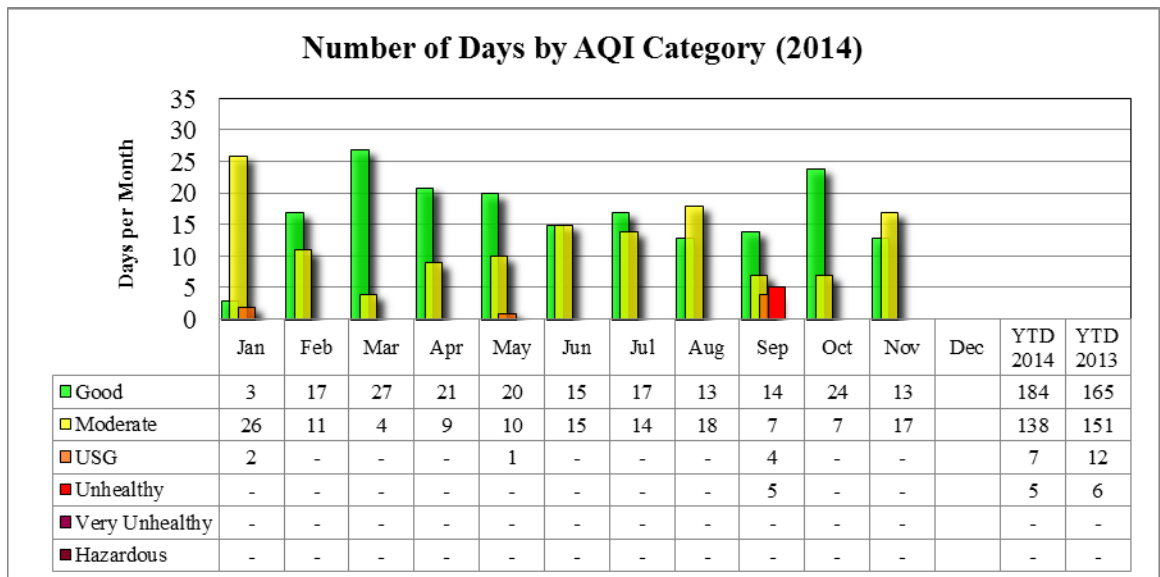
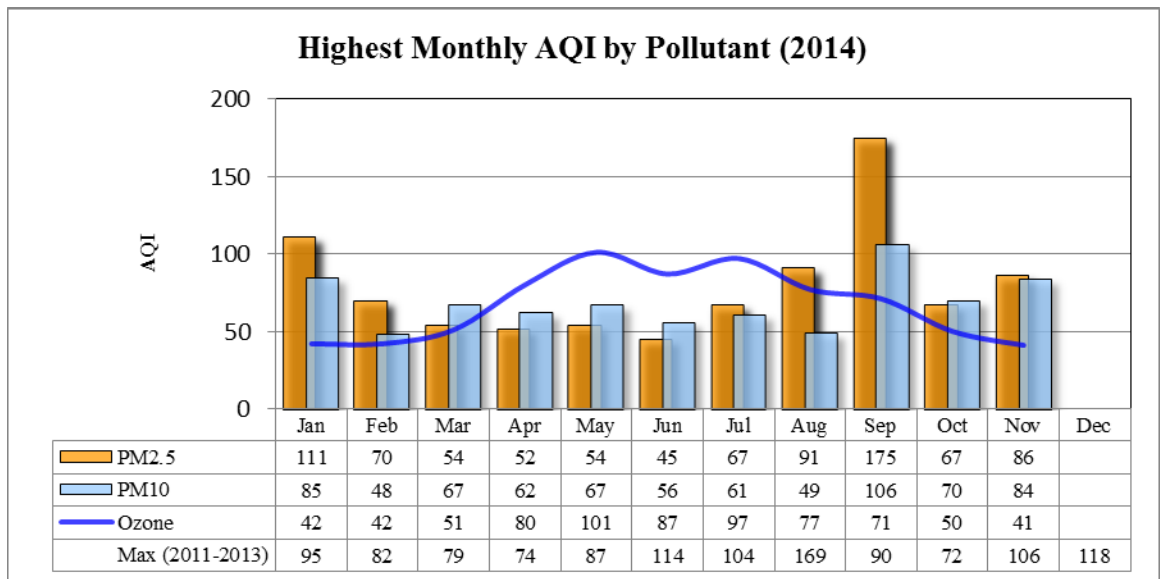
The Air Quality Management Division's most recent Trends Report, dated May 22, 2014, summarizes the current design values for all criteria pollutants. The ozone design value for Washoe County is currently 68 ppb which is on the higher end of the range for the proposed standard. If the final ozone standard is 70 ppb, Washoe County will remain in attainment of the standard. If the final ozone standard is 67 ppb or below, Washoe County will be one of the EPA estimated 200 counties in the country that will be designated as non-attainment. EPA's analysis also estimates the combination of existing federal programs, including the Tier 3 vehicle and fuels standards and the Clean Power Plan, should help the majority of U.S. counties meet the new standards by 2025.

What this all means is the new ozone standard will provide for a healthier environment for the citizens of Washoe County, however, in order to meet the standard, there is work to be done. Even if the new standard is set at 70 ppb, emission reduction measures, both voluntary and mandatory, will be required to maintain attainment with the standard as our population and industry grow with future economic development.

**Charlene Albee, REM**  
Director, Air Quality Management Division

## 2. Divisional Update

- a. Below are two charts detailing the latest air quality information for the month of November. The top chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three years in the data table for comparison. The bottom chart indicates the number of days by AQI category and includes the previous year to date for comparison.



Please note AQI data are not fully verified and validated and should be considered preliminary. As such, they should not be used to formulate or support regulation, guidance, or any other governmental or public decision. For a daily depiction of the AQI data, please visit [www.OurCleanAir.com](http://www.OurCleanAir.com) for the most recent AQI Summary

### **3. Program Reports**

#### **a. Monitoring & Planning**

There were no exceedances of any National Ambient Air Quality Standard during the month of November.

The first Yellow burn code of the season was issued on Wednesday, November 26. Weather conditions improved and the code was updated to Green on Thursday, November 27, 2014. The first Yellow burn code last season (2013-14) was issued on November 24, 2013; however, that episode continued for one week until December 2, 2013.

Woodstoves, pellet stoves, and fireplaces are significant sources of wintertime fine particulate matter in the Tahoe Basin. The Tahoe Regional Planning Agency has funding available to Incline Village homeowners to replace older, higher polluting, less efficient woodstoves with newer, cleaner, more efficient wood and pellet stoves. Instant rebates are now available to all areas of southern Washoe County as well as Carson City and Douglas Counties. The University of Nevada, Reno | Business Environmental Program is administering these programs and additional information can be found at [OurCleanAir.com](http://OurCleanAir.com).

Because of an emergency paving project at the Nevada Department of Transportation yard in Reno, the Galletti monitoring station was temporarily removed on November 22. AQMD is coordinating with EPA to permanently discontinue monitoring at this location and establish a new site in the Spanish Springs area. AQMD is also coordinating with Washoe County Regional Parks and Open Space for other potential new sites. These proposed network changes are included in the monitoring program's long term strategic plan. Restructuring the monitoring network will improve overall coverage while continuing to meet federal requirements.

Daniel K. Inouye  
Chief, Monitoring and Planning

b. Permitting & Enforcement

Type of Permit	2014		2013	
	November	YTD	November	Annual Total
<b>Renewal of Existing Air Permits</b>	88	923	90	1356
<b>New Authorities to Construct</b>	9	119	2	71
<b>Dust Control Permits</b>	7 (106 acres)	103 (1080 acres)	9 (94 acres)	119 (1150 acres)
<b>Wood Stove Certificates</b>	19	308	35	364
<b>WS Dealers Affidavit of Sale</b>	10 (5 replacements)	105 (67 replacements)	9 (5 replacements)	99 (61 replacements)
<b>WS Notice of Exemptions</b>	537 (3 stoves removed)	6348 (62 stoves removed)	569 (7 stoves removed)	8356 (88 stoves removed)
<b>Asbestos Assessments</b>	54	737	46	828
<b>Asbestos Demo and Removal (NESHAP)</b>	15	184	11	199

Staff reviewed twenty five (25) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- The TMWRF H2S scrubbing system is installed and operating. The system is running under engineering review. TMWRF staff has completed training on the new scrubber system. The SO<sub>2</sub> modeling has been performed and demonstrates compliance with the National Ambient Air Quality Standards for the facility.
- Permitting and enforcement staff has completed all of their required annual training.

Staff conducted forty nine (49) stationary source and fifty three (53) gas station inspections in November 2014. Staff also conducted inspections on asbestos removal and construction/dust projects.



COMPLAINTS	2014*		2013	
	November	YTD	November	Annual Total
Asbestos	1	22	1	18
Burning	1	5	0	8
Construction Dust	17	49	2	0
Dust Control Permit	3	20	0	7
General Dust	1	50	2	46
Diesel Idling	0	3	0	8
Odor	1	15	2	16
Spray Painting	1	6	0	5
Permit to Operate	2	29	2	55
Woodstove	0	10	1	16
<b>TOTAL</b>	<b>27</b>	<b>209</b>	<b>10</b>	<b>209</b>
NOV's	November	YTD	November	Annual Total
Warnings	3	36	4	46
Citations	2	11	4	40
<b>TOTAL</b>	<b>5</b>	<b>47</b>	<b>8</b>	<b>86</b>

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



# WASHOE COUNTY HEALTH DISTRICT

COMMUNITY & CLINICAL HEALTH SERVICES DIVISION

**Public Health**  
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## **DIVISIONAL STAFF REPORT** **BOARD MEETING DATE: December 18, 2014**

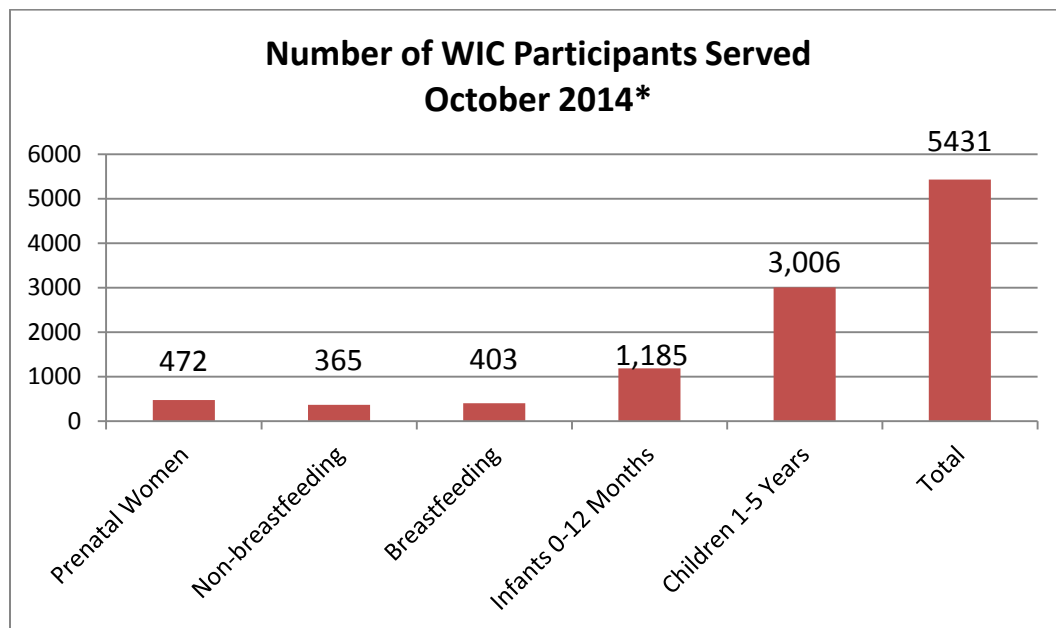
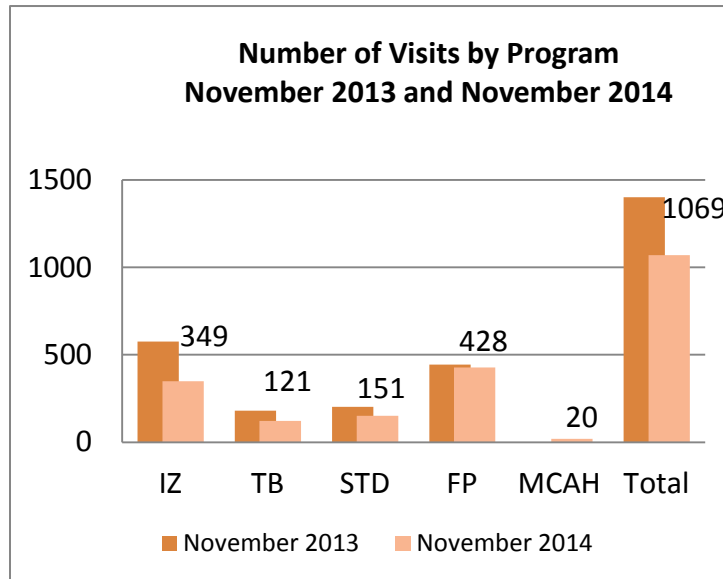
**DATE:** December 5, 2014  
**TO:** District Board of Health  
**FROM:** Steve Kutz, RN, MPH  
775-328-6159; skutz@washoecounty.us  
**SUBJECT:** Program Update – Divisional Update, Program Reports

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### **1. Divisional Update**

- a. Insight – The Insight Workgroup has been invited to participate on the Netsmart (vendor for Insight) Public Health Advisory Council as we have been exemplary in the merger of our clinical and technological expertise. This should provide us with more direct, strategic solutions input into the Insight product, as well as a connection with a higher level of Netsmart leadership. The workgroup will be meeting with the new Netsmart account executive, Angela Moore, this month. Insight has been updated to version 8.0, which will allow us to best utilize the features in new modules that are being implemented.
- b. Affordable Care Act (ACA) – CCHS programs will be conducting time studies this month in preparation for FY 16 fee calculations. This information will be entered into cost analysis spreadsheets, utilizing resource based relative value scale (RBRVS). It is expected that this will improve cost recovery for our clinical programs. Conversations and work on insurance contracts continue, most recently the Prominence Health Plan, formally Saint Mary's Healthfirst.

c. Data/Metrics –



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

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

## **2. Program Reports – Outcomes and Activities**

- a. **Sexual Health** – Staff is developing process flow charts for chlamydia, gonorrhea, and syphilis investigations. These will assist with formative evaluation and ongoing quality improvement activities.

Nicole (Nikki) Kleine will join the Sexual Health team as a Public Health Nurse I on December 15, 2014. Nikki has a diverse nursing background with recent experience as a Clinical Instructor at Orvis School of Nursing.

Staff provided STD and HIV testing at a prostitution sting at a local resort/casino that was conducted by the Regional Street Enforcement Team and the Gaming and Control Board. Nine of the suspected prostitutes received testing.

Television and social media ads will be starting in December to enhance outreach efforts.

- b. **Immunizations** – The Immunization Clinic is now scheduling appointments and providing clinic services five days per week. Extended hours (until 7:00 p.m.) are now available on the first, third and fifth Wednesdays of each month.

Seven School Located Vaccination Clinics were held at local elementary schools. A total of 654 students and adults received 599 doses of flu vaccine and 143 doses of Tdap, in partnership with Immunize Nevada.

- c. **Tuberculosis Prevention and Control Program** – Victoria Nicolson-Hornblower will join the TB program on December 15, 2014 as a Public Health Nurse I, assigned to the TB and Immunization programs. Holly Mc Gee attended Case Management and Contact Investigation Intensive training through the Curry International Tuberculosis Center in November 2014. Staff is hosting the Northern Nevada TB Cohort Review on December 16, 2014. There have been a total of six cases of TB disease in 2014.
- d. **Family Planning/Teen Health Mall** – Drs. Stephanie Wright and Brian Passalacqua are scheduled to begin Medical Director duties for the Family Planning/Teen Health Mall clinics in January. Orientation of new staff continues. Staff training for use of the Family Planning Module, which has been added to our Electronic Health Record, is scheduled to occur this month.

- e. **Chronic Disease Prevention Program (CDPP)** – Kelli Goatley-Seals presented Washoe County School District (WCSD) student Body Mass Index (BMI) data and information about electronic cigarettes to WCSD nurses on November 4, 2014. She also attended the Nevada Youth Advocacy Summit meeting on November 15, 2014. This was a statewide effort to build capacity among youth advocates in Nevada related to tobacco prevention and control efforts. Approximately 50 youth from across the state participated.

In partnership with the City of Reno's Crime-free Multi-Unit Housing program, staff presented information to ten housing owners/managers about the demand for and benefits of smoke-free multi-unit housing on November 12, 2014. Resources were provided to help properties adopt a smoke-free policy.

Staff distributed tobacco cessation and prevention information at the Great American Smoke Out event at UNR on November 20, 2014.

Staff attended a UNR student project Community Health and Wellness event sponsored by Reno Police Department at El Verbo de Dios Church on November 22, 2014. Quit Cards for tobacco cessation and other Washoe County Health District program information was distributed.

Staff delivered activity kits to four childcare centers who implemented wellness policies improving nutrition and physical activity. The activity kits were purchased through the ACHIEVE grant, and a total of 12 childcare centers were awarded kits. CDPP staff are developing low cost and low effort ways to continue to recognize childcare centers who implement wellness policies, now that all of the activity kits have been distributed.

- f. **Maternal, Child and Adolescent Health (MCAH)** – Fetal Infant Mortality Review (FIMR) staff completed six data abstractions in November 2014. The second Case Review Team (CRT) meeting was held on November 12, 2014. The national FIMR director attended the CRT meeting and provided guidance and feedback to the members. CRT meetings will be held on a monthly basis beginning in January 2015.
- g. **Special Supplemental Nutrition Program for Women, Infants and Children (WIC)** – WIC staff conducted outreach (in conjunction with CDPP above) at the Community Health and Wellness Event on November 22, 2014, sponsored by the Reno Police Department and UNR Criminal Justice Department to address community issues, primarily domestic violence. USDA selected District Health WIC for a national nutrition education study that will highlight efforts across the nation that promotes healthy eating and physical activity behaviors. The WIC Program Manager participated on the Tahoe Forest Hospital Community Health Assessment committee for Incline Village and on a panel at UNR featuring Community Nutrition.



# WASHOE COUNTY HEALTH DISTRICT

## ENVIRONMENTAL HEALTH SERVICES DIVISION



**Public Health**  
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### DIVISION DIRECTOR STAFF REPORT BOARD MEETING DATE: December 18, 2014

**DATE:** December 5, 2014  
**TO:** District Board of Health  
**FROM:** Robert O. Sack, Division Director, Environmental Health Services (EHS)  
775-328-2644; [bsack@washoecounty.us](mailto:bsack@washoecounty.us)  
**SUBJECT:** EHS Division Update, Program Updates - Food, Vector-Borne Disease, Waste Management and EHS Inspections / Permits / Plan Review.

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#### DIVISION UPDATE

- After completing the annual routine inspection of the Lakemill Lodge and investigating eight citizen complaints on the facility, EHS staff in early November requested assistance from the City of Reno regarding compliance issues. The result of this request was a joint agency inspection of the entire Lakemill Lodge. Eight field staff and one supervisor worked with various City of Reno agencies to inspect the facility on December 3, 2014. This inspection and the resulting report required in excess of 45 hours of staff time. (see attached)
- Chantelle Batton began employment December 1, as an Environmental Health Specialist Trainee I.

#### PROGRAM UPDATES

##### Food

- Staff in the Food Safety sub-program developed a new food protection training program intended to prepare environmentalist trainees to conduct risk-based assessments at food establishments. The training program consists of a combination of US Food and Drug Administration (FDA) on-line training courses, videos, reading material, a structured field training schedule, field training manual and internal SOPs. The training program is designed to work toward completion of FDA's Voluntary National Retail Food Regulatory Program Standards which is a national continuous improvement project.
- The holidays are here and so is our message to the public, food safety. Staff spoke with press and reminded the public to be conscious of food-borne illness. (see attached)
- Special Events - There were 110 Temporary Food inspections for Special Events in November of 2014, an increase of 27 inspections over 2013. Powers Craft Fair returned for a second straight year to Reno to renew the long history of the event at Reno Sparks Convention Center. There were 18 permits issued for the event. Comic Con was a new event for November 2014 in which 6 temporary food permits were issued. The event was very crowded and busy and with numbers from the tourism authority pending was a huge success. Comic Con 2015 is already scheduled to return.

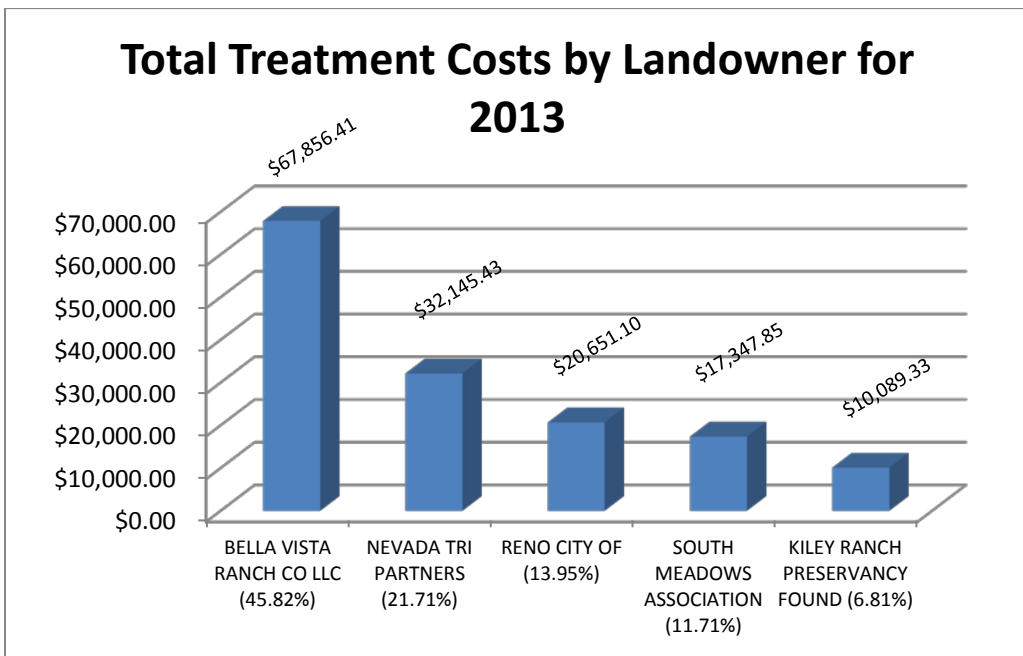
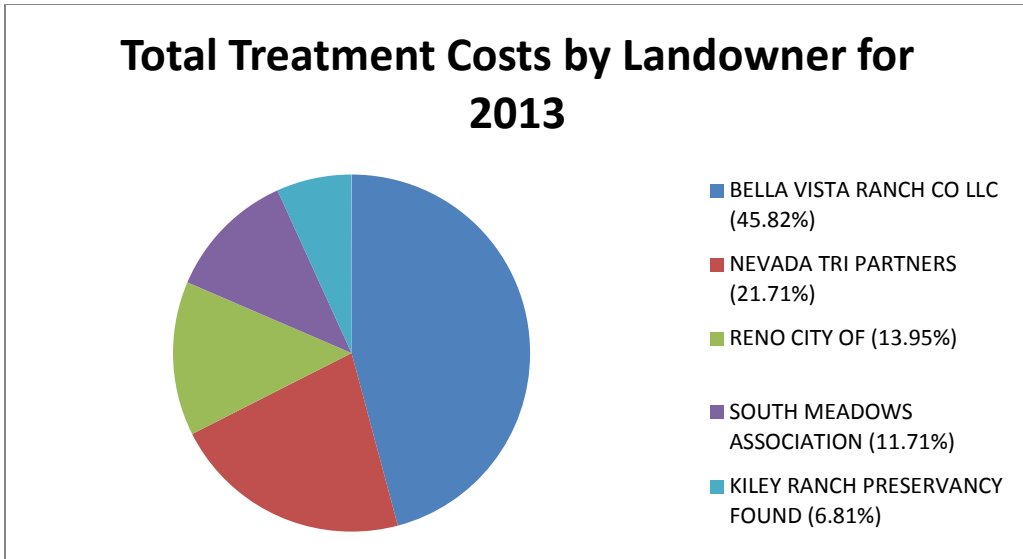
- Invasive Body Decoration Program (IBD) staff completed more than 50 inspections of IBD establishments in 2014. Additionally, there were 5 events in which IBD operators were required to pull temporary permits. In total there were 184 inspections conducted of temporary IBD operators at Special Events in 2014. Events with IBD artists included Lady Luck Tattoo Convention, Silver State Tattoo Convention, Rockabilly Riot, Street Vibrations and Comic Con. Washoe County staff worked diligently on keeping up with the technology and dynamics of IBD sanitation and regulation. Staff will present revised regulations to the Board of Health in the coming months. Washoe County is recognized as a leader in the State of Nevada with the work our staff has done in this area.

### **Vector-Borne Disease**

- **Kiley Ranch / Kiley Preserve:** The Spanish Springs area has been used for farming and ranching since the construction of the Orr ditch (circa 1873-1878). The former Kiley Ranch northeast of Sparks Blvd and Pyramid Highway included in this area irrigated the ranch with tail water from the Orr ditch and runoff from flood irrigated fields captured in a series of manmade ponds and low areas were discharged into the Kiley wetlands, now referred to as the Kiley Preserve. As an active ranch, staff recommended good irrigation practices to reduce the amount of runoff to the wetlands which Kiley Ranch ignored. With a Planned Unit Development proposed for the Kiley Ranch, the Vector-Borne Diseases Program reviewed the infrastructure to avoid ponding water. During any review process; detention, retention basins, channel and swales are designed based on our regulations for storm and nuisance water to flow through these facilities rather than pond water. Catchment areas for common areas and typical lots are designed to infiltrate water reducing runoff to catch basins, detention basins, and channels that eventually discharge to the Truckee River. The uniqueness of this proposed Planned Unit Development is that the existing wetlands were utilized for irrigation runoff for farming. Historically the wetlands/Preserve is a hot bed for West Nile virus. With residential, commercial, schools and parks proposed for this Planned Unit Development the risk is high that people who live, work and enjoy the green belt Preserve is at risk for adult mosquitoes carrying diseases like West Nile virus. Staff is in the process of working with the developers, Kiley Preserve Board, engineers, planners for the project. The first step is to establish a funding mechanism for the Preserve. Currently no funding exists. The funding would allow the Kiley Preserve Board to develop improvement plans in collaboration with the Vector-Borne Diseases Program to enhance the Preserve including an annual maintenance schedule to reduce mosquito populations that transmit diseases while promoting bird diversity and water fowl for the Preserve.



The following figures show treatment costs by landowner for 2013. Costs are combined totals for mosquito larvicide products and helicopter contract service fees estimated by property parcel coverage using real-time GPS mapping software. The 2013 season represented a slightly drier than-average year, with moderate water levels drying out later in the season. The 2014 season was atypical in that heavy rainstorms in the Spanish Springs area flooded the Kiley Ranch Preserve properties later in the season. Data for 2014 will be available in January 2015.



\* Figures listed above do not include inspection surveys and disease surveillance costs (helicopter/pesticide applications only).



- The Vector-Borne Diseases Program lost a valuable individual to our program. Bud Varnum passed away unexpectedly on December 5. Bud worked in our program for 5 years in the capacity of inspections for building projects. Prior to signing off and the owner receiving their certificate of occupancy (C of O), Bud inspected projects ensuring our program design standards were completed for infrastructure. More importantly, Bud provided a guiding hand to our public health interns. His firm but gentle touch in providing advice, and sometimes corrections in their work ethic, made them better men and women. It is a difficult loss for all of us and our program.



**Waste Management Program**

- EHS staff received their first permit application as a result of the newly approved medical marijuana facilities. Staff expects from 20 to 30 additional permit applications within the next year.

**EHS 2014 Inspections/Permits/Plan Review**

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	YTD	AVG
Child Care	6	3	7	13	10	27	25	14	25	16	7	153	14
Complaints	70	74	68	96	101	97	139	117	128	78	52	1,020	93
Food	499	312	452	388	475	364	288	420	429	458	510	4,595	418
General	63	67	118	62	383	134	190	290	101	113	174	1,695	154
Plan Review (Commercial)	14	3	4	3	14	14	4	3	10	31	20	116	11
Plan Review (Residential Septic)	21	29	32	39	41	47	46	39	37	39	32	402	37
Residential Septic Inspections	22	29	37	45	33	74	44	27	43	49	43	446	41
Temporary Food/Special Events	28	33	62	84	132	420	337	765	271	183	110	2,425	220
Well Permits	11	0	5	6	6	15	12	12	7	13	22	109	10
Waste Management	12	20	29	9	12	21	13	13	13	4	9	155	14
<b>TOTAL</b>	<b>746</b>	<b>570</b>	<b>814</b>	<b>745</b>	<b>1,207</b>	<b>1,209</b>	<b>1,098</b>	<b>1,700</b>	<b>1,064</b>	<b>984</b>	<b>979</b>	<b>11,116</b>	<b>1,011</b>

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

## City of Reno Conducts Inspection of Lake Mill Lodge

Posted: Dec 03, 2014 1:33 PM PST Wednesday, December 3, 2014 4:33 PM EST  
Updated: Dec 03, 2014 5:09 PM PST Wednesday, December 3, 2014 8:09 PM EST  
By Andi Guevara  
[producers@ktvn.com](mailto:producers@ktvn.com)



Lake Mill Lodge

The task force arrived at nine in the morning Wednesday, ready to do a thorough inspection of the Lake Mill Lodge in downtown Reno.

From health code violations and building safety, to business license compliance - no stone is left unturned.

"When we do a task force, we actually hit every unit, we don't do a sample. We go into every unit, we inspect the exterior of the property, we inspect the books," says Alex Woodley, Code Enforcement Manager, City of Reno.

The Lake Mill Lodge is a motel, but some people live there permanently. About five years ago, the City of Reno temporarily shut the place down because it was considered uninhabitable.

And while the management would not speak to us on camera or let us on the property, people who live there say it's improved since then.

"There was drug dealers and there was riff raff here. It was dangerous, but it ain't like that," says Steven Delong.

Barbara Gallagher adds, "I've had no problems with cleanliness or anything. I've heard some people complain they've had bugs in the past, but I haven't."

While there, police officers were able to identify 15 motel tenants with outstanding warrants.

"So we're verifying that those people are still here and if they are we confirm the warrants. They get detained and they'll be taken up to the sheriff's office," says Reno Police Officer Tim Broadway.

After the inspection the owner will get a list of improvements that need to be made, and inspectors will keep coming back to ensure they're completed.

"Anything that has to do with heating will be the number one priority, so those will be the first items that we'll address - give 'em like, two weeks. And then we come in two week increments at a time," says Woodley.

Officials say inspections like these are one of the ways the City of Reno is providing safe and liveable neighborhoods. The team inspected for — but was not limited to — heating issues, water requirements, minimal safety requirements (handrails, lighting in stairwells, etc.), infestations (roaches, bed bugs, etc.), fire egress (emergency exits), smoke detectors, nuisances, and/or any criminal behavior.

The inspection is in compliance with one of Reno City Council's strategic priorities, which is to Provide Safe and Livable Neighborhoods, and the recent expansion of the Police Special Assessment District (SAD).

The CSAST includes representatives of Reno Code Enforcement, Reno Fire Department, Washoe County Health Department, Reno Business License Compliance, and the Reno Police Department. The CSAST was created to address businesses or issues within the community that appeared to be in need of education and/or enforcement of adopted ordinances that provide for safety and quality of life standards as established by local, state, or federal laws.

Of the 123 rooms that the CSAST team inspected, only 5 out of the 123 rooms passed inspection throughout. The discrepancies found in the 118 rooms which did not pass a complete inspection had issues that varied from missing faucets; lose toilets, stopped up plumbing and smoke detector issues. Some of the rooms also had no heat, cockroaches, bed bugs, and other unsanitary conditions. The Washoe County Health District closed 2 rooms temporarily due to unhealthy conditions.

During the inspection 5 individuals who all had active warrants for their arrest were contacted by Reno Police Officers and arrested.

Upon completion of the Lake Mill Lodge compliance check, a small group of the CSAST performed a 'spot' check at the Wonder Lodge located at 430 Lake Street. (This is the same owner as the Lake Mill Lodge.) The Wonder Lodge property has 63 rooms. Main issue identified was an inoperable elevator. Only 5 rooms inspected and they had minor issues.

(The City of Reno, Reno Police contributed to this report.)

## Thanksgiving Food Safety

Posted: Nov 25, 2014 7:18 AM PST Tuesday, November 25, 2014 10:18 AM EST

Updated: Nov 28, 2014 10:16 AM PST Friday, November 28, 2014 1:16 PM EST

By Landon Miller

[producers@ktvn.com](mailto:producers@ktvn.com)



You don't want to end your Thanksgiving Holiday sick. That's why we are asking the Washoe County Health Department the ways we can keep our food safe this year.

"It's very important to have advanced preparation because during this time of the year, we don't want families to get a food-borne illness," said Kim Franchi, an environmental health specialist with Washoe County. "It can ruin a holiday really fast."

More than 23 million Americans are infected with food-borne illness each year. But there are ways to protect yourself.

Because Thanksgiving is only two days away, now is the time to start with your preparation. It's time to thaw the bird.

"Do not thaw frozen meats in room temperature on your countertop," said Franchi. "Make sure you plan in advance and thaw those turkeys in refrigeration at 40 degrees or lower."

Franchi says there are four basic things to keep in mind come Thanksgiving Day. Once it's time to start the cooking process, yes, it may seem obvious, but wash your hands for at least 20 seconds.

Make sure you are cooking in a clean environment, so disinfect the surfaces. Separate meats from produce. Finally, cook everything thoroughly. Your turkey needs to be at least 165 degrees inside.

So now that we've cooked, and we've eaten, what should we do with the leftovers?

"Your leftovers need to be cooled properly," said Franchi. "Any leftovers need to be put in the refrigerator within two hours and kept cold at 40 degrees or colder."

Still confused or have a specific question? Then ask [Karen](#). Yes, [Karen](#). It's a website that allows users to ask questions directly to federal food safety experts.



# WASHOE COUNTY HEALTH DISTRICT

EPIDEMIOLOGY &amp; PUBLIC HEALTH PREPAREDNESS

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

## DIVISION DIRECTOR STAFF REPORT BOARD MEETING DATE: December 19, 2014

**DATE:** December 8, 2014  
**TO:** District Board of Health  
**FROM:** Randall Todd, DrPH, EPHP Director  
775-328-2443, rtodd@washoecounty.us  
**SUBJECT:** Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services

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### **Communicable Disease (CD) -**

**Pertussis** - CD staff have continued to investigate pertussis cases. To date, 56 cases have been reported and investigated in comparison to 22 cases for the whole year in 2013. Twenty-one (21) suspected cases reported to date by physicians did not meet the case definition.

**Ebola** - CD staff members actively monitored one Ebola contact and two residents who returned from affected West Africa countries. All three individuals had low but not zero risk. Two had not developed any symptoms at the end of the 21 day period. A third individual is still being monitored through December 13.

**Enterovirus D68** – CD staff investigated six suspected EVD68 like illness cases and so far two have come back positive for Rhinovirus, one was negative for enterovirus, and three are still pending. No lab-confirmed EVD-68 has been identified in Nevada to date.

**Influenza** – As of week #48 (ending 11/29/14), the percentage of patients seen with ILI in Washoe County was 3.1% and the P&I ratio for week #47 was 6.7%. During week #47, the percentage of patients seen nationally with ILI was 2.0%. As of week #48, 23 lab-confirmed influenza cases have been reported. Of which, 10 were influenza A and 13 were influenza B. Two cases were hospitalized and there has been one influenza-related death.

### **Public Health Preparedness (PHP) –**

Staff continued participation in the County's Hazard Mitigation process by providing relevant Health District plans to the Plan coordinator. This process will result in an updated/revised hazard mitigation plan for Washoe County.

PHP staff worked with the County safety representative to develop Emergency Action Plans (handouts) that are Health District specific. These Emergency Action Plans, to be distributed to all District employees, provide "at-a-glance" emergency phone numbers and actions to be taken during an emergency.

Staff continued to staff ICS roles for Ebola Preparedness within the Health District's ICS structure. PHP staff wrote a large section of the Ebola Virus Disease Emergency Operations Plan and assisted in the coordination of the division input to the plan.

An After Action Report - Improvement Plan for the Full Scale Pandemic Influenza Point of Dispensing Exercise was completed. All objectives of the exercise were met, and improvements to future exercises will be addressed. The most significant outcome was the ability of multi-response agencies to come together as a unified team to augment Health District Public POD operations if necessary.

PHP has coordinated six additional Fire Vaccination Trainings for January 2015 to ensure all intermediate and advanced firefighters from the three local fire agencies are trained to provide vaccinations in the event of a public health emergency such as pandemic influenza or smallpox.

PHP staff will be conducting a Point of Dispensing Tabletop exercise on December 11th with the scenario focusing on weaponized pneumonic plague.

The WCHD's Medical Reserve Corps Volunteer Program (MRC) involved MRC Volunteers in a training/ educational session on the Ebola Virus Disease (EVD) on December 5<sup>th</sup> at the WCHD. The purpose of the training was to provide volunteers with an overview on Ebola. Other volunteers representing different organizations e.g. CERT and the American Red Cross were also invited to the training. Dr. Todd was the presenter.

On November 19, 2014 the MRC Coordinator attended a meeting of the Volunteers Association of Northern Nevada (VANN). In attendance at the meeting were over ten different volunteer managers representing a variety of private and public organizations and associations. The topic of discussion was "The Essentials of Risk Management for your Volunteers and Volunteer Program." The MRC Coordinator also made a brief presentation and passed out Flyers inviting attendees to the upcoming volunteer training/educational session on Ebola.

#### **Emergency Medical Services (EMS) –**

EMS staff met with REMSA to learn more about the Nurse Health Line (NHL) as it is a continued topic of discussion with EMS partner organizations. During the meeting, EMS staff learned about the interface between NHL, PSAPs and RESMA Dispatch. An in-depth discussion was held regarding the data collected at part of the NHL federal grant and the applicability of that data to EMS performance. The information obtained assists with understanding the EMS system from all aspects and not simply from the initiated citizen 911 calls.

EMS staff has obtained the necessary data points from all signatories of the Interlocal Agreement for EMS Oversight. Based on the commitment from regional agencies, data will now be submitted on a monthly basis so that regular analyses of the EMS system in Washoe County can occur. The EMS Oversight Program intends to complete both monthly and quarterly analyses for each jurisdiction and will present the findings to the EMS Advisory Board at each meeting.

EMS staff are currently watching the following bill drafts:

40-474: Sponsored by Clark County. Revises provisions governing requirements for hospitals to provide emergency services and care. Submitted 8/29/2014

577: Sponsored by Assembly Committee on Health and Human Services. Makes various changes related to the provision of health care services and network adequacy. Submitted 11/17/2014

589: Sponsored by Senator Hardy. Revises provisions relating to medical records. Submitted 11/20/2014

Four Health District staff members attended the Integrated Emergency Management Course at the Emergency Management Institute on November 17-20, to include the EMS Program Manager and PHP Program Manager. Throughout the week, Emergency Medical Services plans and processes were included in the simulated exercises. Two different scenarios were exercised during the course of the week, one relating to a hazardous materials incident and the larger exercise depicted a 6.3 earthquake in South West Reno. In addition to learning about the different disciplines within the region and the various plans utilized during an emergency response, the course provided an opportunity for networking amongst the regional partners.



# WASHOE COUNTY HEALTH DISTRICT

OFFICE OF THE DISTRICT HEALTH OFFICER



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

## DISTRICT HEALTH OFFICER STAFF REPORT

**BOARD MEETING DATE: December 18, 2014**

**DATE:** December 5, 2014  
**TO:** District Board of Health  
**FROM:** Kevin Dick, District Health Officer  
 (775) 328-2416, kdick@washoecounty.us  
**SUBJECT:** District Health Officer Report - Integrated Emergency Management Course, REMSA/EMS, Ebola Preparedness, Regional Business License and Permits Program, Community Health Needs Assessment, Fundamental Review, Staffing, Other Events & Activities and Health District Media Contacts.

### Integrated Emergency Management Course

I participated in a Regional Integrated Emergency Management Course and Exercise, November 17-20 at the FEMA Training Center in Emmitsburg, MD. Bob Sack, Jeff Whitesides, and Christina Conti also participated from the Health District with about 70 other local jurisdiction and organization partners. The event was organized by the County Emergency Manager, Aaron Kenniston, and FEMA funded the travel and training. During the course we received training from an elite group of instructors and exercised response to a hazmat incident and response to, and recovery from, a magnitude 6.3 earthquake. The course provided an excellent opportunity to test response plans, and to work collaboratively with regional partners. I will show some slides from the event during the DBOH meeting.

### REMSA / EMS

The second meeting of the Regional EMS Advisory Board meeting occurred on December 4. EMS system response data from July –September 2014 was presented.

### Ebola Preparedness

The Health District continues to work with hospitals, healthcare providers, EMS agencies and other regional partners to provide information and distribute or develop protocols for use in the event a case of Ebola Virus Disease presents in our community. Active monitoring of people who have traveled in countries in which Ebola outbreaks are occurring is expected to be a regular occurrence over the next few years until the spread of the disease in these countries has been eliminated. CDC is working with hospitals in states with many travelers arriving from these countries or which have significant populations from these countries to prepare Ebola treatment hospitals. CDC's teams have completed this work with hospitals in Sacramento, Oakland, and San Francisco.

### Regional Business License and Permits Program

The Oversight Group met on December 2 for an update on the status, timelines, budget and accomplishments of the project to date. The Group agreed not to make any changes to the Interlocal Agreement or Accela contract at this time. (Fundamental Review Item 7)

### Community Health Needs Assessment

Work continues on the Community Health Needs Assessment (CHNA) through the Nevada Public Health Foundation's Independent Contractor, Heather Kerwin. The CHNA is expected to be completed by the end of December 2014. The Truckee Meadows Healthy Communities Conference will be held on January 8<sup>th</sup> 2014. Registration for the conference is open at <http://www.truckeemeadowshealthycommunities.com/>.

Stakeholder organization partners are surveying community members and conducting focus groups for community input into potential projects within the 89502 zip code area, which might be discussed during the Conference on January 8<sup>th</sup>. (Fundamental Review Item 14)

### Fundamental Review

Progress continues:

- Evening immunizations on the first third and fifth Wednesdays of the month began on December 3. It was great to see the counter open and people waiting in the lobby for immunizations after 5 pm. I am very appreciative of staff willingness to flex hours in order to make this possible. (Fundamental Review Item 4)
- Staff completed the initial pilot cost/benefit analysis of the Administrative Health Services Office for Board review. (Fundamental Review Item 10)

The current dashboard on progress implementing of the Fundamental Review recommendations implementation is attached.

### Staffing

Recruitments are underway for a Health Educator and a Public Health Emergency Response Coordinator. Two Public Health Nurse and an Environmental Health Specialist Trainee positions were filled.

### Other Events and Activities

I met with the Division Directors/Supervisors on December 3 and with Division Directors on December 17. I conduct individual meetings with the Division Directors, Communication Manager, and QI Coordinator on a bi-weekly schedule. My monthly meeting with the County Manager occurred on December 5.

I participated as a server at the re-instituted Washoe County Employee Recognition breakfast on December 3.

I attended the Robert Wood Johnson Foundation Grant Cross Jurisdictional Sharing Site Visit meeting and Churchill County Board of Health Meeting in Fallon on December 9.

A Land Development User Group Meeting was held at BANN on December 11.

A New Employee Orientation to the Health District was held on December 15.



I continue to serve as President of HomeFree Nevada / EnergyFit Nevada, the not-for-profit Home Performance with Energy Star Provider for the State of Nevada.

**Health District Media Contacts: November 13 - December 8, 2014**

<b><u>DATE</u></b>	<b><u>MEDIA</u></b>	<b><u>REPORTER</u></b>	<b><u>STORY</u></b>
11/26/2014	Reno Gazette Journal	Jeff De Long	Proposed Ozone Standards - Inouye
11/21/2014	UNIVISION	Laura Calzada	Food Safety for the Holidays - Seals
11/21/2014	KTVN CH2 - CBS Reno	Brad Horn	Food Safety for the Holidays - Franchi Food, Handwashing and
11/18/2014	KTVN CH2 - CBS Reno	Landon Miller	Environmental Cleaning - Ulibarri
11/12/2014	UNIVISION	Ivet Contreras	Free Health Care - Ulibarri

**Press Releases/Media Advisories/Editorials**

11/26/2014	Media Advisory	PIO Ulibarri	First Yellow Burn Code Advisory
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# WASHOE COUNTY HEALTH DISTRICT



**Public Health**  
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## Fundamental Review Recommendation Status

Legend:

December 9, 2014

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

Status Goal

	<b>1</b>	<b>Place WIC organizationally where it is most closely aligned with similar functions</b>
	a.	WIC moved to CCHS effective 1/21/14
	<b>2</b>	<b>Develop a DBOH orientation manual and program</b>
	a.	Design an orientation program and compile a draft manual
	<b>3</b>	<b>Strengthen customer focus, exploring the potential for user groups to share consumer viewpoints</b>
	a.	Land development user group established
	<b>4</b>	<b>Critically examine clinic appointment scheduling from a patient access perspective</b>
	a.	Staffing IZ five days a week, accept IZ walk ins on a limited basis
	b.	Extended IZ hours established. Consider opportunities and costs for weekend clinical services
	c.	Staffing Vital Statistics five days a week
	d.	Discussion has begun with Interactive Voice Response software companies
	<b>5</b>	<b>Update fee schedules and billing processes for all clinical and environmental services</b>
	a.	Third-party billing service began July 1, 2014
	b.	Identify costs for permits and services that could be included in fee schedules/propose
	c.	Identify costs for regulatory programs that could be included in fee schedules/propose
	d.	Identify community and clinical services for which reimbursement is available/bill
	<b>6</b>	<b>Explore tiered level of services for Environmental Health programs and inspections</b>
	a.	Consider the desire & support for this type of tiered structure and this item within the larger context
	<b>7</b>	<b>Participate in the business process analysis across all building permitting in the county</b>
	a.	ILA and contract with Accela signed. 16-month implementation proceeding.

## Fundamental Review Recommendation Status

	<b>8</b>	<b>Develop infrastructure to support the District Health Officer</b>
	a.	The Office of the District Health Officer was established on July 1, 2014
	<b>9</b>	<b>Implement time coding for employees</b>
	a.	Time coding in EHS has been expanded, AQM timecoding is underway. CCHS timestudy occurring.
	<b>10</b>	<b>Perform cost analysis of all programs</b>
	a.	A proposed schedule approved on June 26, 2014 by DBOH. Pilot analysis of Administration completed.
	<b>11</b>	<b>Perform assessment of needed administrative and fiscal staffing to increase efficiencies</b>
	a.	Will be performed in conjunction with program const analysis. See 10a
	<b>12</b>	<b>Demonstrate a concerted effort among all parties to address tensions regarding overhead/direct costs</b>
	a.	Additional General Fund transfer provided in FY 15 adopted budget to support unrecoverable indirect costs.
	<b>13</b>	<b>Align programs and services with public demand</b>
	a.	Shifted home visiting resources to provide additional clinical services on June 1, 2014
	b.	Assess changes in service levels and program alignment with respect to CHA CHIP, SP or funding
	<b>14</b>	<b>Conduct a CHA in concert with current partner organizations</b>
	a.	The CHA is being conducted and should be completed by year end.
	<b>15</b>	<b>Develop metrics for organizational success and improved community health</b>
	a.	In FY15, continue to identify metrics that help to manage programs and resources and tell our story
	<b>16</b>	<b>Continue current collaborative action plan to resolve REMSA oversight issues</b>
	a.	Franchise Agreement approved, Regional EMS Oversight Program and Advisory Board established.
	<b>17</b>	<b>Maintain current levels of local and state financial support</b>
	a.	Action on this recommendation is captured under Recommendation 12 above
	b.	Advocate sustaining or enhancing funding through State agencies
	<b>18</b>	<b>Conduct a governance assessment utilizing NALBOH criteria</b>
	a.	Completed January 16, 2014. Determine future schedule to repeat
	<b>19</b>	<b>Undertake an organizational strategic plan to set forth key Health District goals and objectives</b>
	a.	Conduct a strategic planning initiative following the completion of the CHA and a CHIP
	<b>20</b>	<b>Implement a performance management system</b>
	a.	Use results of program cost analysis, performance metrics and SP to develop & implement performance mgmt. system
	<b>21</b>	<b>Consider alternative governance structures</b>
	a.	This is not a recommendation for staff action
	<b>22</b>	<b>Take a greater leadership role to enhance the strong current State/Local collaboration</b>
	a.	Health District efforts to focus on internal and local issues
	b.	Seek direction from DBOH on a greater leadership role

## Fundamental Review Recommendation Status

	<b>23</b>	<b>Develop an organizational culture to support quality by taking visible leadership steps</b>
		a. <u>Cross-Divisional Q-Team established and Div. QI projects conducted. Additional mgmt. training completed.</u>
	<b>24</b>	<b>Seek Public Health Accreditation Board accreditation</b>
		a. <u>Seek DBOH direction on this recommendation once the CHA, CHIP and the SP are completed</u>

Acronyms: IZ - Immunizations  
 ILA - Interlocal Agreement  
 CHA - Community Health Assessment  
 CHIP - Community Health Improvement Plan  
 SP - Strategic Plan  
 QI - Quality Improvement  
 DBOH - District Board of Health  
 NALBOH - National Association of Local Boards of Health