

## WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING NOTICE AND AGENDA

### Members

Kitty Jung, Chair  
Julia Ratti, Vice Chair  
Neoma Jardon  
Dr. George Hess  
David Silverman  
Dr. John Novak  
Michael D. Brown

Thursday, October 22, 2015  
1:00 p.m.

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

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### PUBLIC HEARING ITEMS SCHEDULED ON THIS AGENDA

(Complete item descriptions on third page.)

- **Recommendation to Deny the Appeal and Uphold Citation No. 5467, Case No. 1174 – Myan Management Group**
- **Adoption of “The Washoe County Portion of the Nevada State Implementation Plan to Meet the PM<sub>2.5</sub> Infrastructure SIP Requirements of Clean Air Act Section 110(a)(2)”**
- **Possible Adoption of CCHS Division Fee Schedule Revisions**

**Items for Possible Action.** 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.

**1:00 p.m.**

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

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item.

4. **Approval of Agenda**  
October 22, 2015
5. **Approval of Draft Minutes**  
September 24, 2015
6. **Recognitions**
  - A. Years of Service

1. Linda Gabor, 10 years, 10/24/05 through 10/24/15 – CCHS
2. Scott Strickler, 10 years, 10/31/05 through 10/31/15 – EHS
3. Sandi Bridges, 20 years, 10/9/95 through 10/9/15 - EPHP

**B. Retirements**

1. Mike Osborn, 20 years, 10/30/95 through 11/2/15 – AQM

**7. Consent Items**

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

**A. Budget Amendments/Interlocal Agreements**

1. Ratification of Contract between Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide educational opportunities for the University of Nevada College of Agriculture, Biotechnology & Natural Resources students in a public health agency environment for the period upon approval of the Board of Regents and the Washoe County Board of Health through June 30, 2016 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chair to execute the Contract.

Staff Representative: Patsy Buxton

2. Approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period September 1, 2015 through June 30, 2016 in the total amount of \$135,798.00 in support of the Public Health Preparedness Program, Preparedness, Assurance, Inspections, Statistics (PAIS), IO-TBD; Approve amendments totaling an increase of \$118,085 in both revenue and expense to the FY16 the Public Health Preparedness Program, Preparedness, Assurance, Inspections, Statistics (PAIS), IO-TBD; and if approved authorize the Chair to execute.

Staff Representative: Erin Dixon

- C. Ratification of Sales Agreement between Washoe County Health District and Patagonia Health to provide an Electronic Medical Record/Practice Management System for the Community and Clinical Health Services Division via a subscription service in the total amount of \$237,019; for an initial five year term from service effective date with automatic renewal for subsequent one year periods unless Vendor notifies Client in writing at least three months prior to the end of the then current term of its intent not to renew or Client notifies Vendor at least 30 days prior to the end of the then current term of its intent not to renew; and if approved, authorize the Chair to execute the Agreement.**

Staff Representative: Steve Kutz

- D. Approve the termination of License Agreement dated January 29, 2003 between the Washoe County District Health Department (Health District) and QS Technologies, Incorporated, now doing business as Netsmart and all subsequent amendments effective December 31, 2015; and if approved authorize the Chair to sign the termination letter.**

Staff Representative: Steve Kutz



- 8. PUBLIC HEARING: Air Pollution Control Hearing Board Cases Appealed to the District Board of Health:**
  - A. Recommendation to Deny the Appeal and Uphold Citation No. 5467, Case No. 1174 – Myan Management Group  
Staff Representative: Charlene Albee
- 9. PUBLIC HEARING: Adoption of “The Washoe County Portion of the Nevada State Implementation Plan to Meet the PM<sub>2.5</sub> Infrastructure SIP Requirements of Clean Air Act Section 110(a)(2).”**  
Staff Representative: Charlene Albee
- 10. PUBLIC HEARING: Proposed approval and adoption of revisions to the Health District Fee Schedule, specific to the Community and Clinical Health Services (CCHS) Division; and if approved, authorize CCHS to increase fees yearly using the Consumer Price Index for the Western Region.**  
Staff Representatives: Steve Kutz and Patsy Buxton.
- 11. Review, discussion, and adoption of the Business Impact Statement regarding a proposed revision to the Health District Fee Schedule, specific to the addition of the Regional Technology Fee for Air Quality Management and Environmental Health Services, with a finding that the proposed Regional Technology Fee does not impose a direct and significant economic burden on a business; or does the proposed fee directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the Proposed Regional Technology Fee for November 19, 2015 at 1:00 pm.**  
Staff Representative: Charlene Albee
- 12. Discussion and possible reappointment of Louis S. Test to the REMSA Board of Directors as the Member of the Legal Profession District Board of Health Appointed Representative.**  
Staff Representative: Christina Conti
- 13. Presentation, discussion and possible approval of the use of the IAED Omega determinant codes and REMSA’s alternative response process within the REMSA Franchise, effective November 1, 2015 contingent upon EMS Advisory Board approval.**  
Staff Representative: Brittany Dayton
- 14. Regional Emergency Medical Services Authority**  
Presented by Jim Gubbels
  - A. Review and Acceptance of the REMSA Operations Reports for September, 2015
  - \*B. Update of REMSA’s Community Activities during September, 2015
- 15. Acknowledge receipt of the Health District Fund Financial Review for September Fiscal Year 2016**  
Staff Representative: Anna Heenan
- 16. Discussion and potential direction to the District Health Officer to utilize two or more hours of staff time to monitor the implementation of the special event EMS mandates and report back to the Board so that the Board may receive regular updates on how the implementation is proceeding through the local jurisdictions. [Ratti]**
- 17. Discussion and potential Board consensus to approve casting one vote on behalf of the Board to nominate Dr. Novak for an At-Large position on the NALBOH Board and to cast one vote for a second At-Large position on the ballot.**

Staff Representative: Kevin Dick

- 18. Review, discussion and possible direction to staff regarding a five-year plan for recurring Board and Health District significant activities, to include Legislative policy and activities, Community Health Needs Assessment, Community Health Improvement Plan, Strategic Planning, Budgeting, and Governance Self-Assessment. [Ratti]**

Staff Representative: Kevin Dick

- 19. Annual Performance Evaluation of District Health Officer, to include Discussion of the Evaluation Results and Possible Approval of the Board's Recommendation, and Consideration and Possible Approval of Compensation and Benefits**

Presented by Kitty Jung

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

**A. Air Quality Management, Charlene Albee, Director**

Program Update, Divisional Update, Program Reports

**B. Community and Clinical Health Services, Steve Kutz, Director**

Chronic Disease Prevention Program (CDPP), Divisional Update, Program Reports

**C. Environmental Health Services, Bob Sack, Director**

EHS Division Update, Program Updates - Food, IBD, Land Development, Vector-Borne Disease and EHS Inspections / Permits / Plan Review

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

Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services

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

Community Health Improvement Plan, Truckee Meadows Healthy Communities, Quality Improvement, Fees, Other Events and Activities and Health District Media Contacts

**21. \*Board Comment**

Limited to announcements or issues for future agendas.

**22. Emergency Items**

**23. \*Public Comment**

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item.

**24. Adjournment**

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

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

**Public Comment.** During the "Public Comment" items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment will only be heard during items that are not marked with an asterisk (\*). Any public comment for hearing items will be heard before action is taken on the item and

must be about the specific item being considered by the Board. In order to speak during any public comment, each speaker must fill out a "Request to Speak" form and/or submit comments for the record to the Recording Secretary. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.

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

**Posting of Agenda; Location of Website.** In accordance with NRS 241.020, this agenda has been posted at: <https://notice.nv.gov>, (i) Washoe County Administration Building (1001 E. 9th Street); (ii) State of Nevada Division of Public and Behavioral Health, Carson City, NV; (iii) Reno City Hall, 1 E. 1<sup>st</sup> St, Reno, NV; (iv) Sparks City Hall, 1675 Prater Way, Sparks, NV; (v) Washoe County Health District website [www.washoecounty.us/health](http://www.washoecounty.us/health); and (vi) State of Nevada Website: <https://notice.nv.gov>. Agendas and staff reports are posted four days prior to the meeting.

**How to Get Copies of Agenda and Support Materials.** Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9<sup>th</sup> Street, in Reno, Nevada. Ms. 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.

## **WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING MINUTES**

### **Members**

Kitty Jung, Chair  
Julia Ratti, Vice Chair  
Neoma Jardon  
Dr. George Hess  
David Silverman  
Dr. John Novak  
Michael D. Brown

**Thursday, September 24, 2015  
1:00 p.m.**

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

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**Items for Possible Action.** 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.

**1:00 p.m.**

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

**Chair Jung called the meeting to order at 1:03 p.m.**

The following members and staff were present:

Members present: Kitty Jung, Chair  
Julia Ratti, Vice Chair  
Dr. George Hess  
Dr. John Novak  
David Silverman  
Mike Brown

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

Members absent: Neoma Jardon

Staff present: Kevin Dick, District Health Officer, ODHO  
Leslie Admirand, Deputy District Attorney  
Anna Heenan, Administrative Health Services Officer, AHS  
Mike Wolf, Air Quality Supervisor, AQM  
Steve Kutz, Division Director, CCHS  
Randall Todd, Division Director, EPHP  
Bob Sack, Division Director, EHS  
Christina Conti, EMS Program Manager  
Dawn Spinola, Administrative Secretary/Recording Secretary, ODHO

### **2. \*Pledge of Allegiance**

**Dr. Novak led the pledge to the flag.**

### 3. \*Public Comment

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item. Limited to three (3) minutes per person.

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

### 4. Approval of Agenda

September 24, 2015

**Dr. Novak moved to approve the agenda for the September 24, 2015, District Board of Health regular meeting. Vice Chair Ratti seconded the motion which was approved six in favor and none against.**

### 5. Approval of Draft Minutes

August 27, 2015

**Vice Chair Ratti moved to approve the minutes of the August 27, 2015 District Board of Health regular meeting as written. Dr. Novak seconded the motion which was approved six in favor and none against.**

### 6. Recognitions

#### B. Retirements

1. Susan Henkes, 15 years, 10/9/00 through 10/9/15 – EHS

Ms. Henkes was not in attendance. Mr. Dick explained she was a member of the EHS front desk staff and stated she would be receiving a commemorative clock to thank her for her service.

#### A. Years of Service

1. Randall Todd, 10 years, hired 9/12/05 – EPHP

Mr. Dick congratulated Dr. Todd and presented him with a commemorative certificate.

2. Luke Franklin, 15 years, hired 9/11/00 – EHS

Mr. Franklin was not in attendance.

3. Teresa Long, 15 years, hired 9/11/00 – EHS

Ms. Long was not in attendance.

4. Dawn Spinola, 15 years, hired 9/1/2000 – ODHO

Mr. Dick recognized Ms. Spinola and presented her with a commemorative certificate.

5. Dave McNinch, 25 years, hired 9/24/90 – EHS

Mr. Dick congratulated Mr. McNinch and presented him with a commemorative certificate.

## C. Achievements

1. Genine Wright, from AQM Specialist II to Environmental Engineer I

Mr. Dick acknowledged Ms. Wright's achievement and congratulated her.

## 7. Consent Items

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

### A. Budget Amendments/Interlocal Agreements

1. Approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2015 through September 30, 2016 in the total amount of \$248,720.00 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness (PHP) – Preparedness, Assurance, Inspections and Statistics (PAIS), IO 11257; Approve amendments totaling an increase of \$226,903 in both revenue and expense to the FY16 CDC PAIS – Ebola Preparedness & Response Federal Grant Program, IO 11257; and if approved authorize the Chair to execute.

Staff Representative: Erin Dixon

2. Ratification of Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine, to provide physician consultative services in the total amount of \$8,032.50 for the period October 1, 2015 through September 30, 2016 unless extended by the mutual agreement of the Parties; with automatic renewal for successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to September 30 of each year; and if approved, authorize the Chair to execute the Interlocal Agreement.

Staff Representative: Patsy Buxton

3. Approve the abolishment of one vacant Permanent Full-time Office Assistant II position (PC# 70002142); Approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period October 1, 2015 through September 30, 2016 in the amount of \$1,062,145 for the Women, Infants and Children (WIC) Program Grant (IO 10031); and if approved authorize the Chair to execute.

Staff Representative: Patsy Buxton

4. Approve Subgrant Amendment #2 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period January 1, 2015 through December 31, 2015 in the amount of \$337,109 for the Centers for Disease Control and Prevention (CDC) Immunization Program Grant (IOs 10028 & 10029); and if approved authorize the Chair to execute.

Staff Representative: Patsy Buxton

- B. Approval to add Liletta (Intrauterine Device) to the Community and Clinical Health Services fee schedule

Staff Representative: Steve Kutz

**Mr. Silverman moved to approve the Consent Agenda as presented. Chief Brown seconded the motion which was approved six in favor and none against.**

## 8. Recommendation to Re-Appoint Mr. David Rinaldi and Dr. Cathleen Fitzgerald, DEnv,



**PE, for Three Year Terms to the Air Pollution Control Hearing Board, Serving from September 27, 2015 to September 27, 2018; and Ms. Jeanne Rucker, REHS, for a Three Year Term, to the Air Pollution Control Hearing Board, Serving from October 24, 2015 to October 24, 2018.**

**Dr. Novak moved to re-appoint Mr. David Rinaldi and Dr. Cathleen Fitzgerald, DEnv, PE, to the Air Pollution Control Hearing Board for a three-year term serving from September 27, 2015, thru September 27, 2018. It further be moved to re-appoint Ms, Jeanne Rucker, REHS, to the Air Pollution Control Hearing Board for a three-year term serving from October 24, 2015 thru October 24, 2018. Dr. Hess seconded the motion which was approved six in favor and none against.**

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

Presented by Kevin Romero

### **A. Review and Acceptance of the REMSA Operations Reports for August, 2015**

Mr. Romero noted REMSA was in compliance throughout all zones and offered to answer any questions.

Dr. Hess asked what the process was that was used to obtain consumer input, noting the number of comments submitted to the Board was quite a bit smaller than it had been in the past. Mr. Romero explained that previously REMSA had sent out the questionnaires to 100 percent of transported patients. The process has since been outsourced and the company handling it sends out the questionnaire to a random selection of 10 percent of customers transported, which would equate to approximately 380 for the month of August. 31 of 61 responses received had been provided to the Board.

Dr. Hess opined it would be beneficial to receive more responses, so the distribution rate should be increased. He had conducted research on appropriate sample sizes and expressed concern that 10 percent distribution was unlikely to achieve a relevant number of responses.

Mr. Dick noted Mr. Gubbels had previously explained that REMSA would be outsourcing the process in hopes of obtaining more statistically representative sampling, instead of oversampling. He suggested the Board request Mr. Gubbels attend the October meeting and provide additional information, to include the basis for the sampling percentage.

Chair Jung suggested Mr. Gubbels meet with Dr. Hess to discuss Dr. Hess' recommendation. Mr. Romero stated he would ask Mr. Gubbels to contact Dr. Hess, and then make a presentation to the Board requesting approval for any potential new direction.

Dr. Hess noted that there had been no negative comments over the last several months, and usually there is one out of 40 or 50. He opined they were important because they may reveal a negative trend that should be addressed.

**Chief Brown moved to accept the report as presented. Mr. Silverman seconded the motion which was approved six in favor and none against.**

### **\*B. Update of REMSA's Community Activities during August, 2015**

Mr. Romero noted August and September are very busy months in Washoe County. He listed some of the major activities that occur during that time, and explained the Emergency Medical Services (EMS) actions that had occurred. He pointed out the special event staffing provides the secondary benefit of negating any impact to the 911 system.

Vice Chair Ratti noted event promoters were billed for the additional police and fire services in Sparks and asked how that worked for REMSA. Mr. Romero explained they

billed the event promoter as well. They staff the events with the number of personnel and ambulances recommended by the Washoe County Health District (WCHD) based on the size of the event and other factors. Vice Chair Ratti asked what occurred if the promoter elected to not have the services present, and Mr. Romero stated the WCHD would be informed.

Chair Jung congratulated Mr. Gubbels on receiving the honor of being named the Northern Nevada Health Care Hero of the Year. She also noted she would be attending the REMSA Board meeting on September 25.

#### **10. Acknowledge receipt of the Health District Fund Financial Review for August Fiscal Year 2016**

Staff Representative: Anna Heenan

Ms. Heenan reviewed the staff report, noting the three percent employee Cost of Living Adjustment (COLA) had been approved so the salary savings would diminish, and she would have more information about that in November. Additionally, the County-Wide Cost Allocation Program (COWCAP) is being billed differently than last year, so it appeared higher but overall was not.

Chair Jung explained the Washoe County elected department heads had obtained a three percent raise from the Legislature at the last session, so she had led the way in convincing the Board of County Commissioners (BCC) to approve the same for all employees.

Dr. Hess noted what appeared to be information that did not match up between the Financial Review and the upcoming Phase One Cost Analysis.

Chair Jung opened Item 11 for discussion.

Dr. Hess clarified he was referring to a table showing a deficit in expenditures versus revenues. Ms. Heenan explained the revenues and expenditures did not include the fund balance, which is positive. Dr. Hess expressed his concern with using the fund to balance a deficit budget every year.

Chair Jung suggested Ms. Heenan meet with Dr. Hess and other interested Board members to discuss the figures. Ms. Heenan explained the cost analysis was based on unaudited data, due to the fact it had been compiled during the end of the fiscal year and not all components were closed and finalized at the time. Chair Jung supported Dr. Hess' statement regarding the unsustainability of using ending fund balance to balance the budget.

Dr. Hess asked if the data could be converted to a form closer to classical accounting. Vice Chair Ratti noted there were different types of accounting utilized based on the type of organization, and opined the information the Board reviews should be set up the way the Auditors will review it. Chair Jung opined Dr. Hess' request was to receive an explanation he felt comfortable with, not to change the methodology.

Dr. Hess noted it appeared as though the WCHD had ended the fiscal year with a loss for each of the last five years, and that should be addressed. Chair Jung reiterated a one-one-one meeting with Ms. Heenan and potentially some other Board members should be held, perhaps inviting Mr. Dick so that he could explain the history of why that had occurred. She stated the rest of the Board members were uncomfortable with the previous budgeting methods as well, but things were headed in the right direction.

Vice Chair Ratti agreed that spending down the fund balance to maintain regular operations was not a sustainable strategy.

**Dr. Novak moved to acknowledge receipt of the report. Mr. Silverman seconded the**

**motion which was approved six in favor and none against.**

**11. Discussion, acknowledge and possible direction to staff on the Phase One Cost Analysis for the Health District – Fundamental Review Recommendation #10**

Staff Representative: Anna Heenan

Mr. Dick acknowledged the work Ms. Heenan had done on the report and the cooperative participation of the division directors and supervisors. He reiterated this was Phase One, and opined it was valuable that the information was pulled together in one place and staff now had the ability to draw comparisons against other programs within Nevada. He noted the report provides good information and some ideas about areas that may warrant further study.

Mr. Dick explained the time accounting limitations due to the software currently available causes the data to be imprecise. He noted it was good information on which to base further study on potential redistribution of resources, but cautioned against using it to make decisions about immediate actions. It was important to wait until the Phase Two analysis was finished so there was a more complete picture of the entire District.

Chair Jung agreed with his analysis. She summarized, stating the data was conservative at best, in terms of how much time staff is actually allocating to each hour. She supported Mr. Dick's suggestion that all phases should be completed prior to the Board making recommendations regarding reallocation of resources or making other alterations.

Mr. Silverman echoed Mr. Dick's statements regarding the amount of data the reports contained and being cautious of the level of information gleaned. He stated he did not agree with working to achieve other agency's benchmarks, but did agree the report provided a good opportunity to study certain areas that may need attention. He noted a statistic that was far removed from the benchmark and requested Mr. Dick's comments relative to his or the Board's comfort level about it.

Mr. Dick stated the disparities had been noted and discussed. He pointed out each division has a number of different program areas and responsibilities, which causes challenges to time accounting. He reiterated the data was allowing the opportunity to study potential reallocation of resources, but that the data itself should not be the only research method used in the decision-making process.

Ms. Heenan stated she was also concerned with the benchmark that Mr. Silverman had pointed out, and it was one of the reasons she had combined benchmarking with work activities. Studying it with that approach closed the gap. She also noted that benchmarking is difficult due to the different structures between health departments and their counties. She noted the new Accela software was expected to make time accounting more accurate.

Dr. Hess asked if the WCHD was required to inspect facilities and new development throughout the entire county, including the northern portion, and Mr. Sack replied that it was. Dr. Hess pointed out the large geographical area of Washoe County, and opined the travel time and associated costs to do those types of inspections should be documented.

Dr. Hess noted that no recommendations had been made for any types of cuts, and opined it would potentially be necessary to eliminate some positions as people retired. Chair Jung acknowledged his points and noted the other Board members were concerned as well. She stated the Fundamental Review (FR) had been conducted to help the Board make the difficult decisions.

Mr. Sack reiterated the challenges with Environmental Health benchmarking, to include

the diversity in structure between different agencies and the unique challenges faced by Washoe County, particularly in light of the tourism industry. He stated points made by Dr. Hess and others warranted further study.

Vice Chair Ratti asked Ms. Heenan to elaborate on the difference between the two types of data that narrowed the gap between the benchmark and actual. Ms. Heenan pointed out a table in the report that potentially indicated excess capacity but urged caution, since the methodology for tracking work activities was still being refined. The additional information gathered and researched thus far has proven that the excess is not as great as the data would suggest. Further study will be conducted to verify the findings. Vice Chair Ratti suggested the next phases align the analysis with the category so that the explanation was clearer.

Vice Chair Ratti opined there were three foundational tools that the Board needed prior to making decisions. Those were the needs assessment, the fundamental review, and the strategic plan. Until those were in place, any decisions making dramatic reallocations of resources was not a good idea.

Vice Chair Ratti noted the report referenced two different population ranges, and pointed out it was important to consider the service level for not only today's population, but what it could be in the future. Ms. Heenan stated she had included both levels to account for that and also tourism.

Mr. Dick noted another indicator that had been analyzed was the Southern Nevada Health District staffing, which had shown that staffing levels were not as far off as the national benchmark indicated.

Dr. Novak stated he appreciated the amount of work that had gone into the report. He acknowledged Mr. Sack's comments with regards to the physical size of the county and opined it put pressure on the available resources. He also agreed with the points made regarding the unique and substantial responsibilities of the WCHD and the wisdom of taking future population into account. Dr. Novak stated the efforts supported accreditation, as this type of research was one component that was taken into account, and the District was being very proactive.

**Dr. Novak moved to acknowledge the report as presented. Mr. Silverman seconded the motion.**

Vice Chair Ratti asked what Phase Two covered and when it could be expected. Ms. Heenan stated she would be combining Phases Two and Three and her goal was to have it completed and to the Board by December or January. She intended to have the complete process finalized prior to engaging the Board in the strategic planning process.

**The motion was approved six in favor and none against.**

**12. Presentation, Discussion, and Possible Direction to Staff regarding a report on the implementation of Fundamental Review Recommendations. Take action to direct staff to continue with implementation of the plan as approved or direct staff to make changes as discussed.**

Staff Representative: Kevin Dick

Mr. Dick noted this was the semi-annual, more detailed report regarding the progress made on implementation of FR recommendations. He noted highlights, including: 1) establishing a budget item for community-wide activities, 2) proposing moving Item 12, addressing tensions regarding overhead costs to the Parking Lot, and; 3) taking a greater leadership role, being addressed through discussions with the State regarding framing public

health policy for the next Legislative session.

Mr. Dick stated he was requesting direction from the Board regarding authorization to work with the State Medical Officer to pursue possibilities for positions in Legislation that the Board may want to support in the next session.

Dr. Novak asked if this action would be a combined effort between Washoe County and Southern Nevada Health District (SNHD). Mr. Dick replied he believed it would.

Vice Chair Ratti opined the report was geared toward Legislative issues, and while the item addressed broader leadership issues, this was a good place to start. She also suggested that if SNHD was not interested in a collaborative agenda, it should not be pushed. She stated it was important to review State mandates that may not have significant impact on public health. The goal of more funding should include a multi-tiered approach.

Mr. Silverman asked what the timeframe was for implementation of Accela. Mr. Dick stated the original go live date was December 21, but would potentially be pushed out to June. The City and County leaders had indicated that was unacceptable. Mr. Sack stated there was no date scheduled but all available resources were being dedicated to make it happen as soon as possible. He noted it was vital that the system be activated, as the current platform was at end of life.

Mr. Silverman asked if the proposal for the implementation of the new fees would be presented to the Board. Mr. Dick explained that staff will present the Business Impact Statement to the Board in November. The proposed fees would be then presented for adoption in December. The intention was to provide several different possible approaches to implementation, to include the implications of each, so that the Board has significant discretion in their direction. Mr. Silverman indicated his comfort level with the fee increase methodology would be supported by the research being conducted that would assure the funds are utilized optimally.

Mr. Dick noted the fees, compiled utilizing the Board-approved methodology, are not calculated based on how many full time employees are in a program, they are based on the amount of work required to provide the service.

Mr. Dick requested the Board accept the report, approve moving Item 12 to the Parking Lot and approve his participation in exploring opportunities for the 2017 Legislative session.

**Chief Brown moved to approve the request as stated. Dr. Hess seconded the motion which was approved six in favor and none against.**

**13. Update on the NACCHO strategic planning grant proposal and Board discussion and possible action and/or direction regarding scheduling (a) special DBOH meeting or meetings to conduct a Governance Self-Assessment and/or work on the Strategic Plan.**

Staff Representative: Kevin Dick

Mr. Dick explained a scope of work from OnStrategy has been received for work to conduct strategic planning. Additionally, a repeat of the Governance Self-Assessment had been briefly discussed at the previous meeting.

Mr. Dick noted the National Association of County and City Health Officials (NACCHO) grant proposal for funding to support the strategic plan had been submitted, but whether that funding was granted or not, the intent was to proceed with the contract. OnStrategy staff was available to conduct a Board retreat for strategic planning on the second Thursday of March or April. He requested the Board agree to hold both of those dates or



select one at this point for the retreat. Additionally, he requested the Board consider scheduling the Governance Self-Assessment (GSA) as a special meeting sometime prior to that, suggesting the second Thursday in January. That would be early enough that the results could be incorporated into the strategic plan.

Dr. Hess opined it would be helpful to have the analysis of Phases Two and Three completed prior to these activities taking place. Mr. Dick noted Ms. Heenan's target was to complete them both by December or January, so by the time they get to that point they will have those documents.

Vice Chair Ratti stated she was concerned with the timing. She noted a Board retreat was one step in the strategic planning process, and opined the OnStrategy contract included working with senior leadership to set up a structure and bring recommendations forward. She noted that the budgeting process was already well under way in March or April, and so the ability to impact any meaningful reallocation of resources would not come around again until the next fiscal year.

Mr. Dick explained that had been considered. Optimally, the Community Health Improvement Plan (CHIP) and the program cost analysis would be completed prior to initialization of the strategic planning process. If the funding from NACCHO is obtained, it would be presented in November and funds would be required to be expended by June 10, so that was driving the timeframe for strategic planning. If the funding is not obtained, then there will be more flexibility. He stated he did not see a way to move the strategic plan forward and have it be a meaningful process, considering the data needed for assessments for the planning, to meet the budget cycle and have it completed in April. Mr. Dick also noted that if the funding did not come in, there was no reason to rush the process. He would rather do it at the right time.

Vice Chair Ratti agreed. She noted that over the past few years the Board and District had established numerous processes that provided fundamental foundation pieces which provided them with data and information to actually make meaningful decisions.

Vice Chair Ratti pointed out that if the strategic plan workshop was conducted in April, they would not be able to make the resource adjustments in time to affect the FY17 budget, so the ability to align resources to that strategic plan will occur the next fiscal year. She stated that as long as the whole Board is comfortable with the fact this is a two-year build that gets the Board and the District to a much stronger space, then she was comfortable with it.

Chief Brown noted that a two-year strategic plan process should take the next Legislative session into account as there are time constraints for submittals.

Dr. Hess asked when the Health District budget was due to the County and Ms. Heenan stated that normally the budget requests should be submitted by February, and are typically finalized by April. Dr. Hess opined the budget meeting would need to occur at approximately the same time as the strategic planning meeting being discussed. Ms. Heenan pointed out budget adjustments can be made any time.

Vice Chair Ratti asked about the Board's enthusiasm level for a GSA. Chair Jung asked Mr. Dick whether the previous one had produced useful results and if he felt it would be valuable, or if the resources could be better utilized elsewhere. Mr. Dick opined the exercise had been beneficial to the Board and his recollection was that everyone felt it had been a worthwhile process. One of the FR recommendations was to repeat it. Mr. Dick suggested



the Board discuss it; there were three current members that had not participated.

Vice Chair Ratti stated she was interested in setting the Board up for success over the long term and establishing a cyclical pattern, rather than having many major activities happening at once, for both the Board and staff. One year might include the strategic plan, the next, fees, and then governance.

Chair Jung opined Vice Chair Ratti's direction for future agenda items or reports was to put together a logical series, with her input, over three-year cycles. This would help the Board to determine whether or not they wanted to conduct a GSA this year. Chair Jung opined it would help the Board and staff to achieve better focus if only one major priority at a time was being addressed. Mr. Dick stated he could bring a report back to the Board in October for consideration.

Vice Chair Ratti noted there may be more than three items that needed to be considered when structuring the logical cycle, such as the Legislative session. Mr. Dick pointed out the cycle may be five years rather than three, as the fees were tentatively scheduled to be reviewed every five years. Vice Chair Ratti indicated she was comfortable with whatever it needed to be.

Dr. Novak noted the substantial amount of activity and action that had been taken during the last year. He supported the cyclical approach and noted there would occasionally be items that would need to be addressed out of sequence. He suggested the first round may need to be on a nine-month schedule since so many items were being addressed, but the longer-term plan would create a better balance.

Mr. Dick opined he should bring the item back to the Board in October. He stated that his understanding of the Board's opinion thus far was that if the NACCHO funding was not received, the strategic planning process schedule could be extended.

**Vice Chair Ratti moved to direct the District Health Officer to bring a plan to the October meeting for the Board to consider. Dr. Hess seconded the motion which was approved six in favor and none against.**

**14. Review, discussion and possible action and/or direction to staff regarding the provisions for a written notice of termination 15 days prior to the date of expiration in the Interlocal Agreement (ILA) entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District**

Staff Representative: Kevin Dick

Mr. Dick explained the item had been requested by Dr. Novak. Several months ago the Board had reviewed the ILA, and at that meeting, Dr. Novak had expressed his concern about the clause in the ILA that allows for any of the jurisdictions to withdraw from the agreement with 15 days' written notice.

Mr. Dick noted that when the item had been previously addressed, there had been discussion about considering it and whether there was any feedback from the jurisdictions. Ultimately it had been left unresolved.

Chair Jung asked what had occurred when Mr. Dick reached out to the other jurisdictions. He noted the Board members had agreed to do that, but he certainly could.

Dr. Hess suggested the two elected members probably had a sense of how their agencies would feel about the idea. He opined 15 days was quite short but pointed out that clause had been in effect as long as the Health District had been in existence. He asked if 15 days or

some other length of time was a standard for governmental entities. Deputy District Attorney (DDA) Admirand agreed it was very short as far as contracts were concerned, particularly with regards to a contract for County-wide services. It was not enough time for jurisdictions to be able to be able to put programs in place to provide the services themselves.

Vice Chair Ratti opined the 15-day clause referred to a required notice prior to termination, but it did not state the agreement terminated in 15 days. She requested clarification as to when the termination actually happens. She agreed completely that if it was 15 days from notification to termination that was impractical.

Vice Chair Ratti asked whether the Board wanted to open the discussion. The topic had been referred to as being a way for any one jurisdiction to get what they would like on any number of topics. She reiterated the 15 days was short but noted she did not have a sense of how the County or Reno would handle it, and any one party could take the opportunity and use it to create numerous challenges. She suggested starting the discussions with the County and city managers was the right way to go.

Dr. Hess opined the 15<sup>th</sup> day was the day of termination and DDA Admirand agreed.

Chair Jung opined the agencies would not want to address the item at this time as it was not a priority.

Mr. Silverman suggested they should ask if there were any reason why the Board would want the ILA to have the 15-day termination. Chair Jung suggested staff utilize resources to study best practices for health department ILAs. She requested a report be brought back to the Board, to include the potential benefits and difficulties if the contract were reopened. Vice Chair Ratti suggested utilizing local inter-jurisdictional agencies as research resources as well. She went on to state there should not be a 15-day exit clause and it was a valid concern. The question was whether or not it should be addressed at this time.

**Chief Brown moved to direct the District Health Officer to meet with the city and County managers. Mr. Silverman seconded the motion which was approved six in favor and none against.**

## **15. Discussion of Process and Presentation of Evaluation Forms for District Health Officer's Annual Review and Possible Direction to Staff**

Presented by Kitty Jung

Chair Jung stated she had encouraged Mr. Dick to compile a representative list of the people who should be evaluating him, and that had been provided to the Board. Members were welcome to add or eliminate names as they wished. The evaluation questions were the ones currently being asked for the County Manager's evaluation, tailored for the District Health Officer. Chair Jung had approved it as a draft and was open to feedback.

Mr. Dick noted it would be conducted via Survey Monkey. He pointed out some additions and updates to the list of reviewers. Dr. Hess asked if fire department members were included and Mr. Dick explained they were not, as the city managers were included and they oversee the fire departments. He noted he had removed Mr. Gubbels from the list, because he did not believe it was appropriate to send it to an agency he was responsible for regulating.

**Vice Chair Ratti moved to approve the format and process for the evaluation of the District Health Officer to include distribution of the survey via Survey Monkey, based on the County's typical process for the County Manager. Dr. Novak seconded the**

**motion which was approved six in favor and none against.**

**16. Recommend to approve a 3% Cost of Living Adjustment (COLA) in base wage for the District Health Officer position, retroactive to July 1, 2015**

Staff Representative: Laurie Griffey

Chair Jung stated she had asked the District Health Officer to wait until the BCC approved the same COLA for all other staff prior to requesting it from the Board. It is standard procedure for non-represented management staff to receive the average adjustments as the staff who are Union represented. All of the represented employees will also receive retroactive payments.

**Chief Brown moved to approve a 3% Cost of Living Adjustment (COLA) in base wage for the District Health Officer position, retroactive to July 1, 2015. Dr. Hess seconded the motion.**

Vice Chair Ratti thanked Chair Jung for working to be sure the issue was handled equitably. Chair Jung opined Mr. Dick deserved the increase, not just because everyone else received it, but because he is performing in a manner which is above and beyond what is required.

**The motion was approved six in favor and none against.**

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

- A. Air Quality Management, Charlene Albee, Director  
Program Update, Divisional Update, Program Reports

Mr. Wolf stated he had nothing to add to the report but was available to answer questions.

- B. Community and Clinical Health Services, Steve Kutz, Director  
Fetal Infant Mortality Review (FIMR) Program, Divisional Update, Program Reports

Mr. Kutz reported flu shots would be available for the District Board of Health members in conjunction with the October Board meeting.

- C. Environmental Health Services, Bob Sack, Director  
EHS Division Update, Program Updates - Food, IBD, Land Development, Vector-Borne Disease and EHS Inspections / Permits / Plan Review

Mr. Sack noted staff was continuing work on the Salmonella outbreak involving cucumbers.

Mr. Silverman noted he had been following media reports on this topic and found it to be confusing. He asked how the media obtained the information. Mr. Sack replied it had come from the Health District and the State.

- D. Epidemiology and Public Health Preparedness, Dr. Randall Todd, Director  
Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services

Dr. Todd noted there were current cases involving two types of Salmonella. WCHD had been the first in the nation to identify that the Mexican cucumbers were responsible for the outbreak of one of the two strains.

Dr. Todd noted this time period was typically marked by cases of gastroenteritis. Norovirus is easily transmittable and spreads quickly. Currently some schools and a daycare center are affected.

Dr. Todd explained the State had made mass gathering guidelines a legal mandate, which are stronger than currently existing WCHD guidelines. Special event organizers must provide for EMS services based on the size of their event.

Vice Chair Ratti noted that earlier in the meeting the mass gathering plans were considered a guideline, but now it was being clarified they are a mandate. Dr. Todd acknowledged that was correct.

Vice Chair Ratti asked who was responsible for enforcing that mandate. Dr. Todd explained the Health District provides guidance regarding how they may comply, but the State EMS program has enforcement authority. Vice Chair Ratti asked how the application for the event got to the State to ensure compliance. Mr. Sack noted the State would not be involved in the review process; they would be involved if there was a complaint. The application would not be approved by the Health District unless all concerns were met.

Vice Chair Ratti asked if the local jurisdictions had been made aware of the changes. Ms. Conti stated Mr. Romero informed her that he had realized that the guidelines were now a mandate. She explained her staff member Brittany Dayton had met with all of the jurisdictions to let them know about the guidelines, and provided documentation that helped clarify the regulations. During meetings with the City of Reno Special Events Committee and Hospital Awareness, Washoe County Emergency Medical Services program (WCEMS) staff had made it clear that they only provide recommendations based on State law, they do not enforce. The permitting agency is responsible for ensuring that they are followed. WCEMS staff is in discussion with State EMS regarding inspections of large Washoe County events.

Vice Chair Ratti asked what size event triggered the requirements and Ms. Conti stated she did not know but could find out. Chief Brown explained the issue had been addressed at the 2011 Legislature and Southern Nevada had been interested in duplicating what Washoe County, Reno and Sparks was doing regarding large gatherings. The Legislature did increase restrictions and some agencies were in opposition. He opined it was something that should be monitored in the future, particularly during the next Legislative session.

Ms. Conti explained one area that had become stricter was the requirement for ambulance service. It was now required at smaller venues than previously. Chief Brown added that another reason to monitor it was that there were no set fee schedules when it comes to how much agencies can charge to the events for the standbys. Some of the events are beginning to experience difficulty in covering the costs.

Ms. Conti noted an outside company had come in and underbid the local responders for an event. Vice Chair Ratti asked if they would be allowed to do that under the Franchise Agreement (FA). Ms. Conti stated WCEMS staff had strongly discouraged other ambulance agencies establishing services in the area because Nevada Revised Statutes (NRS) states that the staged ambulance must have the ability to transport to a hospital. The FA dictates that only REMSA may transport. Any company may provide the medical services.

E. Office of the District Health Officer, Kevin Dick, District Health Officer  
Community Health Improvement Plan, Truckee Meadows Healthy Communities, Quality Improvement, Fundamental Review, County Strategic Plan Goals, Regional Emergency Management Accreditation Program (EMAP) Review, West Nile Virus, Riverbelle Mobile Home Park, Other Events and Activities and Health District Media Contacts

Mr. Dick reviewed his report, noting he and the leadership team had met with the new Administrator for the Nevada Division of Public and Behavioral Health, Ms. Cody Phinney, to discuss a partnership between the two agencies.

### **18.\*Board Comment**

Dr. Novak stated he appreciated the discussion about the 15-day exit clause. He referred to the minutes of the August 27, 2015 meeting, clarifying that he had been referring to, and wanted to be sure did not get dropped, was a 30-day exit clause with REMSA. He opined if that action were taken, it could activate an immediate public health crisis. Chair Jung stated that needed to be placed on an agenda.

Vice Chair Ratti requested an agenda item be presented to ask staff to monitor the implementation of the special event EMS mandates so that the Board can provide direction and get regular check-ins with the local jurisdictions to see how it is proceeding.

Chair Jung stated she had been considering aspects of regional population growth. She requested Council's analysis and an explanation of what the Board could do to establish and implement an impact fee on new development to bring in revenues to support the necessary additional Health District activities. She stated it was not a request that needed to be handled as quickly as possible, but she requested it be done prior to the end of the year. She had requested her staff review the same question with regards to the schools.

Chair Jung instructed Ms. Spinola to include the name of the person who requested a meeting item in parenthesis at the end of the item.

### **19. Emergency Items**

None.

### **20.\*Public Comment**

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item. Limited to three (3) minutes per person.

### **21. Adjournment**

**At 3:09 p.m., Dr. Novak moved to adjourn. Chief Brown seconded the motion which was approved six in favor and none against.**

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Respectfully submitted,

  
\_\_\_\_\_  
Kevin Dick, District Health Officer  
Secretary to the District Board of Health

*Dawn Spinola*

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Dawn Spinola, Administrative Secretary  
Recording Secretary

Approved by Board in session on \_\_\_\_\_, 2015.



DD	AH	___
DHO	___	AD ___
DA	IA	___
Risk	DME	___

**Staff Report**  
**Board Meeting Date: October 22, 2015**

**TO:** District Board of Health

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

**SUBJECT: Ratification of Contract between Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide educational opportunities for the University of Nevada College of Agriculture, Biotechnology & Natural Resources students in a public health agency environment for the period upon approval of the Board of Regents and the Washoe County Board of Health through June 30, 2016 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chair to execute the Contract.**

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**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

**District Board of Health strategic priority:** Strengthen District-wide infrastructure to improve public health.

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

**PREVIOUS ACTION**

The Washoe County District Board of Health approved a similar contract on March 26, 2015. UNR requested minor changes to the contract that the board approved. The date in the Contract Term section was changed to June 30, 2016 and a sentence in the Indemnification section was removed.

**BACKGROUND**

The Contract provides for utilizing the Washoe County Health District's facilities for student educational experiences as part of preparation of Nutrition and other related professionals. The learning opportunities will have an emphasis on education rather than services without disruption of usual Washoe County Health District activities.

The College of Agriculture, Biotechnology & Natural Resources shall select, in consultation with the Health District, learning experiences to which the students will be assigned. Dates and times for the use of the facilities by students will be mutually determined. The College of Agriculture, Biotechnology & Natural Resources will prepare and provide specific student schedules and other plans for instruction practice with the primary view of obtaining maximum educational benefit from the Health District's programs. The instruction period for each student is planned on academic semesters or an equivalent time period and will conform to the School calendar as approved by the Board of Regents.

The student's instructor will provide a copy of the course syllabus, which includes the evaluation form(s) and expectations. Preceptors will be assigned to each student as appropriate and a mutually agreed upon plan for educational experience will be developed and incorporated into a Service Learning Agreement or other agreed upon document.

### **FISCAL IMPACT**

Should the Board approve this Contract, there will be no additional impact to the adopted FY 16 budget as students and faculty will not receive compensation in connection with this Contract.

### **RECOMMENDATION**

Staff recommends that the District Board of Health ratify the Contract between Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide educational opportunities for the University of Nevada College of Agriculture, Biotechnology & Natural Resources students in a public health agency environment for the period upon approval of the Board of Regents and the Washoe County Board of Health through June 30, 2016 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chair to execute the Contract.

### **POSSIBLE MOTION**

Move to ratify the Contract between Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide educational opportunities for the University of Nevada College of Agriculture, Biotechnology & Natural Resources students in a public health agency environment for the period upon approval of the Board of Regents and the Washoe County Board of Health through June 30, 2016 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chair to execute the Contract.

A Contract Between Washoe County Health District  
Acting By and Through Its  
HEALTH DEPARTMENT  
(hereinafter referred to as the WCHD)  
P.O. BOX 11130  
Reno, Nevada 89520

And

THE BOARD OF REGENTS  
OF THE NEVADA SYSTEM OF HIGHER EDUCATION  
(hereinafter referred to as University)  
University of Nevada, Reno  
Reno, Nevada 89557

WHEREAS, the University of Nevada College of Agriculture, Biotechnology & Natural Resources desires to have access to community and clinical public health opportunities for Nutrition students; and

WHEREAS, the WCHD conducts several community and clinical public health programs which would be enhanced by the services of Nutrition students; and

WHEREAS, it is deemed that the services hereinafter set forth are both necessary and in the best interests of the parties;

NOW, THEREFORE, in consideration of the aforesaid premises, the parties mutually agree as follows:

**CONTRACT TERM.** This Contract shall be effective upon approval of the Board of Regents and the Washoe County Board of Health, through June 30, 2016, unless extended by the mutual agreement of the Parties. The Agreement will automatically be renewed for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. The automatic renewal provision of this section shall not affect the right of the Health District to terminate the Agreement as provided below.

**TERMINATION.** This Contract may be terminated by either party prior to the date set forth in paragraph (1), provided that a termination shall not be effective until 30 days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately if for any reason County, State and/or Federal funding ability to satisfy this Contract is withdrawn, limited, or impaired. This Contract may also be renegotiated in the event of a reduction in the anticipated County, State, or Federal funding revenue required to satisfy this Contract.

**NOTICE.** All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.

**INCORPORATED DOCUMENTS.** The parties agree that the services to be performed shall be specifically described; this Contract incorporates the following attachments:

G:/Management/Contracts/2010/School of Community Health Sciences

ATTACHMENT A: SCOPE OF EDUCATIONAL EXPERIENCE (See Attachment A)  
ATTACHMENT B: WASHOE COUNTY DISTRICT HEALTH DEPARTMENT VACCINE AND TB  
SCREENING REQUIREMENTS (See Attachment B)

BREACH; REMEDIES. Failure of either party to perform any obligation of this Contract shall be deemed a breach. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing party reasonable attorneys' fees and costs.

LIMITED LIABILITY. The parties will not waive and intends to assert available NRS Chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. To the extent applicable, actual contract damages for any breach shall be limited by NRS 354.626.

INDEMNIFICATION.

- a. Consistent with the Limited Liability provision stated above, and to the extent limited in accordance with NRS 41.0305 to NRS 41.039, 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.
- 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.

FORCE MAJEURE. Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.

HIPAA. As covered entities, the parties acknowledge the applicability of the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191 ("HIPAA") to any covered functions, which may be performed pursuant to this Agreement.

WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.

SEVERABILITY. If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the nonenforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.

ASSIGNMENT. Neither party shall assign, transfer or delegate any rights, obligations or duties under this Contract without the prior written consent of the other party.

PUBLIC RECORDS. Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.

CONFIDENTIALITY. Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Contract.

PROPER AUTHORITY. The parties hereto represent and warrant that the person executing this Contract on behalf of each party has full power and authority to enter into this Contract and that the parties are authorized by law to perform the service set forth in this agreement.

GOVERNING LAW; JURISDICTION. This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the jurisdiction of the Washoe County, Nevada district courts for enforcement of this Contract.

ENTIRE AGREEMENT AND MODIFICATION. This Contract and its integrated attachment(s) constitute the entire agreement of the parties and such are intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Unless an integrated attachment to this Contract specifically displays a mutual intent to amend a particular part of this Contract, general conflicts in language between any such attachment and this Contract shall be construed consistent with the terms of this Contract. Unless otherwise expressly authorized by the terms of this Contract, no modification or amendment to this Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto, approved by Washoe County's legal advisor.

IN WITNESS WHEREOF, the parties hereto have caused this Contract to be signed and intend to be legally bound thereby.

APPROVED BY BOARD OF HEALTH

\_\_\_\_\_ On \_\_\_\_\_ Chair.  
Washoe County Board of Health Date Title

ATTEST:

\_\_\_\_\_ On \_\_\_\_\_  
Date

APPROVED BY BOARD OF REGENTS

\_\_\_\_\_ On \_\_\_\_\_  
Date Title

\_\_\_\_\_ On \_\_\_\_\_

ATTACHMENT A  
SCOPE OF EDUCATIONAL EXPERIENCE  
COLLEGE OF AGRICULTURE, BIOTECHNOLOGY & NATURAL RESOURCES

**Responsibilities of the Parties**

1. The parties agree to jointly plan for the utilization of the WCHD's facilities for student educational experiences as part of preparation of Nutrition and other related professionals. The maximum number of students and the specific period shall be jointly determined after consideration of the District's facilities and adequacy, extent and variety of learning experiences available.
2. Both parties agree that students are not considered employees of either party under this Agreement.

**Responsibilities of the University**

1. University shall maintain oversight of students participating in educational opportunities through WCHD programs.
2. University shall ensure that all students carry and have evidence of adequate group medical insurance prior to the participation in any educational experience at the WCHD.
3. University shall ensure that vaccine and TB screening requirements have been met for all students and faculty prior to the beginning of an educational experience on site at the WCHD based on individual student activities/placement. The requirements for each student placement are contained in Attachment B: WASHOE COUNTY HEALTH DISTRICT VACCINE AND TB SCREENING REQUIREMENTS FOR STUDENTS/INTERNS/RESIDENTS.
4. University shall comply with all applicable laws, ordinances and regulations of governmental entities having jurisdiction over matters which are the subject of this Agreement. Further, pursuant to NRS Chapter 239B, University shall require background checks for students and instructional personnel participating in the activities covered by this Agreement. The University or the student will pay any cost associated with the background investigation. The results of these background checks may result in removal of a participant from the program, at Agency's discretion, or termination of this Agreement.
5. University shall immediately upon notice remove any student from Agency program under this Agreement whom Agency determines, in its reasonable discretion, imposes an unreasonable risk of harm to Agency personnel, clients, property or to him/herself, or who violates Agency policies, regulations or procedures despite warning.
6. The Department Director or delegatee will be the liaison officer and the principal contact between Agency and University for purposes of administration of this Agreement.

**Responsibilities of the WCHD**

1. WCHD shall have sole responsibility for establishing the policies, regulations and procedures applicable to its operations and activities. It shall notify University of all policies,



regulations and procedures that it expects University's personnel and students to adhere to while on WCHD premises or conducting activities in WCHD facilities. WCHD may notify University personnel and students directly without prior notice to University of policies, regulations and procedures if circumstances prohibit such prior notice.

2. WCHD shall maintain its facilities that are open to University personnel and students in compliance with applicable local, state and federal laws and regulations and accreditation requirements, if any.
3. WCHD will provide physical facilities as necessary to the administration of this Agreement and to the conduct of the learning experiences conducted under the auspices of this Agreement, within the limits of the District.
4. WCHD administration and personnel recognize their responsibility to maintain a learning environment of high quality in which sound educational experiences can occur.
5. WCHD will provide learning opportunities for students within the limits of WCHD. The emphasis shall be on education rather than services without disruption of usual WCHD activities.
6. WCHD shall appoint a liaison officer and notify University of same. Such officer shall be the principal contact between WCHD and University for purposes of administration of this Agreement.
7. WCHD may remove and restrict from entry upon its premises University personnel or students who it determines, in its reasonable discretion, impose an unreasonable risk of harm to WCHD personnel, clients, property of him/herself, or who violates WCHD policies, regulations or procedures despite warning. WCHD shall exercise reasonable efforts under the circumstances to notify University of its intent to remove or restrict prior to taking action and shall notify University as soon thereafter as is reasonable.

WCHD personnel shall not be obligated to participate in the learning experiences of students referred to WCHD hereunder except to the extent agreed between University and WCHD. To the extent WCHD personnel are engaged in the supervision of student learning experiences they shall adhere to the learning experience requirements established under the authority of this Agreement and shall make such reports and provide such information specified therein.

### **Scheduling and Tracking Student Placements**

The College of Agriculture, Biotechnology & Natural Resources shall select, in consultation with the District, learning experiences to which the students will be assigned from among those learning opportunities made available by the WCHD. The College of Agriculture, Biotechnology & Natural Resources and the WCHD shall mutually determine dates and times for the use of these facilities by such students.

Types of WCHD student placements:  
Individual Undergraduate Students  
Individual Graduate (Masters) Students

The University agrees to prepare specific student schedules and other plans for instruction practice with the primary view of obtaining maximum educational benefit from the District's programs. The instruction period for each student is planned on academic semesters or an equivalent time period and will conform to the School calendar as approved by the Board of Regents.

### **Communication between School and District Program Staff**

The student's instructor will provide a copy of the course syllabus, which includes the evaluation form(s) and expectations. Preceptors will be assigned to each student as appropriate and a mutually agreed upon plan for educational experience will be developed and incorporated into a Service Learning Agreement or other agreed upon document.

University and the District have appointed the following principal contacts for all communications in connection with this Exhibit:

#### Contact for the District

Steve Kutz RN MPH  
Division Director  
Community and Clinical Health Services  
Washoe County Health District  
PO Box 11130  
Reno, NV 89520  
775-328-6159  
Email: [SKutz@washoecounty.us](mailto:SKutz@washoecounty.us)

#### Contact for University

Jamie Benedict, PHD RD  
Associate Professor  
Dept. of Agriculture, Nutrition and Veterinary  
Sciences/202  
University of Nevada, Reno  
1664 North Virginia Street  
Reno, NV 89557  
775-784-6445  
Email address: [jamieb@cabnr.unr.edu](mailto:jamieb@cabnr.unr.edu)

ATTACHMENT B

WAHSOE COUNTY HEALTH DISTRICT  
VACCINE AND TB SCREENING REQUIREMENTS\* FOR  
STUDENTS/INTERNS/RESIDENTS

	<b>9<sup>th</sup> Street and Off-site Clinical Areas</b>	<b>9<sup>th</sup> Street Non-Clinical Areas</b>	<b>Off-site Non-Clinical Areas</b>
MMR	Required (1 dose or immunity to Measles, Mumps and Rubella if born before 1957, 2 doses if born during or after 1957)	Required (1 dose or immunity to Measles, Mumps and Rubella if born before 1957, 2 doses if born during or after 1957)	Recommended (2 doses if born during or after 1956)
Tdap	Required if 2 or more years since last Td booster	2007 – Recommend for next Tetanus booster	2007 – Recommend for next Tetanus booster
Varicella	Required (vaccine or history of chicken pox)	Recommended	Recommended
Influenza	Required during October – March	Recommended	Recommended
Approved TB Screening	Required (for example Quantiferon within 30 days prior to rotation or 2-step TST with second TST placed and read within 30 days prior to rotation)	Required (for example Quantiferon within 30 days prior to rotation or 2-step TST with second TST placed and read within 30 days prior to rotation)	N/A
Hepatitis B	If possible human blood exposure during rotation	If possible human blood exposure during rotation	If possible human blood exposure during rotation

\* Requirements are based on student activities and location.

**STAFF REPORT**  
**BOARD MEETING DATE: October 22, 2015**

**DATE:** October 2, 2015

**TO:** District Board of Health

**FROM:** Erin Dixon, Fiscal Compliance Officer, 775-328-2419, [edixon@washoecounty.us](mailto:edixon@washoecounty.us)

**SUBJECT:** Approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period September 1, 2015 through June 30, 2016 in the total amount of \$135,798.00 in support of the Public Health Preparedness Program, Preparedness, Assurance, Inspections, Statistics (PAIS), IO-TBD; Approve amendments totaling an increase of \$118,085 in both revenue and expense to the FY16 the Public Health Preparedness Program, Preparedness, Assurance, Inspections, Statistics (PAIS), IO-TBD; and if approved authorize the Chair to execute.

**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

The Washoe County Health District received a Notice of Subgrant Award from the Division of Public and Behavioral Health for the period September 1, 2015 through June 30, 2016 in the total amount of \$135,798 in support of the Public Health Preparedness Program, Preparedness, Assurance, Inspections, Statistics (PAIS), IO-TBD. A copy of the Notice of Subgrant Award is attached.

**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.

*Goal supported by this item:* Approval of the Subgrant Award supports the Epidemiology and Public Health Preparedness (EPHP) Division's mission to strengthen the capacity of public health infrastructure to detect, assess, and respond decisively to control the public health consequences of bioterrorism events or any public health emergency.

**PREVIOUS ACTION**

There has been no previous action taken by the Board this fiscal year.

**BACKGROUND**

On March 18, 2015, a grant application was submitted under the District Health Officer's signature to the State of Nevada, Department of Health & Human Services, Division of Public & Behavioral



Health requesting funding to cover Ebola preparation and planning as well as updating the Ebola plan. Included are plans to provide Personal Protective Equipment (PPE) for public health workers and responders. Organizations that may receive PPE include Reno Police Department, Sparks Police Department, Washoe County Sheriff, Washoe County School District, and Washoe County Health District.

Funding from this award will be used to support current personnel (.10 FTE of the Public Health Preparedness Manager, .25 FTE of a Public Health Emergency Response Coordinator), mileage, PPE supplies and indirect costs.

The (CDC) Public Health Preparedness (PHP) – Preparedness, Assurance, Inspections and Statistics (PAIS), IO-TBD was not projected in the FY16 budget. The total award amount is \$135,798. A budget amendment in the amount of \$118,085 is necessary to bring the Notice of Subgrant Award into alignment with the FY16 program budget. A budget adjustment is not necessary for the indirect revenue.

This budget amendment will also require Board of County Commissioners approval.

**FISCAL IMPACT**

Should the Board approve these budget amendments, the adopted FY 16 budget will be **increased by \$118,085** in the following accounts:

<u>Account Number</u>		<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
<b>2002-IO-TBD</b>	<b>-431100</b>	<b>Federal Revenue</b>	<b>\$118,085</b>
		<b>Total Revenue</b>	<b>\$118,085</b>
2002-IO-TBD	-701110	Base Salaries	24,648
2002-IO-TBD	-705110	Insurance	3,093
2002-IO-TBD	-705210	Retirement	6,901
2002-IO-TBD	-705230	Medicare	358
2002-IO-TBD	-710512	Auto Expense	92
2002-IO-TBD	-710300	Operating Supplies	82,993
		<b>Total Expenditures</b>	<b>\$118,085</b>

**RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period September 1, 2015 through June 30, 2016 in the total amount of \$135,798.00 in support of the Public Health Preparedness Program, Preparedness, Assurance, Inspections, Statistics (PAIS), IO-TBD; Approve amendments totaling an increase of \$118,085 in both revenue and expense to the FY16 the Public Health Preparedness Program, Preparedness, Assurance, Inspections, Statistics (PAIS), IO-TBD; and if approved authorize the Chair to execute.

POSSIBLE MOTION

Move to approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period September 1, 2015 through June 30, 2016 in the total amount of \$135,798.00 in support of the Public Health Preparedness Program, Preparedness, Assurance, Inspections, Statistics (PAIS), IO-TBD; Approve amendments totaling an increase of \$118,085 in both revenue and expense to the FY16 the Public Health Preparedness Program, Preparedness, Assurance, Inspections, Statistics (PAIS), IO-TBD; and if approved authorize the Chair to execute.





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

HD #: **15114**  
 Budget Account: 3218  
 Category: 25  
 GL: 8516  
 Job Number: 9381715

### NOTICE OF SUBGRANT AWARD

<b>Program Name:</b> Public Health Preparedness Program Preparedness, Assurance, Inspections, Statistics (PAIS)		<b>Subgrantee Name:</b> Washoe County Health District (WCHD)																	
<b>Address:</b> 4150 Technology Way, Suite #200 Carson City, NV 89706-2009		<b>Address:</b> 1001 East Ninth Street / PO Box 11130 Reno, NV 89520																	
<b>Subgrant Period:</b> September 1, 2015 through June 30, 2016		<b>Subgrantee's:</b> EIN: <b>88-6000138</b> Vendor #: <b>T40283400Q</b> Dun & Bradstreet: <b>073786998</b>																	
<b>Purpose of Award:</b> Funds are intended to demonstrate achievement in HPP Ebola Activities according to ASPR grant guidance.																			
<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;">\$ <b>35,000.00</b></td></tr> <tr><td>2. Travel</td><td style="text-align: right;">\$ <b>92.00</b></td></tr> <tr><td>3. Supplies</td><td style="text-align: right;">\$ <b>82,993.00</b></td></tr> <tr><td>4. Equipment</td><td style="text-align: right;">\$ <b>0.00</b></td></tr> <tr><td>5. Contractual/Consultant</td><td style="text-align: right;">\$ <b>0.00</b></td></tr> <tr><td>6. Other</td><td style="text-align: right;">\$ <b>0.00</b></td></tr> <tr><td>7. Indirect</td><td style="text-align: right;">\$ <b>17,713.00</b></td></tr> <tr><td><b>Total Cost:</b></td><td style="text-align: right;"><b>\$ 135,798.00</b></td></tr> </table>		1. Personnel	\$ <b>35,000.00</b>	2. Travel	\$ <b>92.00</b>	3. Supplies	\$ <b>82,993.00</b>	4. Equipment	\$ <b>0.00</b>	5. Contractual/Consultant	\$ <b>0.00</b>	6. Other	\$ <b>0.00</b>	7. Indirect	\$ <b>17,713.00</b>	<b>Total Cost:</b>	<b>\$ 135,798.00</b>	<p>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>\$135,798.00</b> during the subgrant period.</p>	
1. Personnel	\$ <b>35,000.00</b>																		
2. Travel	\$ <b>92.00</b>																		
3. Supplies	\$ <b>82,993.00</b>																		
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7. Indirect	\$ <b>17,713.00</b>																		
<b>Total Cost:</b>	<b>\$ 135,798.00</b>																		
<b>Source of Funds:</b>		<b>% of Funds:</b>	<b>CFDA:</b>																
1. Assistant Secretary for Preparedness and Response (ASPR)		100%	93.817																
			<b>Federal Grant #:</b> 1U3REP150510-01-00																
<b>Terms and Conditions:</b> In accepting these grant funds, it is understood that:																			
<ol style="list-style-type: none"> <li>1. Expenditures must comply with appropriate state and/or federal regulations;</li> <li>2. This award is subject to the availability of appropriate funds; and</li> <li>3. The recipient of these funds agrees to stipulations listed in the incorporated documents.</li> </ol>																			
<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;																			
Section F: Business Associate Addendum;																			
Attachment 1: Detailed Work Plan.																			
Kitty Jung Washoe County District Board of Health	Signature		Date																
Erin Lynch Health Program Manager II, PHP	<i>Erin Lynch</i>		<i>10/1/15</i>																
Chad Westom Bureau Chief, PAIS	<i>Chad W. Westom</i>		<i>10.1.15</i>																
for Cody L. Phinney 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 offeror 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. Sub-grantee 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, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
  - a. Any federal, state, county or local agency, legislature, commission, council, or board;
  - b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
  - c. Any officer or employee of any federal, state, county or local agency, legislature, commission, council or board.
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: Contract Unit  
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.**

THIS SPACE INTENTIONALLY LEFT BLANK

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

**SECTION B**

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

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

- The attached Detailed Work Plan (Attachment 2) is for Year 1 (September 1, 2015 to June 30, 2016) of a five year grant and is broken down by grant activity. The Detailed Work Plan contains strategies, outcomes, activities, output documentation, and estimated date of completion for each activity.
- Achievements of activities for this subgrant period (Year 1) are to be completed by June 30, 2016. Outcome of the funded activities will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded activity requires substantial achievement and demonstration of completion as specified in the Detailed Work Plan. If outcomes are not met, Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state.
- Submit written cumulative Progress Reports to the Division electronically on or before:
  - January 31, 2016      1<sup>st</sup> Quarter Progress Report      (For the period of 9/1/15 - 12/31/15)
  - April 30, 2016      2<sup>nd</sup> Quarter Progress Report      (For the period of 9/1/15 – 3/31/16)
  - July 31, 2016      Final Progress Report      (For the period of 9/1/15 – 6/30/16)
- Match is not required on this subgrant.

Additional information may be requested by the Division, as needed, due to evolving state and federal reporting requirements.

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

**SECTION C**

**Budget and Financial Reporting Requirements**

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 1U3REP150510-01-00 from the Office of the Assistant Secretary for Preparedness and Response (ASPR). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor ASPR."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 1U3REP150510-01-00 from ASPR.

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	\$ 35,000		<b>Annual</b>	<b>% of Time</b>
		\$ 9,051	PHP Manager	90,506
		15,597	Public Health Emergency Response Coordinator	62,388
		10,352	Fringe = \$24,648 x 42% = \$10,352	
2. Travel	\$ 92			
		\$ 92	Local Mileage to healthcare facilities within the jurisdiction 10 trips x 16 miles x \$.575 per mile = \$92	
3. Supplies	\$ 82,993			
		\$ 82,993	Personal Protective Equipment (PPE) for public health workers and responders for those potentially having an infectious disease. PPE not to exceed \$82,993.	
4. Equipment	\$ 0			
		\$		
5. Contractual Consultant	\$ 0			
		\$		
6. Other	\$ 0			
		\$		
7. Indirect	\$ 17,713			
		\$ 17,713	Indirect @ 15% x \$118,085 = \$17,713	
<b>Total Cost</b>	<b>\$ 135,798</b>			

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility (no more than a cumulative amount of \$13,579.80), within approved Scope of Work, unless otherwise authorized. Upon reaching the 10% funding adjustment threshold, additional adjustments between categories cannot be made without prior written approval from the Division. Changes to the Scope of Work cannot be made without prior approval from the Division and the federal funding agency. Redirect requests may not be submitted within 60 days of the close of the subgrant period.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per Diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

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

- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred, summarizing the total amount and type of expenditures made during the reporting period.
- Submit monthly Requests for Reimbursement no later than 30 days following the end of the month; submit a Request for Reimbursement for activities completed through the month of June no later than July 31, 2016.
- The maximum available through the subgrant is \$135,798.00.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred.
- Provide complete travel detail including purpose of travel and attach copies of travel claim summary (if available).
- Attached invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items which have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (ie: laptops, iPads, printers, etc...).
- Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

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

- Review and approve activities through programmatic and fiscal reports and conduct annual site visits at the Subgrantee's physical site as necessary.
- Provide technical assistance, upon request from the Subgrantee.
- 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:**

- Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Nevada State Division of Public and Behavioral Health that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the Nevada State Division of Public and Behavioral Health may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state. This includes but is not limited to:
  - Reallocating funds between the subgrantee's categories, and
  - Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment.
- The Subgrantee will, in the performance of the Detailed Work Plan specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.
- All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.



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

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

**Financial Reporting Requirements**

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

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

**SECTION D**

**Nevada Department of Health and Human Services  
Division of Public & Behavioral Health**

HD #: **15114**  
 Budget Account: **3218**  
 Category #: **25**  
 Job #: **9381715**  
 GL #: **8516**  
 Draw #: \_\_\_\_\_

**REQUEST FOR REIMBURSEMENT**

<b>Program Name:</b> Public Health Preparedness Preparedness, Assurance, Inspections and Statistics Division of Public and Behavioral Health	<b>Subgrantee Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way, Suite 200 Carson City, NV 89706	<b>Address:</b> 1001 East Ninth Street / PO Box 11130 Reno, NV 89520
<b>Subgrant Period:</b> September 1, 2015 through June 30, 2016	<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	\$ 35,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 35,000.00	-
3 Travel	\$ 92.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 92.00	-
5 Supplies	\$ 82,993.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 82,993.00	-
4 Equipment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
2 Contractual/Consultant	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
6 Other	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
7 Indirect	\$ 17,713.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 17,713.00	-
<b>8 Total</b>	<b>\$ 135,798.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 135,798.00</b>	<b>-</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: Contract Unit  
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? \_\_\_\_\_
4. What is the official name of your organization? \_\_\_\_\_
5. How often is your organization audited? \_\_\_\_\_
6. When was your last audit performed? \_\_\_\_\_
7. What time period did your last audit cover \_\_\_\_\_
8. Which accounting firm conducted your last audit? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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SECTION F

**Business Associate Addendum**

BETWEEN

**Nevada Division of Public and Behavioral Health**

---

Hereinafter referred to as the "Covered Entity"

and

**Washoe County Health District (WCHD)**

---

Hereinafter referred to as the "Business Associate"

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

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

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

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

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

- I. DEFINITIONS. The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.
1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
  2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
  3. **CFR** stands for the Code of Federal Regulations.
  4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
  5. **Covered Entity** shall mean the name of the 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.

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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 statues or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

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

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the



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Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.

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

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

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

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

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in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

**IV. OBLIGATIONS OF COVERED ENTITY**

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

**V. TERM AND TERMINATION**

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

**VI. MISCELLANEOUS**

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
  - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and

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- b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
  5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
  6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

THIS SPACE INTENTIONALLY LEFT BLANK

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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
<b>Division of Public and Behavioral Health</b> <b>4150 Technology Way, Suite 300</b> <b>Carson City, NV 89706</b>	Washoe County Health District Business Name
<b>Phone: (775) 684-5975</b>	1001 East Ninth Street / PO Box 11130 Business Address
<b>Fax: (775) 684-4211</b>	Reno, NV 89520 Business City, State and Zip Code
	775-328-2400 Business Phone Number
	775-328-3752 Business Fax Number
_____ Authorized Signature	_____ Authorized Signature
for Cody L. Phinney _____ Print Name	Kitty Jung _____ Print Name
Administrator, Division of Public and Behavioral Health _____ Title	Chair, District Board of Health _____ Title
_____ Date	_____ Date

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ATTACHMENT 1

Detailed Work Plan

**Washoe County Health District (WCHD)  
Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities  
September 1, 2015 through June 30, 2016  
Year 1 Activities**

**PART A – HEALTH CARE SYSTEM PREPAREDNESS FOR EBOLA**

ACTIVITY A: DEVELOP AN EBOLA RESPONSE PLAN AND RESULTING CONOPS			
<p><b>Strategy:</b> Outline the jurisdictions tiered approach for health care system response, including the assessment and transport of persons suspected or confirmed to have Ebola.</p>			
<ul style="list-style-type: none"> <li>State Public Health Preparedness (PHP) Program and Local Health Authorities (LHAs) to collaborate together to further enhance the local and state Ebola Response Plans and resulting Continuity of Operations Plan (CONOPS). Ebola Response Plans and CONOPS will include the description of the tiered approach, investigations, AM/DAM monitoring, transport to assessment facilities, and EMS transport to regional Ebola treatment facility. See <i>Page 7, Activity A of FOA for all plan components</i>. Must be completed in Year 1 with revisions in subsequent years when needed. LHAs must provide local Ebola Response Plans to the State PHP Program to incorporate into the State Ebola Response Plan and CONOPS.</li> </ul>			
<p><b>OUTCOME:</b> By December 2015, Washoe County Health District (WCHD) will provide State PHP Program with WHCD EVD Plan.</p>			
Year	Activity	Output Documentation	Completion Date
1	Washoe County Health District will continue to update the Washoe County Health District EVD Plan as necessary.	<ul style="list-style-type: none"> <li>Updates to Washoe County Health District EVD Plan</li> </ul>	12/31/2015
1	Washoe County Health District will provide EVD Plan (updated as appropriate) to State PHP Program to incorporate in to State Ebola Response Plan and CONOPS.	<ul style="list-style-type: none"> <li>Washoe County Health District EVD Plan</li> </ul>	1/15/2016



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**ACTIVITY B: ASSURE READINESS OF ASSESSMENT HOSPITALS**

**Strategy 1: Improve and maintain health care worker readiness for Ebola and Ebola-like diseases.**

- Nevada Hospital Association and LHAs to collaborate to conduct assessment of hospital and EMS PPE assets and commonality throughout the jurisdiction to support the hospital Master Mutual Aid Agreement for readily assessable PPE. This will also support a rotation plan to ensure PPE does not expire. Must be completed in Year 1. Nevada State EMS Program will conduct assessment of rural EMS agencies.

**OUTCOME: Washoe County Health District will work collaborate with regional hospitals through Inter-Hospital Coordinating Council and Nevada Hospital Association to develop a standardized assessment tool and asses the hospitals for their PPE.**

Year	Activity	Output Documentation	Completion Date
1	Washoe County Health District (WCHD) in collaboration with other Nevada LHAs will develop a standardized assessment tool to assess IHCC hospitals' and REMSA's PPE types and manufacture.	2) Standardized assessment tool	12/31/2015
1	WCHD will develop a schedule for updating the assessment tool and PPE list in coordination with Nevada Hospital Association and Nevada Division of Public and Behavioral Health.	3) Schedule	12/31/2015
1	WCHD will collaborate with regional hospitals through IHCC to implement assessment tool.	4) List of PPE	3/28/2016

- LHAs and Nevada Hospital Association to coordinate with health care coalitions to assess facility Ebola plans for recognition, isolation, and activation.

**OUTCOME: By February 2015, Washoe County Health District will assess two assessment hospitals and five frontline facilities' Ebola plans for recognition, isolation, and activation.**

Year	Activity	Output Documentation	Completion Date
1	Washoe County Health District in collaboration with regional assessment hospitals through IHCC will assess facility Ebola plans for recognition, isolation, and activation using the CDC Ebola Preparedness (REP) Tool for Ebola Treatment Centers and Assessment Hospitals.	2) Review documentation of two assessment hospitals Ebola Plans.	12/31/2015
1	Washoe County Health District in collaboration with frontline facilities through IHCC will assess facility Ebola plans for recognition, isolation, and activation using the tools from the CDC.	3) Review documentation of 5 frontline facilities.	2/28/2016



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- LHAs and health care coalitions must conduct annual exercises and AAR/IPs for unannounced first encounter drills for Ebola or other infectious diseases such as MERS-CoV and Measles, patient transport exercises, and patient care simulations.

**OUTCOME: By the end of each budget period, Washoe County Health District will conduct annual exercises and AAR/IPS for unannounced first encounter drills for Ebola with two assessment hospitals (first year) and other infectious diseases with one assessment and one frontline facility (subsequent four years) in collaboration with Inter-Hospital Coordinating Council.**

Year	Activity	Output Documentation	Completion Date
1	Washoe County Health District in collaboration with regional hospitals through IHCC will conduct one exercise and AAR/IP for an unannounced first encounter drill for Ebola.	<ul style="list-style-type: none"> <li>Exercise documentation from two assessment hospitals.</li> </ul>	06/30/2016

**ACTIVITY C: Develop Capabilities of Health Care Coalitions to Enable their Members to Care for Ebola Patients**

**Strategy 1: Ensure all coalition partners have access to PPE, trainings, and exercises according to their respective role in the health care system.**

- LHAs to provide technical assistance to health care coalitions and health care system to build the competency of health care workers to identify and assess suspected or confirmed patients with Ebola through annual training.

Year	Activity	Output Documentation	Completion Date
1	Washoe County Health District (WCHD) in collaboration with the two regional assessment facilities through IHCC will provide training for healthcare workers utilizing the training developed by the State PHP Program. Training will be sustained through the online training developed by the State PHP Program.	2) Training documentation, number of healthcare workers trained.	06/30/2016

- LHAs will coordinate with health care coalitions in their jurisdiction to ensure annual coalition level exercises are conducted. First year must be Ebola, next years can be other infectious diseases if there are no global outbreaks of Ebola.

Year	Activity	Output Documentation	Completion Date
1	WCHD in collaboration with regional hospitals through IHCC will conduct one exercise and AAR/IP for an unannounced first encounter drill for Ebola.	2) Exercise documentation from two assessment hospitals.	06/30/2016

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

<ul style="list-style-type: none"> <li>LHAs to assist health care coalitions with just-in-time training with Ebola assessment facilities, when needed. <i>See Page 9, Activity C, Strategy 1, of FOA.</i></li> </ul>			
Year	Activity	Output Documentation	Completion Date
1	WCHD will promote and utilize the online training for just-in-time for Ebola assessment facilities.	3) Meeting notes and agendas	06/30/2016

<b>Strategy 2: Ensure EMS and interfacility transport systems and 911/Public Safety Answering Points are included in Ebola planning.</b>			
<ul style="list-style-type: none"> <li>EMS transport to be included in local and state Ebola Response Plans and resulting CONOPS.</li> </ul>			
Year	Activity	Output Documentation	Completion Date
1	Washoe County Health District, EMS Program will review the WC EVD Plan to make any updates to include EMS Transportation.	4) Washoe County Health District EVD Plan 5) Meeting notes	12/31/2015

<ul style="list-style-type: none"> <li>EMS must be included in state PPE training and local exercises.</li> </ul>			
Year	Activity	Output Documentation	Completion Date
1	WCHD in collaboration with regional hospitals through IHCC and EMS will conduct one exercise and AAR/IP for an unannounced first encounter drill for Ebola.	6) Exercise documentation from two assessment hospitals.	06/30/2016

<ul style="list-style-type: none"> <li>State and local Ebola Response Plans and resulting CONOPS to include management of medical waste for EMS. LHAs to ensure hospitals have medical waste plans to include waste from EMS.</li> </ul>			
Year	Activity	Output Documentation	Completion Date
1	WCHD will collaborate with the two assessment hospitals in the region to review Ebola Response Plans to ensure the plans include medical waste plans which include waste from EMS.	7) Two assessment hospital plans 8) Meeting notes	12/1/2015

DD	AH	_____
DHO		_____ KD _____
DA	LA	_____
Risk	DME	_____

**Staff Report**  
**Board Meeting Date: October 22, 2015**

**TO:** District Board of Health

**FROM:** Steve Kutz, RN, MPH, Director, Community and Clinical Health Services  
775-328-6159; [skutz@washoecounty.us](mailto:skutz@washoecounty.us)

**SUBJECT:** Ratification of Sales Agreement between Washoe County Health District and Patagonia Health to provide an Electronic Medical Record/Practice Management System for the Community and Clinical Health Services Division via a subscription service in the total amount of \$237,019; for an initial five year term from service effective date with automatic renewal for subsequent one year periods unless Vendor notifies Client in writing at least three months prior to the end of the then current term of its intent not to renew or Client notifies Vendor at least 30 days prior to the end of the then current term of its intent not to renew; and if approved, authorize the Chair to execute the Agreement.

**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health’s behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

**District Board of Health strategic priority:** Strengthen District-wide infrastructure to improve public health.

**Fundamental Review recommendation supported by this item:** Update fee schedules and billing processes regularly for all clinical and environmental health services provided.

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

**PREVIOUS ACTION**

There has been no previous action taken by the Board.

**BACKGROUND**

Currently CCHS uses the Netsmart product, Insight, as its primary clinical database and Electronic Health Record (EHR). This was quite an advancement for our Division when initially purchased in 2003. While the product has been updated over time, we have had to institute a number of

workarounds as our skill, knowledge and needs have outpaced the abilities of Insight, thus creating ongoing and frustrating challenges for CCHS.

In late 2015, our EHR Workgroup, comprised of Administrative Health Services and CCHS staff, began exploring options for replacement as it became clearer to us that Insight was no longer meeting our needs. After reviewing a number of alternative databases, we focused on Patagonia Health, an EHR that is specifically for Public Health. After viewing online videos, and a webinar from company representatives, we invited them to the Health District for an in-person demonstration of their product. After a successful demo of their product in March 2015, we conducted thorough reference checks, finding that their clients were very pleased with the ease of use, the quality of the product, and prompt updates to the software and excellent customer service. This was important to us as the quality of follow up and customer service with Insight had decreased over time. Additionally, Technology Services supported our potential move to another database, and in working with Administrative Health Services, we ensured that funding was available to embark on this project.

As a final step, a small team of staff conducted site visits at two North Carolina Health Departments, in July, 2015. Both health departments were very open with us, discussing the pros and cons of the database and Patagonia Health. Overall the North Carolina Health Departments were very pleased with both the database and the company.

CCHS looks forward to moving to a more modern database, built on a more current platform, high quality customer service, and a product that is easy to use, provides more functionality and will also continue help us increase our clinical revenue through a built in insurance clearinghouse and immediate verification of insurance eligibility for a large number of third party payers. Patagonia Health will also allow us future growth into areas that Netsmart would charge many thousands of dollars more, such as Meaningful Use, when CCHS Medicaid clientele meets a certain threshold.

### **FISCAL IMPACT**

The contract amount totals \$237,019 for the five year period and will be paid with a down payment of \$9,995 and 56 additional monthly payments of \$4,054 each. Should the Board approve the Sales Agreement there will be no additional fiscal impact to the adopted FY16 budget as the contract amount was anticipated and included in the following budgets: 108100-710210 (Washoe County Technology Services) for \$23,274, 171100-781004 (CCHS-Admin) for \$29,738, 171300-710210 (Sexual Health program) for \$2,063, 171400-710210 (Tuberculosis program) for \$1,495, 173500-710210 (Immunization program) for \$1,495 and 173000-710210 (Family Planning program) for \$1,495.

### **RECOMMENDATION**

Staff recommends that the District Board of Health ratify the Sales Agreement between Washoe County Health District and Patagonia Health to provide an Electronic Medical Record/Practice Management System for the Community and Clinical Health Services Division via a subscription service in the total amount of \$237,019; for an initial five year term from service effective date with automatic renewal for subsequent one year periods unless Vendor notifies Client in writing at least

Subject: Ratification of Sales Agreement  
Date: October 22, 2015  
Page 3 of 3

three months prior to the end of the then current term of its intent not to renew or Client notifies Vendor at least 30 days prior to the end of the then current term of its intent not to renew; and if approved, authorize the Chair to execute the Agreement.

### **POSSIBLE MOTION**

Move to ratify the Sales Agreement between Washoe County Health District and Patagonia Health to provide an Electronic Medical Record/Practice Management System for the Community and Clinical Health Services Division via a subscription service in the total amount of \$237,019; for an initial five year term from service effective date with automatic renewal for subsequent one year periods unless Vendor notifies Client in writing at least three months prior to the end of the then current term of its intent not to renew or Client notifies Vendor at least 30 days prior to the end of the then current term of its intent not to renew; and if approved, authorize the Chair to execute the Agreement.



This Subscriber Sales Agreement (including HIPAA Business Associate Agreement, Subscriber Services Agreement and Order Form), effective as of this the \_\_\_\_\_ day of \_\_\_\_\_, 2015 ("Service Effective Date"), is made by and between Patagonia Health, Inc. ("Business Associate" & "Vendor"), located at 1915, Evans Rd, Cary, North Carolina 27513 ("Patagonia Health") and, Washoe County Health District ("Client")

Located at \_\_\_\_\_ 1001 East Ninth Street, P.O. Box 11130, Reno, NV 89520-0027 \_\_\_\_\_

## HIPAA BUSINESS ASSOCIATE AGREEMENT

### WITNESSETH

WHEREAS, in connection with the goods and/or services provided to Client, Business Associate may be given or otherwise have access to Protected Health Information ("PHI"), as that term is defined in 45 CFR Part 160.103; and

WHEREAS, Business Associate and Client intend to protect the privacy and provide for the security of any PHI disclosed to Business Associate, or to which Business Associate may have access, in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA") and regulations promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

WHEREAS, as part of the HIPAA Regulations, the Privacy Rule that is codified at 45 CFR Parts 160 and 164 requires Client to enter into a contract containing specific requirements with Business Associate prior to the disclosure of or providing access to PHI as set forth in the Privacy Rule, including without limitation 45 CFR Sections 164.502(e) and 164.504(e).

NOW, THEREFORE, in consideration of the mutual promises and covenants set forth below, Client and Business Associate agree as follows:

#### 1. Definitions

Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms as set forth in HIPAA and the HIPAA Regulations.

#### 2. Requirements

- (a) Business Associate agrees to not use or further disclose Protected Health Information received from Client other than as permitted or required by this Agreement, or as required by law.
- (b) Business Associate agrees to use appropriate safeguards to prevent the use or disclosure of any Protected Health Information other than as provided for by this Agreement, and to maintain the integrity and confidentiality of any Protected Health Information created, received, maintained or transmitted by Business Associate on behalf of Client.
- (c) Business Associate agrees to report to Client immediately any and all security incidents resulting in a breach of security involving Protected Health Information.
- (d) Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement or applicable law.
- (e) Business Associate agrees to report to Client any use or disclosure, or improper or unauthorized access, of the Protected Health Information not provided for by this Agreement.
- (f) Business Associate agrees that any agent, including a subcontractor, to whom it provides Protected Health Information, received from, or created or received by Business Associate on behalf of Client, shall be subject to obligations of confidentiality with respect to such information at least as protective of the Protected Health Information as provided under this Agreement.
- (g) Business Associate agrees to provide access, at the request of Client, during normal business hours, to Protected Health Information in a Designated Record Set, to Client or, as directed by Client, to an Individual in order to meet the requirements under 45 CFR Part 164.524.
- (h) Upon written request, Business Associate agrees to make any internal practices, books, and records maintained in the ordinary course of business and relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of Client available to Client, or at the



request of Client, to the Secretary of Health and Human Services, or its designee, in a time and manner designated by Client or the Secretary, for purposes of the Secretary determining Client's compliance with applicable law, including without limitation, HIPAA and HIPAA Regulations.

- (i) Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Client to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR Part 164.528.
- (j) Business Associate agrees to provide to Client or an Individual, in the time and manner designated by Client, information collected in accordance with this Agreement, to permit Client to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR Part 164.528.
- (k) Business Associate agrees to report to Client any security incidents of which Business Associate becomes aware regarding Electronic Protected Health Information.

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

Business Associate may use or disclose Protected Health Information on behalf of, or to provide services to Client, as permitted under this Agreement. In addition:

- (a) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information for the proper management and administration or to carry out any present or future legal responsibilities of Business Associate.
- (b) Except as otherwise limited in this Agreement, Business Associate may disclose Protected Health Information for the proper management and administration and to fulfill any present or future legal responsibilities of Business Associate, provided that disclosures are required by law, or provided that Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by law or only for the purpose for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
- (c) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information to provide Data Aggregation services as permitted by 42 CFR Part 164.504 (e)(2)(i)(B).
- (d) The provisions of this Agreement shall not apply to Protected Health Information that Business Associate may receive from any source outside the scope of this Agreement or independent of its relationship with Client.

### 4. Term and Termination

- (a) Term. The Term of this Agreement shall become effective the date of execution by Client, and shall terminate when all of the Protected Health Information provided by Client to Business Associate, or created or received by Business Associate on behalf of Client, or otherwise in Business Associate's possession, is destroyed or returned to Client, or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information in accordance with the termination provisions in this Section.
- (b) Termination for Cause. Upon Client's knowledge of a material breach by Business Associate, Client shall provide a reasonable time for Business Associate to cure the breach. Reasonable time shall be defined as a written plan signed by both parties. If Business Associate does not cure the breach or end the violation within such reasonable time as agreed to in the written plan, Client may terminate this Agreement, or if termination is not possible, report the problem to the Secretary of Health and Human Services.

### 5. Effect of Termination

- (a) Except as provided in paragraph (b) of this Section, upon termination of this Agreement, for any reason, Business Associate shall return or destroy all Protected Health Information received from Client, or created or received by Business Associate on behalf of Client, or otherwise in Business Associate's possession. Business Associate shall retain no copies of the Protected Health Information in any form.
- (b) In the event that Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Client notification of the conditions that make return or destruction infeasible. Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit any further uses and disclosures of such Protected Health Information to only those purposes that make the return or destruction infeasible.

### 6. Miscellaneous

- (a) Regulatory References. A reference in this Agreement to a section in HIPAA or the HIPAA Regulations means the section as in effect or as amended, and for which compliance is required.
- (b) Amendment. The parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for the parties to comply with the requirements of HIPAA and the HIPAA Regulations.
- (c) Interpretation. Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Client to comply with HIPAA and the HIPAA Regulations.

**SUBSCRIBER SERVICES AGREEMENT**

**Introduction:** Vendor has developed a subscription service as described herein (the “Service”) which provides services that enable medical professionals and their staffs to maintain their patient Electronic Medical Record / Practice Management Systems (the “Records”) within the Vendor Electronic Medical Record / Practice Management System Software (the “Software”) through Vendor’s secure network (the “Network”) using the Vendor database repository (the “Repository”). Subscriber is a Public Health Department which provides diagnostic and other medical services to patients. Subscriber and Vendor (the “Parties”) desire for Vendor to provide Services to Subscriber under the terms set forth herein.

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

**1. Service Provisions****1.1 Software.**

- (a) Vendor grants to Client a non-exclusive, non-transferable license to use the Software, subject to the terms and conditions below.
- (b) In consideration of the payments made in accordance with this Agreement, Vendor grants to the Subscriber a non-exclusive, royalty-free, personal, non-transferable license during the term of this Agreement to allow its Users (as defined in Section 1.3(b)) to use the Software only in connection with the Service. Subscriber shall ensure that its Users do not, copy, reverse engineer, decompile or disassemble the Software or use it for any purposes other than those expressly authorized herein.

**1.2 Internet Connection.** Subscriber shall have sole responsibility to contract for, install, and maintain during the term of this Agreement an Internet connection which will enable the Records updated by Subscriber of its patients to be transmitted via the Internet to the Vendor Network (as defined in Sec. 1.3(c, d). The internet connection shall be established by installation date and shall be comparable with that specified and updated from time to time by Vendor .

**1.3 Service.** During the term of this Agreement, in consideration of Subscriber’s payment of the appropriate fees as set forth on the Order Form and Subscriber’s compliance with the provisions herein, Vendor shall provide the Service as follows:

- (a) Vendor shall provide services as for Subscriber’s personnel who are authorized by Subscriber in writing to Vendor (“Users”) in the use of the Software as it relates to the Services as set forth in the Order Form.
- (b) Vendor shall provide initial training for Subscriber’s personnel who are authorized by Subscriber in writing to Vendor (“Users”) in the use of the Software as it relates to the Services as set forth in the Order Form. Additional training requested by Subscriber shall be at the then-current hourly rate charged by Vendor. Subscriber shall allow only Users who have received proper training to utilize the Software and Vendor Network, and shall allow access only through passwords which comply with password requirements provided by Vendor. Subscriber shall protect, and ensure that its Users protect, the confidentiality of User passwords.
- (c) Users shall use the Software to transmit & update Records in the Vendor Repository via the internet connection through the Network.
- (d) Users shall use the Software to review Records in the Vendor Repository via the internet connection through the Network.

**1.4 Support.** Vendor agrees to provide support subject to Subscriber’s payment of the applicable support fees as follows:

- (a) Help desk support shall be provided during Vendor’s standard help desk hours, with Vendor’s recognized holidays excluded. “Help desk support” is defined as reasonable telephone support, which ranges from addressing simple application questions to providing in-depth technical assistance.

- (b) Vendor shall, in its sole discretion, provide periodic releases of the Software which include enhancements and corrections, as applicable.
- (c) Vendor shall be responsible for maintaining only the current and next most current release of the Software.
- (d) Vendor shall not be responsible for technical support, or liable for breaches of warranty, for issues caused by any third party hardware, software or connections, including the internet connection, by Subscriber's failure to maintain the most up-to-date anti-virus software.

2. Payment. Subscriber shall pay Vendor for Service as indicated on the Order Form. For monthly service fees; Subscriber will pay either annually at the beginning of the new annual term or monthly via monthly invoice for Service. Vendor shall have the right to assess a late payment fee of 1.5% per month, or the lawful maximum, whichever is lower, on any past due balance. Vendor reserves the right to suspend Services upon five (5) days written notice to Subscriber until payment of overdue amounts is made in full. Vendor may adjust billing for actual user count first day of each (annual) anniversary from service effective date.

3. Limited Warranties.

3.1 Vendor Warranties. Vendor warrants to Subscriber:

- (a) That the Service will function during the term of this Agreement substantially in accordance with the Service specifications provided to Subscriber by Vendor from time to time. Subscriber shall promptly notify Vendor in writing (as defined in Section 9.4) of the details of any material non-conformance to such Service specifications, and Vendor shall use commercially reasonable efforts to promptly correct or re-perform any Services to remedy such non-conformance of which it is so notified at no charge to Subscriber.
- (b) That it has, and will have during the term of this Agreement, all necessary rights to enter into and perform its obligations under this Agreement and to provide the Services as set forth in this Agreement, and that the Services shall be performed in accordance with all applicable laws and regulations.
- (c) That it will comply with privacy requirements as listed in the HIPAA Business Associate Agreement.

3.2. Subscriber Warranties. Subscriber warrants to Vendor:

- (a) That Subscriber has, and will have during the term of this Agreement, all necessary rights, title and license to enter into and perform its obligations under this Agreement, including the rights to use all software, and connections, including the internet connection.
- (b) That Subscriber will comply with all applicable laws and regulations in the use of vendor's software, as well as Subscriber's clinical and ethical standards, policies and procedures, and industry standards, in handling Protected Health Information (PHI), as defined by Privacy Regulations issued pursuant to the Health Insurance Portability and Accountability Act ("HIPAA") as they relate to individuals, and that Subscriber has all necessary rights and consents from individuals whose Records are transmitted over the Vendor Network for the purposes set forth herein.

4 Disclaimers. Subscriber acknowledges that factors beyond the reasonable control of Vendor, including without limitation, non-conformance with the Service functions by Subscriber or its personnel, or software, hardware, services or connections supplied by third parties, may have a material impact on the accuracy, reliability and/or timeliness of the compliance of the Services with the Service specifications. Notwithstanding any contrary provisions of this Agreement, in no event shall Vendor be responsible for any non-conformities, defects, errors, or delays caused by factors beyond the reasonable control of Vendor. The warranties expressly set forth in this section are the only warranties given by either party in connection with this agreement, and no other warranty, express or implied, including implied warranties of merchantability, title, and fitness for a particular purpose, will apply.

5. Intellectual Property. Subscriber acknowledges and agrees that, between the parties, Vendor exclusively owns all rights to the Software, the Vendor Network, the Service, all materials, content and documentation provided by Vendor, and all

derivatives to and intellectual property rights in any of the foregoing, including without limitation, patents, trademarks, copyrights, and trade secrets. Subscriber shall promptly advise Vendor of any possible infringement of which Subscriber becomes aware concerning the foregoing. Vendor acknowledges and agrees that, between the parties, Subscriber owns all data submitted by Subscriber or its personnel to Vendor or the Vendor Network.

6. **Confidentiality.** Each Party agrees: (a) that it will not disclose to any third party or use any confidential or proprietary information disclosed to it by the other Party (collectively, “Confidential Information”) except as necessary for performance or use of the Services, required by law, or as expressly permitted in this Agreement; and (b) that it will take all reasonable measures to maintain the confidentiality of all Confidential Information of the other Party in its possession or control, which will in no event be less than the measures it uses to maintain the confidentiality of its own information of similar importance. “Confidential Information” shall include all non-public information of either Party disclosed hereunder, including without limitation, the Software, technical information, know-how, methodology, information relating to either Party’s business, including financial, promotional, sales, pricing, customer, supplier, personnel, and patient information. “Confidential Information” will not include information that: (i) is in or enters the public domain without breach of this Agreement; (ii) the receiving Party lawfully receives from a third party without restriction on disclosure and without breach of a nondisclosure obligation; (iii) the receiving Party knew prior to receiving such information from the disclosing Party; or (iv) develops independently without use of or resort to the other Party’s Confidential Information. Subscriber consents in advance to the use of Subscriber’s name and logo as a customer reference in Vendor marketing materials and other promotional efforts in connection with Service.

7. **Term and Termination.** This Agreement shall be in effect for an initial five year term from service effective date. The term of this agreement shall automatically renew for subsequent one-year periods unless: vendor notifies the Client in writing at least three months prior to the end of the then-current term of its intent not to renew or Client notifies Vendor at least 30 days prior to the end of the then-current term of its intent not to renew. As specified in section 4 of the Business Associate Agreement above: Upon Subscriber’s knowledge of a material breach by Vendor, Subscriber shall provide a reasonable time for Vendor to cure the breach. If Vendor does not cure the breach within the reasonable time, Subscriber may terminate this agreement. Upon termination or expiration of this Agreement, Subscriber’s right to use the Service or access the Vendor Network shall cease and each Party shall return to the other Party or destroy, with the consent of the disclosing Party, all Confidential Information of the disclosing Party. Upon termination for any reason, Subscriber shall pay Vendor all amounts incurred for Services performed prior to the effective date of termination and all amounts due for remaining term of the agreement. All payments made are non-refundable. NOTE: After the five year special finance program is up, renewal in year six of this special contract for the current 45 users is \$3675 per month.

8. **Limitation of Liability.** In no event will either party be liable for any damages for conduct in the diagnosis or treatment of any patient, loss of use, lost profits, business loss or any incidental, special, or consequential damages whether or not such party has been advised of the possibility of such damages.

8.1. Notwithstanding that some portion of the Software (and the Content) may be used by diagnosing and treating professionals in their practice, Customer and its diagnosing and treating professionals are solely responsible for making all diagnosis and treatment decisions regarding Patients under their care. Vendor shall not be liable or responsible for clinical decisions made using the Software or Content whether in original or modified form.

8.2. In no event shall either party’s liability in connection with or arising out of this agreement or the services exceed the service fees for the twelve (12) month period paid to Vendor by subscriber prior to the date of any claim in regards to this contract.

9. **General Provisions.**

9.1 **Assignment.** Subscriber may not assign this Agreement, in whole or in part, without Vendor’s prior written consent. Any attempt by Subscriber to assign this Agreement other than as permitted above will be null and void.

9.2 **Force Majeure.** Vendor will not be responsible for any failure to perform due to causes beyond its reasonable control, including, but not limited to, acts of God, war, riot, failure of electrical, internet or telecommunications service, acts of civil or military authorities, fire, floods, earthquakes, accidents, strikes, or fuel crises.

9.3 Arbitration and Governing Law. This Agreement will be governed by and construed in accordance with the laws of the State of Nevada without regard to its conflicts of law principles.

9.4 Notice. Any notice under this Agreement will be in writing and delivered by personal delivery, overnight courier, or certified or registered mail, return receipt requested, and will be deemed given upon personal delivery, two (2) days after deposit with overnight courier or five (5) days after deposit in the mail. Notices will be sent to the Parties to addresses stated in this Agreement, or such other address or designee provided in writing by Parties.

9.5 No Agency. The Parties are independent contractors and will have no power or authority to assume or create any obligation or responsibility on behalf of each other. This Agreement will not be construed to create or imply any partnership, agency, or joint venture.

9.6 Waiver. No failure or delay by any Party in exercising any right, power, or remedy under this Agreement, except as specifically provided herein, shall operate as any waiver of any such right, power, or remedy.

9.7 Severability. If any provision of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable for any reason, the remaining provisions will continue in full force and effect without being impaired or invalidated in any way. The Parties agree to replace any invalid provision with a valid provision that most closely approximates the intent and economic effect of the invalid provision.

9.8 Survival. The following provisions shall survive any termination or expiration of this Agreement: All definitions, and Sections 4 and 5 through 9.

9.9 Entire Agreement. This Agreement, constitutes the complete and exclusive agreement between the Parties with respect to the subject matter hereof, superseding any prior agreements and communications (both written and oral) regarding such subject matter. This Agreement may only be modified, or any rights under it waived, by mutual agreement of both Parties.



# Sales Agreement

## ORDER FORM

**Term:** This Agreement will run for an initial term of five years from the Service Effective Date. Professional services fees (including training and implementation), after initial quoted prices, will be charged at the then applicable rate. All payments made are non-refundable.

**Cancellation:** This agreement is for an initial minimum term of five years. After initial five year term, the agreement will automatically renew for the next year. Client may cancel the agreement with a 30 day written notice prior to the expiration of the current term.

**Marketing:** Client provides permission for use of client name in company's marketing material.

Topic	Description	Rate	Units	Total Price
<b>Software Services: Monthly Charges (Minimum \$500/month)</b>				
	Pricing includes software of, Practice Management and Billing software. And Public Health Software for up to 45 users. Includes optional new Immunization Inventory App (w Bar Coding- B/C Hardware not included) and STD App enhancements per workflow study.			Included
	8 Users of Dashboard App, Communicator App, and Pharmacy App			Included
	Includes federal Meaningful Use MU Stage 2 and Stage 3 (2016) upgrade.			Included
	Includes upgrade to all CPT and ICD codes including ICD 10 and ICD-10 software upgrade			Included
	Includes all clearinghouse charges for connectivity to numerous commercial and government payers including Medicaid, Medicare, BCBS etc.			Included
	Includes Enhancement to Billing- "Donations Enhancement"			Included
	Pricing is for the staff currently comprising of ...up to 45 users			Included
	Additional users may be added at any time for an additional fee at the then current applicable rate. One time initial set up charge and monthly fees apply.			Included
<b>Initial Set Up: One Time Charge only</b>				
	Includes set up, configuration of software for the customer and uploading of patient demographic information and clinical (xls or csv) file (Data Conversion).			Included
	Includes setup of Practice Management, Billing, Scheduling, and Public Health Clinical and Includes State Immunization Registry Interface, Labcorp, NV State Lab (Bi-Directional HL7 If Available from NV) and Quest Lab Interfaces			Included
	Includes Setup of Optional Advanced Immunization, STD and Dashboard, Communicator and Pharmacy App.			Included
<b>Training</b>				
	Training: On site at \$2,250/day. All training during normal business hours: 9am to 5 pm local time. After business hours training at 1.5 times rates indicated. Additional hours at \$160/hr. All travel related costs are included in the daily rate.	On site: \$2,250/day	.....8....	Included
	Remote Training: Additional on line training available within first year of install. Remote training at \$80/hr: minimum 2 hours.	24 Hours included	NA	Included
	Video Training: Unlimited, on demand, video training.	Included	NA	Included
	Incentive Assistance Service: Training and support for Meaningful Use incentive application registration and attestation.	\$1250/EP/yr.	.....0.....	Included
<b>Total Payments</b>				
	<b>Special 5 Year Contract Financing Program: \$9,995 1<sup>st</sup> payment due with contract and 56 additional payments of \$4.054.</b>			<b>Special Contract</b>
	<b>OPTIONS: Below can be added at any time during contract period and will be added to the above amounts when executed.</b>			<b>OPTIONS BELOW</b>

**NOTES:** This price is valid only if contract is executed (signed and payment made) by 10/23/15. Additional Options, training, interfaces and apps are available below and are additional beyond the special financing plan.



<b>Optional Applications and Interfaces:</b>	Number Purchased	One Time Implementation and Setup	On-Going Monthly Fee	Initial to Accept
Schedule 3 e-Prescribers (Per User) Additional		\$250 Per User	\$100 per User	
837i Institution Claims App (\$2,500 one-time and \$175 month),	<i>FLAT FEE</i>	\$2,500	\$175 per month	
Family planning reporting per Ahlers:	<i>FLAT FEE</i>	\$5,000	\$0	
Electronic Fax (Per Line)		\$700	\$70 per month	
Dashboard App (Additional Users)		\$500	\$50 Per Month	
State of Nevada NEDSS Interface (Disease Surveillance HL7 Based)	<i>FLAT FEE</i>	\$5,000	\$0	
State of Nevada HIE Interface	<i>FLAT FEE</i>	\$5,000	\$0	
Locally Hosted Data Reporting DB Option: Data will be in MS SQL 2012 data files. Monthly Export. Data will include - Patient demographics - Patient insurance - Patient Sliding fee scale - Appointments - Patient social, medical, family history (ICD-9, ICD-10 CM, CPT codes as applicable) - Immunizations (CVX, CPT Codes as applicable) - Problems (ICD-9, ICD-10 CM codes as applicable) - Allergies (SNOMED, FDB codes as applicable) - Medications (FDB Codes) - Lab results (compedium or LOINC) - Procedures. lab, imaging orders (CPT codes) - Electronic super bills (ICD-9, ICD-10 CM, CPT codes as applicable) - Patient vitals - Encounter notes (free text, check boxes)	<i>FLAT FEE</i>	\$5,000	\$500	

<b>Optional Additional Services:</b>			
Optional Services:	Rate	Number of hours/days purchased	Initial to Accept
Remote Web Training (per hour/ 2 hour minimum)	\$80 per hour		
On-Site Training (Per 8 hour workday M-F –Includes Patagonia Health Staff Travel Expenses)	\$2,250 per day		
On-Site Project Management or Implementation Assistance (Per 8 hour workday M-F –Includes Patagonia Health Staff Travel Expenses)	\$2,250 per day		
Additional Lab Interface(s) HL7 Based Lab Interface (Per Lab Company/Software)	\$10,000 one- time implementation fee and \$150 per month ongoing		

## Special 5 Year Contract Payment Schedule Options:

OPTION (Payment Terms):

Initial to Accept Option : \_\_\_\_\_

- (a) Initial Down payment: \$9,995 (Due within 15 days of invoice/contract date)
- (b) 56 Additional Payments of: \$4,054 (Invoiced monthly and due within 30 days of invoice date) Note: Monthly Payments begin the 1<sup>st</sup> of the 4<sup>th</sup> Month Following Contract Signing. (No Payment for 90 days from contract signing)
- Note: Optional items above may be added at any time and are additional beyond the special contract payment schedule.

## Renewal in Year Six after Completion of Special 5 Year Payment Terms:

Year Six (61<sup>st</sup> Month) Renewal Rate for 45 Users: \$3675 per month

*Starting in year six and after completion of special contract payment schedule: All fees including monthly subscription fees will increase by either US CPI or 4% annually whichever is greater, at the beginning of each annual anniversary date.*

**Special Addendum for Non-Appropriation of Funds**

Non-Appropriation. Vendor acknowledges that Client is a governmental entity, and the validity of this Agreement is based upon the availability of public funding under the authority of its statutory mandate. After the first year of full payment, in the event that public funds are unavailable and not appropriated for the performance of Client's obligations under this Agreement, then this Agreement shall automatically expire without penalty to Client immediately upon written notice to Vendor of the unavailability and non-appropriation of public funds. In such event, the Client Financial Officer shall certify to the Vendor in writing on agency letterhead and via notarized certified mail, the fact that sufficient funds have not been made available to the Client to meet the obligations of the Agreement. It is expressly agreed that Client shall not activate this non-appropriation provision for its convenience or to circumvent the requirements of this Agreement, but only as an emergency fiscal measure during a substantial fiscal crisis. In the event of a change in the Client's statutory authority, mandate and/or mandated functions, by state and/or federal legislative or regulatory action, which adversely affects Client's authority to continue its obligations under this Agreement, then this Agreement shall automatically terminate without penalty to Client upon written notice to Vendor of such limitation or change in Client's legal authority. Client agrees to pay all outstanding charges due the vendor up to the date of receipt of the certified letter to Vendor. Recognizing that the initial training and implementation fees are spread out over the length of the contract, in the event this Non-Appropriation Clause is executed, Vendor is entitled to payments for outstanding completed work as follows for the completed initial training and implementation fees completed and due at receipt of certified letter:

After 1 Year of Contract:

Remaining Completed Training and Implementation Fees Due: \$69,360

After Year 2 of Contract:

Remaining Completed Training and Implementation Fees Due: \$52,020

After Year 3 of Contract:

Remaining Completed Training and Implementation Fees Due: \$34,680

After Year 4 of Contract:

Remaining Completed Training and Implementation Fees Due: \$17,340

After Year 5 of Contract:

Remaining Completed Training and Implementation Fees Due: \$0 (ZERO)

## SIGNATURE PAGE

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized representative.

SIGNATURES:

### Vendor (Patagonia Health, Inc.)

Signature: \_\_\_\_\_

Name: Ashok Mathur

Title: CEO

Email: ashok@patagoniahealth.com

Phone: 919 622 6740

### Client

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

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

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

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

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

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

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

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

**Email Address for sending invoices:** \_\_\_\_\_

### **FORM INSTRUCTIONS**

1. Please review the agreement. Fill out information on page 1, 9 and 10. Signed agreements can be either: Fax to Patagonia Health Inc, at F: 919 238 7920

- Or email to [sales@patagoniahealth.com](mailto:sales@patagoniahealth.com).
- Or Mail to Patagonia Health Inc, 202, Midenhall Way, Cary, NC 27513  
(Note Business address is: 1915, Evans Rd, Cary, NC 27513)

**Please call your local representative with any questions.**

**Staff Report**  
**Board Meeting Date: October 22, 2015**

**TO:** District Board of Health

**FROM:** Steve Kutz, RN, MPH, Director, Community and Clinical Health Services  
775-328-6159, [skutz@washoecounty.us](mailto:skutz@washoecounty.us)

**SUBJECT:** Approve the termination of License Agreement dated January 29, 2003 between the Washoe County District Health Department (Health District) and QS Technologies, Incorporated, now doing business as Netsmart and all subsequent amendments effective December 31, 2015; and if approved authorize the Chair to sign the termination letter.

**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

**District Board of Health strategic priority:** Strengthen District-wide infrastructure to improve public health.

**PREVIOUS ACTION**

The District Board of Health approved the License Agreement on February 27, 2003.

**BACKGROUND**

The Washoe County Health District has had a long standing relationship with Netsmart for many years; over the past few years the satisfaction with Netsmart products and customer service has deteriorated. Given the significant amount of time and effort put into Netsmart products and this current state of dissatisfaction, we are requesting to terminate our agreement with Netsmart.

Products and services purchased from Netsmart include the following:

- Insight EMR, including Patient Registration and Financial information
- Supply Module
- Creation of AR6A Report Parameter
- Care Connect
- Plexus Services – STD Field Record and Family Planning Modules
- Revenue Cycle Management (RCM)

The termination of the Agreement and all subsequent amendments will be effective December 31, 2015.

**FISCAL IMPACT**

Should the Board approve the termination, there will be no additional impact to the adopted FY16 budget.

**RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health approve the termination of License Agreement dated January 29, 2003 between the Washoe County District Health Department (Health District) and QS Technologies, Incorporated, now doing business as Netsmart and all subsequent amendments effective December 31, 2015; and if approved authorize the Chair to sign the termination letter.

**POSSIBLE MOTION**

Move to approve the termination of License Agreement dated January 29, 2003 between the Washoe County District Health Department (Health District) and QS Technologies, Incorporated, now doing business as Netsmart and all subsequent amendments effective December 31, 2015; and if approved authorize the Chair to sign the termination letter.

# WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

October 22, 2015

Netsmart Technologies  
Attention: Angela Moore  
4950 College Blvd.  
Leawood, KS 66211

Dear Ms. Moore,

The Washoe County Health District (“Health District”) has had a long standing relationship with Netsmart for many years; over the past few years the satisfaction with Netsmart products and customer service has deteriorated. Given the significant amount of time effort put into Netsmart products and this current state of dissatisfaction, the Health District is terminating its agreement with Netsmart.

This letter serves as the written notification required under Paragraph 9.4 “TERMINATION”, of the License Agreement between the Washoe County District Health Department (Health District) and QS Technologies, Incorporated, now doing business as Netsmart, dated January 29, 2003 and Paragraph 7 of the Software Maintenance Agreement, Terms and Conditions. This letter serves as written notification of the original agreements and any and all subsequent amendments. The termination of the Agreement shall be effective December 31, 2015.

If you have any questions please feel free to contact Steve Kutz at (775) 328-6159.

Sincerely,

Kitty Jung, Chair  
District Board of Health

cc: Kevin Dick  
Steve Kutz  
Anna Heenan  
Patsy Buxton  
Edwin Smith  
File



DD	CA	_____
DHO	_____	_____
DA	NA	_____
Risk	NA	_____

**Staff Report**  
**Board Meeting Date:** October 22, 2015

**TO:** District Board of Health

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

**SUBJECT:** Recommendation to Deny the Appeal of Myan Management Group and Uphold Citation No. 5467, Case No. 1178

**SUMMARY**

Myan Management Group is appealing the decision of the Air Pollution Control Hearing Board (APCHB) to uphold Notice of Violation No. 5467 for violations of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.107 (A), (B) and (C) with a fine in the amount of \$1,920.

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

**PREVIOUS ACTION**

- On July 17, 2015, Air Quality Specialist Dugger issued Notice of Violation Citation No. 5467 for major violations of Section 030.107 (A) Asbestos Sampling and Notification, (B) Asbestos Control Work Practice, and (C) Asbestos Contamination and Abatement.
- On August 12, 2015, Senior Air Quality Specialist Dennis Cerfoglio spoke with Ms. Debbie Leonard, Attorney representing Myan Management Group, regarding a possible negotiated settlement meeting between Air Quality Management staff and Ms. Leonard’s clients. After a discussion explaining her client’s options of either coming to the Air Quality office for a negotiated settlement meeting or appeal the case to the Air Pollution Control Hearing Board, Ms. Leonard made the determination her clients would prefer to proceed directly to the Air Pollution Control Hearing Board for consideration.
- September 1, 2015, the Air Pollution Control Hearing Board unanimously approved to deny the appeal of Myan Management Group and uphold Notice of Violation No. 5467 with a recommended fine in the amount of \$1,920.
- On September 8, 2015, AQMD received notification of appeal to the District Board of Health from Ms. Debbie Leonard, Attorney representing Myan Management Group, specific to the APCHB recommendation.

## **BACKGROUND**

On July 13, 2015, Air Quality Specialist II Suzanne Dugger was contacted by Mr. Tony Valentine of Advanced Installations Inc., advising Advanced Installations Inc. had been hired to perform abatement on acoustical ceiling materials in Unit #149 of the Woodside Apartments located at 4800 Kietzke Lane in Reno. Mr. Valentine further advised Specialist Dugger that interior demolition work had been performed prior to his arrival. Specialist Dugger was advised when Mr. Valentine entered Unit #149 of Woodside Village Apartments, demo of drywall had been performed and debris from the demo remained scattered throughout the apartment.

Specialist Dugger responded to the complaint and, upon arrival at the Woodside Apartments, met with Mr. Valentine to inspect Unit #149. Upon entering the unit and observing drywall debris scattered around the room, Specialist Dugger immediately requested Mr. Valentine take precautions and put the apartment under negative air conditions and to have his staff suit-up prior to entry for the abatement and cleanup efforts.

Mr. Valentine contacted Mr. Chris McCain, manager of Woodside Village Apartments, to inquire if any asbestos sampling had been performed on the drywall in Unit #149. Mr. McCain stated to his knowledge there were no samples taken of the wall system materials in Unit #149. Mr. Valentine immediately contacted Mr. Larry Thir of E.I.C.S., a licensed asbestos consultant, to take samples for analysis of the material in question. Mr. Thir took four samples from the wall system, two of the samples were "split"; therefore, the lab performed six analyses. From the six analyses, one tested positive for friable asbestos. The sample which tested positive for asbestos had two layers of texture, with the asbestos being detected in the older layer of texture. Due to the positive sample, Specialist Dugger requested the air be scrubbed and the hard surfaces in the kitchen be cleaned and wet wiped to remove any asbestos fibers which may have been released into the air during the demolition of the drywall. Specialist Dugger further requested air clearance samples be taken in the kitchen and the room with the damaged drywall prior to breaking down containment.

Mr. McCain informed Specialist Dugger that the building was having problems with its foundation and Myan Management Group was conducting an investigation into what was causing the problem as well as how to best mitigate the situation. Specialist Dugger then inquired as to who had performed the demolition of the dry wall in Unit #149. Mr. McCain stated that he did not remember and he would work with Specialist Dugger in an effort to determine who the responsible party was.

On July 15, 2015, Specialist Dugger contacted Mr. Joe Kramer, owner of the Woodside Village Apartments, to inquire as to who the responsible party was for the demolition of the drywall in Unit #149. Mr. Kramer stated that the daily management of the property is performed by Myan Management Group. In addition, Mr. Kramer stated the Myan Management Group was responsible for hiring the various contractors and engineers to perform the work in Unit #149. Due to the fact the contractor who removed the sheetrock could not be identified, Specialist Dugger determined that Myan Management was responsible for the demolition activities.

On July 17, 2015, Specialist Dugger met with Mr. McCain and Mr. David Zeff, representative for the owner of the property, Remark Development LLC. Specialist Dugger explained the determination was made that Myan Property Group was responsible for hiring the contractors who performed the demolition without proper sampling and notification and improper work practices. Based on this determination, Specialist Dugger issued Notice of Violation Citation No. 5467 to Myan Property Group for a major violation of Section 030.107 (A) Asbestos Sampling and Notification, (B) Asbestos Control Work Practice, and (C) Asbestos Contamination and Abatement.

### **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**

1. Staff recommends the District Board of Health deny the appeal and uphold Notice of Violation Citation No. 5467 as recommended by the APCHB with a fine in the amount of \$1,920.

### **ALTERNATIVES**

2. The District Board of Health may determine that no violation of the regulations has occurred and dismiss Citation No. 5467.
3. The Board may determine to uphold Citation No. 5467 and levy any fine in the range of \$0 to \$10,000.00 per day.

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

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

1. "Move to deny the appeal and uphold Citation No. 5467, Case No. 1178, as recommended by the Air Pollution Control Hearing Board with a fine in the amount of \$1,920."
2. "Move to dismiss Citation No. 5467, Case No. 1178, as it cannot be clearly determined that a violation of the regulations has taken place."

Or

3. "Move to uphold Citation No. 5467, Case No. 1178, and levy a fine in the amount of (range of \$0 to \$10,000) per day for each violation."

DATE: September 1, 2015

TO: Air Pollution Control Hearing Board

FROM: Michael Wolf, Permitting and Enforcement Branch Chief, Air Quality Management

SUBJECT: Myan Management Group Case No. 1178  
Citation No. 5467  
Agenda Item: 5.b.

### **Recommendation**

Air Quality Management Division (AQMD) Staff recommends Citation No. 5467 be upheld and a fine of \$1,920.00 be levied against Myan Management Group for the removal of potential asbestos-containing materials without a valid survey, failure to obtain an asbestos acknowledgement form and failure to follow asbestos control work practices in a commercial establishment. Failure to obtain a valid asbestos survey and submit for an asbestos acknowledgement form, in addition to improper asbestos control work practices and containment/abatement, are all **major violations** of the Washoe County District Board of Health Regulations Governing Air Quality Management, specifically Section 030.105 (A), (B) and (C) National Emission Standards for Hazardous Air Pollutants (NESHAP), Subpart M - Asbestos, which is implemented through Section 030.107 Hazardous Air Pollutants.

**Recommended Fine: \$1,920.00**

### **Background**

On July 13, 2015, Air Quality Specialist II Suzanne Dugger was contacted by Mr. Tony Valentine of Advanced Installations Inc., advising Advanced Installations Inc. had been hired to perform abatement on acoustical ceiling materials in unit #149 of the Woodside Apartments located at 4800 Kietzke Lane in Reno; however, Mr. Valentine noted interior demolition work had been performed prior to his arrival. Specialist Dugger was advised when Mr. Valentine entered unit #149 of Woodside Village Apartments, demo of drywall had been performed and debris from the demo remained scattered throughout the apartment.

Specialist Dugger responded to the complaint and upon arrival at the Woodside Apartments met with Mr. Valentine to inspect unit #149. Upon entering the unit and observing drywall debris scattered around the room Specialist Dugger immediately requested Mr. Valentine take precautions and put the apartment under negative air conditions and to have his staff suit-up to go in once abatement and cleanup efforts began.

Mr. Valentine contacted Mr. Chris McCain the manager of Woodside Village Apartments to inquire if any asbestos sampling had been performed on the drywall in unit #149. Mr. McCain stated to his knowledge there were no samples taken of the wall system materials in unit #149. Mr. Valentine immediately contacted Mr. Larry Thir of E.I.C.S., a licensed asbestos sampling consultant, to take samples of the material in question for analysis. Mr. Thir took four samples from the wall system in unit 149, two

of the samples were “split”; therefore, the lab performed six analyses. From the six analyses one tested positive for friable asbestos. The sample, which tested positive for asbestos, had two layers of texture; with the asbestos being detected in the older layer of texture. Due to the positive sample Specialist Dugger requested the air be scrubbed and the hard surfaces in the kitchen be cleaned and wet wiped to remove any asbestos fibers which may have been released into the air during the demolition of the drywall. Specialist Dugger further requested air clearance samples be taken in the kitchen and the room with the damaged drywall prior to breaking down containment.

On July 15, 2015, Specialist Dugger contacted Mr. Joe Kramer owner of the Woodside Village Apartments to inquire as to who the responsible party was for the demolition of the drywall in unit #149. Mr. Kramer stated it was the Myan Management Group, property managers for Woodside Apartments who was responsible for hiring the various contractors and engineers to perform the work in unit #149.

On July 17, 2015, Specialist Dugger met with Mr. McCain, and with Mr. David Zeff, representatives for the owner of the property, Remark Development LLC. At that time Specialist Dugger issued Notice of Violation Citation No. 5467 to Myan Property Group, for **major violations** of Section 030.107 (A), (B) and (C) of the Washoe County District Board of Health Regulations Governing, as Myan Property Group was responsible for hiring the contractors who performed the abatement without proper sampling and notification and improper work practices.

### **Settlement**

On August 12, 2015, Senior Air Quality Specialist Dennis Cerfoglio spoke with Ms. Debbie Leonard, Attorney, representing Myan Property Management Group regarding a possible settlement meeting between Washoe County Air Quality Management Staff and Ms. Leonard’s clients. After a discussion explaining her client’s options of either coming to the Air Quality office for a possible settlement agreement or to present the case to the Air Pollution Control Hearing Board it was determined by Ms. Leonard her clients would prefer to proceed directly to the Air Pollution Control Hearing Board for consideration.

On July 31, 2015, AQMD received an appeal form from Ms. Leonard requesting a hearing before the Air Pollution Control Hearing Board for consideration.

### **Alternatives**

1. The Air Pollution Control Hearing Board may determine that no violation of the Regulations has taken place and dismiss Citation No. 5467.
2. The Board may determine to uphold Citation No. 5467 but levy any fine in the range of \$0 to \$10,000 per day

---

Michael Wolf, Permitting and Enforcement Branch Chief  
Air Quality Management



McDONALD·CARANO·WILSON<sup>PC</sup>

AIR QUALITY MGMT.

SEP 08 2015

WASHOE COUNTY  
HEALTH DIST.

Debbie Leonard  
dleonard@mcwlaw.com

Reno Office

September 8, 2015

Washoe County Health District  
District Health Officer  
1001 E. 9th Street, Building B  
Reno NV 89512

Re: Appeal from September 1, 2015 Decision of Hearing Board on  
Notice of Violation 5467

Dear District Health Officer:

This letter serves as notice that Petitioner Myan Management Group (“Myan”) hereby appeals the Hearing Board’s September 1, 2015 decision to uphold Notice of Violation 5467. Myan requests to be heard at the Washoe District Board of Health’s October 22, 2015 meeting. This notice of appeal is submitted through Myan’s attorney Debbie Leonard of McDonald Carano Wilson LLP, 100 West Liberty Street, 10th Floor, Reno, Nevada 89501.

Myan is the property manager of Woodside Village Apartments located at 4800 Kietzke Lane, Reno, Nevada (“the Property”), which was purchased in 2014. The owner is Woodside Village Opco, LLC (“the Owner”). The Property was constructed in 1977 and consists of a 250-unit, 201,880 net rentable square-foot apartment complex with 23 two-story apartment buildings; four one-story apartment buildings; and one clubhouse/leasing office building.

Upon purchasing the Property, the Owner’s principals retained EBI Consulting of Burlington, Massachusetts to develop an Asbestos Operations and Maintenance Plan (“O&M Plan”), which EBI did. A true and correct copy of the O&M Plan, dated December 1, 2013, is in the record before the Hearing Board. The O&M Plan has specific provisions for its implementation and contains procedures for, among other things, training, maintenance and contracting for asbestos related work. Compliance with the O&M Plan and with asbestos regulations is a priority for Myan and the Owner.

100 WEST LIBERTY ST., 10<sup>TH</sup> FLOOR  
RENO, NEVADA 89501

P.O. BOX 2670, RENO, NEVADA 89505  
775-788-2000 • FAX 775-788-2020

ATTORNEYS AT LAW



WWW.MCWLAW.COM

2300 WEST SAHARA AVENUE  
SUITE 1200  
LAS VEGAS, NEVADA 89102  
702-873-4100  
FAX 702-873-9966



Myan normally works with JM Environmental, Inc. as the asbestos abatement contractor for the Property. JM has done all of the on-site work without any issues or citations since the time of purchase in 2014. In 2014 and 2015 alone, the Owners spent \$57,000 on asbestos abatement at the Property and related expenses, including temporary relocation of residents. True and correct copies of documents evidencing payments to JM were submitted to the Hearing Board.

NOV #5467 and the related NOV #5466 (a warning issued to the Owners) arise from activities in Unit 149 of the Property. Unit 149 had an issue with its foundation, and over the last several months, there have been many different experts (soil engineers, structural engineers, a general contractor, architects, subcontractors, landscapers, and drainage specialists) working together to determine how best to address the problem. In the process of developing a solution to the Unit 149 foundation issue, the structural engineer decided that he wanted to see the unit's floor trusses. He was concerned that, with the movement of the foundation, some floor trusses might be compromised.

Recognizing that addressing the foundation problem in Unit 149 would require asbestos abatement, the Owner and Myan were proactive in contacting JM. JM's representative came to Unit 149 on June 22, 2015 to view the area that would need abatement and provide an estimate. However, J&M could not provide the abatement services within the construction schedule. Because abatement needed to be performed before construction could start, Myan contacted another abatement contractor, Advance Installations, Inc. Advanced Installations, Inc. stated that it could do the work on the needed schedule and gave Myan a bid over the phone without viewing the area to be abated.

When representatives from Advanced Installations, Inc. came to Unit 149 on July 13, 2015 to abate the ceiling, they noticed that drywall had been removed from a wall. Advanced Installations, Inc. contacted the Air Quality Management Division. Four samples were collected, one of which indicated the presence of asbestos fibers.

Myan and the Owner conducted an internal investigation and could not identify the individual who removed the drywall. Because the actual person(s) who removed the drywall could not be identified, the Control Officer issued a citation to Myan (#5467) and a warning to the Owner (#5466).

From their investigation, Myan and the Owner determined that the extent of exposure was limited for the following reasons: Unit 149 has been vacant for months; the HVAC was turned off prior to and during the drywall removal; and when JM did its estimate on June 22, 2015, the drywall at issue had not been removed. As a result, it is clear that the drywall area in question had been removed shortly before Advanced Installations, Inc. discovered it, and no other individuals were exposed. Moreover, the area that tested positive for the presence of asbestos fibers was the original wall texture that has been encapsulated by paint and another



subsequent layer of wall texture. As a result, the area of friable material was limited to the edges of the drywall that was cut. In testimony before the Hearing Board, staff expressly stated that any alleged impacts on public health were negligible.

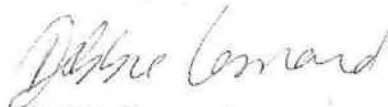
As the Owner and Myan's representatives testified before the Hearing Board, the fine is not the issue giving rise to this appeal. Rather, Notice of Violation #5467 could have serious financial and other consequences under various financing agreements for the Property. It could be construed to trigger default provisions that allow for acceleration of the loan and/or the lender taking over the Property. These events, in turn, could affect the Owner's ability to get future conventional loans. In testimony before the Hearing Board, the Owner's representative Joe Kramer testified to these potential consequences.

Recognizing that these potential consequences are disproportionate to the alleged violation, but believing it had no other option under the regulations, the Hearing Board "reluctantly" upheld the NOV. One Hearing Board member specifically suggested that the parties work to find a resolution that would avoid these potential consequences. The Owner has met with staff, but because the parties have been unable to reach a resolution, Myan brings this appeal.

At all times, Myan and the Owner intended to comply with all regulatory requirements and with the protocols established in the O&M Plan. Because of the potentially serious consequences to the Owner, balanced with the comprehensive O&M Plan, track record of compliance with all air quality regulations, history of extensive abatement work, and cooperation in this matter, Myan respectfully requests that the District Board of Health reduce the NOV to a warning or dismiss the NOV altogether. Such action is authorized by District Board of Health Regulations Governing Air Quality Management §§ 020.020(B); 020.030(E).

Prior to the October 22, 2015 hearing, I would appreciate if you can provide me with a copy of the record to be presented to the District Board of Health in this matter and the transcript of the proceedings before the Hearing Board. Feel free to contact me should you have any questions.

Sincerely,



Debbie Leonard  
Attorney for Myan Management Group

DAL/pm

CASE NO. 1178 – AS REVIEWED BEFORE THE AIR POLLUTION CONTROL HEARING BOARD

In Re: Appeal of MYAN MANAGEMENT )  
GROUP, specific to the Woodside Apartments )  
Unit #149 located at 4800 Kietzke Lane, for )  
violation of Section 030.107 Hazardous Air )  
Pollutants -- Subsection A (Asbestos Sampling )  
and Notification); Subsection B (Asbestos )  
Control Work Practices); and Subsection C )  
(Asbestos Containment and Abatement) of the )  
Washoe County District Board of Health )  
Regulations Governing Air Quality Management )

CASE NO. 1176  
MYAN MANAGEMENT GROUP

At a Hearing of the Air Pollution Control  
Hearing Board at Wells Avenue at Ninth  
Street, Reno, Nevada  
September 1, 2015

PRESENT: Chairman David Rinaldi  
Member Cathleen Fitzgerald, DEnv, PE  
Member Richard Harris, Esquire  
Member Jim Kenney  
Member Jeanne Rucker  
Member Joe Serpa  
Charlene Albee, Division Director, Air Quality  
Mike Wolf, Branch Chief, Permitting and Enforcement  
Suzanne Dugger, Air Quality Specialist II  
Janet Smith, CAP-OM, Administrative Secretary  
Leslie Admirand, Deputy District Attorney

ABSENT: Member Lee Squires

**STATEMENT OF THE FACTUAL QUESTION**

**SECTION 030.105 NATIONAL EMISSION STANDARDS FOR HAZARDOUS AIR POLLUTANTS**

- B. The National Emission Standards for Hazardous Air Pollutants for those Subparts of 40CFR61 listed below, along with all the duly promulgated revisions are herewith adopted by reference.

10. Subpart M – Asbestos

**SECTION 030.107 Hazardous Air Pollutants**

- A. Asbestos Sampling and Notification

No permit for demolition or for the renovation of any NESHAP regulated facility may be issued by any public agency within the Health District until such time as an asbestos survey, conducted by a person qualified to make such a survey is made on the premises. No potential asbestos containing materials may be disturbed until such a survey is performed. The person performing the survey must possess US EPA AHERA certification. The survey must be completed to the satisfaction of the Control Officer or additional samples may be required. A complete, signed copy of an asbestos survey report must be filed at the Washoe County District Health Department and an “Asbestos Assessment Acknowledgement Form” obtained before any permit for demolition or renovation, as noted above, is issued. Failure to conduct an asbestos survey, or obtain a completed “Asbestos Assessment Acknowledgement Form”, may result in a citation or other enforcement action, including the issuance of a Stop Work Order if a reasonable possibility for the release of asbestos fibers exists. If the survey indicates the presence of asbestos, the permit applicant must adhere to the requirements of Sections 030.105 and this section prior to and during the removal of any asbestos. The owner, operator or his representative shall submit to the Control Officer notice of intent in compliance with 40CFR61.145. Such notice shall be required for the following operations.

1. All renovations disturbing regulated asbestos containing materials (RACM), which exceed, in aggregate, more than 160 feet square, 260 lineal feet or 35 cubic feet whichever is most restrictive.
2. Notice shall be required for any building demolitions, including single residential dwellings.

This notification shall contain all information as requested by the Control Officer, including a plan of action as to the methods of techniques to be used for removal. Standard fees as set by the Board of Health must be submitted with all such notifications before they can be considered valid.

**B. Asbestos Control Work Practice**

For the purpose of this regulation, in addition to the requirements of the NESHAP, acceptable work practices for RACM removal shall include, but are not limited to, adequate wetting, containment of materials in glove bags or containment areas, negative air systems, decontamination areas, double bag disposal or other methods as required by the Control Officer. Acceptable work practices for commercial ACM roofing removal shall include adequate wetting of the material and removal in covered chutes. As an alternative, ACM roofing materials may be removed by bagging or careful wrapping and lowering. The Control Officer may require separate removal of friable roofing materials prior to demolition. All asbestos removal work which is done with barriers isolating the work area shall include transparent viewing ports which allow observation of stripping and removal of ACM from outside the barrier. Sufficient view ports shall be installed to make at least 90 percent of the work area visible from outside the barrier, except in unusual situations as approved by the Control Officer. Air clearance testing after removal work is complete may be required by the Control Officer for the protection of public health.

C. Asbestos Containment and Abatement

Under no condition may any person store, remove, transport or destroy any asbestos containing materials in a manner which is likely to release asbestos fibers into the atmosphere. Safe asbestos removal work practices, sufficient to prevent a danger to public health as defined below, shall be required for any remodeling or demolition of NESHAP regulated facilities which disturbs any quantity of RACM. The Control Officer may require cleanup or abatement of damaged or degraded asbestos containing materials where their storage, handling, or continued presence represents a danger to public health. Unsafe work practices or danger to public health as noted above shall be concluded only when testing results demonstrate asbestos levels exceeding one of the following limits: 1) 0.01 asbestos fibers per cubic centimeter as determined by any method of air sampling as specified by the Control Officer; or 2) greater than one percent asbestos as determined by vacuum, bulk or wipe sampling of surfaces. The Control Officer may require such sampling to be performed at the owner's expense by a qualified person when unsafe work practices or a danger to public health are suspected. The Control Officer shall approve procedures for sample collection, including the type of sampling as listed above, sample duration and volume, or analytical methods, such as the use of TEM or PCM depending on the type of suspected contamination and building materials present. Failure to use acceptable work practices during RACM removal or disturbance may result in the issuance of a Stop Work Order, a citation, or both.

**GENERAL COMMENTS**

On September 1, 2015, the Hearing Board for the referenced Regulations held a public hearing to consider all evidence and testimony concerning the appeal of **MYAN MANAGEMENT GROUP**, Citation No. 5464, Case No. 1176, for violation of Section 030.105 (National Emission Standards for Hazardous Air Pollutants ~ NESHAP), implemented through Section 030.107 (Hazardous Air Pollutants), Subsection A (Asbestos Sampling and Notification); Subsection B (Asbestos Control Work Practice); and Subsection C (Asbestos Containment and Abatement), of the Washoe County District Board of Health Regulations Governing Air Quality Management.

Mr. Mike Wolf, Branch Chief, Permitting and Enforcement, being duly sworn, advised the Hearing Board is considering the appeal of Myan Management Group, regarding Notice of Violation No. 5467, Case No. 1178. Mr. Wolf advised Air Quality Specialist II Suzanne Dugger was contacted by Mr. Tony Valentine, Advanced Installations, regarding a possible violation in one of the units at the Woodside Village Apartments. Mr. Wolf stated Ms. Dugger was advised Advanced Installations had been contracted to perform an abatement of the acoustical ceiling in the unit; that upon arrival on-site Ms. Dugger noted there had been removal of sheet rock in the unit. Mr. Wolf submitted photograph (a copy of which was placed on file for the record), taken by Ms. Dugger depicting the area of disturbance in the sheet rock.

Mr. Wolf advised Ms. Dugger immediately questioned if it was known whether sampling and testing had been performed on the materials, which had been disturbed, and was advised that sampling had not been performed. Mr. Wolf stated Ms. Dugger requested samples be taken of the disturbed materials immediately; and requested Advance Installations establish containment of the area until such time as the results of the sampling were received. Mr. Wolf stated testing results indicated the “second layer of texture” material(s) were positive for asbestos; that in accordance with Federal Environmental Protection Agency (EPA), “texture is not considered integrated into the wall system”; therefore, it is all considered “above 1%.”

Mr. Wolf advised Ms. Dugger inquired as “to whom had done the actual removal” of the sheet rock; that Ms. Dugger was advised the management company (Myan Management Group) had been in the process of inspecting and addressing issues with the foundation of the building; and therefore, could not specifically identify who had removed the sheet rock materials in this unit. Mr. Wolf stated, as it could not be determined who was responsible for the removal of the sheet rock, the determination was made to issue a Notice of Violation to Myan Management Group and a warning to the property owners.

In response to Dr. Fitzgerald regarding an asbestos survey being performed prior to the work being performed in this unit, Mr. Wolf advised there was no survey performed on the sheet rock materials observed in this unit prior to Ms. Dugger’s inspection. Mr. Wolf advised Advance Installations had been contracted to survey and abate the acoustical ceiling materials. In response to Dr. Fitzgerald regarding a permit for the work, Mr. Wolf advised the permit issued for the abatement was not included in the member’s packet as that was issued after the violation had been determined.

In response to Mr. Rinaldi regarding the base fine, Mr. Wolf advised fines “begin at the minimum” and are increased based upon the Staff’s findings, the Regulations and Staff’s



calculations. Mr. Wolf advised due to the sheet rock containing asbestos it is considered the 'handling of hazardous material the recommended penalty doubles; that an additional \$800 is included as an 'avoidance fee' for the sheet rock material not having been sampled. Mr. Wolf stated Staff offered "very generous adjustments in favor of Myan Management Group", which included a 25% credit for excellent cooperation, and 25% for other considerations, due to Myan Management Group's previous history in adhering to the regulatory requirements. Mr. Wolf advised that Myan Management Group does have a Work Practices Plan to which Myan has previously adhered to the work practices of this plan; that as there have been no previous violations within the past twelve (12) months, Staff allowed for a total 60% reduction of the allowable fine. In response to Mr. Rinaldi regarding the proposed fine, Mr. Wolf advised the proposed fine is associated with Subsection A (Asbestos Sampling and Notification); that Staff recommended no fine amount for the violations of Subsection B (Asbestos Control Work Practice); and Subsection C (Asbestos Containment and Abatement).

In response to Mr. Rinaldi regarding Staff's recommended fine indicating a consensus of "negligible risk" from the debris, Mr. Wolf stated that while Staff "does not know what happened to the debris there wasn't very much debris"; that the unit was not entered by very many people; therefore, it was the consensus "the public exposure was minimal." In response to Mr. Rinaldi regarding the submitted asbestos report from C & G Environmental, dated April 26, 2015, Mr. Wolf advised the C & G Environmental report was included in Staff's report to demonstrate previous adherence to the Regulations by Myan Management Group; that it does not pertain to this incident.

In response to Dr. Fitzgerald regarding the property owner, Mr. Wolf advised Mr. Joe Kramer is one of the property owners of the Woodside Village Apartments.

Ms. Debbie Leonard, Attorney, McDonald-Carano-Wilson, being an officer of the Court, stated she represents the appellant (Myan Management Group); and the owners of the property. Ms. Leonard stated she filed an appeal on behalf of the owners of the property in support of the scheduled appeal; however, "Staff indicated an appeal cannot be filed for the other Notice of Violation" Warning; however, "she disagrees with that position."

Mr. Rinaldi stated the warning citation (Notice of Citation No. 5466), issued to the owners of the property "is not part of this appeal"; therefore, the Hearing Board will not be reviewing or making a recommendation specific to the warning citation.



In response to Mr. Rinaldi, Ms. Leonard stated the appeal “was timely filed”; therefore, it is her intent “to make a record” regarding the other Notice of Violation which was issued to the owner. Ms. Leonard reiterated Staff did advise her “there can be no appeal from the other Notice of Violation”; however, “they disagree with that position.” Ms. Leonard stated because an appeal was filed she “wants to make a record as she believes this Hearing Board has to hear the appeal as the facts are intertwined”; therefore, she “will be presenting it all” to the Hearing Board.

Mr. Rinaldi questioned “if Ms. Leonard understood the Hearing Board would not be making a decision on the warning citation (No. 5466). In response to Mr. Rinaldi, Ms. Leonard stated she was informed by Staff “there are no appeal rights to 5466”; that she understands this position; however, “she disagrees.”

Ms. Leonard introduced Mr. Joe Kramer, one of the owners of the Woodside Village Apartments; Mr. Chris McCain, property manager; advising both individuals will be providing testimony. Ms. Leonard introduced Mr. Dave Zeff, co-owner of the Woodside Village Apartments; and Ms. Kristen Toyegas, Regional Vice President of Myan Management Group, the appellant.

Ms. Leonard stated, as Mr. Wolf indicated, the property owners and Myan Management are committed to air quality compliance and proper asbestos handling; and have an O&M (Operations and Management) Plan; that Myan Management has a good record of proper asbestos-abatement practices, which Staff referenced.

In response to Mr. Rinaldi regarding the O&M Plan, Ms. Leonard stated, it is an Operations and Maintenance Plan to specifically address asbestos-related issues while minimizing any public health risks, including ensuring tenants and employees are not exposed to asbestos. Ms. Leonard stated the O&M Plan delineates the procedures which must be utilized to determine the possible presence of asbestos and the proper abatement of asbestos when necessary.

Ms. Leonard stated Mr. Kramer will testify the owners have expended approximately \$57,000 on asbestos-abatement and related costs, including temporarily relocating tenants to hotel rooms while abatement of various units has occurred. Ms. Leonard advised the owners have demonstrated a commitment to adherence of the requirements of the Regulations.

Ms. Leonard stated, the circumstances of this incident were “highly unusual” for the owners and management company; that this incident occurred in the context of performing asbestos-abatement. Ms. Leonard stated there was one building in which “there was some subsidence”; that Myan Management Group had contractors, sub-contractors, soil and structural engineers review and work on the problem from “the exterior of the site.” Ms. Leonard stated “all were given access to the interior [of the unit] as they were looking at the slope of the floor”; that “being on the inside of the building was associated with doing the lift to the foundation.”

Ms. Leonard stated during this process it was the determination of the structural engineer to lift the foundation to “see the trusses”; that the “foundation was lifted” to ensure the trusses wouldn’t crack while lifting the foundation. Ms. Leonard stated further the structural engineer recommended the removal of the ceiling [in this unit]; and as Myan Management Group were aware the ceiling(s) had asbestos-containing materials the project was halted and Myan contacted JM Environmental, an abatement contractor, to perform the work. Ms. Leonard stated on June 22, 2015, JM reviewed the project to provide an estimate during which time no one from JM “observed any drywall or sheet rock having been cut-out.”

Ms. Leonard stated JM Environmental was not available to perform the work within the required time frame; therefore, Mr. McCain the Property Manager contacted Advance Installations. Ms. Leonard advised on July 13, 2015, Advance Installations was given access to the unit and were on-site “a few hours before Mr. McCain was informed by Mr. Tony Valentine, Advance Installations some drywall had been disturbed.”

Ms. Leonard stated “no one had been authorized to remove the drywall; that Mr. McCain and Mr. Kramer contacted all the contractors, subcontractors; soil and structural engineers “who had been in and out of the unit”; that “all had access but no one took responsibility” of having disturbed the drywall. Ms. Leonard “reiterated “no one had authorization nor would anyone have been given authorization because of the asbestos issue.”

Ms. Leonard stated Myan Management Group was “committed to performing the asbestos abatement as Myan had retained Advance Installations” to do the work.

Ms. Leonard stated Mr. Kramer and Mr. McCain will testify of being “immediately responsive” when advised of the drywall; that Advance Installations was contracted to perform “the clean-up.” Ms. Leonard stated, as Mr. Wolf indicated “there was minimal risk to public health.” Ms. Leonard stated the “exposure was of limited time duration” as JM Environmental had provided

an estimate on June 22, 2015, at which time the disturbance had not occurred; that the disturbance was reported on July 13, 2015. Ms. Leonard stated the tenants had been relocated in November 2014, at which time the HVAC had been turned-off; that the only “people going in and out were those doing work on the unit.” Ms. Leonard stated the photograph indicates “a very small area which had been removed”; that four (4) samples were taken, with two (2) being split for a total of six (6) samples; that only one (1) “had detectable friable asbestos, which was from an inner wall area.” Ms. Leonard stated, while Mr. Wolf’s “characterization” that test samples ‘came back hot’, she would reiterate there was “just one (1) that detected friable asbestos but just one (1) out of six (6)”, which “was an inner wall that had been covered-up over time with other layers of material.” Ms. Leonard reiterated Mr. Kramer and Mr. McCain cooperated fully with whatever Ms. Dugger requested at the time in an effort to “come into compliance.”

Ms. Leonard stated, Myan Management “is willing to pay the penalty as that is not the issue”; that the issue is “the ‘Notice of Violation’ form which is used as it has the potential of very serious consequences for the owners. Ms. Leonard stated, the Notices of Violation could “trigger default provisions in the loan documents, as the owners are subject to an environmental indemnity agreement, which places certain obligations on them.” Ms. Leonard stated Mr. Kramer and Mr. Zeff have invested “their own money with personal guarantees; that they don’t want their loans to go into default because of a situation in which they were trying to do the right thing and abate asbestos.” Ms. Leonard stated, this is “because someone who didn’t have authorization to do so cut into this sheetrock.” Ms. Leonard stated, the Notices of Violation could result in Mr. Zeff and Mr. Kramer having problems in the future obtaining financing and could result in problems with the current financing.

Ms. Leonard stated, Staff indicated ‘there was a negligible effect on public health’; however, “the consequences could be very grave to her clients”; therefore, she is requesting “the Hearing Board rescind both of the Notices of Violation which were issued – 5466 and 5467.”

Ms. Leonard stated, as everyone is aware “the area is coming out of a very difficult environment in terms of the real estate market”; that the owners are committed to this property; and have invested a lot of money into this apartment complex. Ms. Leonard stated, “they do not want this [property] to go into foreclosure because of what has been described as a negligible effect on public health.”

Ms. Leonard stated, “the laws support the request being made as the District Board of Health Air Quality Management Regulations, Section 020.020 (Control Officer – Power of Duties),

distinguishes between a warning and a Notice of Violation.” Ms. Leonard stated a warning and a Notice of Violation are two (2) separate things; however, the form does not distinguish between the two (2).

Ms. Leonard stated, she is aware the Hearing Board members do not have the appeal for Citation No. 5466 and will not be making a determination; however, she “wants to create her record as she timely filed a notice of appeal.” Ms. Leonard stated, the Notice of Violation No. 5466 specifically indicates “Notice of Violation across the top – NOV No. 5466.” Ms. Leonard submitted a copy of the warning Citation No. 5466; and a copy of the petition to the Hearing Board (copies of which were on record). Ms. Leonard stated, a warning Citation “should only be issued before an NOV not as a part of a Notice of Violation.” Ms. Leonard reiterated “they have a problem with the form; and the form is creating consequences for her client.”

Ms. Leonard stated, in regard to NOV No. 5467, an “NOV should really be directed at rectifying a problem”; however, the information in the Hearing Board packet indicates “the Notice of Violation was issued a few days after the problem already had been rectified.” Ms. Leonard stated it is indicated on the NOV “that the problem had already been addressed.” Ms. Leonard stated, the Regulations further indicate “nothing shall prevent the Hearing Board or the Control Officer from making efforts to obtain voluntary compliance through warning, conference, or other appropriate means.” Ms. Leonard stated the Hearing Board “has authority to resolve this by some other means including rescinding these Notices of Violation.”

Ms. Leonard stated Washoe County Code 125.130 indicates “before a Notice of Violation is issued there is the opportunity given to correct a situation; that that wasn’t done here.” Ms. Leonard stated, “the situation was already corrected and then a few days later the Notice of Violation was issued.” Ms. Leonard stated, as “where there was no serious risk to public health, as Staff concedes”; that Myan Management Group has no objection to paying the penalty acknowledging the time and resources involved in the investigation and of Staff’s time. Ms. Leonard reiterated “it is the form creating problems and it has pretty serious consequences for her client.”

In response to questioning by Ms. Leonard, Mr. Kramer provided the following testimony.

Mr. Joseph Kramer, co-owner and representing both owners of the Woodside Village Apartments, being duly sworn, delineated his duties as co-owner of the property, including “the day-to-day operations working with Mayan Management.” Mr. Kramer provided a brief

description of the Woodside village Apartments, advising the 250 units were constructed in 1977.

Mr. Kramer stated he and his partner have expended “a great deal of money for the improvement and enhancement of these apartments for the community and the tenants who live there.” Mr. Kramer stated he and his partner have worked with Myan Management, who is the property manager for the “past three (3) years; that Myan Management has been the property management company since he and Mr. Zeff purchased the property in January 2014.

Mr. Kramer stated, there is an Operations and Maintenance (O&M) Plan for the complex which was developed by a third-party expert. Mr. Kramer stated, the intent of the O&M Plan “is to reduce the risk to public health in exposure to friable or to asbestos fibers from either the release or exposure during anytime an individual rents a unit to construction, maintenance and renovation.” Mr. Kramer stated the owners and property managers adhere to the O&M Plan. Mr. Kramer stated compliance with the requirements of the Air Quality Regulations specific to asbestos is a priority as demonstrated in the “tremendous amount of time, effort and their own dollars in making sure they budget and appropriately monitor and follow their own Operations and Management Plan.”

Mr. Kramer delineated the process which is followed when there are renovations or maintenance projects performed on the property. Mr. Kramer stated the property is evaluated to determine if there is a potential for asbestos. Mr. Kramer stated if it is determined there is a potential the process includes evaluations with the property manager and the asbestos-trained maintenance manager. Mr. Kramer stated if it is determined testing is necessary JM Environmental is contracted for an assessment; and when necessary abatement will be performed. Mr. Kramer stated after the area is determined to be clear of any asbestos the contractors and subcontractors complete the renovation and/or maintenance. Mr. Kramer stated during this time any tenants are relocated at the owners’ expense.

Mr. Kramer stated to-date the owners have expended \$57,000 on “asbestos abatement and related activities”; that the expenditures included payments to JM Environmental; contractors, subcontractors and paying the relocation costs of tenants. Mr. Kramer stated, as the owners, there have been six (6) various asbestos abatements performed in the last two (2) years.

Mr. Kramer provided a review of the incident which occurred resulting in the issuance of the Citation, advising in December 2014, a subsidence of Building 25, which houses unit No. 149,



was noted; therefore, the owners contracted with several specialists to determine a cause and resolution. Mr. Kramer stated, when it was determined “this would be a major nuisance” the offer was presented to relocate the tenants. Mr. Kramer stated Unit No. 149 has been vacant since November 2014; that the HVAC was turned-off at the time the tenants left.

Mr. Kramer stated abating asbestos in this unit was not anticipated at the beginning of the project; that all of the contracts and permits issued were for the outside of the structure only. Mr. Kramer stated the owners contracted with a structural engineer to supervise all levels of the project to ensure “due diligence” by the contractors. Mr. Kramer stated a determination had been made that it would be necessary to remove the ceiling due to the scope of the work being performed on the outside of this building and the building’s foundation. Mr. Kramer stated “one of the subcontractors was going to perform the work [the removal of the ceiling] immediately”; however Mr. McCain, the Property Manager, immediately “stopped all work” on the unit. Mr. Kramer stated, because of previous renovations, it was known the “ceiling would probably be hot” for asbestos; therefore, JM Environmental was contacted to perform an assessment and abatement. Mr. Kramer stated JM Environmental provided a bid for the job; at that time he “did not receive a bid for any drywall tampering.” Mr. Kramer stated JM was not available to perform the work; therefore, it was necessary to contact another company, which “had never been used before. Mr. Kramer stated “Advance Installations provided a bid from the floor plans and did not provide a visual bid at that time.”

Mr. Kramer stated he was notified on July 13, 2015, by Mr. McCain that Ms. Dugger from Air Quality Management was on-site and there was an issue of drywall removal which had not been tested. Mr. Kramer stated he had not authorized any removal of “any drywall.” Mr. Kramer stated at that time “contractors, sub-contractors, structural and soil engineers... that there had been a slew of people in and out to evaluate the level of subsidence on the floor.” Mr. Kramer advised all attempts were made to determine “who had removed the drywall”; however, everyone contacted indicated ‘no participation and that they had not removed the drywall.’”

Mr. Kramer stated when he was notified Ms. Dugger was on-site, he understood “there was going to be a Notice of Violation issued to the owner and/or Myan or the representative of who may have disturbed the drywall.” Mr. Kramer stated as it could not be determined who was responsible for the disturbance, Notices of Violation were issued to Myan Management and the owners. Mr. Kramer stated, after the issuance of the Notices of Violation he did confer with Ms. Dugger as to “their rights”; that he then conferred with Mr. Wolf and filed the appeal.

Mr. Kramer delineated “how he financed the purchase of the property”, advising the loan documents consist of “an environmental indemnity agreement, personal guarantees, notes and deeds.” Mr. Kramer stated the environmental indemnity agreement does require compliance with environmental laws; that there “are major infractions when you have a Notice of Violation.” Mr. Kramer stated, these infractions “can trigger problems, on several different levels from the investors’ confidence; that the equity partner has ‘bad way’ clauses which for a Notice of Violation they can step in and take the property.” Mr. Kramer stated the “lenders can call in the loan and call the owners into default” for failure to adhere to the lending requirements. Mr. Kramer stated, the Notice of Violation does “cause him concern, as this goes in their file as a black mark” should they pursue any other type of financing in the future. Mr. Kramer stated, this Notice of Violation would “have to be disclosed.” Mr. Kramer, stated “the fine is not the issue, as the [recommended] fine is more than fair”; that he is willing to pay the fine; that “it is the Notice of Violation form that will be in the file that could potentially trigger several different impactful issues for he and his partner; their lender and investors for something for which there was no real public risk.”

In response to Mr. Harris regarding the structural engineer, Mr. Kramer stated he believes it was Brett McKinley.

In response to Mr. Serpa regarding the general contractor having a supervisor on-site for this project, Mr. Kramer stated “they had a foreman to some extent to his knowledge.” Mr. Kramer, stated the foreman was in charge of what he contracted the general contractor to do, which was all the outside excavation and the corrective action for the subsidence.” Mr. Kramer stated, “to his understanding [the foreman] was there on a daily basis.” Mr. Kramer stated, the general contractor and foreman “responded to him that they did not know who had disturbed the drywall.”

In response to questioning by Ms. Leonard, Mr. McCain provided the following testimony.

Mr. Chris McCain, Myan Management Group, on-site Property Manager at Woodside Village Apartments, being duly sworn, stated he has been a property manager for approximately ten (10) years. Mr. McCain stated one of his duties as Property Manager is to allow access to contractors at Woodside Village; that for new contractors “he takes them to the location.”

Mr. McCain stated compliance with the O&M Plan is “a priority as part of his job.” Mr. McCain delineated his processes when there are maintenance and renovations at the complex, including



conducting an assessment with the asbestos-trained maintenance supervisor. Mr. McCain stated, “if there is the potential of asbestos that has to be removed, which may be harmful, they contract with an environmental expert to do the work.”

Mr. McCain stated he was on-property when JM conducted the assessment of the Unit No. 149; that to his knowledge the drywall was intact at that time, as the JM representative “made no mention that it had been removed”. Mr. McCain stated Myan Management “has worked with JM Environmental numerous times; that they are very familiar with the property; therefore, as he did not have to escort him to the unit, he provided the unit number and a key.” Mr. McCain stated JM Environmental inspected the unit “and took all the information he needed to provide a bid.” Mr. McCain stated when JM Environmental was not available for the job he contracted with Advance Installations.

Mr. McCain stated, on July 13, 2015, he provided the Advance Installations crew “with a property map and a key for access to Unit 149; that he directed [Advance Installations] to the unit to begin the work.” Mr. McCain stated, “it was approximately 2-3 hours after he had provided Advance Installations the key to the unit the supervisor of Advance Installations advised him [Mr. McCain] the drywall had been disturbed.”

Mr. McCain stated he cooperated with both the supervisor of Advance Installations and Ms. Dugger, Air Quality Management, when he was advised of the disturbance. Mr. McCain stated the disturbed drywall “was cleaned-up immediately”; that he had not authorized anyone to disturb the drywall area. Mr. McCain stated he was not able to determine who had disturbed the drywall.

In response to Mr. Kenney regarding Mr. McCain’s presence in the unit during this process, Mr. McCain stated he “was [in the unit] fairly routinely; that when a vendor or contractor was new to the property he would escort them to the unit.” Mr. McCain stated, he “was not in the unit everyday”; however, he “was potentially in there every week – probably once a week.” In response to Mr. Kenney regarding Mr. McCain’s responsibility of monitoring “how the job was going”, Mr. McCain stated, “he was there if anything was needed.”

In response to Mr. Rinaldi regarding Mr. McCain’s familiarity with the O&M Plan, Mr. McCain stated he “is familiar with it to a certain extent”.

In response to Mr. Rinaldi regarding the property asbestos-coordinator, Ms. Leonard advised “it is the building maintenance manager who is trained in asbestos-abatement and investigation.”

In response to Mr. Kenney regarding the presence of the on-site asbestos coordinator in the unit, Mr. McCain stated, the asbestos coordinator was present “whenever needed”; that the original scope of work for the project did not include asbestos abatement.

Mr. Rinaldi stated, “he would disagree”; that there is the concept of “homogenous asbestos materials” whereby “rather than take samples of every single wall, floor and ceiling in an asbestos survey a sample is taken of particular building material and the judgement made if that [material] is homogeneous” to all of the other areas (i.e., walls, floors, ceilings). Mr. Rinaldi advised Mr. Kramer had stated, it was the determination “to go straight to getting an abatement contractor there whether there was asbestos present or not.” Mr. Rinaldi stated, he “would contend that the survey of April 2015, showed there was asbestos”, as other units had tested positive for asbestos in the ceilings, which had to be removed, then “there should have been knowledge there was asbestos in that ceiling” of Unit No. 149.

Mr. Rinaldi stated he “is very familiar with O&M Plans”; that in accordance with the O&M Plan of Woodside Village, Section 4.5 indicates “any time work is to be done a work permit system is to be issued; that he would question if Mr. McCain or the maintenance manager did that.”

In response to Mr. Rinaldi, Mr. McCain stated, “they have done that many, many times”; that for this project “they went directly to abatement.”

Mr. Rinaldi stated, “it is his understanding that abatement would require a work permit” internal system be implemented.

Ms. Leonard submitted both the proposals of JM and Advanced Installations into the record, advising Advance Installation was responsible for obtaining the permits.

Mr. Rinaldi stated he is referring to “an internal permit in-house”; that it is permit system to allow the property owners and/or managers to ensure projects have “been done in accordance with the Plan.” Mr. Rinaldi stated, the purpose is two-fold – to ensure personnel disturbing asbestos-containing materials or are performing maintenance are notified of potential hazardous

materials and have been appropriately trained.” Mr. Rinaldi questioned if “the Plan had been followed to that degree, and if there is a permit system for this project”

In response to Mr. Rinaldi, Mr. McCain stated “he thought they were” following the O&M Plan; however, he does not have a permit system for this project.

In response to Ms. Leonard regarding a permit for the ceiling abatement, Mr. Rinaldi stated, “any time asbestos is disturbed” the O&M Plan stipulates there should be a “work permit system” per forms A2 and A3, which should be utilized when there is asbestos abatement project.

Ms. Leonard stated, the owners and Myan Management “were working with an outside contractor who would have” obtained the permits.

In response to Ms. Leonard, Ms. Rucker advised “in the O&M Plan it specifically states there is an internal process unique to the Management Group”, which stipulates how the work will proceed and how it “will be tracked internally.” Ms. Rucker stated “there are forms contained within Woodside Village’s own O&M Plan which staff are to be using to track the work.” Ms. Rucker advised this is not the permits which would have been obtained by either JM or Advance Installations. Ms. Rucker stated Ms. Leonard is referring to permits obtained through Air Quality Management and the Building Department. Ms. Rucker stated the internal process allows for “a way to track projects internally using their own forms from their own Plan.”

Mr. McCain stated it was his understanding “if there was a question they would go through that process”; however “there was no question the ceiling was hot”; therefore, “they contracted with the environmental experts to address the issue.”

Mr. Rinaldi stated “every O&M Plan has provisions for security to ensure that once asbestos is discovered and once the project is about to begin the project is secure from unauthorized entry.” Mr. Rinaldi stated, “handing out keys to everyone” involved in the project is not secure as any control is lost. Mr. Rinaldi stated, “this is what appears happened here; that security is a big component of O&M Plans and always has been.”

Mr. Serpa stated, it is his understanding, “all of the work [the owners] assumed would happen to relieve the foundation issue was going to happen on the outside of the building.” Mr. Serpa stated “until such time as the structural engineer advised the rafters had to be exposed to determine if the foundation would crack or move the owners had no idea anything internally was going to be touched.” Mr. Serpa stated, “as soon as they were advised the owners contacted JM.”

Mr. McCain stated Mr. Serpa is correct that “this was the first time he was aware something on the inside of the building was going to be exposed”; that the construction company was going to start the removal of the ceiling immediately. Mr. McCain stated he stopped the contractor from proceeding with the removal because he knew the material would “be hot”; that he then contacted JM to proceed with the ceiling abatement.

In response to Dr. Fitzgerald regarding the determination of ceiling [or other materials] being positive for asbestos prior to abatement, Mr. Wolf stated an Asbestos Acknowledgement form is required for a “pink sheet”, which the Building Department requires for the issuance of a permit. Mr. Wolf stated Air Quality Management does require notification even if the material is assumed “to be hot” the Air Quality Management does require notification regardless of whether it is assumed the material is hot” without testing.

In response to Dr. Fitzgerald as to notification of Air Quality Management that abatement was going to be performed, Mr. McCain stated the abatement contractor does the notification.

Mr. Rinaldi stated the issue is that the disturbance occurred before the notification.

In response to Mr. Rinaldi, Mr. McCain stated he was unaware of any disturbance until Advance Installations conducted the survey for the abatement project.

Ms. Rucker stated, “according to the testimony this unit was vacant since November 2014; that sometime in June JM presented a proposal, at which time there was no disturbance.” Ms. Rucker stated, “sometime between June 22<sup>nd</sup> and July 13<sup>th</sup> the drywall was removed during which time contractors, engineers and others had come in and out of that unit; therefore, it cannot be stated with any certainty there were no exposures.”

In response to Ms. Rucker regarding an apartment complex having an O&M Plan and if the plans generally followed, Ms. Charlene Albee, Director, Air Quality Management, advised it is common for large facilities to have O&M Plans. Ms. Albee stated, Air Quality Management “does encourage large facilities to have O&M Plans” to ensure when small projects or repairs are necessary there are trained or certified staff to perform the work. Ms. Albee stated all area large casinos and the Washoe County School District do have these Plans. Ms. Albee stated, “this is how Air Quality Management is usually notified of projects” when someone on staff is familiar with the Plan and the requirements of the Regulations.

In response to Ms. Rucker regarding this O&M Plan being unique or standard, Ms. Albee stated, “it is pretty standard”; that there will always be “a level of specificity to each facilities Plan.” Ms. Albee stated the owners have been advised that they were issued a warning only; that there is no penalty, no additional corrective action is required; that it is “a notification tool” to advise there was a situation occurring at the facility. Ms. Albee stated warning notices are “not recognized” by EPA; that the warning is to notify the owners “something did occur on the property.” Ms. Albee stated Ms. Admirand, Deputy District Attorney, did forward a letter to Ms. Leonard delineating this.

In response to Mr. Rinaldi regarding the “Notice of Violation” form, Ms. Albee stated the same form is utilized regardless if it is a warning or a citation; that the bottom of the form clearly designates between a warning and a citation. Ms. Albee stated there is a signature line acknowledging a warning or a citation has been issued.

Ms. Admirand stated she did forward a draft of the letter to Ms. Leonard regarding this issue. Ms. Admirand cautioned the Hearing Board that the warning (No. 5466) is not an agendized item and is not being considered for action; therefore, should not be discussed. Ms. Admirand advised Notice of Violation No. 5467 is the subject for the Hearing Board.

Mr. Rinaldi stated a comment was presented regarding “the delay in the issuance of the Notice of Violation”; however, “that should not have any bearing on the decision” of the Hearing Board. Mr. Rinaldi stated while the money the owners have expended in abatement “shows good faith” it does not pertain to this violation.

**MOTION**

Ms. Rucker moved that based upon the testimony and evidence presented, a violation of Section 030.107 (Hazardous Air Pollutants), Subsection A (Asbestos Sampling and Notification); Suction B (Asbestos Control Work Practice); and Subsection C (Asbestos Containment and Abatement), of the Washoe County District Board of Health Regulations Governing Air Quality Management did occur and that it be recommended to the District Board of Health that the **appeal of MYAN MANAGEMENT GROUP, be denied and Citation No. 45467, Case No. 1178, be upheld** and a fine in the amount of **\$1,920** be levied against Myan Management Group for a major violation.

The motion was seconded by Mr. Kenney.

In the discussion that followed, Mr. Harris stated while he is sympathetic to the appellant for the efforts in complying with the Regulations there has been a violation. Mr. Harris stated Staff's recommended fine has been favorably modified for the appellant.


Mr. Harris stated he would suggest "Ms. Leonard confer with legal counsel" to determine "some type of agreement, similar to a nolo contendere", whereby "there could be a payment of administrative expenses without the finding of fault or liability." Mr. Harris stated there may "be some middle ground between this Board's decision and the District Board of Health." Mr. Harris stated having a degree in environmental sciences, he is aware of the ramifications of this type of adverse findings. Mr. Harris stated he will be voting in favor of the motion.

Mr. Serpa stated he understands the owners "are trying to do a good job and investing in the community"; however, although he doesn't like having to do so he will be voting in favor of the motion.

After the discussion Mr. Rinaldi called for the vote. The motion to uphold the Citation and deny the appeal **carried unanimously for approval.**

Mrs. Janet Smith, CAP-OM, Recording Secretary, advised Ms. Debbie Leonard, Attorney representing Myan Management Group of the right to appeal the Hearing Board's recommendation to the District Board of Health, in writing, within five (5) days of today's hearing.

  
\_\_\_\_\_  
DAVID RINALDI, CHAIRMAN  
AIR POLLUTION CONTROL HEARING BOARD

*Rec*  
  
\_\_\_\_\_  
JANET SMITH, CAP-OM  
RECORDER



DD	CA	_____
DHO	_____	_____
DA	NA	_____
Risk	NA	_____

**STAFF REPORT**

**BOARD MEETING DATE:** October 22, 2015

**DATE:** October 2, 2015

**TO:** District Board of Health

**FROM:** Daniel Inouye, Branch Chief  
(775) 784-7214, dinouye@washoecounty.us

**THROUGH:** Charlene Albee, Director  
(775) 784-7211, calbee@washoecounty.us

**SUBJECT:** Adoption of “The Washoe County Portion of the Nevada State Implementation Plan to Meet the PM<sub>2.5</sub> Infrastructure SIP Requirements of Clean Air Act Section 110(a)(2)”

**SUMMARY**

The Clean Air Act (CAA) requires state and local air quality management agencies to demonstrate the ability to implement, maintain, and enforce National Ambient Air Quality Standards (NAAQS). This Infrastructure State Implementation Plan (I-SIP) is the formal plan demonstrating that the Washoe County Health District, Air Quality Management Division can meet those requirements.

**Health District Strategic Objective supported by this item:** Strengthen District-wide infrastructure to improve public health.

**PREVIOUS ACTION**

June 28, 2012 DBOH adopted the “Washoe County Portion of the Nevada Infrastructure State Implementation Plan for the 2006 PM<sub>2.5</sub> National Ambient Air Quality Standard”.

**BACKGROUND**

The U.S. Environmental Protection Agency (EPA) establishes health based national ambient air quality standards (NAAQS) for six criteria pollutants including PM<sub>2.5</sub> (particulate matter less than or equal to 2.5 microns in diameter). The CAA directs states to address basic State Implementation Plan (SIP) requirements to implement, maintain, and enforce the NAAQS. Many of the CAA Section 110(a)(2) SIP elements relate to the general information and authorities that constitute the “infrastructure” of a state’s air quality management program. States are required to submit an Infrastructure SIP (I-SIP) within three years after promulgation of a new or revised standard. In 2012, an I-SIP was adopted and submitted to address the 2006 PM<sub>2.5</sub> NAAQS revisions.

**AIR QUALITY MANAGEMENT**

1001 East Ninth Street | P.O. Box 11130 | Reno, Nevada 89520  
 AQM Office: 775-784-7200 | Fax: 775-784-7225 | washoecounty.us/health  
 Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



In December 2012, EPA strengthened the PM<sub>2.5</sub> annual standard from 15.0 to 12.0 µg/m<sup>3</sup> which triggered another I-SIP review. This I-SIP updates the previous plan adopted in 2012 to reflect the new standard and demonstrates that the air quality management program will meet the CAA requirements to implement, maintain, and enforce the NAAQS without any substantive changes to the previously adopted I-SIP.

The PM<sub>2.5</sub> I-SIP was prepared in coordination with the Nevada Division of Environmental Protection (NDEP) and Clark County Department of Air Quality.

The first of three public notices for the public hearing was published in the Reno Gazette-Journal on September 21, 2015. The I-SIP has been available for public inspection at the AQMD website (OurCleanAir.com) and office since September 22, 2015.

### **FISCAL IMPACT**

There will be no fiscal impacts from the Board adopting this I-SIP.

### **RECOMMENDATION**

Staff recommends that the DBOH adopt “The Washoe County Portion of the Nevada State Implementation Plan to Meet the PM<sub>2.5</sub> Infrastructure SIP Requirements of Clean Air Act Section 110(a)(2)”, and direct Staff to forward it to EPA via NDEP as an amendment to the Washoe County portion of the Nevada PM<sub>2.5</sub> State Implementation Plan.

### **POSSIBLE MOTION**

Should the Board concur with Staff’s recommendation, a possible motion would be:

“I move to adopt “The Washoe County Portion of the Nevada State Implementation Plan to Meet the PM<sub>2.5</sub> Infrastructure SIP Requirements of Clean Air Act Section 110(a)(2)””

The Washoe County Portion of the  
Nevada State Implementation Plan to Meet the  
PM<sub>2.5</sub> Infrastructure SIP Requirements of  
Clean Air Act Section 110(a)(2)

October 22, 2015

Washoe County Health District  
Air Quality Management Division  
P.O. Box 11130  
Reno, Nevada 89520-0027  
(775) 784-7200  
OurCleanAir.com

## Acronyms and Abbreviations

AQS	Air Quality System
CAA	Clean Air Act
CFR	Code of Federal Regulations
CO	Carbon Monoxide
DMV	Department of Motor Vehicles
EPA	U.S. Environmental Protection Agency
FR	Federal Register
HA	Hydrographic Area
I-SIP	Infrastructure State Implementation Plan
NAAQS	National Ambient Air Quality Standard
NDEP	Nevada Division of Environmental Protection
NO <sub>2</sub>	Nitrogen Dioxide
NRS	Nevada Revised Statute
NSR	New Source Review
O <sub>3</sub>	Ozone
Pb	Lead
PM <sub>2.5</sub>	Particulate Matter less than or equal to a nominal 2.5 microns in aerodynamic diameter
PM <sub>10</sub>	Particulate Matter less than or equal to a nominal 10 microns in aerodynamic diameter
PSD	Prevention of Significant Deterioration
SIP	State Implementation Plan
SLAMS	State and Local Air Monitoring Station
SO <sub>2</sub>	Sulfur Dioxide
USC	United States Code
WCDBOH	Washoe County District Board of Health
WCAQMD	Washoe County Health District - Air Quality Management Division

## Introduction and Background

Sections 110(a)(1) and (2) of the federal Clean Air Act (CAA), 42 USC § 7410(a)(1) and (2) hereafter referred to as the “Infrastructure” State Implementation Plan (I-SIP) requirements, requires states and delegated local agencies to submit an implementation plan to the U.S. Environmental Protection Agency (EPA) demonstrating their ability and authority to implement, maintain, and enforce each National Ambient Air Quality Standard (NAAQS). Section 110(a)(1) addresses the timing requirement for the submissions of the I-SIP. Washoe County is required to submit an I-SIP to EPA not later than three years after promulgation of a new or revised NAAQS regardless of whether or not the local jurisdiction has any nonattainment areas.

Section 110(a)(2) lists the required elements that cover the I-SIP. These elements include: enforceable emission limitations, air quality modeling, enforcement programs, ambient air monitoring programs, and confirmation of adequate personnel, resources and legal authorities. The following elements are addressed in this I-SIP:

- Enforceable Emission Limitations and Other Control Measures (Element A)
- Air Quality Monitoring, Compilation, Data Analysis, and Reporting (Element B)
- Enforcement and Stationary Source Permitting (Element C)
- Interstate Transport (Element D)
- Resources, Conflict of Interest, and Emergency Backstop (Element E)
- Stationary Source Emissions Monitoring and Reporting (Element F)
- Emergency Powers and Contingency Plans (Element G)
- SIP Revision For Revised Air Quality Standards or New Attainment Methods (Element H)
- SIP Revisions for New Nonattainment Areas (Element I)
- Consultation and Public Notification (Element J)
- Air Quality Modeling and Reporting (Element K)
- Major Stationary Source Permitting Fees (Element L)
- Consultation with Local Entities (Element M)

This I-SIP addresses Washoe County’s portion of the State of Nevada’s requirements for the 2012 Fine Particulate Matter (PM<sub>2.5</sub>) NAAQS.

Table 1  
Existing SIP Elements Meeting Current CAA 110(a)(2)(A)-(M) Requirements for the  
Washoe County Portion of the Nevada Infrastructure SIP for the  
2012 Fine Particulate Matter (PM<sub>2.5</sub>) NAAQS, Unless Otherwise Noted

Element (A)	<u>Enforceable emission limits and other control measures</u> : Requires SIPs to include enforceable emission limits and other control measures, means, or techniques, and schedules for compliance.
<p>WCDBOH Regulations Governing Air Quality Management (Regulation) Section 020.005 (See 38 FR 12702) authorizes the Control Officer to enforce all SIP measures including the following previously submitted Sections:  030.000; 030.005; 030.010; 030.015; 030.025; 030.030; 030.110; 030.115(1), (5), and Subsection B; 030.1201;030.205; 030.215; 030.245; 030.250 (See 46 FR 21758); 030.300; 030.305; 030.310; 030.3101-3105; 030.3107; 030.3108 (See 46 FR 43141); 030.218, 030.230, and 030.970A (See 77 FR 60915); 040.070; 040.075; 040.080; 040.085; 040.090 (See 46 FR 21758); and 050.001 (See 72 FR 33397).</p> <p>The following Sections have not been submitted as part of the SIP, but have been adopted by the WCDBOH and further support this element requirement (See Attachment B):  020.0051 (Board of Health - Powers and Duties); and  020.020 (Control Officer - Powers and Duties).</p>	
Element (B)	<u>Ambient air quality monitoring/data system</u> : Requires SIPs to provide for establishment and operation of ambient air quality monitors, collection and analysis of ambient air quality data, and to make these data available to EPA upon request.
<p>The WCAQMD operates an ambient air monitoring network in accordance with 40 CFR 58. The network is reviewed annually pursuant to 40 CFR 58.10 to ensure it meets ambient air monitoring objectives (See Attachment A).</p>	

Element (C)	<p>Program for enforcement of control measures: Requires SIPs to include a program providing for enforcement of all SIP measures and the regulation of construction of new and modified stationary sources as necessary to assure that the NAAQS are achieved, including a permit program as required in Parts C and D.</p>
<p>WCDBOH Regulation Section 020.005 (See 38 FR 12702) authorizes the Control Officer to enforce all SIP measures including the following previously submitted Sections:  030.000; 030.005; 030.010; 030.015; 030.025; 030.030; 030.110; 030.115(1), (5), and Subsection B; 030.1201;030.205; 030.215; 030.245; 030.250 (See 46 FR 21758); 030.300; 030.305; 030.310; 030.3101-3105; 030.3107; 030.3108 (See 46 FR 43141); 030.218, 030.230, and 030.970A (See 77 FR 60915); 040.070; 040.075; 040.080; 040.085; 040.090 (See 46 FR 21758); and 050.001 (See 72 FR 33397).</p> <p>The following Sections have not been submitted as part of the SIP, but have been adopted by the WCDBOH and further support this element requirement (See Attachment B):  010.1303 (Regulated Air Pollutant);  020.0051 (Board of Health - Powers and Duties);  020.020 (Control Officer - Powers and Duties);  030.002 (Construction or Modification of Permitted Operations);  030.500 (New Source Review (NSR) Applicability);  030.502 (Review for Emission Limitation Compliance);  030.503 (Conditions for Approval);  030.504 (Emission Offset Ratios);  030.505 (Completeness of Application);  030.506 (Requirements for Public Notice);  030.507 (Comments);  030.508 (Final Action); and  030.905 (Sources Requiring Part 70 Permits).</p> <p>On March 13, 2008, the WCAQMD received full delegation of the federal PSD program (See Washoe County 2006 PM<sub>2.5</sub> NAAQS I-SIP, Attachment C, submitted December 4, 2009) and is incorporated into Nevada's SIP (40 CFR 52.1485).</p>	



Element (D)	<p><u>Interstate transport provisions:</u> Requires SIPs to contain adequate provisions prohibiting emissions generated within the state from contributing significantly to nonattainment in, or interfering with maintenance by, any other state with respect to the NAAQS, or from interfering with measures required to be included in the SIP of any other state to prevent significant deterioration or to protect visibility.</p>
	<p><u>(D)(i)</u> The State of Nevada evaluated the impact of transport of PM<sub>2.5</sub> emissions from Nevada sources to sensitive receptor areas in nearby states, other western states and eastern states. The conclusion was that PM<sub>2.5</sub> emissions from Nevada do not contribute to nonattainment or interfere with maintenance of the 2012 PM<sub>2.5</sub> standard in any other state. The analysis is included in Appendix C.</p> <p><u>(D)(ii) CAA section 126</u> The following WCDBOH Regulations address the CAA section 126(a) requirements regarding notification to affected nearby states of major proposed new or modified sources. [see also elements (J) and (M)]: 030.000; 030.005; 030.010; 030.015; 030.025; 030.030; 030.110; 030.115(1), (5), and Subsection B; 030.1201;030.205; 030.215; 030.245; 030.250 (See 46 FR 21758); 030.300; 030.305; 030.310; 030.3101-3105; 030.3107; 030.3108 (See 46 FR 43141); 030.218, 030.230, and 030.970A (See 77 FR 60915); 040.070; 040.075; 040.080; 040.085; 040.090 (See 46 FR 21758); and 050.001 (See 72 FR 33397).</p> <p>The following Sections have not been submitted as part of the SIP, but have been adopted by the WCDBOH and further support this element requirement (See Attachment B): 010.1303 (Regulated Air Pollutant); 020.0051 (Board of Health - Powers and Duties); 020.020 (Control Officer - Powers and Duties); 030.002 (Construction or Modification of Permitted Operations); 030.500 (New Source Review (NSR) Applicability); 030.502 (Review for Emission Limitation Compliance); 030.503 (Conditions for Approval); 030.504 (Emission Offset Ratios); 030.505 (Completeness of Application); 030.506 (Requirements for Public Notice); 030.507 (Comments); 030.508 (Final Action); and 030.905 (Sources Requiring Part 70 Permits).</p> <p>On March 13, 2008, the WCAQMD received full delegation of the federal PSD program (See Washoe County 2006 PM<sub>2.5</sub> NAAQS I-SIP, Attachment C, submitted December 4, 2009) and is incorporated into Nevada's SIP (40 CFR 52.1485).</p>

The requirements of section 126 (b) and (c) do not apply, because no source or sources within the state are the subject of an active finding under section 126 of the CAA with respect to the particular NAAQS at issue. .

(D)(ii) CAA section 115

The requirements of section 115 do not apply, because there are no final findings under section 115 of the CAA against this state with respect to the particular NAAQS at issue.

Element (E)	<u>Adequate resources</u> : Requires SIPs to provide necessary assurances for adequate personnel, funding, and authority under state law to carry out its SIP, to contain requirements addressing potential conflicts of interest, and to provide necessary assurances that the state retains responsibility for ensuring adequate implementation of the SIP where the state relies on a local or regional government for implementation of any SIP provision.
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NRS 445B.500 authorizes the WCDBOH to implement and administer air quality management programs within the geographic boundaries of Washoe County. These programs are managed through the WCAQMD. For the most recent fiscal year (2014-15), the WCAQMD consisted of 18.4 allocated full-time staff. Primary funding sources are: 1) Operating permit fees; 2) EPA grants; 3) Nevada DMV funds; and 4) the City of Reno, City of Sparks, and County of Washoe via an inter-local agreement with the Washoe County Health District (See Washoe County 2006 PM<sub>2.5</sub> NAAQS I-SIP, Attachment D, submitted December 4, 2009).

Element (F)	<u>Stationary source monitoring system</u> : Requires SIPs to establish a system to monitor emissions from stationary sources, to submit periodic emissions reports, to correlate the emissions reports with the corresponding SIP emission limits and standards, and to make emissions reports available to the public.
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WCDBOH Regulation Section 020.005 (See 38 FR 12702) authorizes the Control Officer to enforce all SIP measures including the following previously submitted Sections related to authority for stationary source monitoring and reporting:  
 030.210; 030.250 (See 46 FR 21758); and  
 030.218, 030.230; 030.235, and 030.970A (See 77 FR 60915).

The following Sections have not been submitted as part of the SIP, but have been adopted by the WCDBOH and further support this element requirement (See Attachment B):  
 020.0051 (Board of Health - Powers and Duties); and  
 020.060 (Sampling and Testing).

Element (G)	<u>Emergency episodes</u> : Requires SIPs to provide for authority to address activities causing imminent and substantial endangerment to public health and to provide for adequate contingency plans to implement such authority.
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Emergency powers are authorized under WCDBOH Regulation 050.001 (Emergency Episode Plan) (See 72 FR 33397). In addition, general emergency powers are provided in Nevada's SIP in NRS 445B.560.

Element (H)	<u>Future SIP revisions</u> : Requires SIPs to provide for SIP revisions in response to changes in the NAAQS, or availability of improved methods for attaining the NAAQS, and in response to an EPA finding that the SIP is substantially inadequate.
<p>WCDBOH Regulation Section 020.005 (See 38 FR 12702) authorizes the Control Officer to enforce Section 020.0051 (Board of Health - Powers and Duties) which provides the WCDBOH the authority to revise a SIP “to achieve and maintain levels of air quality to protect human health”.</p>	
Element (I)	<u>SIP revisions for new non-attainment areas</u> : Requires SIP revisions to meet the applicable Part D requirements relating to non-attainment areas.
<p>The WCAQMD commits to submit SIP revisions whenever the county, or portions of the county, are newly designated non-attainment for any federal NAAQS.</p>	
Element (J) [§121]	<u>Consultation with government officials, public notification, PSD and visibility protection</u> : Requires states to provide a process for consultation with local governments and Federal Land Managers carrying out NAAQS implementation requirements; . . .
<p>All SIP elements are adopted by the WCDBOH before being formally submitted as the Washoe County portion of the Nevada SIP. Participation by local political subdivisions is authorized by WCDBOH Regulation Section 020.005 (See 38 FR 12702) and an inter-local agreement between the City of Reno, City of Sparks, and the County of Washoe, Nevada (See Washoe County 2006 PM<sub>2.5</sub> NAAQS I-SIP, Attachment D, submitted December 4, 2009). This inter-local agreement requires that the WCDBOH include one elected official from each of the three political subdivisions in Washoe County. The WCAQMD is committed to include all stakeholders, such as local governments and federal land managers, in the SIP development process.</p>	
Element (J) [§127]	. . . requires SIPs to notify the public if NAAQS are exceeded in an area and to enhance public awareness of measures that can be taken to prevent exceedances; and . . .
<p>WCDBOH Regulation Section 050.001 (See 72 FR 33397) authorizes the WCAQMD to advise the public on measures that are taken to reduce their exposure during elevated air pollutant concentrations. Near-time ambient air monitoring data are posted on the WCAQMD website (OurCleanAir.com) and are also available at AirNow (AirNow.gov). A Trends report, which summarizes monitored ambient air quality in Washoe County, is prepared annually and posted on the WCAQMD website.</p>	

Element (J) [Part C PSD / Visibility]	. . . requires SIPs to meet applicable requirements of Part C related to prevention of significant deterioration and visibility protection.
<p>On July 31, 2007, EPA’s approval of Nevada’s interstate transport SIP (CAA 110(a)(2)(D)(i)) for the 8-hour O<sub>3</sub> and PM<sub>2.5</sub> NAAQS promulgated in July 1997 was published in the Federal Register (See 72 FR 41629). Also, Article 13 of Nevada’s SIP, “General Provisions for the Review of New Sources,” requires an environmental evaluation before a registration certificate may be issued. Finally, on March 13, 2008, the WCAQMD received full delegation of the federal PSD program (See Washoe County 2006 PM<sub>2.5</sub> NAAQS I-SIP, Attachment C, submitted December 4, 2009) and is incorporated into Nevada’s SIP (40 CFR 52.1485).</p>	
Element (K)	<u>Air quality modeling/data</u> : Requires SIPs to provide for the performance of air quality modeling for predicting effects on air quality of emissions of any NAAQS pollutant and the submission of such data to EPA upon request.
<p>WCDBOH Regulation Section 030.235 (Requirements for Source Sampling and Testing) (See 77 FR 60915) authorizes the Control Officer to require operators to provide source stack testing or other types of testing to determine the quantity and effect of emissions produced by a stationary source.</p> <p>In addition, the following Section has not been submitted as part of the SIP, but has been adopted by the WCDBOH and further support this element requirement (See Attachment B): 030.503 (Conditions for Approval).</p>	
Element (L)	<u>Permitting fees</u> : Requires SIPs to require each major stationary source to pay permitting fees to cover the cost of reviewing, acting upon, implementing and enforcing a permit until such fee requirement is superseded by EPA approval of a fee program under Title V of the CAA.
<p>Permitting fees are authorized under WCDBOH Regulation Sections 030.210 (See 46 FR 21758) and 030.310 (See 46 FR 43141).</p>	
Element (M)	<u>Consultation/participation by affected local entities</u> : Requires SIPs to provide for consultation and participation in SIP development by local political subdivisions affected by the SIP.
<p>All SIP elements are adopted in a public hearing by the WCDBOH before being formally submitted as the Washoe County portion of the Nevada SIP. Participation by local political subdivisions is authorized by WCDBOH Regulation Section 020.005 (See 38 FR 12702) and an inter-local agreement between the City of Reno, City of Sparks, and the County of Washoe, Nevada (See Washoe County 2006 PM<sub>2.5</sub> NAAQS I-SIP, Attachment D, submitted December 4, 2009). This inter-local agreement requires that the WCDBOH include one elected official from each of the three political subdivisions in Washoe County.</p>	

Attachment A

Letter from Meredith Kurpius (EPA Region IX) to Daniel Inouye (WCAQMD) Regarding the  
“2014 Annual Monitoring Network Plan” (October 29, 2014)

DRAFT (09/22/2015)



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION IX

75 Hawthorne Street  
San Francisco, CA 94105-3901

OCT 29 2014

Mr. Daniel K. Inouye  
Chief, Monitoring and Planning Branch  
Air Quality Management Division  
Washoe County Health District  
P.O. Box 11130  
Reno, Nevada 89520-0027

Dear Mr. Inouye:

Thank you for your submission of the Washoe County Health District's 2014 Ambient Air Monitoring Network Plan in July 2014. We have reviewed the submitted document based on the requirements set forth under 40 CFR 58. Based on the information provided in the plan, U.S. Environmental Protection Agency (EPA) approves all portions of the network plan except those specifically identified below.

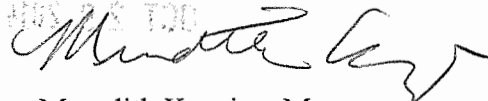
Please note that we cannot approve portions of the annual network plan for which the information in the plan is insufficient to judge whether the requirement has been met, or for which the information, as described, does not meet the requirements as specified in 40 CFR 58.10 and the associated appendices. EPA Region 9 also cannot approve portions of the plan for which the EPA Administrator has not delegated approval authority to the regional offices. Accordingly, the first enclosure (*A. Annual Monitoring Network Plan Items where EPA is Not Taking Action*) provides a listing of specific items of your agency's annual monitoring network plan where EPA is not taking action. The second enclosure (*B. Additional Items Requiring Attention*) is a listing of additional items in the plan that EPA wishes to bring to your agency's attention.

The third enclosure (*C. Annual Monitoring Network Plan Checklist*) is the checklist EPA used to review your plan for overall items that are required to be included in the annual network plan along with our assessment of whether the plan submitted by your agency addresses those requirements.

The first two enclosures highlight a subset of the more extensive list of items reviewed in the third enclosure. All comments conveyed via this letter (and enclosures) should be addressed (through corrections within the plan, additional information being included, or discussion) in next year's annual monitoring network plan.

If you have any questions regarding this letter or the enclosed comments, please feel free to contact me at (415) 947-4534 or Katherine Hoag at (415) 972-3970.

Sincerely,

A handwritten signature in black ink, appearing to read 'Meredith Kurpius', with a stylized flourish at the end.

Meredith Kurpius, Manager  
Air Quality Analysis Office

Enclosures:

- A. Annual Monitoring Network Plan Items where EPA is Not Taking Action
- B. Additional Items Requiring Attention
- C. Annual Monitoring Network Plan Checklist

cc (via email): Craig Petersen, Washoe County AQMD



## A. Annual Monitoring Network Plan Items where EPA is Not Taking Action

We are not acting on the portions of annual network plans where either EPA Region 9 lacks the authority to approve specific items of the plan, or EPA has determined that a requirement is either not met or information in the plan is insufficient to judge whether the requirement has been met.

- Per 40 CFR 58.11(c), NCore and STN network design and changes are subject to approval of the EPA Administrator. Therefore, we are not acting on these items.
- System modifications (e.g., site closures or moves) are subject to approval per 40 CFR 58.14(c). Information provided in the plan was insufficient for EPA to approve the system modifications listed in the plan per the applicable requirement. Therefore, we are not acting on the following items as part of this year's annual network plan (see Checklist Row 3):
  - Relocation of the Galletti site (AQS ID 32-031-0022)
- EPA identified items in your agency's annual monitoring network plan where a requirement was not being met or information in the plan was insufficient to judge whether the requirement was being met based on 40 CFR 58.10 and the associated appendices. Therefore, we are not acting on the following items:

Item	Checklist Row	Issue
Distance from supporting structure	73	Not meeting requirement
Distance from trees	76	Insufficient information to judge
Minimum number of monitors for non-NCore Pb	38	Insufficient information to judge
Scale of representativeness for each monitor	65	Insufficient information to judge in one instance

Additional information for each of these items may be found for the row listed in column 2, in the third enclosure (*C. Annual Monitoring Network Plan Checklist*).

## B. Additional Items Requiring Attention

- [Item 4] On September 19, 2014, EPA approved your June 11, 2014 request for the discontinuation of CO monitoring at South Reno. Please include these letters in your next year's plan.
- [Items 19-20] Given the population of the MSA, and the 2013 design values, there are no required monitors per 40 CFR 58 Appendix D 4.7.1 or 4.7.2. However, as your plan noted, there are requirements for operating both a filter-based and a continuous monitor at your NCore site.

The minimum monitoring requirements for PM<sub>2.5</sub> are specified in 40 CFR 58 Appendix D 4.7.1(a): "State, and where applicable local, agencies must operate the minimum number of required PM<sub>2.5</sub> SLAMS sites listed in Table D-5 of this appendix." In next year's ANP checklist, EPA will clarify that this requirement is based on number of sites, not the number of monitors.

The requirement for the minimum number of PM<sub>2.5</sub> SLAMS sites is fulfilled by sites with either a FRM or FEM monitor. The requirement for continuous monitoring in 40 CFR 58 Appendix D 4.7.2, can be met by any continuous monitor in the network. We suggest in next year's plan to present these requirements separately from those from SIPs or NCore.

- [Item 21] According to 40 CFR 58 Appendix A 3.2.5, Washoe County's PM<sub>2.5</sub> network requires one collocated site. The collocated FRM at the Reno-3 site fulfills this requirement. Although information can be found in this year's ANP related to this requirement, it would be easier to know that this requirement is met if the plan specifically discussed the 40 CFR 58 Appendix A 3.2.5 requirement in terms of how many primary monitors of each type/method code there are. Please consider adding this to next year's plan
- [Item 23] The PM<sub>2.5</sub> concentrations from the speciation monitors are not considered comparable to the NAAQS. Please correct this in your next plan.
- [Item 24] Please clarify in your next year's plan if the Galletti site represents area-wide air quality, even though it is middle scale.
- [Item 32] Given the population of the MSA, and the 2013 design values, there are no required PM<sub>10</sub> monitors per 40 CFR 58. However, your plan notes, there are requirements for operating both four sites for a SIP or Maintenance plan. We suggest in next year's plan to present these requirements separately to clarify that there are no required sites per Appendix D network requirements.

In next year's ANP checklist, EPA will clarify that this requirement is based on number of sites, not the number of monitors. Consider changing Table 3 to refer to SLAMS sites, not monitors.

- [Item 60] Please confirm whether the POC of the PM<sub>10</sub> monitor at the Toll Road site is 22, or if that is a typo.

## C. ANNUAL MONITORING NETWORK PLAN CHECKLIST

(Updated March 11, 2014)

Year: 2014

Agency: Washoe County Health District Air Quality Management Division (AQMD)

40 CFR 58.10(a)(1) requires that each Annual Network Plan (ANP) include information regarding the following types of monitors: SLAMS monitoring stations including FRM, FEM, and ARM monitors that are part of SLAMS, NCore stations, STN stations, State speciation stations, SPM stations, and/or, in serious, severe and extreme ozone nonattainment areas, PAMS stations, and SPM monitoring stations.

40 CFR 58.10(a)(1) further directs that, "The plan shall include a statement of purposes for each monitor and evidence that siting and operation of each monitor meets the requirements of appendices A, C, D, and E of this part, where applicable." On this basis, review of the ANPs is based on the requirements listed in 58.10 along with those in Appendices A, C, D, and E.

EPA Region 9 will not take action to approve or disapprove any item for which Part 58 grants approval authority to the Administrator rather than the Regional Administrators, but we will do a check to see if the required information is included and correct. The items requiring approval by the Administrator are: PAMS, NCore, and Speciation (STN/CSN).

Please note that this checklist summarizes many of the requirements of 40 CFR Part 58, but does not substitute for those requirements, nor do its contents provide a binding determination of compliance with those requirements. The checklist is subject to revision in the future and we welcome comments on its contents and structure.

Key:

White = meets the requirement.

Yellow = requirement is not met, or information is insufficient to make a determination. Action requested in next year's plan or outside the ANP process. (items listed in Enclosure A)

Green = item requires attention in order to improve next year's plan (items listed in Enclosure B)

	ANP requirement	Citation within 40 CFR 58	Was the information submitted? <sup>1</sup> If yes, page #s. Flag if incorrect <sup>2</sup> ?	Does the information provided <sup>3</sup> meet the requirement? <sup>4</sup>	Notes
<b>GENERAL PLAN REQUIREMENTS</b>					
1.	Submit plan by July 1 <sup>st</sup>	58.10 (a)(1)	Yes	Yes	
2.	30-day public comment / inspection period <sup>5</sup>	58.10 (a)(1), 58.10 (a)(2)	Yes, transmittal email	Yes	No comments received
3.	Modifications to SLAMS network – case when we are not approving system modifications	58.10 (a)(2) 58.10 (b)(5) 58.10(e) 58.14	Yes, pages 7-9	Insufficient to judge	EPA does not have sufficient information to approve the following: <ul style="list-style-type: none"> <li>Relocating the Galletti site</li> </ul> Please work with EPA to submit additional information for this approval request.
4.	Modifications to SLAMS network – case when we are approving system modifications per 58.14	58.10 (a)(2) 58.10 (b)(5) 58.10(e) 58.14	Yes, pages 7-9	Yes	None
5.	Does plan include documentation (e.g., attached approval letter) for system modifications that have been approved since last ANP approval?		NA	NA	On September 19, 2014, EPA approved your June 11, 2014 request for the discontinuation of CO monitoring at South Reno. Please include these letters in your next year's plan.
6.	Any proposals to remove or move a monitoring station within a period of 18 months following plan submittal	58.10 (b)(5)	Yes, pages 7-9	Yes	<ul style="list-style-type: none"> <li>Relocation of the Galletti site (See Row 3)</li> <li>Discontinuation of CO monitoring at South Reno (See Row 5)</li> </ul>
7.	A plan for establishing a near-road PM <sub>2.5</sub> monitor (in CBSAs ≥ 2.5 million) by 1/1/2015	58.10(a)(8)(i)	NA	NA	
8.	A plan for establishing a near-road CO monitor (in CBSAs ≥ 2.5 million) by 1/1/2015	58.10(a)(7) 58.13(e)(1)	NA	NA	
9.	NO <sub>2</sub> plan for establishment of 2 <sup>nd</sup> near-road monitor by 1/1/2015	58.10 (a)(5)(iv)	NA	NA	
10.	Precision/Accuracy reports submitted to AQS	58.16(a);	Yes, page 9	Yes	

<sup>1</sup> Response options: NA (Not Applicable), Yes, No, Incomplete, Incorrect. The responses “Incomplete” and “Incorrect” assume that some information has been provided.

<sup>2</sup> To the best of our knowledge.

<sup>3</sup> Assuming the information is correct

<sup>4</sup> Response options: NA (Not Applicable) – [reason], Yes, No, Insufficient to Judge.

<sup>5</sup> The affected state or local agency must document the process for obtaining public comment and include any comments received through the public notification process within their submitted plan.

	<b>ANP requirement</b>	<b>Citation within 40 CFR 58</b>	<b>Was the information submitted?<sup>1</sup> If yes, page #s. Flag if incorrect<sup>2</sup>?</b>	<b>Does the information provided<sup>3</sup> meet the requirement?<sup>4</sup></b>	<b>Notes</b>
		App A, 1.3 and 5.1.1			
11.	Annual data certification submitted	58.15 App. A 1.3	Yes, page 9	Yes	
12.	SPMs operating an FRM/FEM/ARM that meet Appendix E also meet either Appendix A or an approved alternative.	58.11 (a) (2)	NA	NA	No SPMs
13.	SPMs operating FRM/FEM/ARM monitors for over 24 months are listed as comparable to the NAAQS or the agency provided documentation that requirements from Appendices A, C, or E were not met. <sup>6</sup>	58.20(c)	NA	NA	No SPMs
14.	For agencies that share monitoring responsibilities in an MSA/CSA: this agency meets full monitoring requirements or an agreement between the affected agencies and the EPA Regional Administrator is in place	App D 2(e)	NA	NA	

**GENERAL PARTICULATE MONITORING REQUIREMENTS (PM<sub>10</sub>, PM<sub>2.5</sub>, Pb-TSP, Pb-PM<sub>10</sub>)**

15.	Designation of a primary monitor if there is more than one monitor for a pollutant at a site.	Need to determine collocation	Yes, pages 5, 27-28	Yes	
16.	Distance between collocated monitors (Note: waiver request or the date of previous waiver approval must be included if the distance deviates from requirement.)	App. A 3.2.5.6 and 3.2.6.3	Yes, page 28	Yes	

**PM<sub>2.5</sub> –SPECIFIC MONITORING REQUIREMENTS**

17.	Document how states and local agencies provide for the review of changes to a PM <sub>2.5</sub> monitoring network that impact the location of a violating PM <sub>2.5</sub> monitor.	58.10 (c)	Yes, pages 8-9	Yes	
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<sup>6</sup> This requirement only applies to monitors that are eligible for comparison to the NAAQS per 40 CFR §§58.11(e) and 58.30.



	<b>ANP requirement</b>	<b>Citation within 40 CFR 58</b>	<b>Was the information submitted?<sup>1</sup> If yes, page #s. Flag if incorrect<sup>2</sup>?</b>	<b>Does the information provided<sup>3</sup> meet the requirement?<sup>4</sup></b>	<b>Notes</b>
18.	Identification of any PM <sub>2.5</sub> FEMs and/or ARMs not eligible to be compared to the NAAQS due to poor comparability to FRM(s) (Note 1: must include required data assessment.) (Note 2: Required SLAMS must monitor PM <sub>2.5</sub> with <u>NAAQS-comparable</u> monitor at the required sample frequency.)	58.10 (b)(13) 58.11 (e)	NA	NA	
19.	Minimum # of monitors for PM <sub>2.5</sub> [Note 1: should be supported by MSA ID, MSA population, DV, # monitors, and # required monitors] [Note 2: Only monitors considered to be required SLAMs are eligible to be counted towards meeting minimum monitoring requirements.]	App D, 4.7.1(a) and Table D-5	Yes, pages 4-5 See note	Yes	<p>Given the population of the MSA, and the 2013 design values, there are no required monitors per 40 CFR 58 Appendix D 4.7.1 or 4.7.2. However, as your plan noted, there are requirements for operating both a filter-based and a continuous monitor at your NCore site.</p> <p>EPA notes that the minimum monitoring requirements for PM<sub>2.5</sub> are specified in 40 CFR 58 Appendix D 4.7.1(a): "State, and where applicable local, agencies must operate the minimum number of required PM<sub>2.5</sub> SLAMS sites listed in Table D-5 of this appendix." In next year's ANP checklist, EPA will clarify that this requirement is based on number of sites, not the number of monitors.</p> <p>The requirement for the minimum number of PM<sub>2.5</sub> SLAMS sites is fulfilled by sites with either a FRM or FEM monitor. The requirement for continuous monitoring in 40 CFR 58 Appendix D 4.7.2, can be met by any continuous monitor in the network. We suggest in next year's plan to present these requirements separately from those from SIPs or NCore.</p>
20.	Minimum monitoring requirements for continuous PM <sub>2.5</sub>	App D 4.7.2	Yes, pages 4-5 See note	Yes	See note for row 19
21.	PM <sub>2.5</sub> collocation	App A 3.2.5	Yes, pages 4-5 See note	Yes	According to 40 CFR 58 Appendix A 3.2.5, Washoe County's PM <sub>2.5</sub> network requires one collocated site. The collocated FRM at the Reno-3 site fulfills this requirement.



	<b>ANP requirement</b>	<b>Citation within 40 CFR 58</b>	<b>Was the information submitted?<sup>1</sup> If yes, page #s. Flag if incorrect<sup>2</sup>?</b>	<b>Does the information provided<sup>3</sup> meet the requirement?<sup>4</sup></b>	<b>Notes</b>
					Although information can be found in this year's ANP related to this requirement, it would be easier to know that this requirement is met if the plan specifically discussed the 40 CFR 58 Appendix A 3.2.5 requirement in terms of how many primary monitors of each type/method code there are. Please consider adding this to next year's plan.
22.	PM <sub>2.5</sub> Chemical Speciation requirements for official STN sites	App D 4.7.4	Yes, page 27	Yes	
23.	Identification of sites suitable and sites not suitable for comparison to the annual PM <sub>2.5</sub> NAAQS as described in Part 58.30	58.10 (b)(7)	Yes, Detailed site information	Yes	The PM <sub>2.5</sub> concentrations from the speciation monitors are not considered comparable to the NAAQS. Please correct this in your next plan.
24.	Required PM <sub>2.5</sub> sites represent area-wide air quality	App D 4.7.1(b)	Yes, Detailed site information See note	Yes	Please clarify in your next year's plan if the Galletti site represents area-wide air quality, even though it is middle scale.
25.	For PM <sub>2.5</sub> , at least one site at neighborhood or larger scale in an area of expected maximum concentration	App D 4.7.1(b)(1)	Yes	Yes	Sparks is listed as the maximum concentration PM <sub>2.5</sub> site
26.	If additional SLAMS PM <sub>2.5</sub> is required, there is a site in an area of poor air quality	App D 4.7.1(b)(2)	NA	NA	Although only one PM <sub>2.5</sub> site is required, Washoe County AQMD has additional SLAMS located in other areas of PM <sub>2.5</sub> concern
27.	States must have at least one PM <sub>2.5</sub> regional background and one PM <sub>2.5</sub> regional transport site.	App D 4.7.3	NA	NA	This requirement is met by other agencies in the state.
28.	Sampling schedule for PM <sub>2.5</sub> - applies to year-round and seasonal sampling schedules (note: date of waiver approval must be included if the sampling season deviates from requirement)	58.10 (b)(4) 58.12(d) App D 4.7 EPA flowchart	Yes, Detailed site information	Yes	
29.	Frequency of flow rate verification for manual PM <sub>2.5</sub> monitors audit	App A 3.3.2	Yes, Detailed site information	Yes	
30.	Frequency of flow rate verification for automated PM <sub>2.5</sub> monitors audit	App A 3.2.3	Yes, Detailed site information	Yes	
31.	Dates of last two semi-annual flow rate audits for PM <sub>2.5</sub> monitors	App A, 3.2.4 and 3.3.3	Yes, Detailed site information	Yes	

**PM<sub>10</sub> – SPECIFIC MONITORING REQUIREMENTS**

	<b>ANP requirement</b>	<b>Citation within 40 CFR 58</b>	<b>Was the information submitted?<sup>1</sup> If yes, page #s. Flag if incorrect<sup>2</sup>?</b>	<b>Does the information provided<sup>3</sup> meet the requirement?<sup>4</sup></b>	<b>Notes</b>
32.	Minimum # of monitors for PM <sub>10</sub>	App D, 4.6 (a) and Table D-4	Yes, page 5 See note	Yes	Given the population of the MSA, and the 2013 design values, there are no required PM <sub>10</sub> monitors per 40 CFR 58. However, your plan notes that there are requirements for operating four sites for a SIP or Maintenance plan. We suggest in next year's plan to present these requirements separately to clarify that there are no required sites per Appendix D network requirements.  Also, in next year's ANP checklist, EPA will clarify that this requirement is based on number of sites, not the number of monitors. Consider changing Table 3 to refer to SLAMS sites, not monitors.
33.	Manual PM <sub>10</sub> method collocation (note: continuous PM <sub>10</sub> does not have this requirement)	App A 3.3.1	NA	NA	
34.	Sampling schedule for PM <sub>10</sub>	58.10 (b)(4) 58.12(e) App D 4.6	Yes, Detailed site information	Yes	
35.	Frequency of flow rate verification for manual PM <sub>10</sub> monitors audit	App A 3.3.2	NA	NA	The only manual PM <sub>10</sub> monitor in the network is the QA-collocated PM <sub>c</sub> pair.
36.	Frequency of flow rate verification for automated PM <sub>10</sub> monitors audit	App A 3.2.3	Yes, Detailed site information	Yes	
37.	Dates of last two semi-annual flow rate audits for PM <sub>10</sub> monitors	App A, 3.2.4 and 3.3.3	Yes, Detailed site information	Yes	

**Pb –SPECIFIC MONITORING REQUIREMENTS**

38.	Minimum # of monitors for non-NCore Pb [Note: Only monitors considered to be required SLAMs are eligible to be counted towards meeting minimum monitoring requirements.]	App D 4.5 58.13(a)	No	Insufficient to judge	Please include specific information about whether there are any Pb sources in your jurisdiction that emit more than 0.5 tons per year (non-airport) or 1.0 tons per year (airports).
39.	Pb collocation: for non-NCore sites	App A 3.3.4.3	NA	NA	
40.	Any source-oriented Pb site for which a waiver has been granted by EPA Regional Administrator	58.10 (b)(10)	NA	NA	
41.	Any Pb monitor for which a waiver has been requested or granted by EPA Regional Administrator for use of Pb-PM <sub>10</sub> in lieu of Pb-TSP	58.10 (b)(11)	NA	NA	



	<b>ANP requirement</b>	<b>Citation within 40 CFR 58</b>	<b>Was the information submitted?<sup>1</sup> If yes, page #s. Flag if incorrect<sup>2</sup>?</b>	<b>Does the information provided<sup>3</sup> meet the requirement?<sup>4</sup></b>	<b>Notes</b>
42.	Designation of any Pb monitors as either source-oriented or non-source-oriented	58.10 (b)(9)	NA	NA	Washoe does not monitor for Pb at their NCore site. No Pb is required at the NCore site since CBSA population is < 500,000.
43.	Sampling schedule for Pb	58.10 (b)(4) 58.12(b) App D 4.5	NA	NA	
44.	Frequency of one-point flow rate verification for Pb monitors audit	App A 3.3.4.1	NA	NA	
45.	Dates of last two semi-annual flow rate audits for Pb monitors	App A 3.3.4.1	NA	NA	
<b>GENERAL GASEOUS MONITORING REQUIREMENTS</b>					
46.	Frequency of one-point QC check (gaseous)	App. A 3.2.1	Yes, Detailed site information	Yes	
47.	Date of last Annual Performance Evaluation (gaseous)	App. A 3.2.2	Yes, Detailed site information	Yes	
<b>O<sub>3</sub> –SPECIFIC MONITORING REQUIREMENTS</b>					
48.	Minimum # of monitors for O <sub>3</sub> [Note: should be supported by MSA ID, MSA population, DV, # monitors, and # required monitors] (see footnote) <sup>7</sup>	App D, 4.1(a) and Table D-2	Yes, page 4	Yes	
49.	Identification of maximum concentration O <sub>3</sub> monitor(s)	App D 4.1 (b)	Yes, Detailed site information	Yes	Sparks is listed as the maximum concentration site for O <sub>3</sub> .
50.	Sampling season for O <sub>3</sub> (Note: date of waiver approval must be included if the sampling season deviates from requirement)	58.10 (b)(4) App D, 4.1(i)	Yes, Detailed site information	Yes	
<b>NO<sub>2</sub> –SPECIFIC MONITORING REQUIREMENTS</b>					
51.	Minimum monitoring requirement for single near-road NO <sub>2</sub> monitor (in CBSA ≥ 1 million) by 1/1/2014	App D 4.3.2	Yes, Detailed site information	Yes	None required
52.	Minimum monitoring requirements for area-wide NO <sub>2</sub> monitor in location of expected highest NO <sub>2</sub>	App D 4.3.3	Yes, Detailed site information	Yes	None required

<sup>7</sup> Only monitors considered to be required SLAMs are eligible to be counted towards meeting minimum monitoring requirements. In addition, ozone monitors that do not meet traffic count/distance requirements to be neighborhood scale (40 CFR 58 Appendix E, Table E-1) cannot be counted towards minimum monitoring requirements.

	<b>ANP requirement</b>	<b>Citation within 40 CFR 58</b>	<b>Was the information submitted?<sup>1</sup> If yes, page #s. Flag if incorrect<sup>2</sup>?</b>	<b>Does the information provided<sup>3</sup> meet the requirement?<sup>4</sup></b>	<b>Notes</b>
	concentrations representing neighborhood or larger scale (operation required by January 1, 2013)				
53.	Minimum monitoring requirements for susceptible and vulnerable populations monitoring (aka RA40) NO <sub>2</sub> (operation required by January 1, 2013)	App D 4.3.4	NA	NA	
54.	Identification of required NO <sub>2</sub> monitors as either near-road, area-wide, or vulnerable and susceptible population (aka RA40)	58.10 (b)(12)	NA	NA	

**SO<sub>2</sub> -SPECIFIC MONITORING REQUIREMENTS**

55.	Minimum monitoring requirements for SO <sub>2</sub> [Note: Only monitors considered to be required SLAMs are eligible to be counted towards meeting minimum monitoring requirements.]	App D 4.4	Yes, Detailed site information	Yes	None required
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**NCORE -SPECIFIC MONITORING REQUIREMENTS**

56.	NCORE site and all required parameters operational	58.10 (a)(3); Pb collocation App. A 3.3.4.3; PM <sub>10-2.5</sub> minimum monitoring App. D 4.8; PM <sub>10-2.5</sub> sampling schedule 58.10 (b)(4) 58.12(f) App D 4.8; PM <sub>10-2.5</sub> collocation App. A 3.3.6	Yes, Detailed site information	Yes	Washoe does not monitor for Pb at their NCore site. No Pb is required at the NCore site since CBSA population is < 500,000.
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**SITE OR MONITOR - SPECIFIC REQUIREMENTS (OFTEN INCLUDED IN DETAILED SITE INFORMATION TABLES)**

	<b>ANP requirement</b>	<b>Citation within 40 CFR 58</b>	<b>Was the information submitted?<sup>1</sup> If yes, page #s. Flag if incorrect<sup>2</sup>?</b>	<b>Does the information provided<sup>3</sup> meet the requirement?<sup>4</sup></b>	<b>Notes</b>
57.	AQS site identification number for each site	58.10 (b)(1)	Yes, Detailed site information	Yes	
58.	Location of each site: street address and geographic coordinates	58.10 (b)(2)	Yes, Detailed site information	Yes	
59.	MSA, CBSA, CSA or other area represented by the monitor	58.10 (b)(8)	Yes, Detailed site information	Yes	
60.	Parameter occurrence code for each monitor	Needed to determine if other requirements (e.g., min # and collocation) are met	Yes, Detailed site information	Yes	Please confirm whether the POC of the PM <sub>10</sub> monitor at the Toll Road site is 22, or if that is a typo.
61.	Statement of purpose for each monitor	58.10 (a)(1)	Yes, Detailed site information	Yes	
62.	Basic monitoring objective for each monitor	App D 1.1 58.10 (b)(6)	Yes, Detailed site information	Yes	
63.	Site type for each monitor	App D 1.1.1	Yes, Detailed site information	Yes	
64.	Monitor type for each monitor	Needed to determine if other requirements (e.g., min # and collocation) are met	Yes, Detailed site information	Yes	
65.	Scale of representativeness for each monitor as defined in Appendix D	58.10(b)(6); App D	Yes, Detailed site information	Insufficient to judge	The information in the plan states that the Plumb-Kit site is 12m from an intersection, but >30m from each roadway. Please work with EPA to determine the appropriate scale for the PM <sub>10</sub> monitor at the Plumb-Kit site, and confirm whether it is 12m or >30m from the roadway.



	<b>ANP requirement</b>	<b>Citation within 40 CFR 58</b>	<b>Was the information submitted?<sup>1</sup> If yes, page #s. Flag if incorrect<sup>2</sup>?</b>	<b>Does the information provided<sup>3</sup> meet the requirement?<sup>4</sup></b>	<b>Notes</b>
66.	Parameter code for each monitor	Needed to determine if other requirements (e.g., min # and collocation) are met	Yes, Detailed site information	Yes	
67.	Method code and description (e.g., manufacturer & model) for each monitor	58.10 (b)(3); App C 2.4.1.2	Yes, Detailed site information	Yes	
68.	Sampling start date for each monitor	Needed to determine if other requirements (e.g., min # and collocation) are met	Yes, Detailed site information	Yes	
69.	Distance of monitor from nearest road	App E 6	Yes, Detailed site information	Yes	See note on line 65
70.	Traffic count of nearest road	App E	Yes, Detailed site information	Yes	
71.	Groundcover	App E 3(a)	Yes, Detailed site information	Yes	
72.	Probe height	App E 2	Yes, Detailed site information	Yes	
73.	Distance from supporting structure	App E 2	Yes, Detailed site information	No	PM instruments should be greater than 2 meters from any supporting structure.
74.	Distance from obstructions on roof	App E 4(b)	Yes, Detailed site information	Yes	
75.	Distance from obstructions not on roof	App E 4(a)	Yes, Detailed site information	Yes	
76.	Distance from trees	App E 5	Yes, Detailed site information	Insufficient to judge	Some trees are < 10 m from the monitors. Trees can be an obstruction to flow, or act as a scavenger of PM or reactive gases. Your plan discussed the trees closer than 20m with respect to whether they would be an

	<b>ANP requirement</b>	<b>Citation within 40 CFR 58</b>	<b>Was the information submitted?<sup>1</sup> If yes, page #s. Flag if incorrect<sup>2</sup>?</b>	<b>Does the information provided<sup>3</sup> meet the requirement?<sup>4</sup></b>	<b>Notes</b>
					obstruction to the flow to the monitors. Next year, please also include a discussion of whether or not these trees are expected to act as scavengers of the pollutants of interest as well.
77.	Distance to furnace or incinerator flue	App E 3(b)	Yes, Detailed site information	Yes	
78.	Unrestricted airflow	App E, 4(a) and 4(b)	Yes, Detailed site information	Yes	
79.	Probe material (NO <sub>x</sub> , SO <sub>2</sub> , O <sub>3</sub> )	App E 9	Yes, Detailed site information	Yes	
80.	Residence time (NO <sub>x</sub> , SO <sub>2</sub> , O <sub>3</sub> )	App E 9	Yes, Detailed site information	Yes	

### Public Comments on Annual Network Plan

Were comments submitted to the S/L/T agency during the public comment period?

**No**

If no, skip the remaining questions.

If yes:

- Were any of the comments substantive?
  - If yes, which ones?
  - Explain basis for determination if any comments were considered not substantive:
- Did the agency respond to the substantive comments?
  - If yes, was the response adequate?
- Do the substantive comments require separate EPA response (i.e., agency response wasn't adequate)?
- Are the sections of the annual network plan that received substantive comments approvable after consideration of comments?
  - If yes, provide rationale:



Attachment B

Washoe County District Board of Health Regulations Governing Air Quality Management  
Not Included in the Washoe County Portion of the Nevada PM<sub>2.5</sub> Infrastructure SIP  
But Further Support CAA 110(a)(2)(A)-(M) Requirements

DRAFT (09/22/2015)

010.1303

"REGULATED AIR POLLUTANT" shall mean the following:

1. Nitrogen oxides or any volatile organic compounds;
2. Any pollutant for which a national ambient air quality standard has been promulgated.
3. Any pollutant that is subject to any standard promulgated under section 111 of the Act.
4. Any class I or II substance subject to a standard promulgated under or established by title VI of the Act.
5. Any pollutant subject to a standard promulgated under section 112 or other requirements established under section 112 of the Act, including the following:
  - a. Any pollutant subject to requirements under section 112(j) of the Act. If the administrator fails to promulgate a standard pursuant to section 112(e) of the Act, any pollutant for which a subject source would be major shall be considered to be regulated on the date 18 months after the applicable date established pursuant to section 112(e) of the Act; and
  - b. Any pollutant for which the requirements of section 112(g)(2) of the Act have been met, but only with respect to the individual source subject to section 112(g)(2) requirement.

(Adopted 10/20/93)

020.0051

**BOARD OF HEALTH - POWERS AND DUTIES**

Pursuant to the powers and responsibilities that have inured to the benefit of the Board of Health, said Board shall, without excluding any other powers, responsibilities, and authority conferred on said Board in the Nevada Revised Statutes, have the following powers and/or responsibilities:

- A. To adopt and enforce rules and regulations to reduce the release into the atmosphere of any air contaminants originating within the territorial limits of the Washoe County Health District in order to achieve and maintain levels of air quality which will protect human health and safety, prevent injury to plant and animal life, prevent damage to property, and preserve visibility and scenic, aesthetic and historic value within said Health District.
- B. To establish ambient air quality standards in accordance with law.
- C. To make such determinations and issue such orders as may be necessary to implement the provisions of these regulations and to achieve air quality standards in accordance with law.
- D. To institute proceedings to prevent continued violation of any order issued by the Board of Health, Hearing Board, or Control Officer, and to enforce these regulations.
- E. To require access to records relating to emissions which cause or contribute to air pollution.
- F. To apply or and receive grants or other funds or gifts from public or private agencies.
- G. To cooperate and contract with other governmental agencies including the State of Nevada, other states, and the federal government.

- H. To conduct investigations, research and technical studies consistent with the general purposes of the Nevada Revised Statutes.
- I. To establish such emission control requirements, as may be necessary to prevent, abate, or control air pollution.
- J. To require the registration of air pollution sources together with a description of the processes employed, fuels used, nature of emissions and other information considered necessary to evaluate the pollution potential of a source.
- K. To prohibit, regulate or control, as specifically provided in **Section 030.000** through **030.260**, the installation, alteration or establishment of any source capable of causing air pollution.
- L. To issue or deny all requests or applications for a variance or waiver from any of the requirements of these regulations after due consideration of the recommendations of the Hearing Board and Control Officer.
- M. To require the submission of preliminary plans and specifications and other information as the Board deems necessary to process permits required by these regulations.
- N. To enter into and inspect, at any reasonable time, any premises containing an air contaminant source or a source under construction for purposes of ascertaining the state of compliance with these regulations.
- O. To hold any hearing as authorized in Chapter 445 of the Nevada Revised Statutes.
- P. To review recommendations of the Hearing Board and to take such additional evidence as the Board of Health deems necessary or to remand to the Hearing Board for such evidence as the Board of Health may direct on any matters arising under these regulations.
- Q. To require elimination of devices or practices which cannot be reasonably allowed without generation of undue amounts of contaminants.
- R. To specify the manner in which incinerators may be constructed and operated.
- S. To delegate all above powers, except **Subsections A, B, F, O, and P**, to the Control Officer or his representatives as may be necessary to implement these regulations.
- T. To appoint by resolution, or other appropriate action of the Board of Health, a Hearing Board consisting of seven (7) members who are not employees of the State of Nevada or any political subdivision of the State of Nevada, or which one (1) member must be an attorney admitted to practice law in the State of Nevada, or which one (1) member must be a professional engineer registered in the State of Nevada and one (1) member shall be licensed in Nevada as a general engineering contractor or a general building contractor as defined by NRS 624.215. All members of said Hearing Board shall be appointed to the terms as specified in NRS 445.481.
- U. To institute, in any court of competent jurisdiction, legal proceedings to compel compliance

with these regulations and the Nevada Revised Statutes pertaining to the emission of air contaminants into the atmosphere within the territorial limits of the Washoe County Health District.

#### **020.020 CONTROL OFFICER - POWER AND DUTIES**

The Control Officer, or his designated agent or representative, shall enforce the provisions of these regulations in his name, or in the name of the Board of Health, in any one or combination of the following ways:

- A. By issuing a written notice of violation, delivered personally or by registered or certified mail, to any person if reasonable cause exists to believe said person is violating these regulations.
- B. By issuing a warning to any person suspected of violating these regulations and by giving said person an opportunity to correct the cause of said violation prior to issuing a notice of violation or citation and referring the matter to the Board of Health or proper prosecuting authority in the Washoe County Health District;
- C. By requesting the District Attorney of the County of Washoe, or other proper agency, person or prosecuting authority in the Washoe County Health District, to institute appropriate criminal, civil or administrative proceedings against the person or persons responsible for violation of any of these regulations.
- D. By requesting the Board of Health to levy an appropriate administrative fine against any person found to have violated any of these regulations.
- E. By reviewing each variance to ascertain if the variance holder is meeting all provisions of the variance or dates set forth in the compliance schedule; if they are not met, the Control Officer may notify the variance holder personally or by registered or certified mail to this effect and may suspend or revoke any variances or reject any schedule of compliance involved with said infractions.
- F. By requesting the Board of Health to institute all necessary and proper legal proceedings authorized by law to carry out the purposes of these regulations and purposes of Chapter 445 of the Nevada Revised Statutes, including injunctive relief.

#### **020.060 SAMPLING AND TESTING**

In addition to any other testing requirements provided for in these regulations, the Control Officer or the Board of Health may require any person to conduct or make arrangements to conduct testing of any source to determine compliance with these regulations. In the event such testing is required, the Control Officer may do any of the following:

- A. Witness all tests as required by this Section.
- B. Determine whether or not generally recognized methods of measurement have been used to determine the quantity of emissions from the source being tested and if not additional testing may be required.

- C. Determine the point or points at or within the source where testing shall be done, to determine the actual discharge into the atmosphere.
- D. Make any modifications or adjustments in the testing requirements so as to be compatible with specific sampling conditions or needs as shown by good practice, judgement and experience.
- E. Require the cost of any testing to be paid by the owner or person responsible for any source of air contaminants.
- F. Require additional tests of any source of air contaminants tested in accordance with this Section, provided such separate or additional tests shall be conducted on behalf of the Board of Health and at said Board's expense.
- G. Require in writing the construction or creation of sampling holes, safe scaffolding and related facilities, to be provided at the expense of the owner or person responsible for any source of air contaminants being tested in accordance with this section.
- H. Require the owner or person responsible for any source of any air contaminants being tested pursuant to this section to provide a suitable power source to the point of testing, so that sampling instruments can be operated as required.
- I. All information gathered during any testing operation conducted pursuant to this Section will be provided to both the Control Officer or the Board of Health and the person or persons who own or control or are responsible for any source of air contaminants that are tested pursuant to this Section. All such information obtained pursuant to any testing required under this Section will be treated as confidential in accordance with the requirements of **Section 020.055** of these regulations.

030.002

**CONSTRUCTION OR MODIFICATION OF PERMITTED OPERATIONS** (Amended 4/89, 10/20/93)

A written Authority to Construct shall be required to construct, erect, alter or replace any equipment which may cause, potentially cause, reduce, control or eliminate the issuance of air contaminants. A single Authority to Construct may be issued for all components of an integrated system or process. Plans and specifications drawn in accordance with acceptable engineering practices shall be required before issuance of an Authority to Construct. The applicant for any Authority to Construct must notify the Control Officer in the application of any source which is or will become subject to 40 CFR Part 70 upon completion of the proposed construction. An Authority to Construct is not needed for routine operation and maintenance. This includes maintenance prescribed by the manufacturer, replacement of worn or broken components with like equipment, etc.

030.500

**NEW SOURCE REVIEW (NSR) APPLICABILITY**

A major new source or major modification which would locate in an area designated as nonattainment for a pollutant for which the source or modification would be major shall not be allowed to construct unless the stringent conditions set forth below are met. These conditions are designed to insure that the new source's or modification's emission will be controlled to the greatest degree possible, that more than equivalent offsetting emission reductions ("emission offsets") will be progress toward achievement of the national ambient air quality standards. For

the purposes of this part, a reconstructed source shall be treated as a new stationary source. Since major facility definition and requirements vary upon State and EPA area designations, a map (Figure 1) is included to facilitate the determination of which requirements must be met.

**030.502 REVIEW FOR EMISSION LIMITATION COMPLIANCE**

Authority to construct any new source or modification shall be denied unless the new source or modification meets all applicable emission requirements in the Nevada State Implementation Plan (SIP), all applicable Federal New Source Performance Standards, and all applicable National Emission Standards For Hazardous Air Pollutants.

**030.503 CONDITIONS FOR APPROVAL (Amended 7/28/93, Revised 10/25/95)**

If a major stationary source or major modification would be constructed in an area designated as nonattainment for a pollutant for which the stationary source or modification is major, an Authority to Construct shall be denied unless the following conditions are met:

- Condition 1      The new source or modification is required to meet an emission limitation which specifies lowest achievable emission rate for such source.
  
- Condition 2      The applicant must certify that all existing major sources owned or operated by the applicant for any entity controlling, controlled by, or under common control of the applicant in the State of Nevada are in compliance with all applicable emission limitations and standards under the Clean Air Act (or are in compliance with an expeditious schedule which is federally enforceable or contained in a court decree).
  
- Condition 3      Emission reductions ("offsets") from existing sources in the same nonattainment area as the proposed new source or modification (whether or not under the same ownership) are required such that they shall not interfere with or contribute to the interference with the attainment of the applicable National Ambient Air Quality Standards. Only intrapollutant emission offsets will be acceptable (e.g. hydrocarbon increases may not be offset against SO<sub>2</sub> reductions). All emission reductions for the purpose of offsets shall be enforceable under the Clean Air Act.

The terms of the offset emission reductions shall be specified and federally enforceable prior to permit issuance.

All offset emissions reductions shall be, by the time a new or modified source commences operation, in effect and enforceable and shall assure that the total tonnage of increased emissions of the air pollutant from the new or modified source shall be offset by an equal or greater reduction.

All offset emissions reductions must be obtained from decreases in actual emissions from the same or other sources in the area. No emissions reductions otherwise required by the Clean Air Act or other regulatory action may be credited for the purpose of meeting offset requirements.



- Condition 4 The emission offsets will provide a positive net air quality benefit in the affected area. Atmospheric simulation modeling is not necessary for volatile organic compounds and NOX. Fulfillment of **Condition 3** and **Section 030.504** of these regulations will be considered adequate to meet this condition.
- Condition 5 The applicant must perform an analysis of at least two (2) alternative sites for the facility, production processes, and environmental control techniques. This analysis must demonstrate that the benefits of the proposed source significantly outweigh the environmental and social costs imposed as a result of its location, construction or modification.
- Condition 6 The Control Officer shall also require the review of any Major Stationary Source or Major Modification subject to New Source Review under this section that may have an impact on visibility in any mandatory Class I Federal area. Such visibility review will ensure the source's emissions will be consistent with making reasonable progress toward State and National visibility goals.
- Condition 7 The Administrator has not made a determination that the applicable implementation plan is not being adequately implemented for the attainment area in which the proposed source is to be constructed or modified.
- Condition 8 The proposed major source or major modification shall not contribute to nonattainment in, or interfere with maintenance by, any other State with respect to any national ambient air quality standard, or interfere with measures required to be included in the applicable implementation plan for any other State with respect to prevention of significant deterioration of air quality or to protect visibility.

All emission limitations shall be assessed in light of the limits of "good engineering practice" on stack heights as specified in **Section 030.614**.

Any major stationary source or major modification commencing construction without an Authority to Construct shall be subject to an enforcement action. Obtaining an Authority To Construct does not relieve the owner from complying with any applicable local, state or federal regulation.

At such time that a particular source or modification becomes a major stationary source or major modification solely by virtue of a relaxation in any enforcement limitation which was established after August 7, 1980, on the capacity of the source or modification otherwise to emit a pollutant, such as a restriction on hours of operation, then the requirements of regulations approved pursuant to this section shall apply to the source or modification as though construction had not yet commenced on the source or modification. All permits issued by the Control officer shall comply with all applicable terms of the State Implementation Plan for the non-attainment area in which the source is to be constructed.

#### 030.504

#### EMISSION OFFSET RATIOS (Amended 7/28/93)

Emission reductions required under **Section 030.503** shall be offset at a ratio of 1.2 to 1 when the offset sources are five (5) miles or less from the new source or modification. For offset

sources that are greater than five (5) miles from the new source or modification, the applicant shall determine an offset ratio based on atmospheric simulation modeling or an equivalent method to ensure a positive net air quality benefit. In no case shall the offset ratio for source located greater than five miles from the proposed project be less than 1.2 to 1. Non-reactive organic compounds (those which are listed in 40 CFR 51.100(s)) cannot be used for offsets.

030.505

#### COMPLETENESS OF APPLICATION

Following submittal by the applicant, the Control Officer shall determine whether the application for permit to construct is complete not later than thirty (30) calendar days after receipt of the application, or after such longer time as both the applicant and the Control Officer may agree. Such determination shall be transmitted in writing immediately to the applicant at the address indicated on the application if it is determined to be incomplete, the determination shall specify which parts of the application are incomplete and how they can be made complete. Upon receipt by the Control Officer of any re-submittal of the application, a new thirty (30) day period in which the Control Officer must determine completeness shall begin. Completeness of an application or resubmitted application shall be evaluated on the basis of the guideline for such, published by the Control Officer. After acceptance of an application as complete, the Control Officer shall not subsequently request of an applicant any new or additional information which was not specified in the Control Officer's list of items to be included within such applications. However, the Control Officer may, during the processing of the application, request an applicant to clarify, amplify, correct or otherwise supplement the information required in such list in effect at the time the complete application was received. Making any such request does not waive, extend, or delay the time limits in this section for decision on the completed application, except as the applicant and Control Officer may both agree.

030.506

#### REQUIREMENTS FOR PUBLIC NOTICE (Amended 7/28/93, Revised 10/25/95)

For those sources subject to Section 030.500, following acceptance of an application as complete, the Control Officer shall:

- A. Perform the evaluations required to determine compliance with this section and make a preliminary written decision as to whether an Authority to Construct should be approved, conditionally approved, or disapproved. The decision shall be supported by a succinct written analysis;
- B. Within ten (10) calendar days following such decision, publish a notice by prominent advertisement in at least one (1) newspaper of general circulation in the County, stating the preliminary decision of the Control Officer and where the public may inspect the information required to be made available. The notice shall provide thirty (30) days from the date of publication for the publication for the public to submit written comments on the preliminary decision;
- C. At the time notice of the preliminary decision is published, make available for public inspection at the District office the information submitted by the applicant, the supporting analysis for the preliminary decision to grant or deny the Authority to Construct, including any proposed permit conditions, and the reasons therefore. The confidentiality of trade secrets shall be considered in accordance with **Section 020.055** of these regulations;
- D. No later than the date of publication of the notice, a copy of said notice and any appropriate data is to be sent to the Nevada Department of Conservation and Natural

Resources Division of Environmental Protection, the regional planning authority of Washoe County, local government offices, any Indian governing body whose lands may be affected by facility emissions, any Federal Land Manager whose lands may be affected (including visibility effects) and the Regional Office of the U.S. Environmental Protection Agency; and

- E. Applicant to bear cost of all public notices under this section and **Section 030.508**.
- F. The Control Officer shall contact any Federal Land Manager whose lands may be affected for comments on the proposed project within 30 days after the application has been deemed complete. This shall be for the purpose of obtaining comments on the proposed scope of review for affected lands and species.

**030.507 COMMENTS**

The Control Officer shall consider all written comments submitted during the thirty (30) day public comment period.

**030.508 FINAL ACTION** (Amended 7/28/93)

Within 180 days after acceptance of the application as complete and the completion of all required preconstruction monitoring and public notice periods (including those required under the District's Part 70 Permit regulations), the Control Officer shall take final action on the application after considering all written comments. The Control Officer shall provide written notice of the final action to the applicant, the U.S. Environmental Protection Agency, other Affected States and the Nevada Department of Conservation and Natural Resources and shall publish such notice in a newspaper of general circulation. The notice and all supporting documents shall be made available for public inspection during normal business hours.

**030.905 SOURCES REQUIRING PART 70 PERMITS** (Adopted 10/20/93, Revised 10/25/95)

A. Sources Required to Obtain a Part 70 Permit

The following sources and source categories shall be subject to Part 70 permitting:

1. Any Major Stationary Source;
2. Any source, including area sources, subject to a standard, limitation or other requirement under section 111 (New Source Performance Standards) of the Act;
3. Any source, including an area source, subject to a standard or other requirement under section 112 (Hazardous Air Pollutants) of the Act. However, a source which is subject to regulations or requirements only under section 112(r) of the Act shall not be required to obtain a permit;
4. Any source that includes one or more units subject to Title IV (Acid Rain) of the Act;
5. Any source in a source category designated by the EPA Administrator pursuant to 40 CFR Part 70.

B. Exemptions

The following sources and source categories shall be exempted from Part 70 permit requirements:

1. Any source subject to this regulation solely because it is subject to 40 CFR Part 60, subpart AAA, Standards of Performance for New Residential Wood Heaters.
2. Any source subject to this regulation solely because it is subject to 40 CFR Part 61, subpart M, National Emission Standards for Hazardous Air Pollutants for Asbestos, Standards for Demolition and Renovation.
3. Insignificant Emission Levels

Sources with the potential to emit less than an annual average of two (2) pounds per day of any criteria pollutant or less than one (1) pound per day of any hazardous air pollutant on a facility wide basis are exempted from all part 70 permitting requirements. Such sources may still be required by the Control Officer to obtain a non-Part 70 operating permit under District regulations. No source which is itself subject to an applicable requirement may qualify as an insignificant source.

4. All Dry Cleaning operations with the potential to emit less than ten (10) tons per year of any criteria or hazardous air pollutant shall be exempted for a period of five (5) years from the initial EPA Part 70 program approval date unless required to obtain a permit under **Section 030.905(A) (5)**.
5. All sources which would be subject to Part 70 permits under **Section 030.905 (A)** which are not major sources, affected sources or solid waste incineration units subject to permitting under section 129(e) of the act, are exempt from requirements to obtain a Part 70 permit for a period of 5 years from the date of EPA approval of the Washoe County Part 70 permit program.
6. Sources may seek exempt status by limiting facility emissions to levels below those defined for a major source as provided in **Section 010.090, part D (prohibitory status) and part E (Synthetic Minor sources)**.

C. Sources Which Must be Permitted by the State of Nevada

Any facility whose principal business is to generate electricity using steam derived from the burning of fossil fuels must obtain any necessary Part 70 permit(s) from the State of Nevada.

Attachment C

Nevada Division of Environmental Protection “Interstate Transport Analysis for the 2012  
Annual Primary Fine Particle National Ambient Air Quality Standard”

DRAFT (09/22/2015)

## **APPENDIX E**

### **Interstate Transport Analysis for the 2012 Annual Primary Fine Particle National Ambient Air Quality Standard**



## **NOTE TO READERS**

Nevada has chosen to link to websites on the internet for many references cited in this appendix. We have backed up these links by putting electronic copies of reference documents on the Nevada Division of Environmental Protection's (NDEP) server. If any of the links in this document do not work for you, you may contact the NDEP Bureau of Air Quality Planning at 901 South Stewart Street, Suite 4001, Carson City, Nevada 89701 or by telephone at 775-687-9349 for assistance.

## APPENDIX E

### Interstate Transport Analysis for the 2012 Annual Primary Fine Particle National Ambient Air Quality Standard

#### E.1 INTRODUCTION

Section 110(a)(2)(D)(i)(I) of the Clean Air Act (CAA) requires each state to prohibit emissions that contribute significantly to nonattainment in, or interfere with maintenance by, any other state with respect to any primary or secondary national ambient air quality standard (NAAQS). The Nevada Division of Environmental Protection (NDEP) evaluated the impact of transport of fine particle (PM<sub>2.5</sub>) emissions from Nevada sources to sensitive receptor areas in nearby states, other western states and eastern states. The NDEP used the following U.S. Environmental Protection Agency (USEPA) resources to identify sensitive receptor areas, i.e., air quality planning areas that are nonattainment or maintenance for the 2012 or previous PM<sub>2.5</sub>NAAQS or areas that have monitored values approaching the NAAQS:

- Additional Air Quality Designations and Technical Amendment to Correct Inadvertent Error in Air Quality Designations for the 2012 Primary Annual Fine Particle (PM<sub>2.5</sub>) National Ambient Air Quality Standards (NAAQS). 80 FR 18535, April 7, 2015.
- Air Quality Designations for the 2012 Primary Annual Fine particle (PM<sub>2.5</sub>) National Ambient Air Quality Standards (NAAQS). 80 FR 2206, January 15, 2015.
- USEPA map of 2012 Annual PM<sub>2.5</sub> Designations (*see* Figure E-1); and
- USEPA 2013 Design Value Report for PM<sub>2.5</sub>.<sup>1</sup>

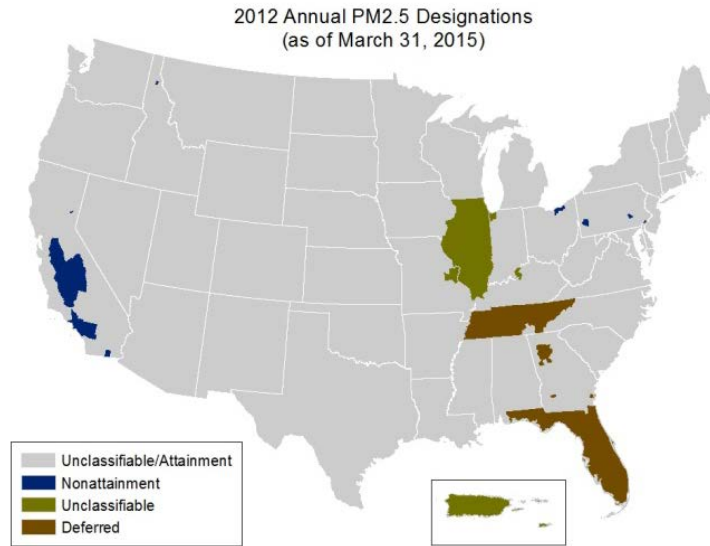
Figure E-1 presents a map of 2012 annual PM<sub>2.5</sub> area designations, while Table E-1 presents a list of nonattainment areas for the 2012 annual PM<sub>2.5</sub> NAAQS. Figure E-1 and Table E-1 show nonattainment areas in two nearby states, California and Idaho, and two distant eastern states, Ohio and Pennsylvania.

The NDEP used the 2013 Design Value Report to identify other sensitive receptors across the western States. Nonattainment receptors are those sites with design values greater than 12 µg/m<sup>3</sup> for the period 2011 to 2013. Receptors with design values greater than or equal to 12 µg/m<sup>3</sup> for the periods 2009 to 2011 and 2010 to 2012, but equal to or less than 12 µg/m<sup>3</sup> for the period 2011 to 2013 were identified as sensitive or “maintenance” receptors for the purpose of this analysis. Table E-2 presents the nonattainment and “maintenance” receptors that will be addressed in this transport analysis. In addition to the nonattainment areas identified in Table E-1, Table E-2 identifies six additional “maintenance” receptors in Arizona, California, Idaho, and New Mexico.

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<sup>1</sup> Available from: <http://www.epa.gov/airtrends/values.html>

**Figure E-1**  
**2012 Annual PM<sub>2.5</sub> Designations**



Source: [http://www.epa.gov/airquality/particlepollution/designations/2012standards/final/us\\_map\\_final2.png](http://www.epa.gov/airquality/particlepollution/designations/2012standards/final/us_map_final2.png)

**Table E-1. Nonattainment Areas for the 2012 PM<sub>2.5</sub> NAAQS (April 15, 2015)**

State	Area Name	Designated Nonattainment Counties
CA	Imperial County, CA	Imperial, CA (p)
	San Joaquin Valley Air Basin, CA	Fresno, CA
		Kern, CA (p)
		Kings, CA
		Madera, CA
		Merced, CA
		San Joaquin, CA
		Stanislaus, CA
		Tulare, CA
	Los Angeles-South Coast Air Basin, CA	Los Angeles, CA (p)
		Orange, CA
		Riverside, CA (p)
		San Bernardino, CA (p)
Plumas County, CA	Plumas, CA (p)	
ID	West Silver Valley, ID	Shoshone, ID (p)
OH	Cleveland, OH	Cuyahoga, OH
		Lorain, OH
PA	Delaware County, PA	Delaware, PA
	Lebanon County, PA	Lebanon, PA
	Allegheny, PA	Allegheny, PA
4 states	9 areas	13 full counties, 7 partial counties

Source: Email from Scott Mathias, AQPD, USEPA to Frank Forsgren, NDEP dated 4/3/2015. (p)=partial

Table E-2. PM<sub>2.5</sub> Site Design Value History 2009 – 2011 through 2011 – 2013

State	County <sup>1</sup>	Site ID	Annual Standard Design Values and Attainment Status <sup>2</sup>						Receptor Type <sup>3</sup>
			2009-2011		2010-2012		2011-2013		
Arizona	Pinal	40213013	13.3	EXC'12	13.5	EXC'12	....		Maintenance
California: <i>Imperial County Nonattainment Area (part)</i>									
	<b>Imperial (part)</b> <sup>4</sup>	60250005	13.9	EXC'12	14.1	EXC'12	14.3	NA'12	Nonattainment*
California: <i>Los Angeles-South Coast Nonattainment Area</i>									
	<b>Riverside (part)</b>	60658005	16.2	NA'06	15.6	NA'06	15.1	NA'12	Nonattainment*
	<b>San Bernardino (part)</b>	60710025	13.7	EXC'12	12.9	NA'06	12.6	NA'12	Nonattainment*
	<b>Los Angeles (part)</b>	60371103	13.5	EXC'12	13.1	EXC'12	13.0	NA'12	Nonattainment*
California: <i>Plumas Country Nonattainment Area</i>									
	<b>Plumas (part)</b>	60631010					12.8	NA'12	Nonattainment
California: <i>San Joaquin Valley Nonattainment Area</i>									
	<b>Fresno</b>	60195001	17.0	NA'06	16.0	NA'06	16.4	NA'12	Nonattainment*
	<b>Kern (part)</b>	60290016	18.2	NA'06	15.6	NA'06	17.3	NA'12	Nonattainment*
	<b>Kings</b>	60311004	16.3	inc	15.8	NA'06	17.0	NA'12	Nonattainment*
	<b>Madera</b>	60392010	20.5	inc	19.0	NA'06	18.1	NA'12	Nonattainment*
	<b>Merced</b>	60470003	18.2	NA'06	14.3	EXC'12	13.3	NA'12	Nonattainment*
	<b>San Joaquin</b>	60771002	11.1	A	11.4	A	13.8	NA'12	Nonattainment
	<b>Stanislaus</b>	60990006	15.3	NA'06	14.9	EXC'12	15.7	NA'12	Nonattainment*
	<b>Tulare</b>	61072002	15.2	NA'06	14.8	EXC'12	16.6	NA'12	Nonattainment
California: <i>"Maintenance" and incomplete data areas</i>									
	San Bernardino	60719004	12.1	EXC'12	11.7	A	11.8	A	Maintenance
	San Diego	60730003	11.8	A	12.1	EXC'12	10.6	A	Maintenance
	San Diego	60731002	10.7	inc	12.3	EXC'12	10.7	A	Maintenance
Idaho	Lemhi	160590004	10.9	A	14.7	EXC'12	12.0	A	Maintenance
Idaho	<b>Shoshone (part)</b>	160790017	12.0	A	12.1	EXC'12	12.8	NA'12	Nonattainment*
New Mexico	Dona Ana	350130017	11.9	A	13.5	EXC'12	....		Maintenance

Key: EXC'12=exceeding 2012 standard; NA'06=not attaining 2006 standard; NA'12=not attaining 2012 standard; A=attaining applicable annual standard; inc = incomplete

\*=This county contains nonattainment receptors for the 2012 standard based on the 2011-2013 design value and (1) receptors that exceeded the 2012 standard based on the 2009-2011 and 2010-2012 design values and/or (2) nonattainment receptors for the 2006 standard.

## NOTES:

- Counties shown in bold font were designated nonattainment for the 2012 annual primary PM<sub>2.5</sub> NAAQS by EPA in 80 FR 2206.
- The design values in this table were obtained from the US EPA 2013 *Design Value Reports* for PM<sub>2.5</sub> located at <http://www.epa.gov/airtrends/values.html>. Data for western States were extracted from worksheet, "Table 6, PM<sub>2.5</sub> Site Design Value History, 2001-2003 through 2011-2013." US EPA last updated the table on 2014-08-14.
- Nonattainment receptors are those sites with values greater than 12 µg/m<sup>3</sup> for the period 2011-2013. Receptors with values greater than or equal to 12 µg/m<sup>3</sup> for the periods 2009-2011 and 2010-2012, but equal to or less than 12 µg/m<sup>3</sup> for the period 2011-2013 were identified as maintenance.
- Design value based on all valid data, including data in 2011 and 2013 that were submitted to, but are not currently in, AQS. EPA considers these data valid for use per 40 CFR Part 50 and 58 (see Memorandum 'Data Used for the Calculation of the Imperial County Design Value' found in Docket No. EPA-HQ-OAR-2012-0918).

In evaluating the possible impact of PM<sub>2.5</sub> transport from Nevada sources, the NDEP reviewed other states' state implementation plan (SIP) submittals, 2012 PM<sub>2.5</sub> NAAQS designation requests and responses and associated technical support documents, Interagency Monitoring of Protected Visual Environments (IMPROVE, <http://vista.cira.colostate.edu/improve/Default.htm>) monitoring data (Attachment E1), PM<sub>2.5</sub> monitor data from nonattainment and "maintenance"

## Appendix E

receptors (Attachment E2), wind rose plots (Attachment E3), and 2011 National Emissions Inventory (NEI) data (Attachment E4).

IMPROVE sites are located in areas where urban influences are minimal; they are considered representative of regional background PM<sub>2.5</sub> levels. The NDEP reviewed five years (2009-2013) of IMROVE data from sites proximal to nonattainment or other sensitive receptors in Arizona, California, Idaho, and New Mexico (*see* Attachment E1).<sup>2</sup> IMPROVE monitors measure the composition and concentration of PM<sub>2.5</sub>; including ammonium sulfate, ammonium nitrate, soil, and elemental carbon or light absorbing carbon, as well as coarse mass (PM<sub>10</sub>). Attachment E1 only presents the PM<sub>2.5</sub> species and concentrations. The PM<sub>2.5</sub> IMROVE data generally show a pronounced seasonal pattern of elevated PM<sub>2.5</sub> concentrations during the summer months and lower PM<sub>2.5</sub> concentrations during the winter months. The PM<sub>2.5</sub> monitor data from nonattainment and “maintenance” receptors generally also show a pronounced seasonal pattern (*see* Attachment E2). However, this pattern shows elevated PM<sub>2.5</sub> concentrations during the winter months and lower concentrations during the summer months, suggestive of local source contributions.

To evaluate potential transport of PM<sub>2.5</sub> emissions or their precursor emissions that may significantly contribute to nonattainment in, or interfere with maintenance by, any other state, the NDEP prepared wind roses based on 2009 to 2013 National Weather Service meteorological data for sites in Nevada’s major metropolitan areas: Las Vegas and Reno (*see* Attachment E3). The Las Vegas wind rose indicates that winds almost always blow from the south-southwest in Clark County, away from the most proximal nonattainment receptors in both California and Idaho, as well as the “maintenance” receptors in Arizona, California, Idaho, and New Mexico. Winds from Las Vegas are also unlikely to transport PM<sub>2.5</sub> emissions to eastern nonattainment or “maintenance” areas due to the great distance.

The Reno wind rose indicates dominant winds from the west-northwest but with strong northerly and southerly components and clearly shows the strong pre-frontal southerly winds that precede winter storms. This wind rose also indicates transport away from the most proximal nonattainment and “maintenance” receptors in California and Idaho, as well as the “maintenance” receptors in Arizona, California, Idaho, and New Mexico. Winds from Reno are unlikely to impact the very distance eastern nonattainment or “maintenance” receptors due to the great distance.

Attachment E4 presents PM<sub>2.5</sub> emissions by source sector based on the 2011 NEI v2 at both the state and county level for those areas identified with either nonattainment or “maintenance” receptors. Relative emission densities are also presented for each potentially impacted state. Review of the emissions density map for Nevada shows that the areas with the highest emission densities are the metropolitan areas of Las Vegas (Clark County) and Reno/Carson City (Washoe, Storey, Carson City, and Douglas Counties).

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<sup>2</sup> Available from: <http://vista.cira.colostate.edu/TSS/Results/HazePlanning.aspx>.

In order to further evaluate potential transport of PM<sub>2.5</sub> emissions or their pre-cursors, SO<sub>2</sub> and NO<sub>x</sub>, to eastern “maintenance” receptors the NDEP evaluated Nevada’s annual emissions in light of other states’ emissions based on the 2011 NEI (*see* Table E-3). Annual emissions of PM<sub>2.5</sub> from Nevada sources in 2011 are 38,184 tons per years, while PM<sub>2.5</sub> precursor emissions of NO<sub>x</sub> and SO<sub>2</sub> from Nevada sources for 2011 are 108,756 tons per year and 13,578 tons per year, respectively. Note that Nevada’s annual emissions of PM<sub>2.5</sub>, SO<sub>2</sub>, and NO<sub>x</sub> are well below half of, and more often three to 10 or more times lower than, the annual emissions of the listed states, which are the western-most of the eastern states. Given the large distances to the eastern states (more than 500 miles from Nevada to the closest listed state) and Nevada’s relatively low annual emissions compared to the other states listed in Table E-3, it is unlikely that emissions from Nevada contribute to nonattainment or interfere with maintenance of the 2012 PM<sub>2.5</sub> NAAQS in any eastern state.

**Table E-3. Annual PM<sub>2.5</sub>, NO<sub>x</sub>, and SO<sub>2</sub> Emissions from Select States**

	PM <sub>2.5</sub>	NO <sub>x</sub>	SO <sub>2</sub>
	(tpy)	(tpy)	(tpy)
Nevada	38,184	108,756	13,578
Minnesota	203,306	344,217	70,880
Iowa	123,467	274,665	130,829
Nebraska	100,213	269,996	76,213
Kansas	239,733	398,612	60,378
Oklahoma	196,704	468,105	133,250
Texas	574,110	1,420,740	559,804

Note: Downloaded from: <http://www.epa.gov/air/emissions/index.htm> 19-May-2015 by Frank Forsgren, BAQP.

Review of the monitoring data and source sector emissions data suggests that in the rural nonattainment or “maintenance” areas the dominant emission sources are fires and dust, while in the urban nonattainment or “maintenance” areas the dominant emissions sources are mobile sources, fuel combustion, and industrial processes. The nature of the dominant source sectors in both urban and rural areas supports the conclusion that elevated PM<sub>2.5</sub> levels at nonattainment and “maintenance” receptors is predominantly caused by local sources.

The NDEP fully realizes that no single piece of information or factor can by itself fully address the transport issue, but rather the total weight of all the evidence taken together is used to evaluate significant contributions to nonattainment or interference with maintenance of the 2012 annual PM<sub>2.5</sub> NAAQS in another state. However, there are four general factors that support a finding that emissions from Nevada do not significantly contribute to nonattainment or interfere with maintenance of the 2012 annual PM<sub>2.5</sub> NAAQS in Arizona, California, Idaho, or New Mexico, or to the more distant eastern States: 1) the significant distance from the state of Nevada to the nonattainment or “maintenance” receptors in these states; 2) technical information indicating that elevated PM<sub>2.5</sub> levels at nonattainment or “maintenance” receptors in these states are predominantly caused by local emissions sources; 3) air quality data indicating that regional

background levels of PM<sub>2.5</sub> are generally low during the time periods of elevated PM<sub>2.5</sub> at these receptors; and 4) meteorology.

In summary, USEPA has identified nonattainment receptors in two adjacent states, California and Idaho, as well as two distance eastern states, Ohio and Pennsylvania (*see* Table E-1). The NDEP has identified other sensitive or “maintenance” receptors in three nearby states, Arizona, California, and Idaho, as well as one other western state, New Mexico (*see* Table E-2).

## **E.2 TRANSPORT TO NONATTAINMENT RECEPTORS IN NEARBY STATES**

The USEPA identified two nearby states with 2012 annual PM<sub>2.5</sub> NAAQS nonattainment receptors, California and Idaho (*see* Table E-1).

### **E.2.1 California**

There are four nonattainment areas in California, listed here by proximity, from closest to most distant from Nevada: Plumas County, San Joaquin Valley, Los Angeles–South Coast Air Basin, and Imperial Valley. Each of these nonattainment areas is discussed separately below. The NDEP believes technical information indicating that elevated PM<sub>2.5</sub> levels at the nonattainment receptors are predominantly caused by local emission sources supports a finding that emissions from Nevada do not significantly contribute to nonattainment of the 2012 annual PM<sub>2.5</sub> NAAQS at nonattainment receptors in California

#### **E.2.1.1 Plumas County**

The nearest nonattainment receptors to Nevada are located in Plumas County, California. USEPA has designated portions of Plumas County in the vicinity of Portola nonattainment for the 2012 primary annual fine particle NAAQS.<sup>3</sup> The Northern Sierra Air Quality Management District Annual Air Monitoring Report 2005 identified major contributors to PM<sub>2.5</sub> levels as woodstoves, forestry management burns, residential open burning, vehicle traffic, and windblown dust, which they further state “...can be relieved or exacerbated by meteorology, e.g. winds dispersing or temperature inversions concentrating air pollutants. ... Portola ... is subject to strong inversions and stagnant conditions in the wintertime. These conditions, coupled with intensive residential wood burning, can result in very high episode PM<sub>2.5</sub> levels.”<sup>4</sup>

The report goes on to say that all wood burning communities could register violations of the NAAQS for PM<sub>2.5</sub>, but Portola was identified as one of the most vulnerable. It notes, “PM<sub>10</sub> and PM<sub>2.5</sub> exceedances of the ambient air quality standards appear to be generated locally by woodstoves, open burning, vehicle traffic induced dust entrainment and windblown dust.” *Id. at* 8. The report also describes transport of smoke from wildfires and agricultural burning in the Sacramento Valley as consistently contributing to seasonal elevated particulate levels in addition to prescribed fire contributions.

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<sup>3</sup> Available from: <http://www.gpo.gov/fdsys/pkg/FR-2015-01-15/pdf/2015-00021.pdf>.

<sup>4</sup> Available from: [http://myairdistrict.com/Annual\\_Report\\_Full\\_version.pdf](http://myairdistrict.com/Annual_Report_Full_version.pdf), at 1.



The Northern Sierra Air Quality Management District issued an Air Quality Health Advisory – Smoke and Ozone for the period August 28 to September 3, 2013 for the Rim Fire near Yosemite and the American Fire in Placer County. The Advisory notes that the Rim Fire was among the largest fires in California history, producing smoke blanketing tens of thousands of square miles.<sup>5</sup> Figure E2-12 in Attachment E1 shows the impacts from these fires in the fourth quarter of 2013.

IMPROVE data for remote northern California sites representing the Caribou Wilderness Area (Figure E1-10) and Desolation Wilderness Area (Figure E1-11) show distinctive annual patterns with increased PM<sub>2.5</sub> concentrations in the summer months and decreased concentrations in the winter months. The monitoring results from the Portola monitors also show a distinctive annual pattern although the timing is reversed, with highest concentrations recorded in the winter months and lower concentrations observed in the summertime. This pattern is consistent with residential wood burning for home heating during the wintertime. Wind rose data from Reno-Tahoe International Airport, Attachment E3, shows winds in northern Nevada with strong westerly components, directing Nevada's emissions away from California. Emission inventory data for California and Plumas County, Attachment E2, show that fires are the largest source of PM<sub>2.5</sub> emissions in California and, specifically in Plumas County.

In Plumas County, monitored exceedances of the PM<sub>2.5</sub> standard likely reflect localized sources occurring during wintertime temperature inversions with low winds that persist for several days in an area that traps emissions with complex topography. Additional contributions to monitored exceedances of the PM<sub>2.5</sub> annual standard likely result from large fire events such as the 2013 Rim Fire, as well as local and regional prescribed fire activity. The USEPA has noted the lack of large sources in the area and that the likely source contributing the most to the 2012 annual PM<sub>2.5</sub> NAAQS violations are residential burning activities.<sup>6</sup> Given the local characteristics of the elevated PM<sub>2.5</sub> levels at the Plumas County locations, which result from both wintertime residential wood burning and summertime fire emissions, it is reasonable to conclude that emissions from Nevada sources do not significantly contribute to nonattainment of the 2012 annual PM<sub>2.5</sub> standard at these locations.

#### **E.2.1.2 San Joaquin Valley Nonattainment Area**

The USEPA designated the San Joaquin Valley Air Basin nonattainment for the 2012 annual PM<sub>2.5</sub> NAAQS, including the entirety of Fresno, Kings, Madera, Merced, San Joaquin, Stanislaus, and Tulare Counties as well as a portion of Kern County.<sup>7</sup> There are 12 monitors located within the San Joaquin Valley nonattainment area, many of which have persistently

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<sup>5</sup> Available from: <http://myairdistrict.com/index.php?Itemid=103>.

<sup>6</sup> California: Imperial County, Los Angeles-South Coast Air Basin, Plumas County, San Joaquin Valley Area Designations for the 2012 Primary Annual PM<sub>2.5</sub> National Ambient Air Quality Standard Technical Support Document at 108. Available from:

[http://www.epa.gov/pmdesignations/2012standards/final/CA\\_FinalNAATSD\\_Final.pdf](http://www.epa.gov/pmdesignations/2012standards/final/CA_FinalNAATSD_Final.pdf).

<sup>7</sup> See supra n. 3.

shown violations of the 2009-2011, 2010-2012, and 2011-2013 design values.<sup>8</sup> The USEPA noted "...organic carbonaceous mass (OM) is the predominant species contributing over fifty percent of the total mass throughout the year. Nitrates are the second largest component in the annual mean, contributing 21 percent followed by sulfates contributing 14 percent."<sup>9</sup> "The primary sources of PM<sub>2.5</sub> in the region are diesel engines (nitrate), gasoline engines (nitrate), and agricultural activities (ammonium) which contribute regionally. Wood smoke (organic carbon) and diesel engines (elemental carbon) contribute to elevated levels of PM<sub>2.5</sub> in urban areas."<sup>10</sup> Kernel Density Estimation plots representing Hybrid Single-Particle Lagrangian Integrated Trajectory backward trajectories and local wind rose data suggest the greatest potential contribution of emissions is from the regions immediately to the west-northwest of the monitors.<sup>11</sup> As noted by the San Joaquin Valley Unified Air Pollution Control District, "...the surrounding mountains trap pollution and block air flow, and the mild climate keeps pollutant-scouring winds at bay most of the year. Temperature inversions, while present to some degree throughout the year, can last for days during the winter, holding in nighttime accumulations of pollutants, including wood smoke. It is during the winter that these days of stagnant weather lead to the most Valley exceedances of PM<sub>2.5</sub> concentrations."<sup>12</sup>

Review of background PM<sub>2.5</sub> data from IMPROVE monitors representing the Ansel Adams Wilderness, Dome Land Wilderness, Emigrant Wilderness, and Kings Canyon National Park (*see* Attachment E1, Figures E1-6 through E1-9, respectively) reveal a seasonal pattern consistent with other IMPROVE monitor sites, higher observed concentrations during the summer months and lower concentrations during the wintertime. At Kings Canyon the higher summertime concentrations extend through the fall months reflecting fall agricultural burning. This contrasts with the seasonal patterns recorded by the violating receptors (*see* Attachment E2, Figures E2-13 through E2-24), where the highest PM<sub>2.5</sub> concentrations are recorded during the wintertime with lower summertime concentrations punctuated by high concentration spikes. Wind rose data from Las Vegas and Reno show transport is predominantly away from California (*see* Attachment E3). Emissions data from the counties within the San Joaquin Valley nonattainment area (*see* Attachment E4) show significant contributions from dust and fires, and overwhelming emissions from 2011 fires in Tulare County likely account for the high fourth quarter 2011 PM<sub>2.5</sub> means at monitors throughout the nonattainment area.

As the USEPA concluded, "The San Joaquin Valley has long suffered from some of the United States' worst air pollution. This pollution, exacerbated by stagnant weather, comes mainly from

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<sup>8</sup> See *supra* n. 6 at 116.

<sup>9</sup> See *supra* n. 6 at 120.

<sup>10</sup> USEPA, 2012, Technical Support Document for EPA's Proposed Action on the State of Nevada's 2009 Infrastructure State Implementation Plan (Transport Portion) for the 2006 24-Hour Fine Particulate (PM<sub>2.5</sub>) National Ambient Air Quality Standard, Appendix B – Nonattainment Receptors, at 15. Available from: <http://www.regulations.gov/#!documentDetail;D=EPA-R09-OAR-2011-0047-0006>.

<sup>11</sup> See *supra* n. 6 at 150.

<sup>12</sup> San Joaquin Valley Unified Air Pollution Control District, 2012 PM<sub>2.5</sub> Plan, Executive Summary at ES-8. Available from: [http://www.valleyair.org/Air\\_Quality\\_Plans/PM25Plans2012.htm](http://www.valleyair.org/Air_Quality_Plans/PM25Plans2012.htm).

diesel- and gasoline-fueled vehicles, residential wood burning, and agricultural operations such as dairies and field-tilling that occur widely throughout the counties in the nonattainment area.”<sup>13</sup> For these reasons, the NDEP believes it is reasonable to conclude that Nevada does not contribute to nonattainment of the annual PM<sub>2.5</sub> standard at receptors in the San Joaquin Valley nonattainment area.

### E2.1.3 Los Angeles–South Coast Air Basin

The USEPA has designated Los Angeles–South Coast Air Basin nonattainment for the 2012 annual PM<sub>2.5</sub> NAAQS including all of Orange County and portions of Los Angeles, Riverside, and San Bernardino Counties.<sup>14</sup> The South Coast Air Quality Management District noted, “The higher PM<sub>2.5</sub> concentrations in the Basin are mainly due to the secondary formation of smaller particulates resulting from mobile, stationary and area source emissions of precursor gases (i.e., NO<sub>x</sub>, SO<sub>x</sub>, NH<sub>4</sub>, and VOC) that are converted to PM in the atmosphere.”<sup>15</sup> USEPA concurs with these statements, “PM<sub>2.5</sub> in Southern California is essentially a combustion generated pollutant due to the volume of traffic flow and numbers of sources (both point and area) located in the region. It is important to note that the areas with the highest concentrations are directly downwind of an area with major ammonia sources associated with dairies and poultry farming.”<sup>16</sup>

The USEPA also observed in their area designations technical support document, “Major point sources in the nonattainment area contribute to the monitored violations, and due to topography and meteorology, it is unlikely that those outside of the Los Angeles–South Coast Air Basin nonattainment area contribute to the monitored violations.”<sup>17</sup> Given the local characteristics of the elevated PM<sub>2.5</sub> concentrations and the location of the nonattainment area generally upwind from Nevada emissions sources, together with the large distances between these nonattainment receptors and Nevada, lead us to conclude that Nevada sources do not contribute significantly to nonattainment of the 2012 annual PM<sub>2.5</sub> standards in the Los Angeles–South Coast Air Basin.

### E2.1.4 Imperial County

The nonattainment receptor in Imperial County is the most distant in California from Nevada emission sources. The USEPA has designated portions of Imperial County, including the communities of Brawley, El Centro, and Calexico, as nonattainment for the 2012 annual PM<sub>2.5</sub> NAAQS.<sup>18</sup> The nonattainment area border is coincident with the international boundary between

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<sup>13</sup> See supra n. 6 at 157.

<sup>14</sup> See supra n. 3.

<sup>15</sup> Final 2012 Air Quality Management Plan, South Coast Air Quality Management District, February 2013, at 2-14. Available from: <http://www.aqmd.gov/home/library/clean-air-plans/air-quality-mgt-plan/final-2012-air-quality-management-plan>.

<sup>16</sup> USEPA, 2012, Technical Support Document for EPA’s Proposed Action on the State of Nevada’s 2009 Infrastructure State Implementation Plan (Transport Portion) for the 2006 24-Hour Fine Particulate (PM<sub>2.5</sub>) National Ambient Air Quality Standard at 16. Available from: <http://www.regulations.gov/#!documentDetail;D=EPA-R09-OAR-2011-0047-0006>.

<sup>17</sup> See supra n. 6 at 72.

<sup>18</sup> See supra n. 3.

the US and Mexico. “The high monitored levels of PM<sub>2.5</sub> are limited to the Calexico-Ethel Street monitoring site, which is located near the Mexican Border. The elevated PM<sub>2.5</sub> levels occur primarily in the winter months during stagnation conditions, when long distance transport is unlikely. . . . The PM<sub>2.5</sub> appears to be from a local source near the California/Mexico Border.”<sup>19</sup> As noted by the Imperial County Air Pollution Control District in its 2006 PM<sub>2.5</sub> SIP, “As is demonstrated in this SIP, the primary reason for elevated PM<sub>2.5</sub> levels in Imperial County is transport from Mexico. Essentially, this 2013 PM<sub>2.5</sub> SIP demonstrates attainment of the 2006 PM<sub>2.5</sub> NAAQS ‘but-for’ transport of international emissions from Mexicali, Mexico.”<sup>20</sup>

Examination of the background PM<sub>2.5</sub> data as represented by IMPROVE monitoring sites for the Aqua Tibia Wilderness, Cucamonga Wilderness, Joshua Tree National Park, and San Geronio Wilderness in southern California (*see* Attachment E1, Figures E1-12 to E1-15, respectively), shows seasonal patterns of PM<sub>2.5</sub> concentrations with the highest concentrations recorded during the summertime and lower concentrations observed during the winter months. This seasonal pattern contrasts with the more chaotic and episodic pattern observed at the Calexico-Ethel Street monitor, where generally lower wintertime and higher summertime concentrations are punctuated by higher concentration spikes and the hint of elevated concentrations during the Spring and Fall months (*see* Attachment E2, Figure E2-24). Wind rose data indicate transport of pollutants from Nevada’s major metropolitan areas away from California (*see* Attachment E3). The PM<sub>2.5</sub> emissions data from Imperial County shows 69 percent of the county’s total PM<sub>2.5</sub> emissions are dust and fires (3,141 tons per year from dust and smoke of the total county-wide emissions of 4,558 tons per year) (*see* Attachment E4). These source sectors are generally considered uncontrollable.

Given the local characteristics of the elevated PM<sub>2.5</sub> concentrations at this receptor, regional and local air flow patterns, and the location of California nonattainment areas generally upwind of Nevada emission sources, the NDEP believes it is reasonable to conclude that emissions from Nevada sources do interfere with attainment of the 2012 annual PM<sub>2.5</sub> standards at this location.

### E.2.1 Idaho

The nearest nonattainment receptors to Nevada beyond California are located in Shoshone County, Idaho. The USEPA has designated a portion of Shoshone County in the vicinity of Pinehurst, West Silver Valley, as nonattainment for the 2012 primary annual PM<sub>2.5</sub> NAAQS.<sup>21</sup> The USEPA has noted, “Information from the state of Idaho indicates that emissions from woodstoves contribute to primary PM<sub>2.5</sub> that violates the standard during stable weather events associated with strong inversions. These emissions and the related effects are limited to the city

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<sup>19</sup> See supra n. 16 at 20.

<sup>20</sup> Imperial County 2013 State Implementation Plan for the 2006 24-Hour PM<sub>2.5</sub> Moderate Nonattainment Area, Imperial County Air Pollution Control District, December 2, 2014 at 2. Available from: [http://www.arb.ca.gov/planning/sip/planarea/imperial/Final\\_PM2.5\\_SIP\\_%28Dec\\_2,\\_2014%29\\_Approved.pdf](http://www.arb.ca.gov/planning/sip/planarea/imperial/Final_PM2.5_SIP_%28Dec_2,_2014%29_Approved.pdf).

<sup>21</sup> See supra n. 3.

of Pinehurst airshed, as they are trapped there due to temperature inversions, low wind and local topography.”<sup>22</sup>

Review of IMPROVE monitor data representative of the Cabinet Mountains Wilderness Area in nearby Montana reveals a pronounced season pattern to background PM<sub>2.5</sub> with the higher concentrations recorded during the summertime and lower concentrations in the wintertime (*see* Figure E1-18, Attachment E1). This contrasts with the PM<sub>2.5</sub> data recorded by the Pinehurst monitor, which also has a pronounced seasonal pattern reversed from that of the background monitor with higher concentrations during the wintertime and lower concentrations in the summertime (Figure E2-25, Attachment E2). Wind rose data for Nevada’s major metropolitan areas, Las Vegas and Reno, indicates that transport of PM<sub>2.5</sub> or PM<sub>2.5</sub> precursors from Nevada is generally away from northern Idaho (*see* Attachment E3). 2011 NEI data shows fires are the dominant source sector for PM<sub>2.5</sub> emissions in all of Idaho and specifically in Shoshone County (*see* Attachment E4).

These data support USEPA’s conclusion, “Residential wood combustion in the cold, winter months is most responsible for elevated particulate matter in the area, while prescribed burning in the late autumn and in spring also contributes substantially. Smoke from wildfires can affect the area in the summer.”<sup>23</sup> Low wind speeds and low mixing heights can exacerbate PM<sub>2.5</sub> concentrations resulting from local emission sources. Given the local characteristics of the elevated PM<sub>2.5</sub> levels at the Shoshone County locations, which result from both wintertime residential wood burning and summertime fire emissions, it is reasonable to conclude that emissions from Nevada sources do not significantly contribute to nonattainment of the 2012 annual PM<sub>2.5</sub> standard at this location.

### **E.3 TRANSPORT TO NONATTAINMENT RECEPTORS IN WESTERN STATES**

The USEPA has identified nonattainment receptors in California, Idaho, Ohio, and Pennsylvania. There are no nonattainment receptors in other western states beyond those discussed above, California and Idaho.

### **E.4 TRANSPORT TO MAINTENANCE RECEPTORS IN NEARBY STATES**

The NDEP identified “maintenance” receptors in three nearby states: Arizona, California, and Idaho. Recall that receptors with design values greater than or equal to 12 µg/m<sup>3</sup> for the periods 2009 to 2011 and 2010 to 2012, but equal to or less than 12 µg/m<sup>3</sup> for the period 2011 to 2013 were identified as sensitive or “maintenance” receptors as identified in Table E-2. Maintenance

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<sup>22</sup> See supra n. 16 at 18.

<sup>23</sup> Idaho: West Silver Valley Nonattainment Area – Area Designations for the 2012 Primary Annual PM<sub>2.5</sub> National Ambient Air Quality Standard Technical Support Document at 5. Available from: [http://www.epa.gov/pmdesignations/2012standards/final/ID\\_FinalNAATSD\\_Final.pdf](http://www.epa.gov/pmdesignations/2012standards/final/ID_FinalNAATSD_Final.pdf).

receptors were identified in Pinal County, Arizona; San Bernardino County and San Diego County, California; and Lemhi County, Idaho. Each of these areas is discussed below.

#### E.4.1 Arizona

The NDEP identified Pinal County, Arizona as the location of a sensitive or “maintenance” receptor based on a 2010-2012 design value greater than  $12 \mu\text{g}/\text{m}^3$  and invalid data to calculate a 2011-2013 design value (*see* Table E-2). In the USEPA’s technical support document for the 2006 PM<sub>2.5</sub> area designations, the USEPA noted “that emission inventory data, combined with speciation and source apportionment data, point to agricultural activities and cattle feedlots, as well as other nearby sources of PM<sub>2.5</sub>, as primary sources contributing to PM<sub>2.5</sub> levels at the Cowtown monitor on days with exceedances of the 24-hour PM<sub>2.5</sub> NAAQS.”<sup>24</sup> The USEPA goes on to state, “EPA agrees with ADEQ’s conclusion that the PM<sub>2.5</sub> concentrations monitored at Cowtown are strongly influenced by local sources.”<sup>25</sup>

Review of the background PM<sub>2.5</sub> conditions in central Arizona as represented by IMPROVE monitors for the Mazatal Wilderness, Saguaro National Monument, and Superstition Wilderness show a seasonal pattern typical of rural background sites, elevated PM<sub>2.5</sub> concentrations during the summertime and lower concentrations during the wintertime (*see* Attachment E1, Figure E1-1 through E1-5, respectively). The Phoenix and Queen Valley IMPROVE monitors are more representative of urban areas, but still exhibit a similar seasonal pattern of elevated concentrations during the summertime. This contrasts with the observations at the violating monitor, which are very episodic, but suggest a subtle pattern of elevated concentrations during the springtime and summertime (*see* Attachment E2, Figure E2-26).

Wind rose data for Las Vegas and Reno do not suggest transport of particles from Nevada sources to sensitive receptors in Arizona (*see* Attachment E3). The 2011 emissions data show Pinal County is the source of nearly 12 percent of the state-wide PM<sub>2.5</sub> emissions from dust and nearly 40 percent of the state-wide emissions from agriculture (*see* Attachment E4). These data support the USEPA’s conclusion that the violating monitor “is the only site in the area with a pronounced diurnal pattern, with high PM in the morning and evening hours, further suggesting the influence of local sources.”<sup>26</sup>

Given the local characteristics of the elevated PM<sub>2.5</sub> concentrations at this receptor and the distance to the location of Arizona nonattainment area, the NDEP believes it is reasonable to conclude that emissions from Nevada sources do not interfere with attainment of the 2012 annual PM<sub>2.5</sub> standards at this location.

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<sup>24</sup> Technical Support Document: December 2010 Addendum to Pinal County, Arizona, Area Designation for the 2006 24-hour Fine Particle National Ambient Air Quality Standard at 3. Available from: <http://www.regulations.gov/#!documentDetail;D=EPA-HQ-OAR-2010-0163-0025>.

<sup>25</sup> See *supra* n. 24 at 6.

<sup>26</sup> See *supra* n. 16 at 21.



## E4.2 California

The NDEP identified “maintenance” receptors in San Bernardino County and San Diego County. Table E2 shows one “maintenance” monitor in San Bernardino County and two “maintenance” receptors in San Diego County. Nevada’s contribution to these sites is discussed below.

### E4.2.1 San Bernardino County

The NDEP identified one “maintenance” monitor in San Bernardino County, located in the community of San Bernardino and within the Los Angeles-South Coast Air Basin PM<sub>2.5</sub> nonattainment area. As noted in section E2.1.3, Los Angeles-South Coast Air Basin, PM<sub>2.5</sub> in Southern California is essentially a combustion-generated pollutant due to the volume of traffic flow and numbers of sources (both point and area) located in the region. Given the local characteristics of the elevated PM<sub>2.5</sub> levels at this receptor and the location of this “maintenance” area generally upwind of Nevada emission sources, it is reasonable to conclude that emissions from Nevada sources do not interfere with maintenance of the 2012 annual PM<sub>2.5</sub> standards at this receptor location.

### E4.2.2 San Diego County

The NDEP identified two “maintenance” monitors in San Diego County, one is located in El Cajon and the other in Escondido. The El Cajon monitor was temporarily relocated in 2014 to Gillespie Field and stopped collecting data in late February 2014, while the Escondido monitor is proposed for relocation in the 2015/2016 timeframe.<sup>27</sup> The El Cajon site represents a major population center located in an inland valley, downwind of the heavily populated coastal zone. It is impacted by the transportation corridor of Interstate 8 and its major arteries. *Id. at Appendix 7: Site Description El Cajon at 1* The Escondido site represents a major population center located in the inland North County along the Interstate 15/Highway 78 section of the County. It is impacted by the transportation corridor from the communities along these two highways. *Id. At Appendix 8: Site Description Escondido at 1* “Fine PM air quality is improving in San Diego County as a result of emission control regulations addressing combustion sources, the major source of fine particles.”<sup>28</sup>

Given the local characteristics of the elevated PM<sub>2.5</sub> levels at these receptors and the location of this maintenance area generally upwind of Nevada emissions sources, it is reasonable to conclude that emissions from Nevada emission sources do not interfere with maintenance of the 2012 annual PM<sub>2.5</sub> standards at these receptor locations.

## E4.3 Idaho

The NDEP identified Lemhi County, Idaho as the location of a sensitive or “maintenance” receptor from a 2010-2012 design value greater than 12 µg/m<sup>3</sup> and a 2011-2013 design value

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<sup>27</sup> San Diego Air Pollution Control District, Annual Network Plan 2013 at 16-17. Available from: [http://www.sdapcd.org/air/reports/2013\\_network\\_plan.pdf](http://www.sdapcd.org/air/reports/2013_network_plan.pdf).

<sup>28</sup> San Diego County Air Pollution Control District, Measures to Reduce Particulate Matter in San Diego County, December 2005 at 1-1. Available from: <http://www.sdapcd.org/planning/PM-Measures.pdf>.



equal to or less than  $12 \mu\text{g}/\text{m}^3$  (see Table E-2) and the Idaho Department of Environmental Quality identifies Lemhi County including Salmon as an area of concern for  $\text{PM}_{2.5}$ .<sup>29</sup> Examination of the IMPROVE monitors representing the Anaconda-Pintler Wilderness and Sawtooth Wilderness shows relatively low concentrations with a the seasonal pattern typical of rural background conditions, i.e., concentrations that are higher in the summertime extending into the fall months and lower in the wintertime, including spikes of very high  $\text{PM}_{2.5}$  concentrations that punctuate the fall months (Attachment E1, Figures E1-16 and Figure E1-17). The violating monitor shows a seasonal pattern of higher concentrations in the wintertime and lower concentrations during the summertime, also with the very high concentration spikes during the fall months (Attachment E2, Figure E2-30). The 2011 emissions data for Lemhi County shows 19,000 tons per year of  $\text{PM}_{2.5}$  emissions from fires, which are roughly a third of the statewide  $\text{PM}_{2.5}$  emissions from fires (see Attachment E4).

The Idaho Department of Environmental Quality (IDEQ), in an exceptional events demonstration package, noted the severity of the 2012 fire season in Idaho. “The smoke from these fires was ubiquitous throughout the Pacific Northwest from August through early-October and Salmon, Idaho was severely impacted as a result of its proximity to the Mustang Complex and Halstead fire, as well as, the large number of other fires in the central Idaho Region. During the 2012 wildfire season, Salmon experienced 16 “Moderate” AQI days, 11 “Unhealthy for Sensitive Groups,” 21 “Unhealthy,” 6 “Very Unhealthy,” and 1 “Hazardous.” Pinehurst experienced 22 “Moderate” days and 1 “Unhealthy for Sensitive Groups” day.”<sup>30</sup> The IDEQ goes on to state, “The broad regional pattern ( $\text{PM}_{2.5}$  and OC temporal/spatial patterns), along with the emissions comparison in Figure 4, demonstrates that typical crop residue burning, wildland prescribed burning, industrial point sources, and nonpoint sources including residential wood combustion and all other forms of open burning are very small in comparison to the 2012 wildfire emissions and not capable of producing such a region-wide increase in the level of  $\text{PM}_{2.5}$ .” *Id. at 22*

The factors described above combined with the large distance of this receptor from Nevada sources suggest Nevada sources do not contribute significantly to the nonattainment of the 2012 annual  $\text{PM}_{2.5}$  NAAQS in Salmon, Idaho.

## E.5 TRANSPORT TO MAINTENANCE RECEPTORS IN WESTERN STATES

The NDEP identified a maintenance receptor in one distant western state: New Mexico.

### E.5.1 New Mexico

The NDEP has identified Doña Ana County, New Mexico as an area with a “maintenance” or sensitive receptor, based on analysis of the USEPA’s 2013 Design Value Report for  $\text{PM}_{2.5}$ .<sup>31</sup> See

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<sup>29</sup> Available from: [http://deq.idaho.gov/media/662796-nonattainment\\_map.pdf](http://deq.idaho.gov/media/662796-nonattainment_map.pdf) .

<sup>30</sup> Request for EPA Concurrence as Exceptional Events for 2012 Wildfire Impacts on  $\text{PM}_{2.5}$  Monitor Values at Salmon and Pinehurst Idaho Final, State of Idaho Department of Environmental Quality, December 6, 2013, available from: <http://deq.idaho.gov/media/1187/exceptional-events-request-pinehurst-salmon-final.pdf> at xi.

<sup>31</sup> Available from: <http://www.epa.gov/airtrends/values.html>.

Table E-2. However, this monitor does not meet the siting criteria for comparison to the NAAQS as noted by the USEPA, “The Sunland Park site PM<sub>2.5</sub> data is not comparable to the PM<sub>2.5</sub> NAAQS and is not eligible for representation of area-wide air quality and does not meet the PM<sub>2.5</sub> area-wide requirement.”<sup>32</sup> The 2010 to 2013 PM<sub>2.5</sub> data for this monitor has been invalidated by the USEPA for comparison to the NAAQS.<sup>33</sup>

Given that the PM<sub>2.5</sub> data from this monitor is invalid for comparison to the NAAQS, this receptor does not meet the NDEP’s criteria for a “maintenance” or sensitive site. For this reason, NDEP concludes PM<sub>2.5</sub> emissions from Nevada sources do not contribute to nonattainment or interfere with maintenance of the 2012 annual PM<sub>2.5</sub> NAAQS at this receptor.

## **E.6 TRANSPORT TO NONATTAINMENT AND MAINTENANCE RECEPTORS IN EASTERN STATES**

The NDEP also considered potential PM<sub>2.5</sub> and precursor transport from Nevada emission sources to the nearest nonattainment or “maintenance” receptors located in the eastern states of Ohio and Pennsylvania. The nonattainment receptors nearest to Nevada are in the Cleveland, Ohio area. The USEPA has designated Cuyahoga County and Lorain County in Ohio as nonattainment for the 2012 annual PM<sub>2.5</sub> NAAQS.<sup>34</sup> Cleveland, Ohio is approximately 1,650 miles from the closest point of the Nevada border, and more than 1,800 miles from Nevada’s major metropolitan areas, Las Vegas and Reno.

The NDEP evaluated the relative magnitude of PM<sub>2.5</sub> emissions in Nevada compared to PM<sub>2.5</sub> emissions in Ohio. The 2011 NEI indicates that PM<sub>2.5</sub> emissions in Nevada are approximately 24 percent of the PM<sub>2.5</sub> emissions from Ohio.<sup>35</sup> Specifically, the 2011 NEI v2 shows 38,183 tons of PM<sub>2.5</sub> from Nevada sources, compared to 158,871 tons of PM<sub>2.5</sub> from Ohio sources.

The NDEP believes the following factors support a finding that emissions from Nevada do not significantly contribute to nonattainment of the 2012 annual PM<sub>2.5</sub> NAAQS at the Cuyahoga County or Lorain County, Ohio receptors: (1) the relatively small magnitude of the emissions inventory of PM<sub>2.5</sub> in Nevada compared to Ohio, combined with (2) the relatively long distance of the state of Nevada from these receptors. These factors also support a qualitative conclusion that emissions from Nevada sources do not significantly contribute to nonattainment or interfere with the maintenance of these NAAQS at any of the other receptors farther east.

## **E.7 CONCLUSION**

The preceding analysis indicates that PM<sub>2.5</sub> nonattainment (current for the 2012 NAAQS) and “maintenance” areas in nearby states, as well as other western and eastern states are generally the

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<sup>32</sup> Letter from USEPA Region 6 to Ms. Donna Intermott, New Mexico Environment Department, May 16, 2014

<sup>33</sup> Email from Roman Szkoda, Monitoring Staff Manager, NMEDAQB to Frank Forsgren, NDEP, May 6, 2015

<sup>34</sup> Available from: <http://www.regulations.gov/#!documentDetail:D=EPA-HQ-OAR-2012-0918-0426>.

<sup>35</sup> Available from: <http://www.epa.gov/air/emissions/index.htm>.

## *Appendix E*

result of documented local emission sources, which in some cases have ceased operation since the time of designation. Furthermore, the receptor areas the NDEP identified for the 2012 PM<sub>2.5</sub> NAAQS transport analysis are a considerable distance from Nevada sources. Based on these factors and the above evaluation, the State of Nevada concludes that PM<sub>2.5</sub> emissions from Nevada do not contribute to nonattainment or interfere with maintenance of the 2012 PM<sub>2.5</sub> standard or the previous PM<sub>2.5</sub> standards in any other state. Nevada commits to continue to review new air quality information as it becomes available to ensure that this negative declaration is still supported by such information.

## Attachments

### Attachment E1

#### IMPROVE PM<sub>2.5</sub> Data for the Period 2009-2013

##### Central Arizona

Mazatal Wilderness and Pine Mountain Wilderness (IKBA1)  
Phoenix (PHOE1)  
Queen Valley (QUVA1)  
Saguaro National Monument (SAGU1)  
Superstition Wilderness (TONT1)

##### Central California

Ansel Adams Wilderness, John Muir Wilderness, and Kaiser Wilderness (KAIS1)  
Dome Land Wilderness (DOME1)  
Emigrant Wilderness and Yosemite National Park (YOSE1)  
Kings Canyon National Park and Sequoia National Park (SEQU1)

##### Northern California

Caribou Wilderness, Lassen Volcanic NP, and Thousand Lakes Wilderness (LAVO)  
Desolation Wilderness and Mokelumne Wilderness (BLIS1)

##### Southern California

Agua Tibia Wilderness (AGTI1)  
Cucamonga Wilderness and San Gabriel Wilderness (SAGA1)  
Joshua Tree National Park (JOSH1)  
San Gorgonio Wilderness and San Jacinto Wilderness (SAGO1)

##### Central Idaho

Anaconda-Pintler Wilderness, MT and Selway-Bitterroot Wilderness, MT (SULA1)  
Sawtooth Wilderness, ID (SAWT1)

##### Northern Idaho

Cabinet Mountains Wilderness (CABI1)

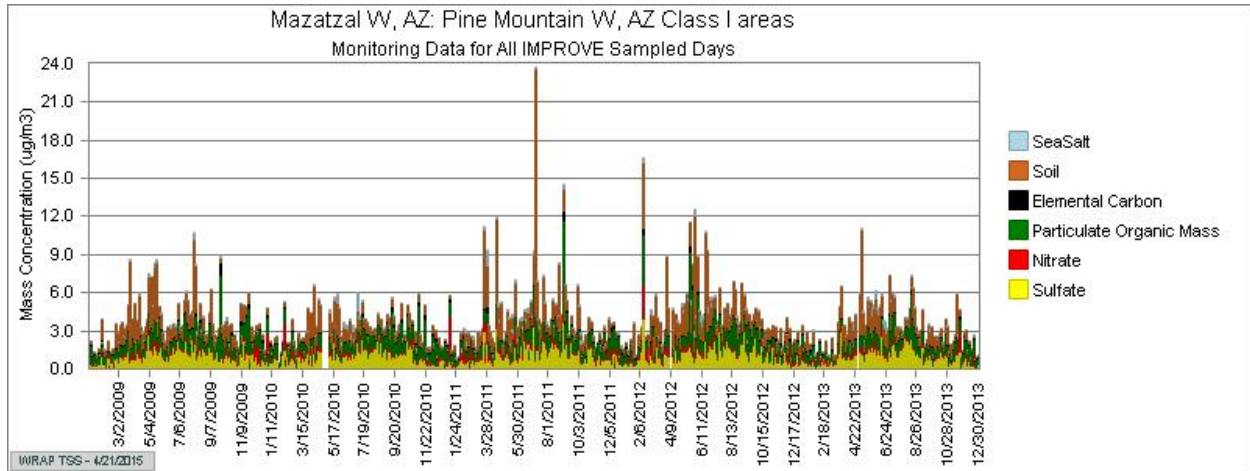
##### Southern New Mexico

Bosque del Apache National Wildlife Refuge (BOAP1)  
Carlsbad Caverns National Park and Guadalupe Mountains National Park (GUMO1)  
Gila Wilderness (GICL1)  
White Mountains Wilderness (WHIT1)

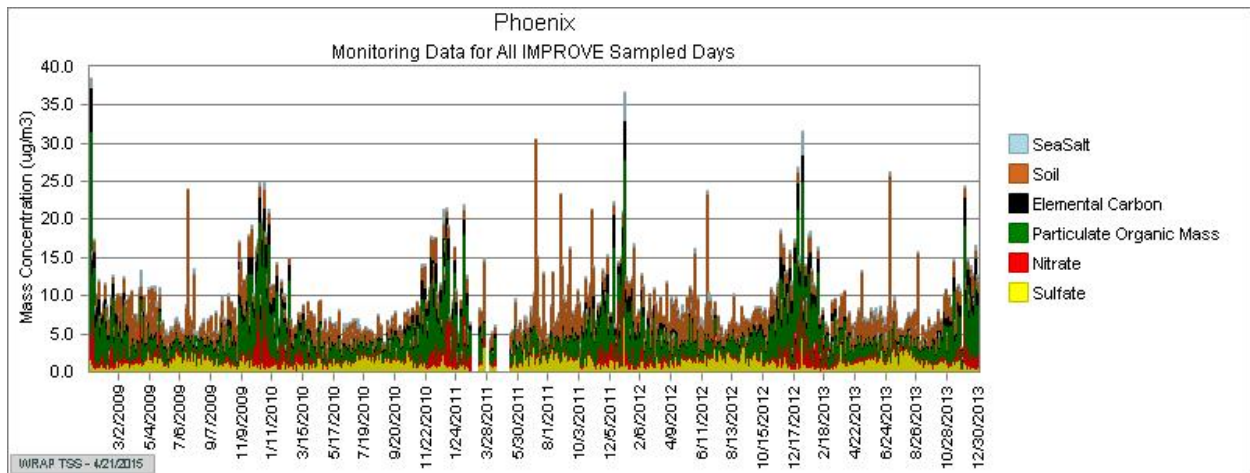
Data can be downloaded from <http://vista.cira.colostate.edu/TSS/Results/HazePlanning.aspx>

## Central Arizona

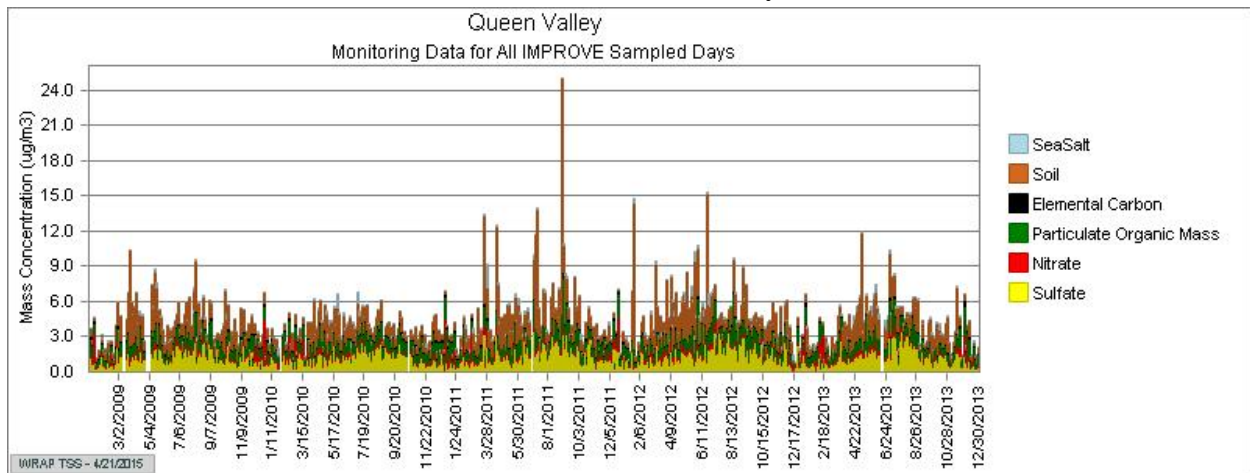
**Figure E1-1**  
**Central Arizona, Mazatzal Wilderness Station**



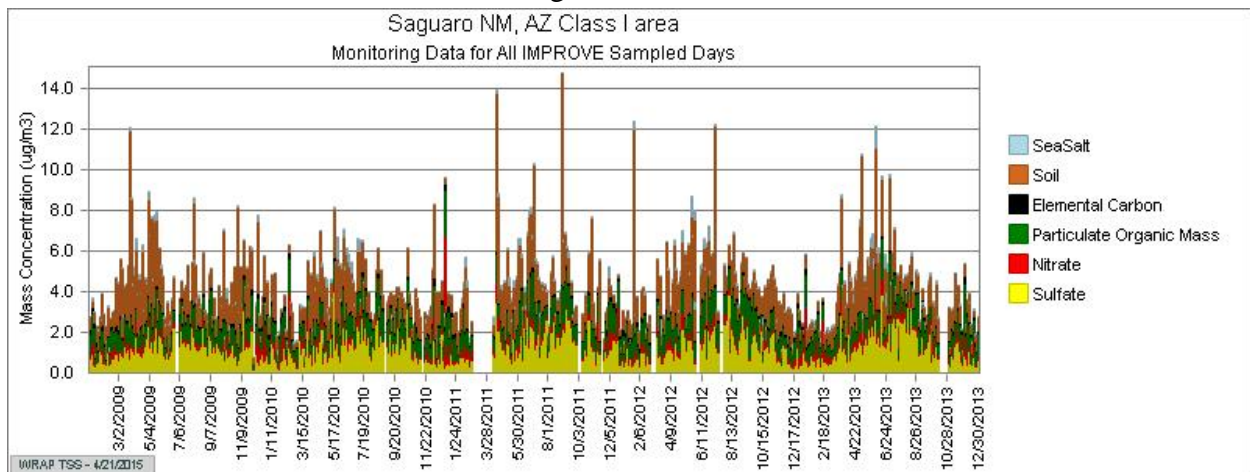
**Figure E1-2**  
**Central Arizona, Phoenix Station**



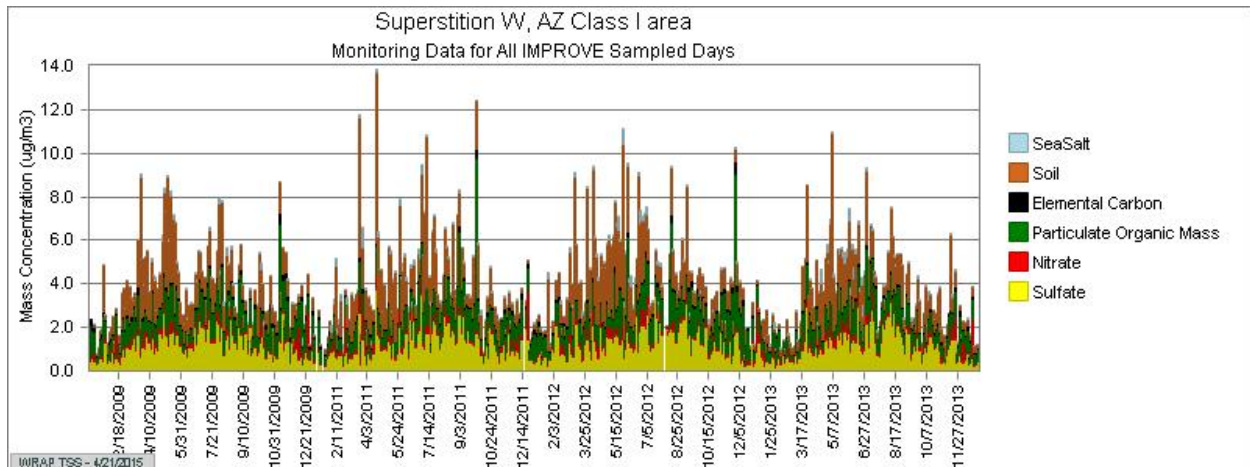
**Figure E1-3**  
**Central Arizona, Queen Valley Station**



**Figure E1-4**  
**Central Arizona, Saguaro Nation Monument Station**



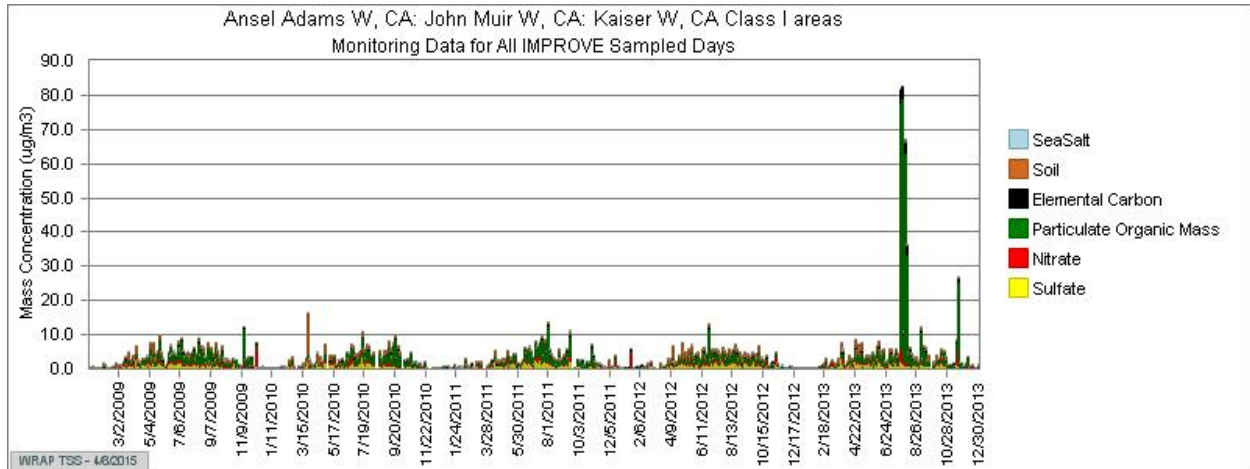
**Figure E1-5**  
**Central Arizona, Superstition Wilderness Station**



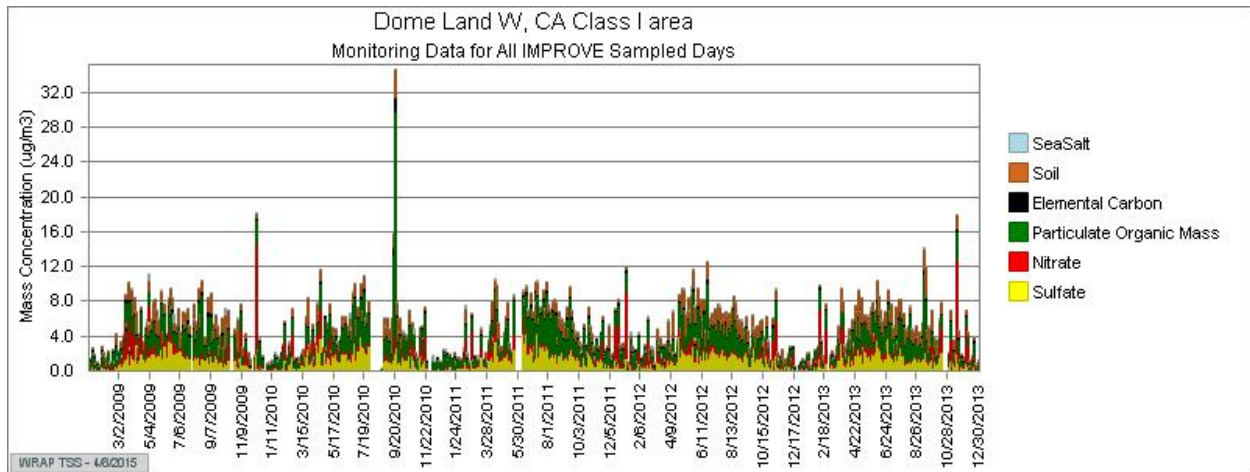


Central California

**Figure E1-6**  
**Central California, Ansel Adams Wilderness Station**

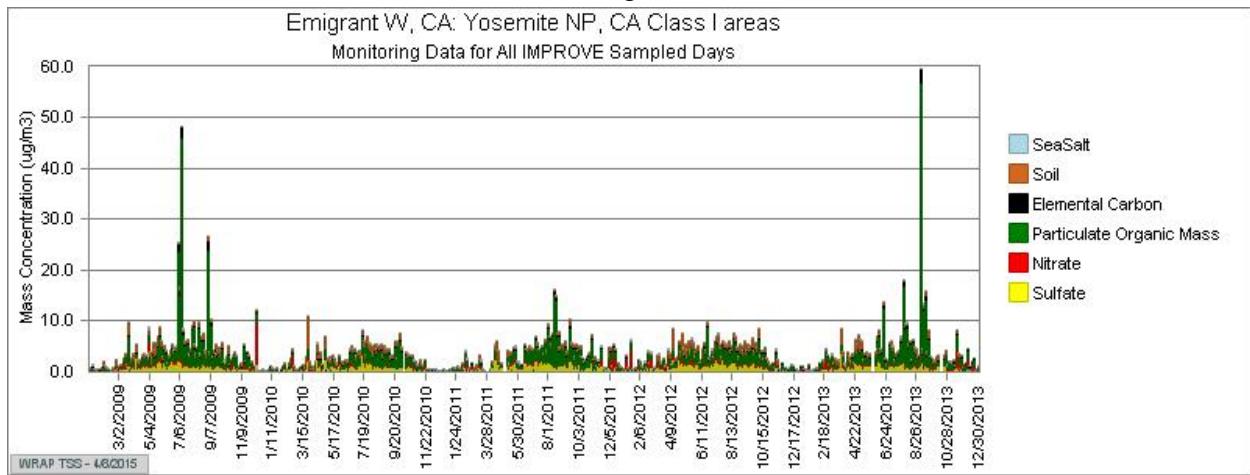


**Figure E1-7**  
**Central California, Dome Land Wilderness Station**

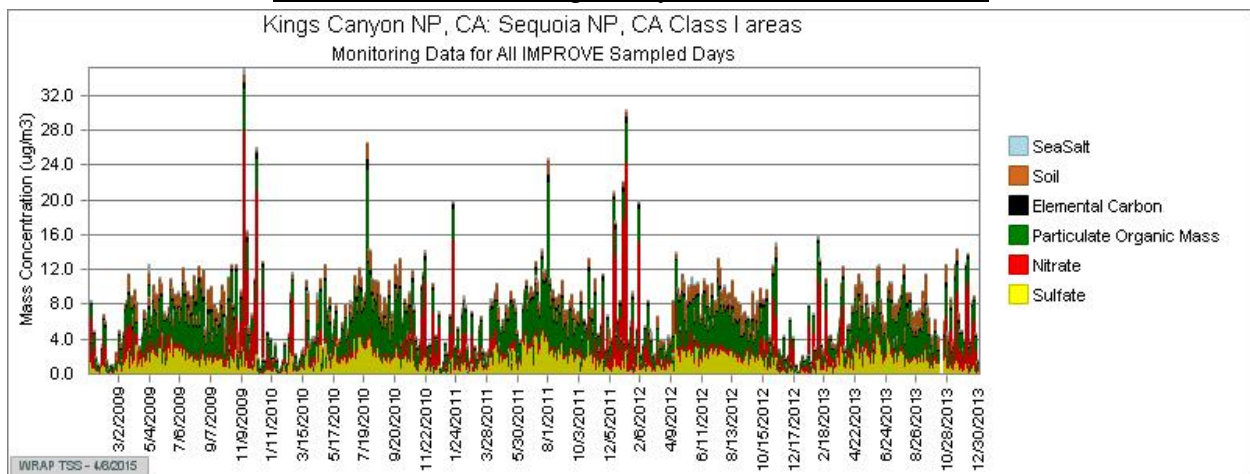




**Figure E1-8**  
**Central California, Emigrant Wilderness Station**

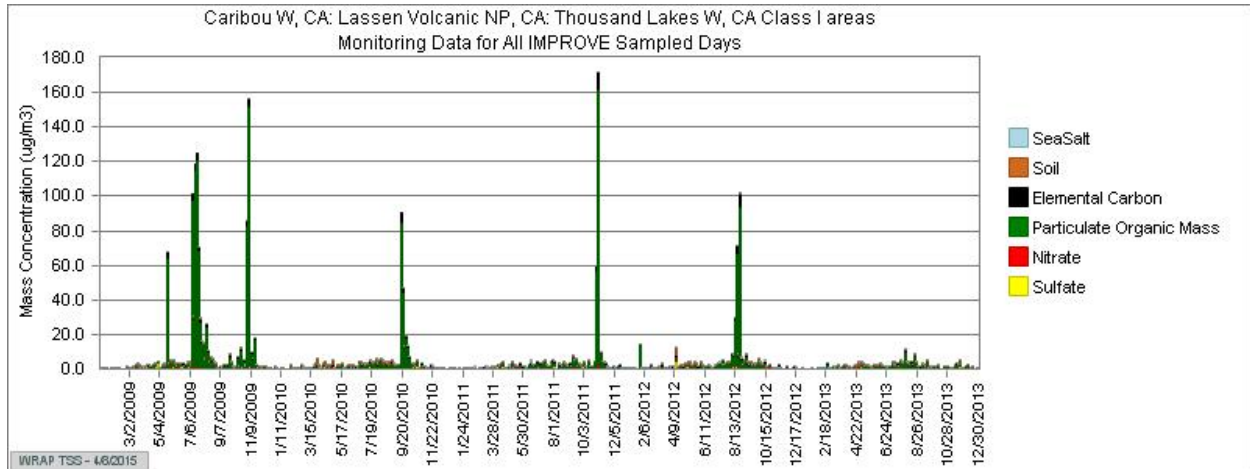


**Figure E1-9**  
**Central California, Kings Canyon National Park Station**

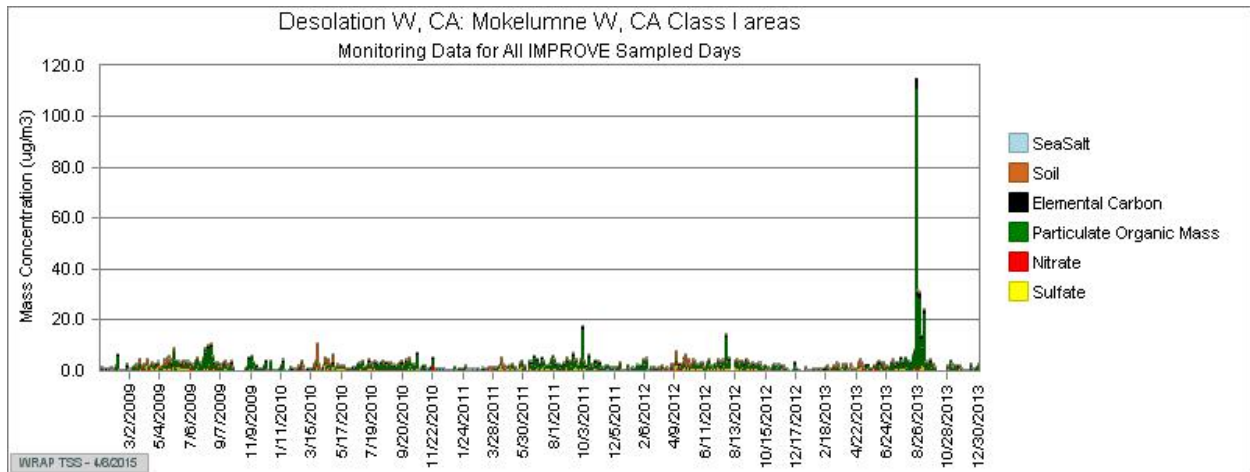


Northern California

**Figure E1-10**  
**Northern California, Caribou Wilderness Station**

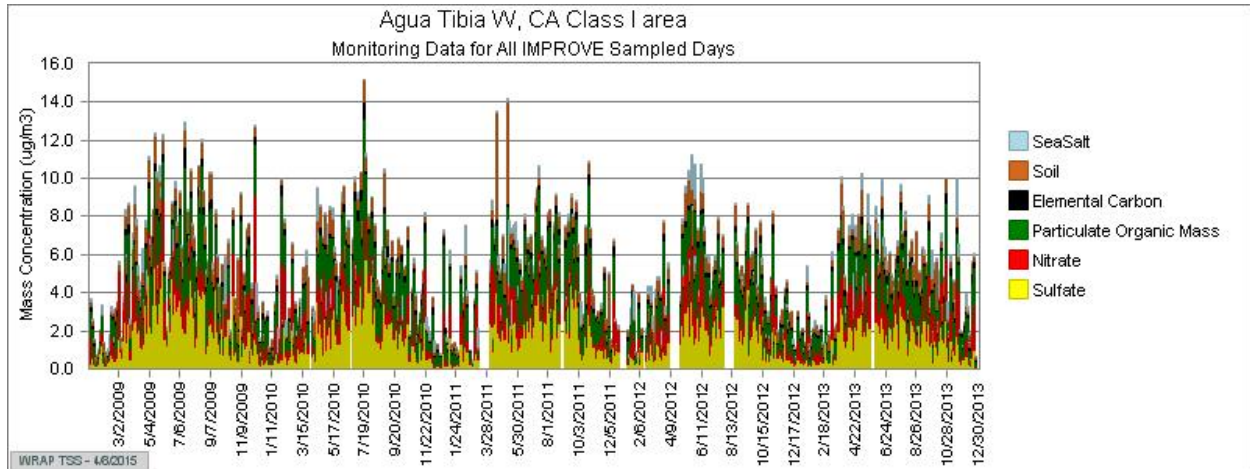


**Figure E1-11**  
**Northern California, Desolation Wilderness Station**

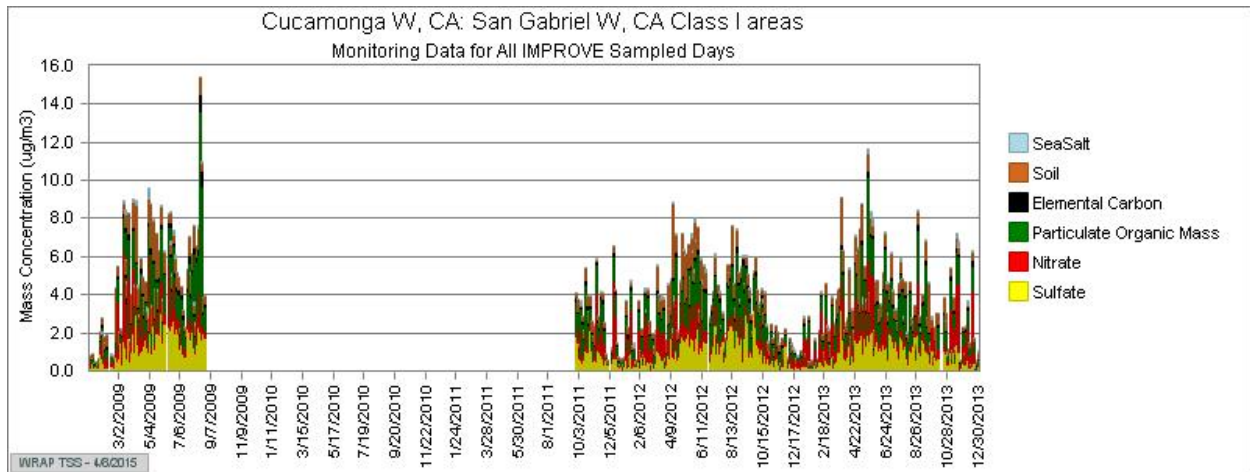


Southern California

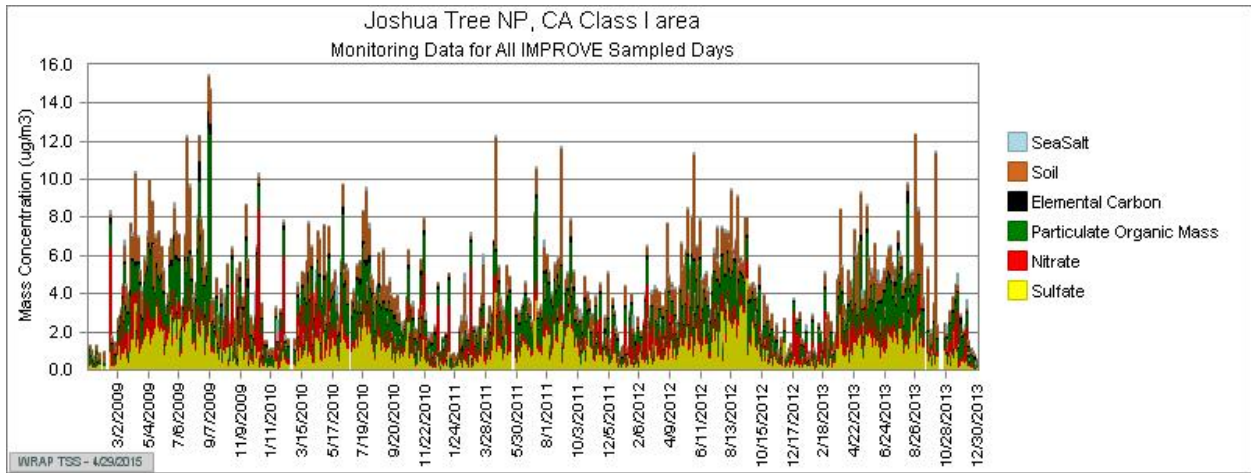
**Figure E1-12**  
**Southern California, Agua Tibia Wilderness Station**



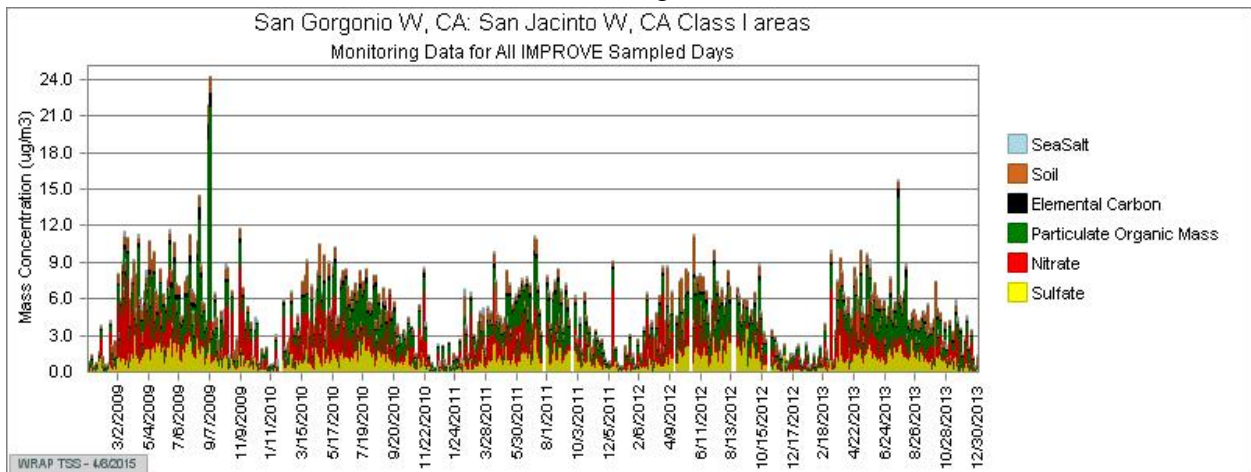
**Figure E1-13**  
**Southern California, Cucamonga Wilderness Station**



**Figure E1-14**  
**Southern California, Joshua Tree National Park Station**

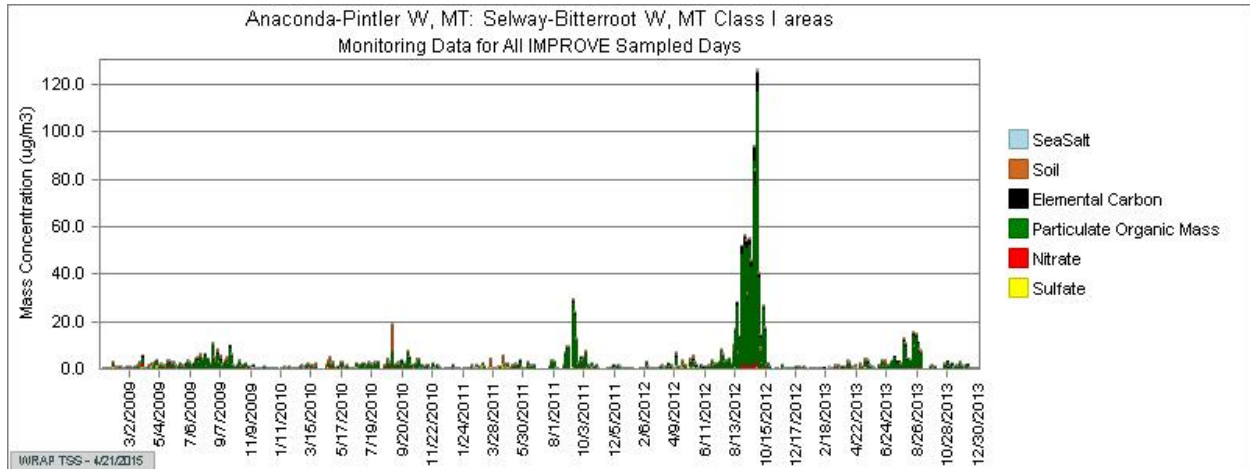


**Figure E1-15**  
**Southern California, San Geronio Wilderness Station**

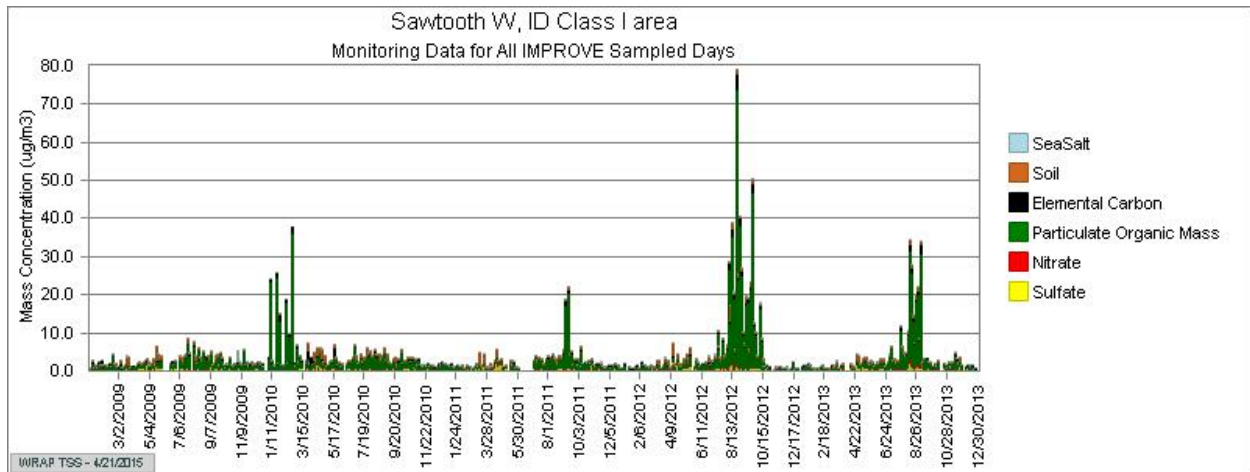


Central Idaho

**Figure E1-16**  
**Central Idaho, Anaconda-Pintler Wilderness Station**



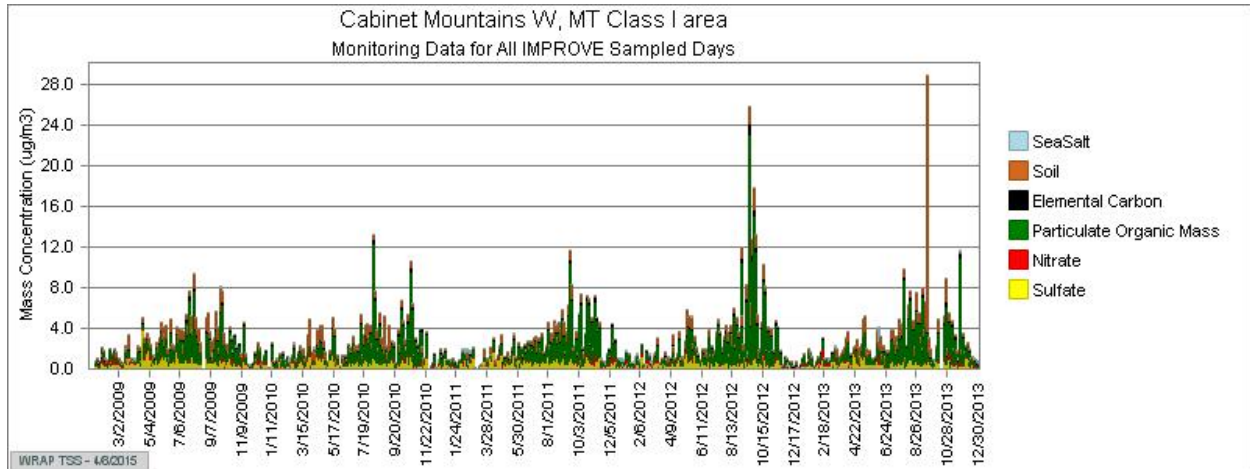
**Figure E1-17**  
**Central Idaho, Sawtooth Wilderness Station**





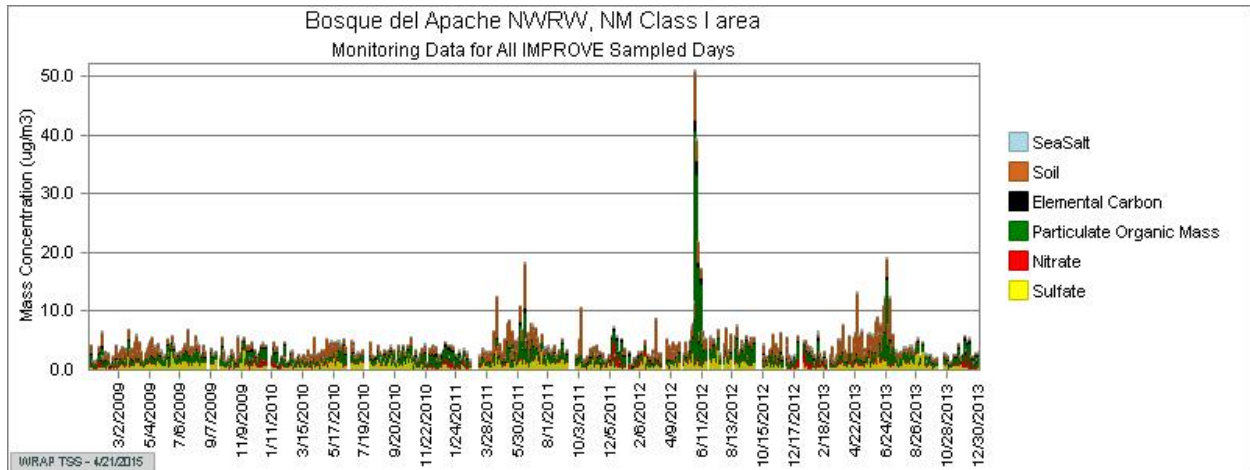
Northern Idaho

**Figure E1-18**  
**Northern Idaho, Cabinet Mountains Wilderness Station**

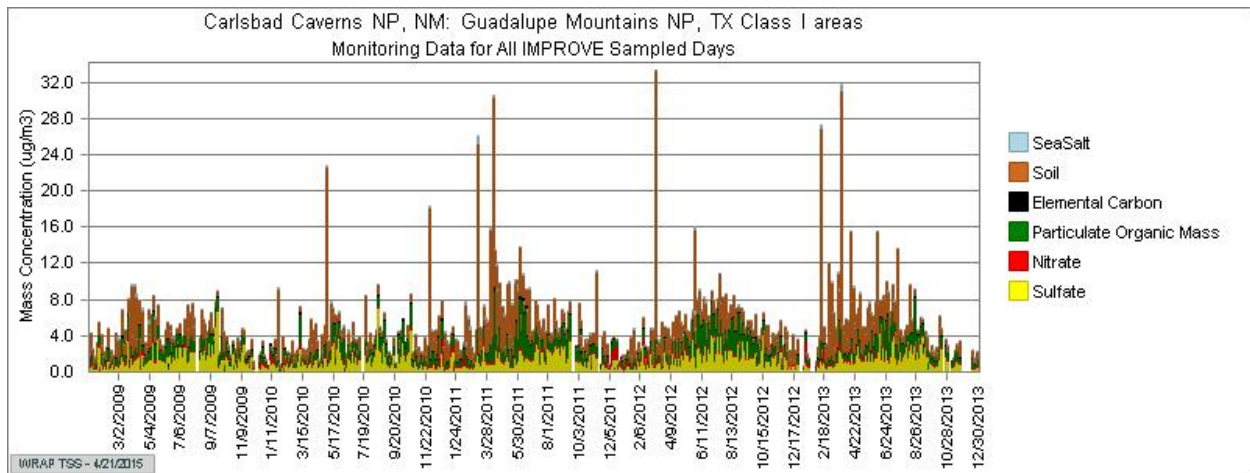


Southern New Mexico

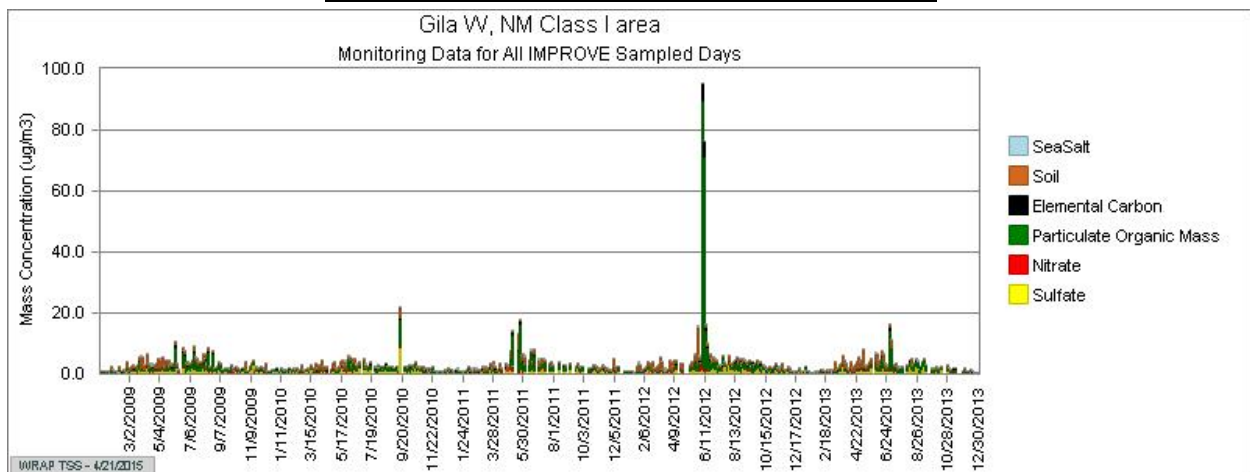
**Figure E1-19**  
**Southern New Mexico, Bosque del Apache National Wildlife Refuge Station**



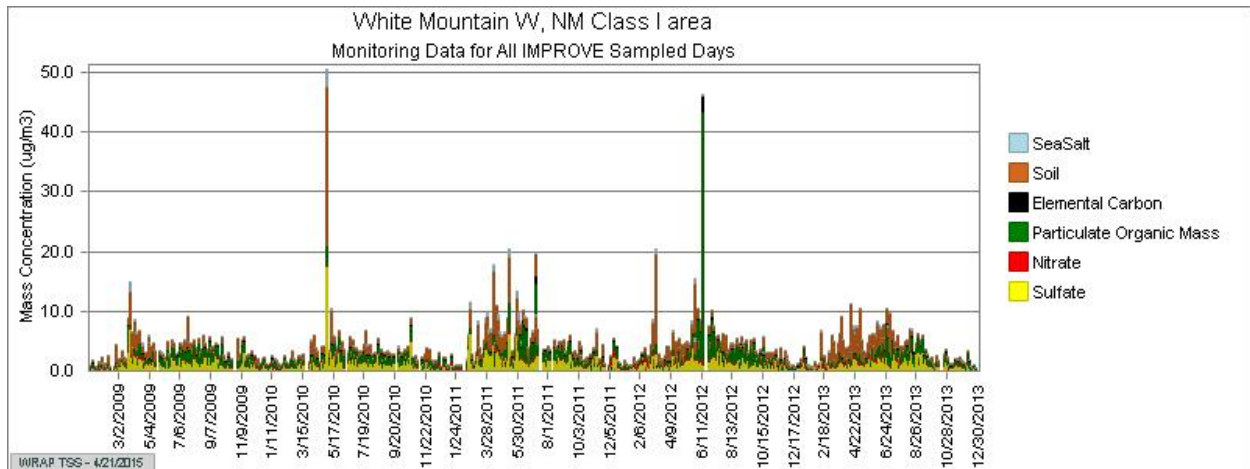
**Figure E1-20**  
**Southern New Mexico, Carlsbad Caverns Station**



**Figure E1-21**  
**Southern New Mexico, Gila Wilderness Station**



**Figure E1-22**  
**Southern New Mexico, White Mountain Wilderness Station**





**Attachment E2**  
**PM<sub>2.5</sub> Monitor Data for the Period 2009-2014**

**Nonattainment Receptors**

Imperial County, CA	60250005
Los Angeles – South Coast Air Basin, CA	
Los Angeles County	60371002, 60371103, 60371302, and 60371602
Riverside County	60658001 and 60658005
San Bernardino County	60710025 and 60712002
Plumas County, CA	60631009 and 60631010
San Joaquin Valley Air Basin, CA	
Fresno County	60190011 and 60195001
Kern County	60290014 and 60290016
Kings County	60311004
Madera County	60392010
Merced County	60470003
San Joaquin County	60771002
Stanislaus County	60990005 and 60990006
Tulare County	61072002
Shoshone County, ID	160790017

**Other Sensitive Receptors (i.e., “Maintenance” Receptors)**

Pinal County, AZ	40213013
San Bernardino County, CA	60719004
San Diego County, CA	60730003 and 60731002
Lemhi County, ID	160590004
Doña Ana County, NM	350130017

Data can be downloaded from AirData website: [http://www.epa.gov/airdata/ad\\_viz\\_plotval.html](http://www.epa.gov/airdata/ad_viz_plotval.html)

## Nonattainment Receptors

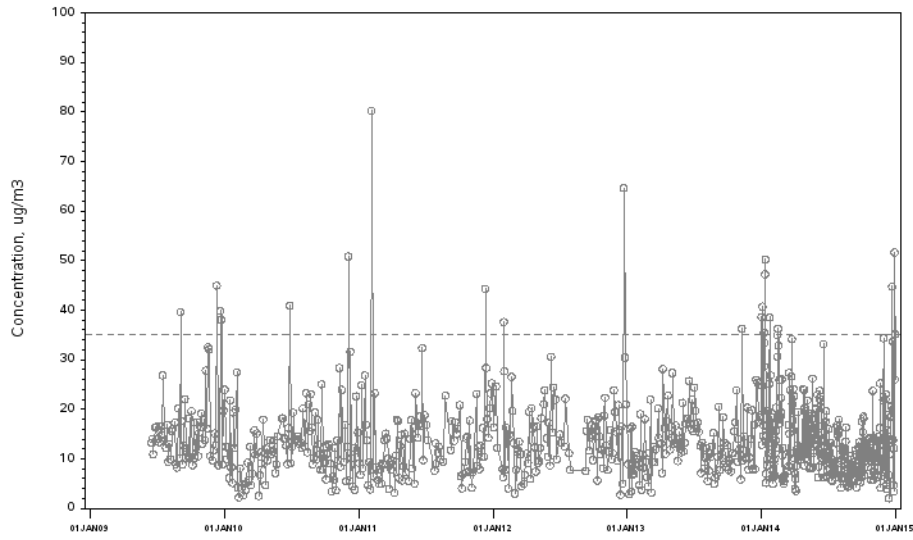
### Imperial County, CA

**Figure E2-1**

**PM<sub>2.5</sub> Data for 60250005 Site, Imperial County, CA**

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14

Parameter: PM2.5 - Local Conditions (Applicable standard is 35 ug/m3)  
CBSA: El Centro, CA  
County: Imperial  
State: California  
AQS Site ID: 06-025-0005, poc 1



Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 20, 2015

## Los Angeles-South Coast Air Basin, CA

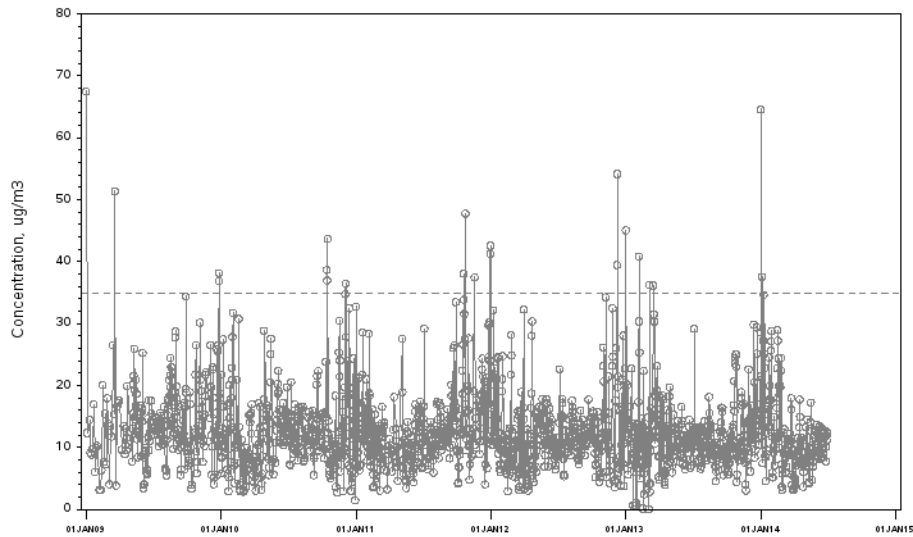
### Los Angeles County

**Figure E2-2**

#### PM<sub>2.5</sub> Data for 60371002 Site, Los Angeles County, CA

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14

Parameter: PM2.5 - Local Conditions (Applicable standard is 35 ug/m<sup>3</sup>)  
CBSA: Los Angeles-Long Beach-Santa Ana, CA  
County: Los Angeles  
State: California  
AQS Site ID: 06-037-1002, poc 1



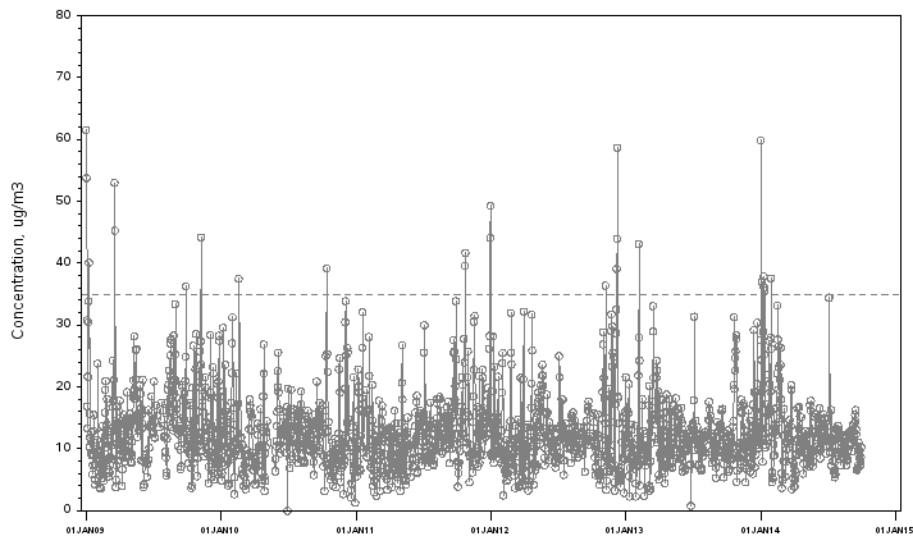
Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 20, 2015

**Figure E2-3**

#### PM<sub>2.5</sub> Data for 60371103 Site, Los Angeles County, CA

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14

Parameter: PM2.5 - Local Conditions (Applicable standard is 35 ug/m<sup>3</sup>)  
CBSA: Los Angeles-Long Beach-Santa Ana, CA  
County: Los Angeles  
State: California  
AQS Site ID: 06-037-1103, poc 1



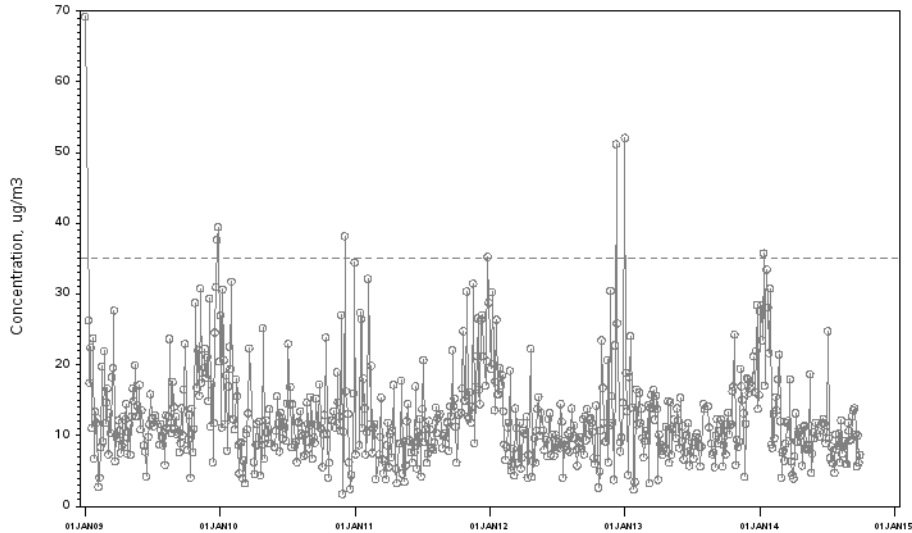
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Generated: April 20, 2015

**Figure E2-4**

**PM<sub>2.5</sub> Data for 60371302 Site, Los Angeles County, CA**

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14

Parameter: PM2.5 - Local Conditions (Applicable standard is 35 ug/m<sup>3</sup>)  
CBSA: Los Angeles-Long Beach-Santa Ana, CA  
County: Los Angeles  
State: California  
AQ5 Site ID: 06-037-1302, poc 1



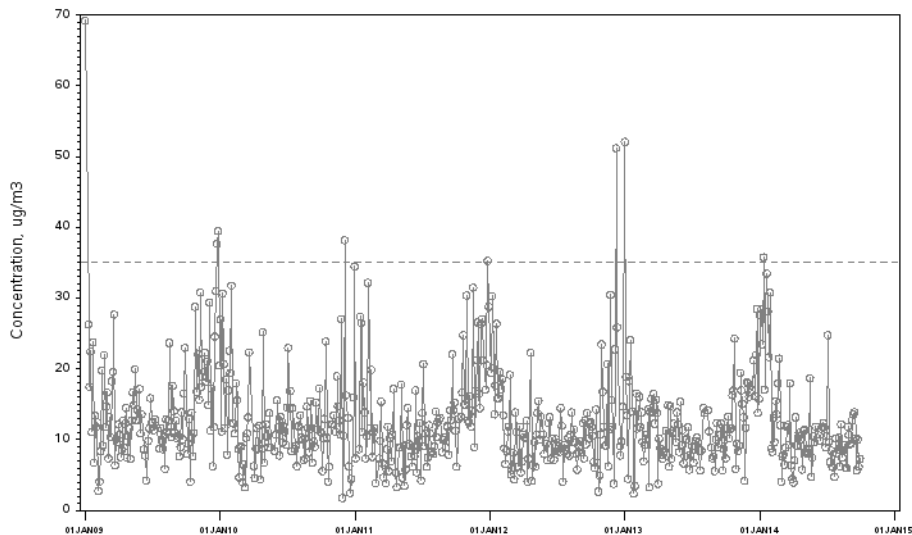
Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 20, 2015

**Figure E2-5**

**PM<sub>2.5</sub> Data for 603371302 Site, Los Angeles County, CA**

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14

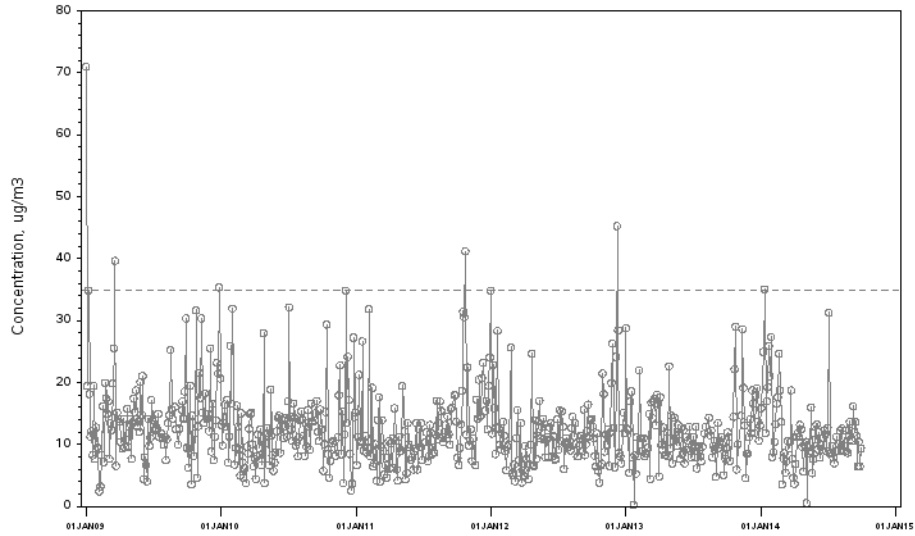
Parameter: PM2.5 - Local Conditions (Applicable standard is 35 ug/m<sup>3</sup>)  
CBSA: Los Angeles-Long Beach-Santa Ana, CA  
County: Los Angeles  
State: California  
AQ5 Site ID: 06-037-1302, poc 1



Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 21, 2015

**Figure E2-6**  
**PM<sub>2.5</sub> Data for 60371602 Site, Los Angeles County, CA**

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14  
Parameter: PM2.5 - Local Conditions (Applicable standard is 35 ug/m<sup>3</sup>)  
CBSA: Los Angeles-Long Beach-Santa Ana, CA  
County: Los Angeles  
State: California  
AQ5 Site ID: 06-037-1602, poc 1



Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 20, 2015

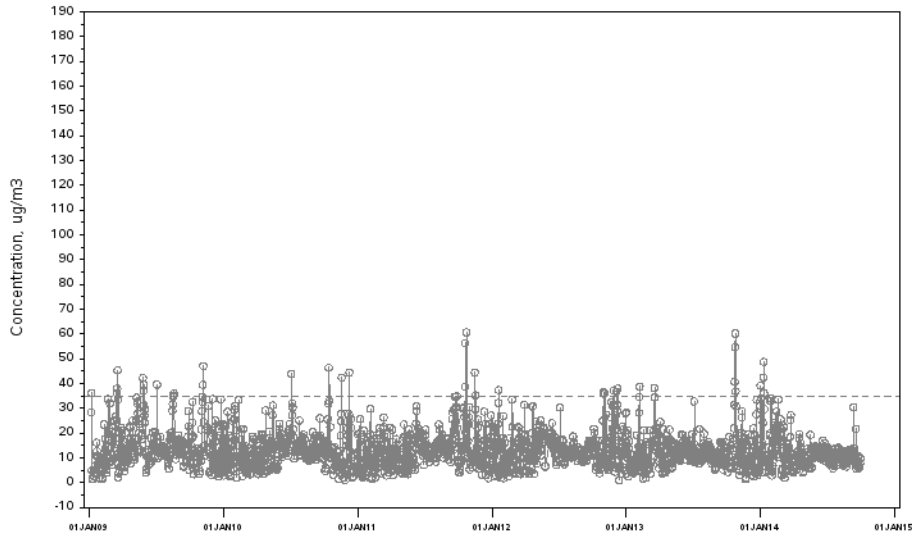
Riverside County

Figure E2-7

PM<sub>2.5</sub> Data for 60658001 Site, Riverside County, CA

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14

Parameter: PM2.5 - Local Conditions (Applicable standard is 35 ug/m3)  
CBSA: Riverside-San Bernardino-Ontario, CA  
County: Riverside  
State: California  
AQS Site ID: 06-065-8001, poc 1



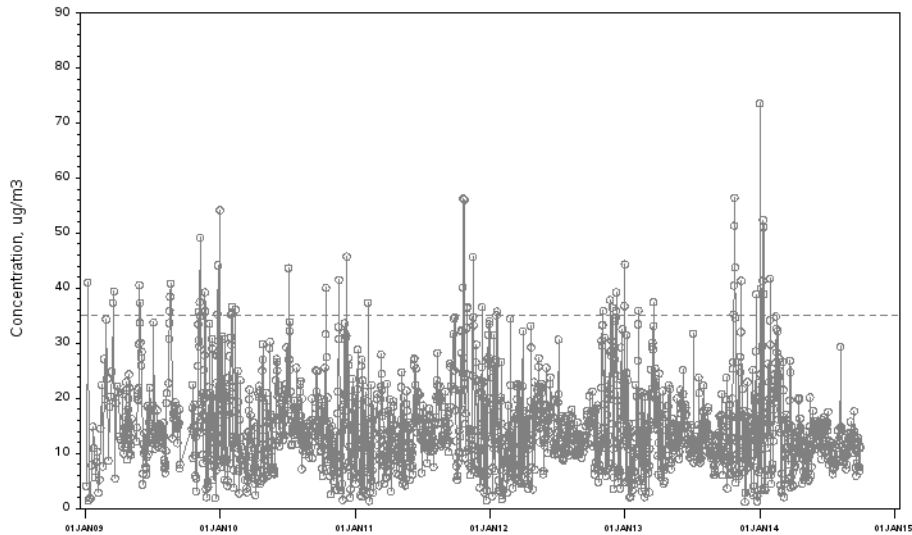
Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 20, 2015

Figure E2-8

PM<sub>2.5</sub> Data for 60658005 Site, Riverside County, CA

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14

Parameter: PM2.5 - Local Conditions (Applicable standard is 35 ug/m3)  
CBSA: Riverside-San Bernardino-Ontario, CA  
County: Riverside  
State: California  
AQS Site ID: 06-065-8005, poc 1



Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 20, 2015

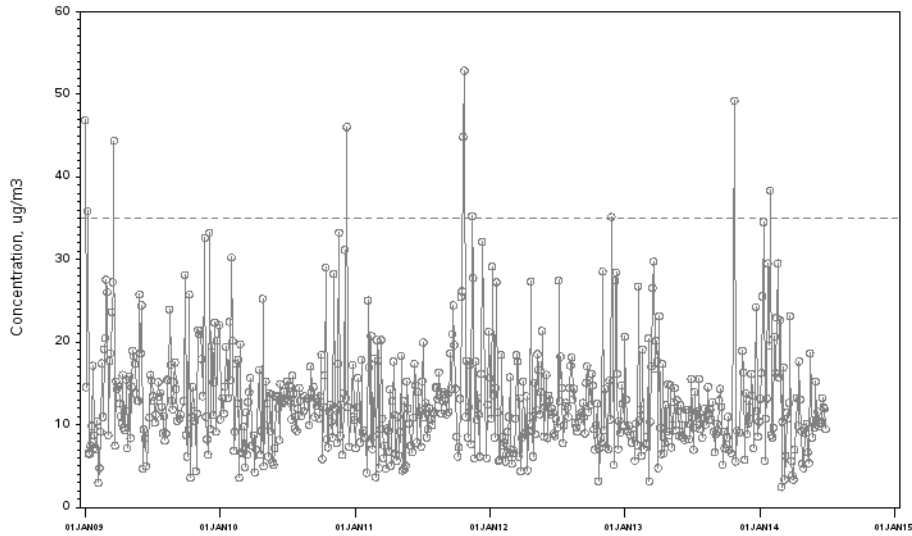
San Bernardino County

Figure E2-9

PM<sub>2.5</sub> Data for 60710025 Site, San Bernardino County, CA

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14

Parameter: PM2.5 - Local Conditions (Applicable standard is 35 ug/m3)  
CBSA: Riverside-San Bernardino-Ontario, CA  
County: San Bernardino  
State: California  
AQS Site ID: 06-071-0025, poc 1



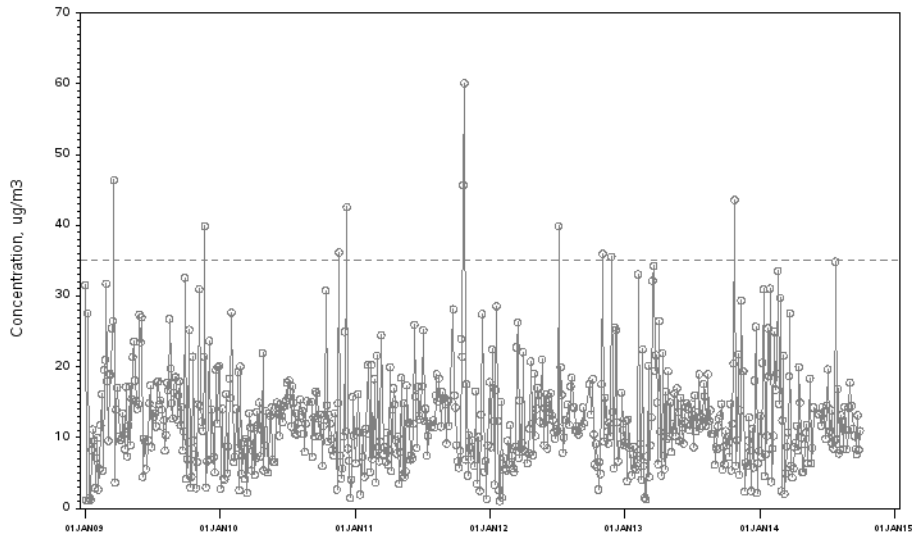
Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 20, 2015

Figure E2-10

PM<sub>2.5</sub> Data for 60712002 Site, San Bernardino County, CA

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14

Parameter: PM2.5 - Local Conditions (Applicable standard is 35 ug/m3)  
CBSA: Riverside-San Bernardino-Ontario, CA  
County: San Bernardino  
State: California  
AQS Site ID: 06-071-2002, poc 1



Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 20, 2015



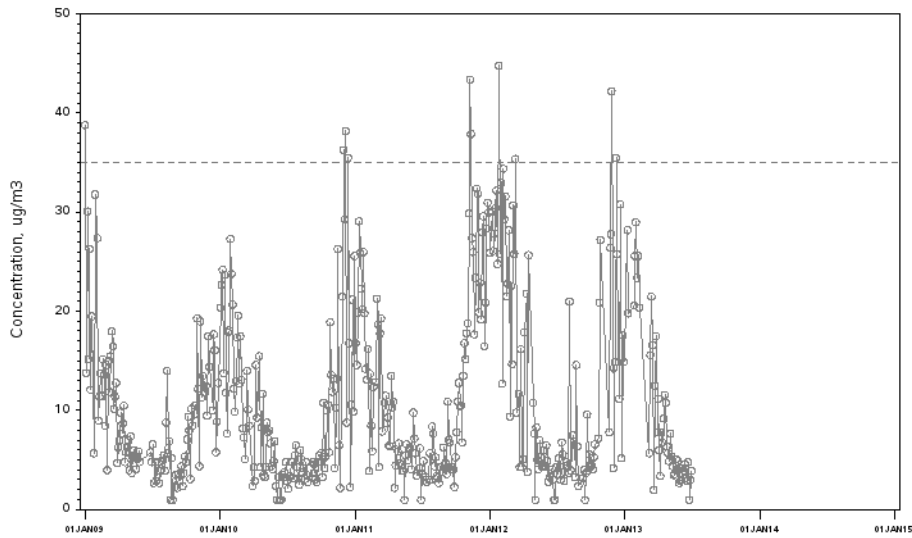
Plumas County, CA

Figure E2-11

PM2.5 Data for 060631009 Site, Plumas County, CA

Daily Mean PM2.5 Concentrations from 01/01/09 to 12/31/14

Parameter: PM2.5 - Local Conditions (Applicable standard is 35 ug/m3)  
CBSA:  
County: Plumas  
State: California  
AQS Site ID: 06-063-1009, poc 1



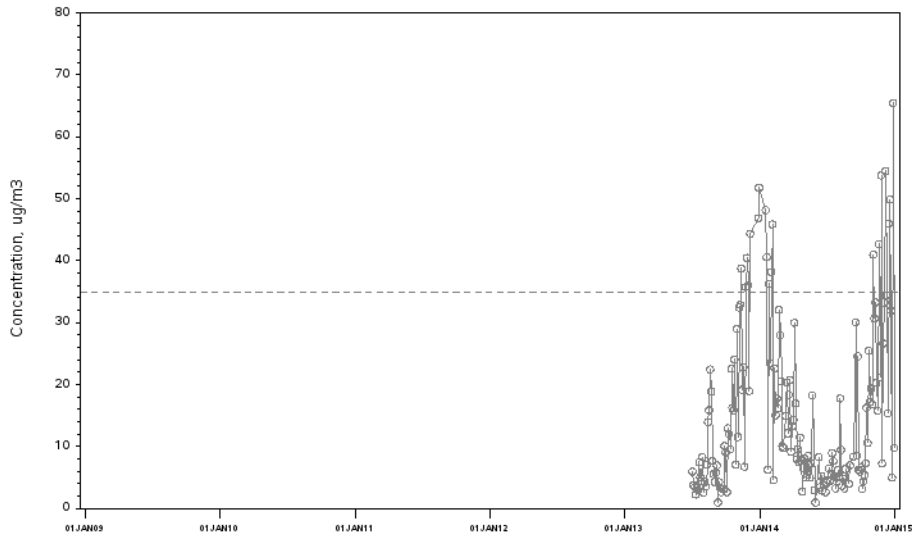
Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 8, 2015

Figure E2-12

PM2.5 Data for 060631010 Site, Plumas County, CA

Daily Mean PM2.5 Concentrations from 01/01/09 to 12/31/14

Parameter: PM2.5 - Local Conditions (Applicable standard is 35 ug/m3)  
CBSA:  
County: Plumas  
State: California  
AQS Site ID: 06-063-1010, poc 1



Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 8, 2015

## San Joaquin Valley Air Basin, CA

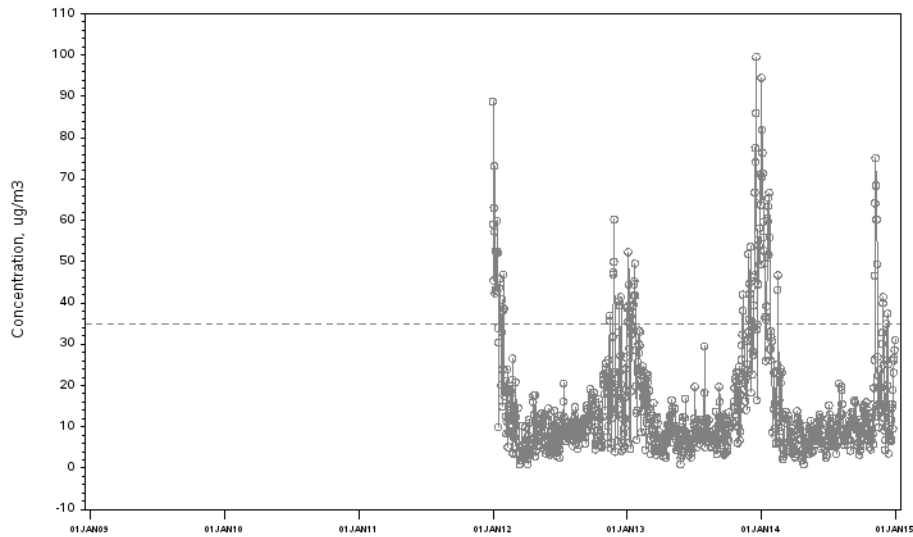
### Fresno County

**Figure E2-13**

#### PM<sub>2.5</sub> Data for 060190011 Site, Fresno County, CA

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14

Parameter: PM2.5 - Local Conditions (Applicable standard is 35 ug/m<sup>3</sup>)  
CBSA: Fresno, CA  
County: Fresno  
State: California  
AQ5 Site ID: 06-019-0011, poc 1



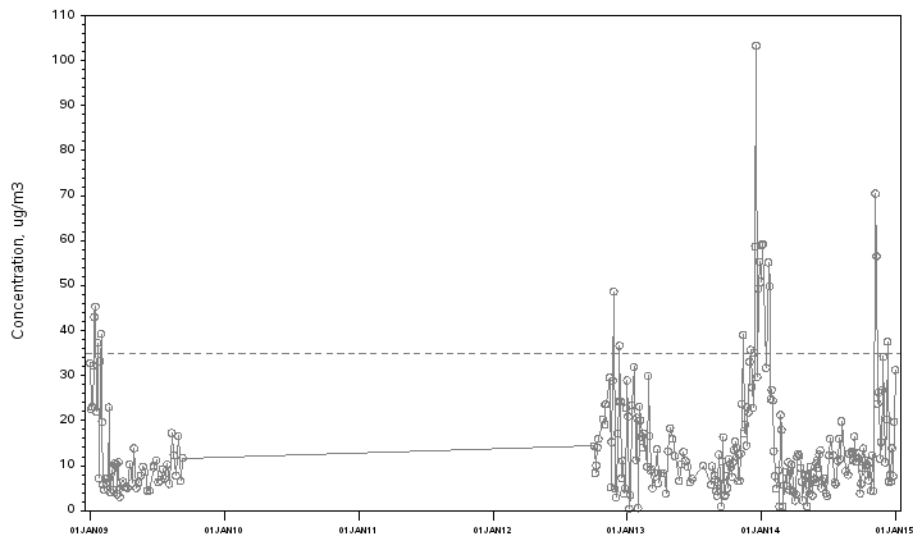
Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 8, 2015

**Figure E2-14**

#### PM<sub>2.5</sub> Data for 060195001 site, Fresno County, CA

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14

Parameter: PM2.5 - Local Conditions (Applicable standard is 35 ug/m<sup>3</sup>)  
CBSA: Fresno, CA  
County: Fresno  
State: California  
AQ5 Site ID: 06-019-5001, poc 1



Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 8, 2015

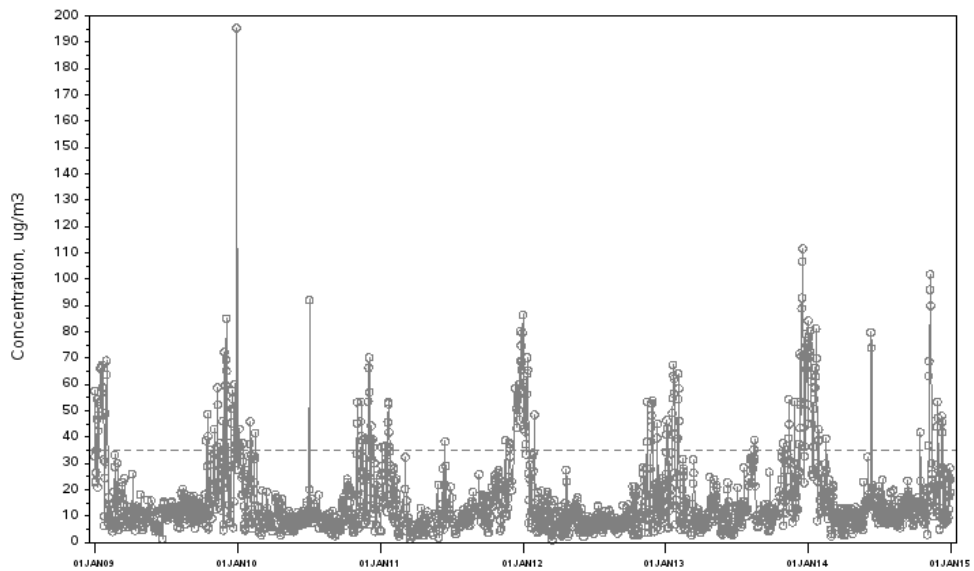
Kern County

Figure E2-15

PM<sub>2.5</sub> Data for 60290014 Site, Kern County, CA

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14

Parameter: PM2.5 - Local Conditions (Applicable standard is 35 ug/m3)  
CBSA: Bakersfield, CA  
County: Kern  
State: California  
AQS Site ID: 06-029-0014, poc 1



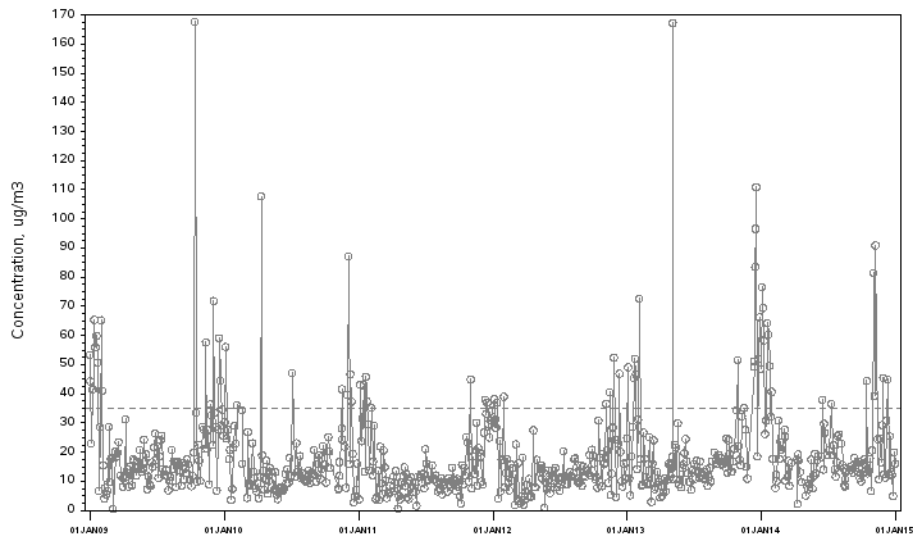
Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 20, 2015

Figure E2-16

PM<sub>2.5</sub> Data for 60290016 Site, Kern County, CA

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14

Parameter: PM2.5 - Local Conditions (Applicable standard is 35 ug/m3)  
CBSA: Bakersfield, CA  
County: Kern  
State: California  
AQS Site ID: 06-029-0016, poc 1



Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 20, 2015

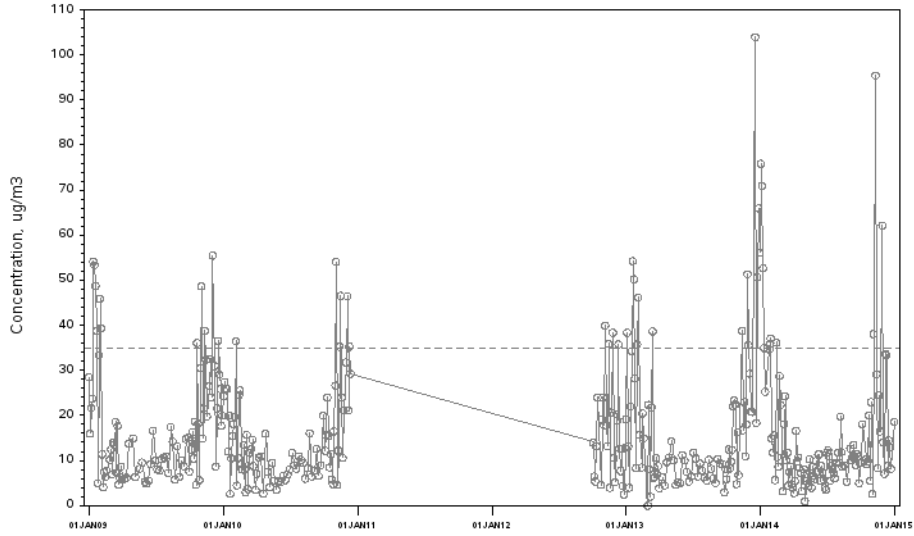
Kings County

Figure E2-17

PM<sub>2.5</sub> Data for 60310004 Site, Kings County, CA

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14

Parameter: PM2.5 - Local Conditions (Applicable standard is 35 ug/m3)  
CBSA: Hanford-Corcoran, CA  
County: Kings  
State: California  
AQS Site ID: 06-031-0004, poc 1



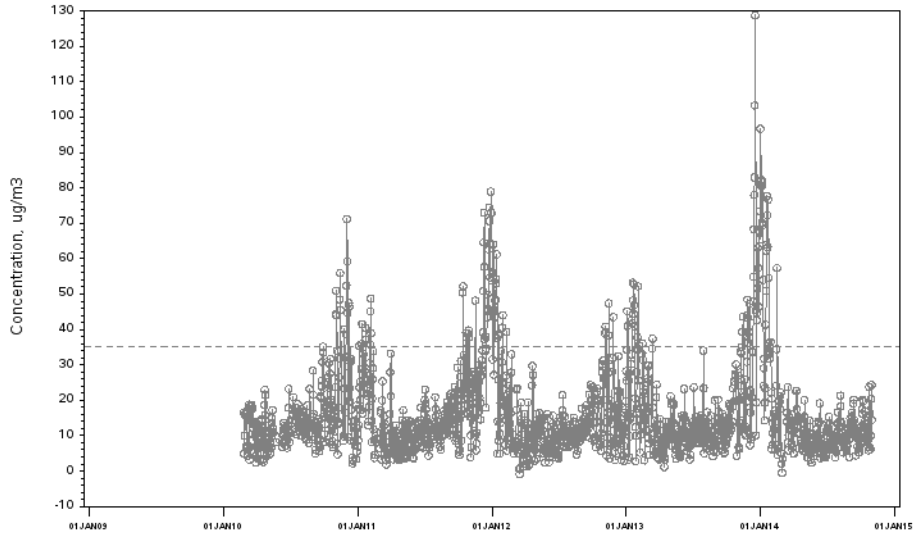
Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 20, 2015

Figure E2-18

PM<sub>2.5</sub> Data for 60311004 Site, Kings County, CA

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14

Parameter: PM2.5 - Local Conditions (Applicable standard is 35 ug/m3)  
CBSA: Hanford-Corcoran, CA  
County: Kings  
State: California  
AQS Site ID: 06-031-1004, poc 3



Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 20, 2015

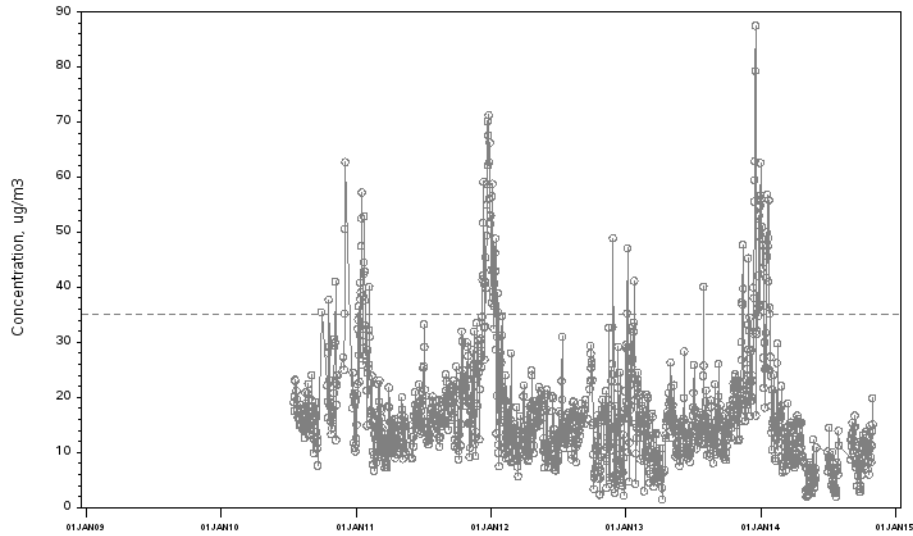
Madera County

Figure E2-19

PM<sub>2.5</sub> Data for 60392010 Site, Madera County, CA

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14

Parameter: PM25 - Local Conditions (Applicable standard is 35 ug/m3)  
CBSA: Madera, CA  
County: Madera  
State: California  
AQS Site ID: 06-039-2010, poc 3



Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 20, 2015

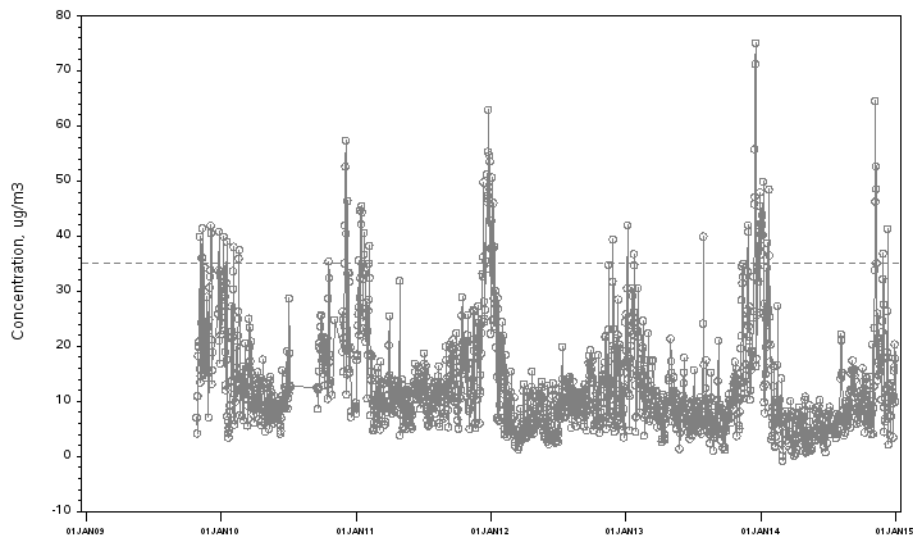
Merced County

Figure E2-20

PM<sub>2.5</sub> Data for 60470003 Site, Merced County, CA

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14

Parameter: PM25 - Local Conditions (Applicable standard is 35 ug/m3)  
CBSA: Merced, CA  
County: Merced  
State: California  
AQS Site ID: 06-047-0003, poc 3



Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 20, 2015

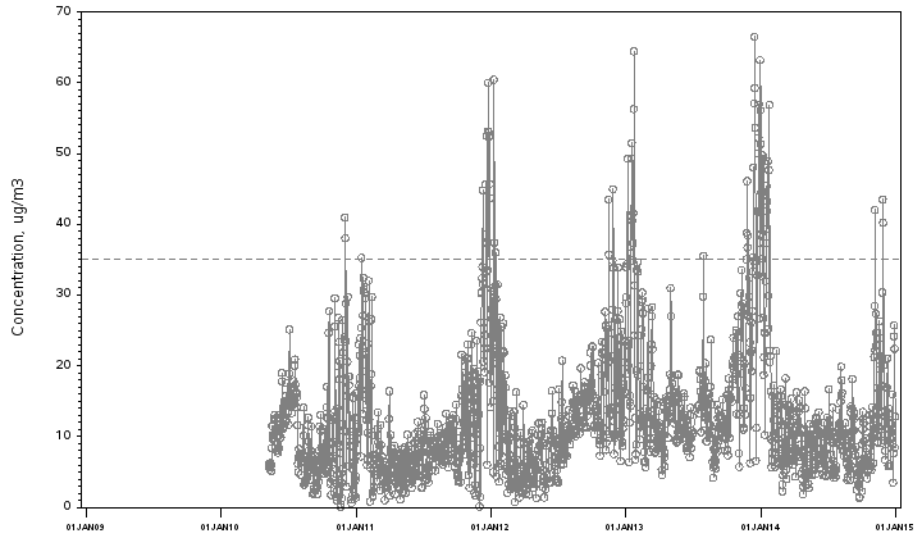
San Joaquin County

Figure E2-21

PM<sub>2.5</sub> Data for 60771002 Site, San Joaquin County, CA

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14

Parameter: PM25 - Local Conditions (Applicable standard is 35 ug/m3)  
CBSA: Stockton, CA  
County: San Joaquin  
State: California  
AQS Site ID: 06-077-1002, poc 3



Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 20, 2015

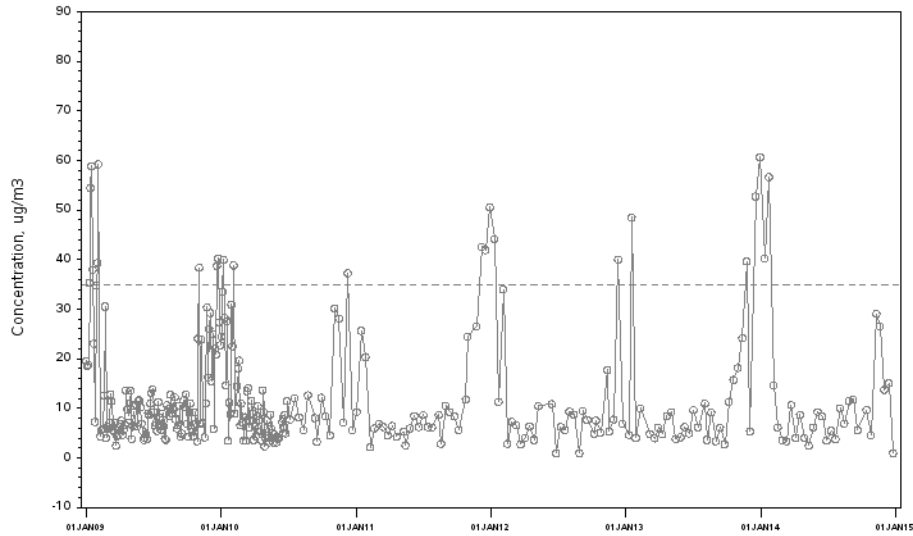
Stanislaus County

Figure E2-22

PM<sub>2.5</sub> Data for 60990005 Site, Stanislaus County, CA

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14

Parameter: PM2.5 - Local Conditions (Applicable standard is 35 ug/m3)  
CBSA: Modesto, CA  
County: Stanislaus  
State: California  
AQS Site ID: 06-099-0005, p0c 1



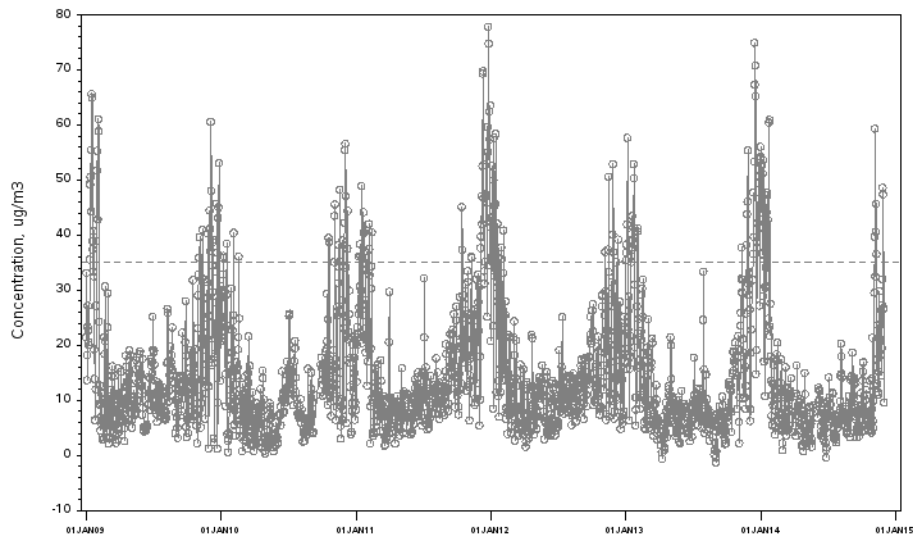
Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 20, 2015

Figure E2-23

PM<sub>2.5</sub> Data for 60990006 site, Stanislaus County, CA

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14

Parameter: PM2.5 - Local Conditions (Applicable standard is 35 ug/m3)  
CBSA: Modesto, CA  
County: Stanislaus  
State: California  
AQS Site ID: 06-099-0006, p0c 3



Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 20, 2015



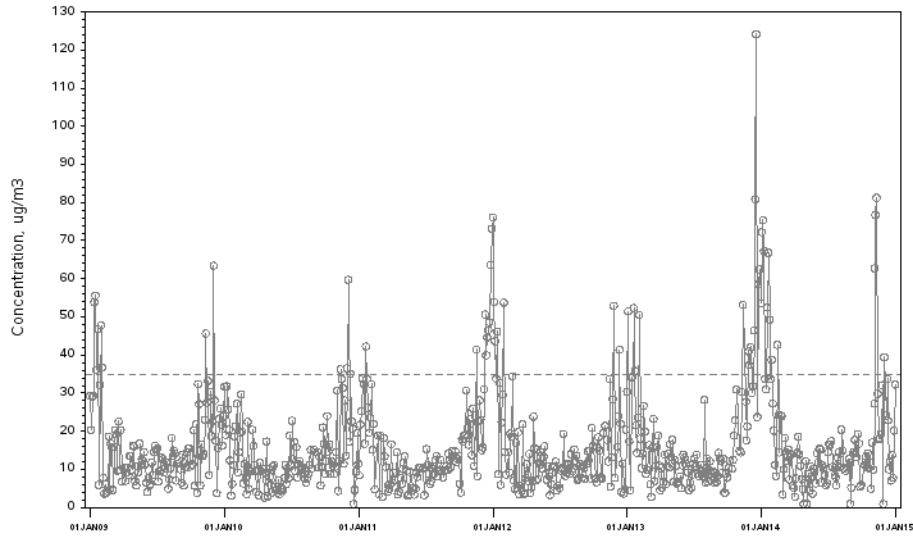
Tulare County

Figure E2-24

PM<sub>2.5</sub> Data for 61072002 Site, Tulare County, CA

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14

Parameter: PM2.5 - Local Conditions (Applicable standard is 35 ug/m3)  
CBSA: Visalia-Porterville, CA  
County: Tulare  
State: California  
AQS Site ID: 06-107-2002, poc 1



Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 20, 2015

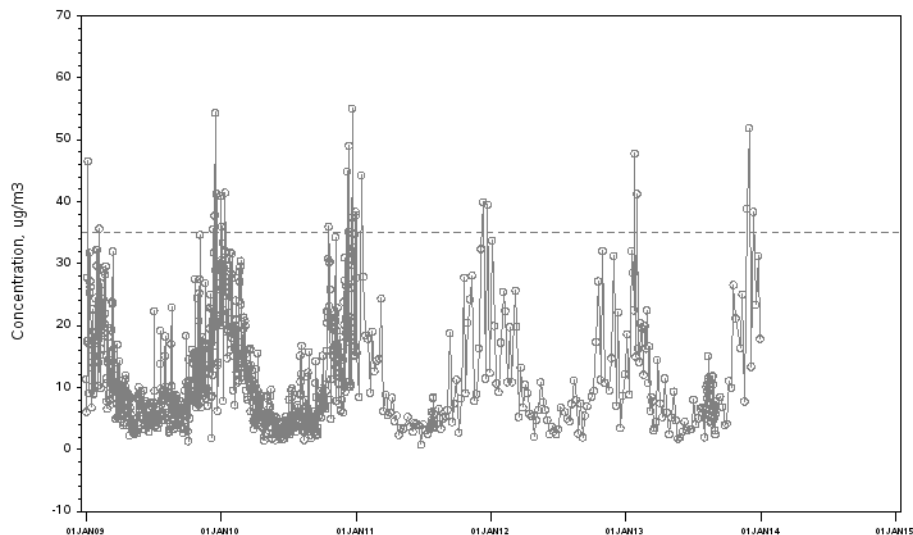
Shoshone County, ID

Figure E2-25

PM<sub>2.5</sub> Data for 160790017 Site, Shoshone County, ID

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14

Parameter: PM2.5 - Local Conditions (Applicable standard is 35 ug/m3)  
CBSA:  
County: Shoshone  
State: Idaho  
AQS Site ID: 16-079-0017, poc 1



Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 20, 2015

## Other Sensitive Receptors (i.e., "Maintenance" Receptors)

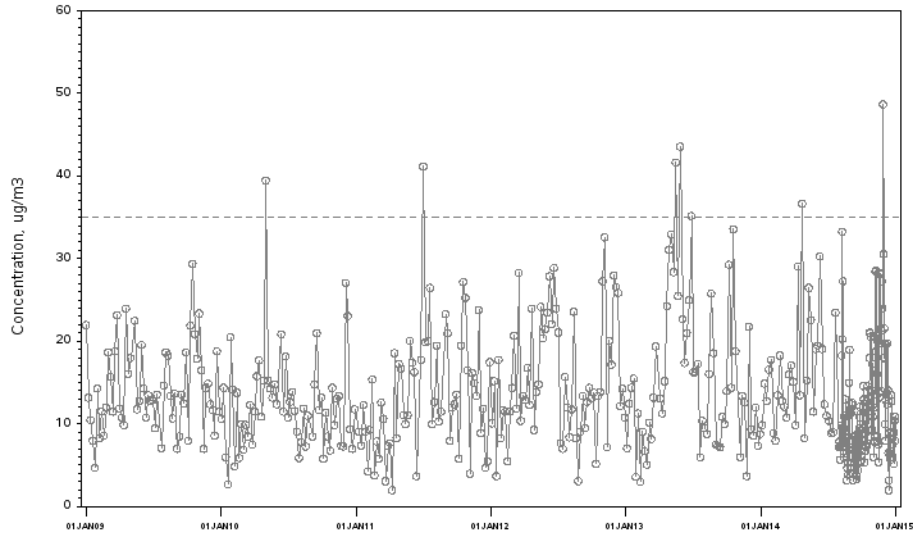
### Pinal County, AZ

**Figure E2-26**

**PM<sub>2.5</sub> Data for 40213013 Site, Pinal County, AZ**

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14

Parameter: PM2.5 - Local Conditions (Applicable standard is 35 ug/m3)  
CBSA: Phoenix-Mesa-Scottsdale, AZ  
County: Pinal  
State: Arizona  
AQS Site ID: 04-021-3013, poc 1



Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 21, 2015

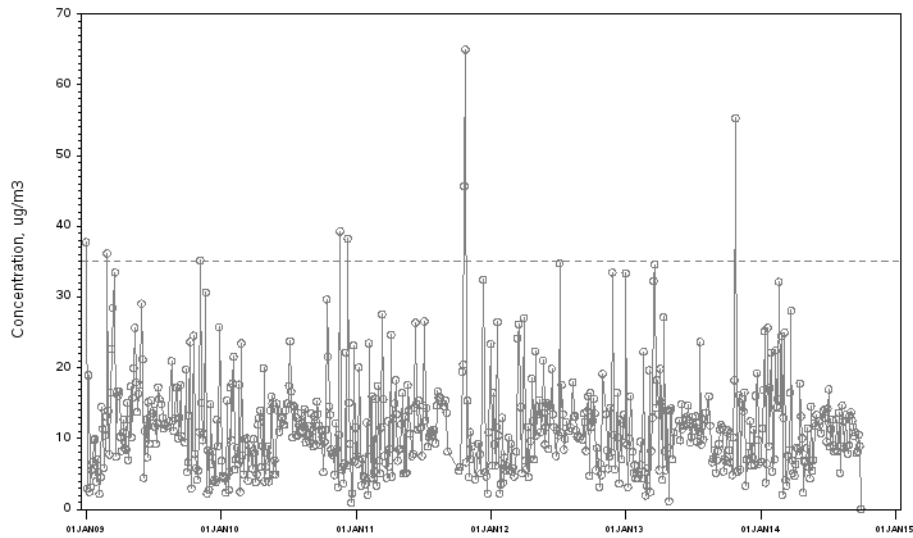
## San Bernardino County, CA

**Figure E2-27**

### PM<sub>2.5</sub> Data for 60719004 Site, San Bernardino County, CA

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14

Parameter: PM2.5 - Local Conditions (Applicable standard is 35 ug/m3)  
CBSA: Riverside-San Bernardino-Ontario, CA  
County: San Bernardino  
State: California  
AQ5 Site ID: 06-071-9004, poc 1



Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 21, 2015

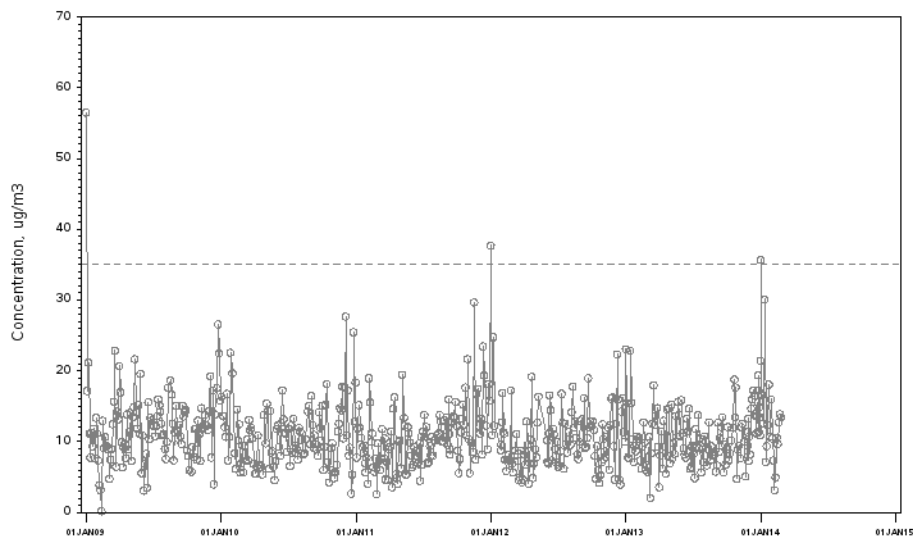
## San Diego County, CA

**Figure E2-28**

### PM<sub>2.5</sub> Data for 60730003 Site, San Diego County, CA

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14

Parameter: PM2.5 - Local Conditions (Applicable standard is 35 ug/m3)  
CBSA: San Diego-Carlsbad-San Marcos, CA  
County: San Diego  
State: California  
AQ5 Site ID: 06-073-0003, poc 1



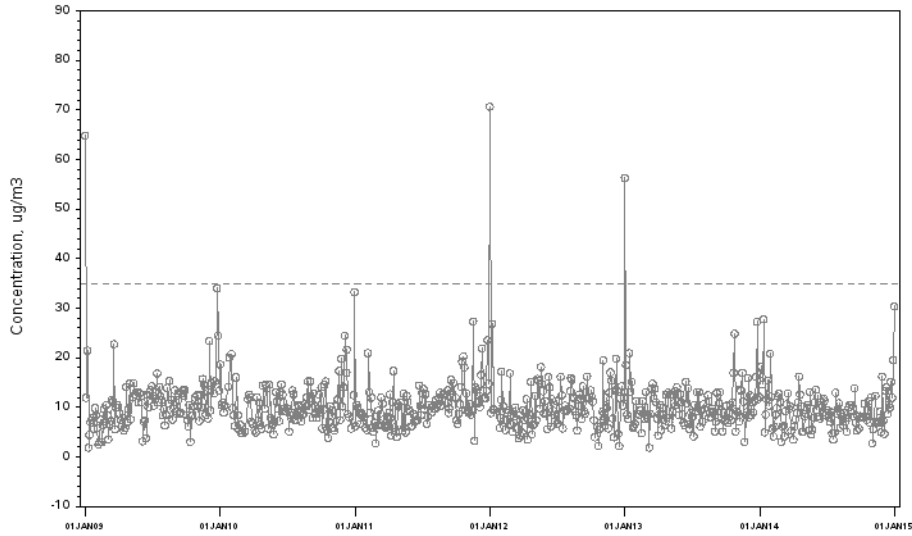
Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 21, 2015

**Figure E2-29**

**PM<sub>2.5</sub> Data for 60731002 Site, San Diego County, CA**

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14

Parameter: PM2.5 - Local Conditions (Applicable standard is 35 ug/m<sup>3</sup>)  
CBSA: San Diego-Carlsbad-San Marcos, CA  
County: San Diego  
State: California  
AQ5 Site ID: 06-073-1002, poc 1



Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 21, 2015

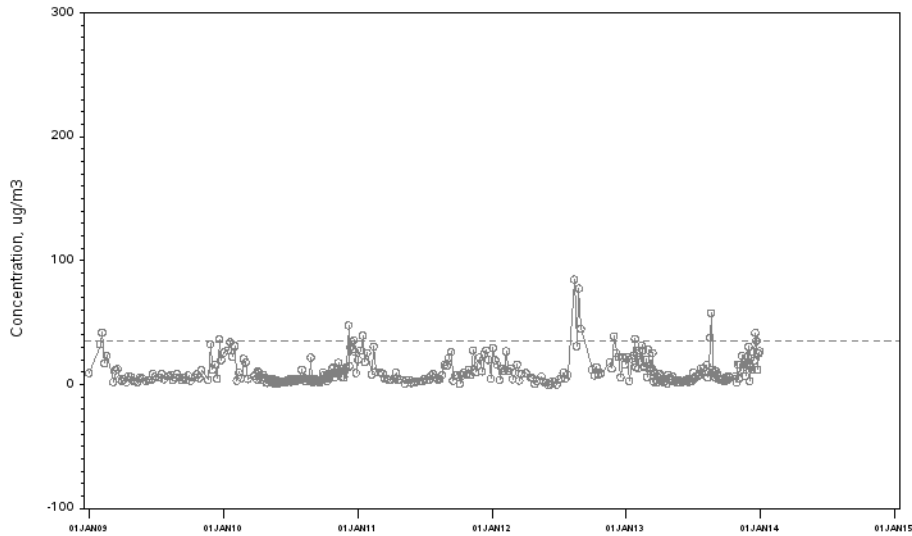
**Lemhi County, ID**

**Figure E2-30**

**PM<sub>2.5</sub> Data for 160590004 Site, Lemhi County, ID**

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14

Parameter: PM2.5 - Local Conditions (Applicable standard is 35 ug/m<sup>3</sup>)  
CBSA:  
County: Lemhi  
State: Idaho  
AQ5 Site ID: 16-059-0004, poc 1



Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 21, 2015

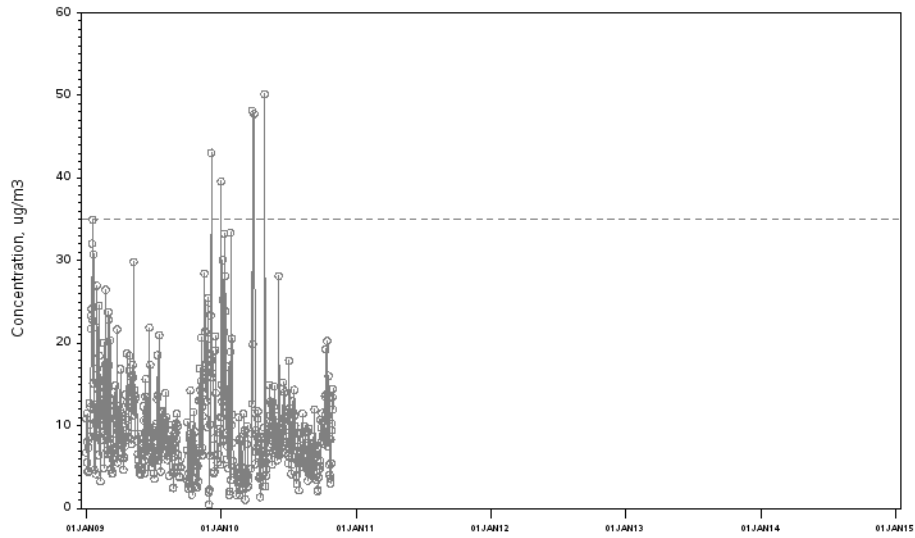
Doña Ana County, NM

Figure E2-31

PM<sub>2.5</sub> Data for 350130017 Site, Doña Ana County, NM

Daily Mean PM<sub>2.5</sub> Concentrations from 01/01/09 to 12/31/14

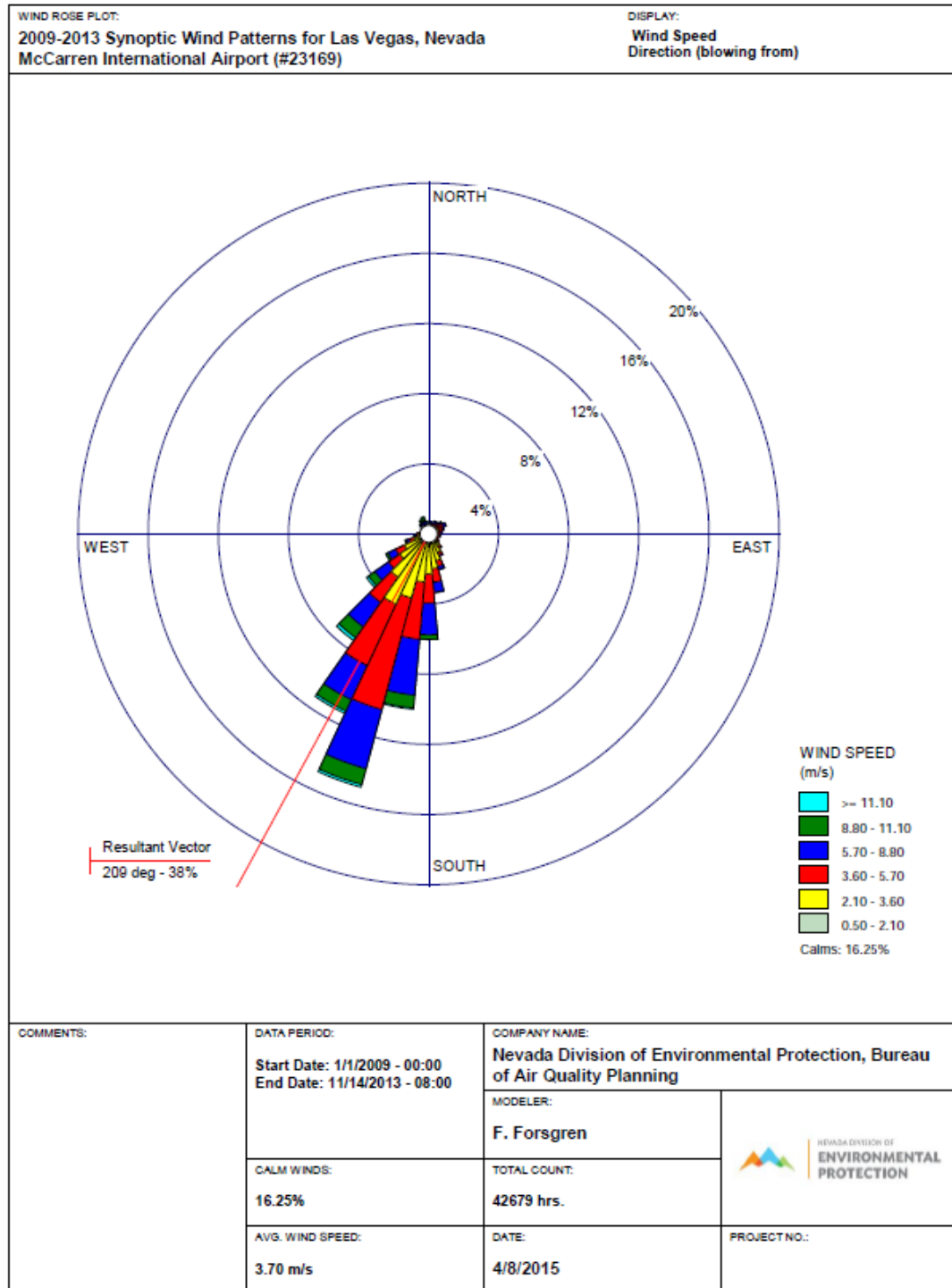
Parameter: PM2.5 - Local Conditions (Applicable standard is 35 ug/m3)  
CBSA: Las Cruces, NM  
County: Dona Ana  
State: New Mexico  
AQS Site ID: 35-013-0017, poc 1



Source: U.S. EPA AirData <<http://www.epa.gov/airdata>>  
Generated: April 21, 2015

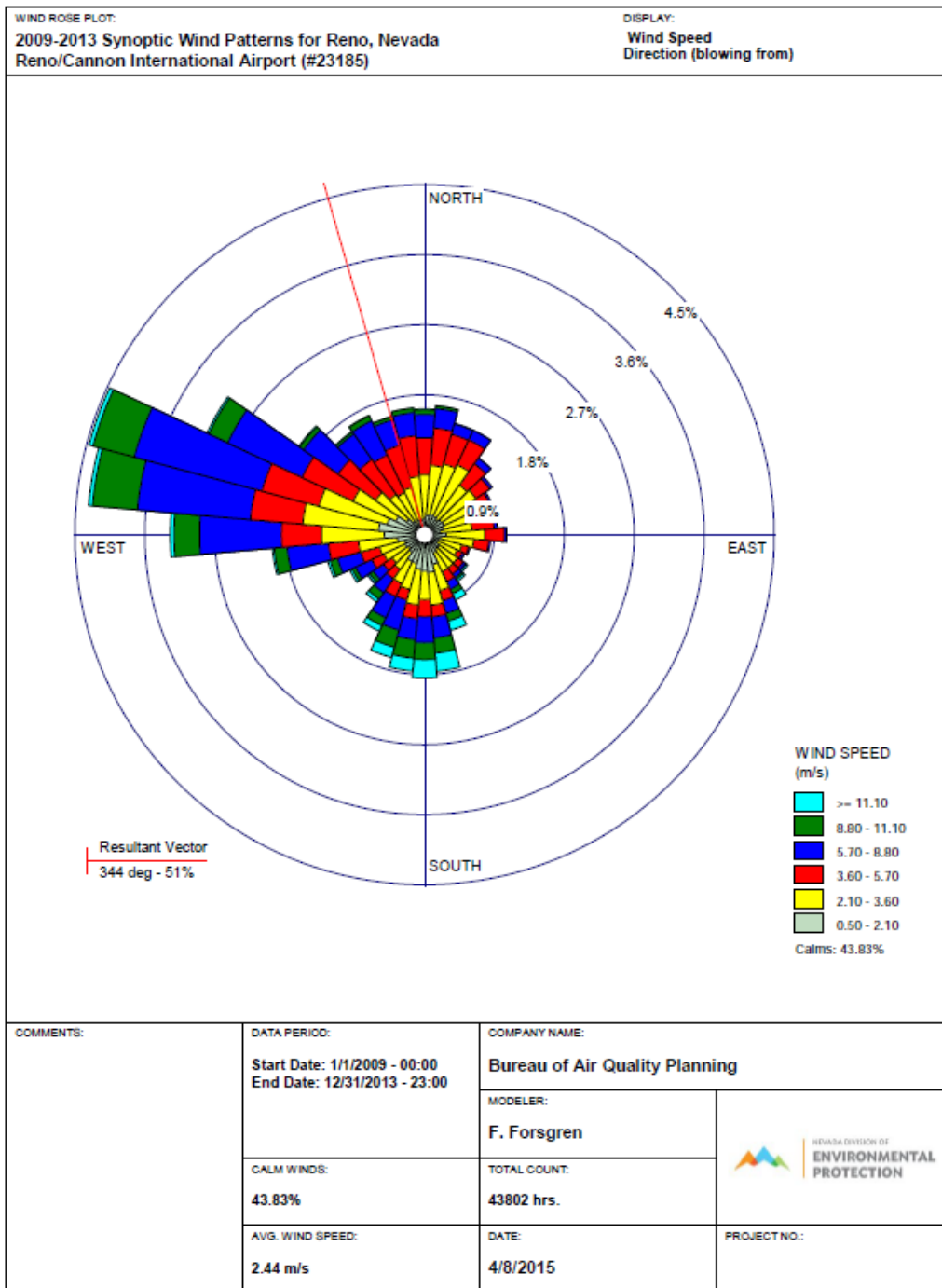
## Attachment E3 Wind Roses for Nevada Metropolitan Areas

### Las Vegas Wind Rose



WRPLOT View - Lakes Environmental Software

## Reno Wind Rose



WRPLOT View - Lakes Environmental Software



Attachment E4  
**2011 PM<sub>2.5</sub> Emission Data**

PM<sub>2.5</sub> emissions data from the USEPA's 2011 National Emissions Inventory v2 are presented for each state and county with a sensitive receptor as listed below. The data is available from:

[http://www.epa.gov/cgi-bin/broker?polchoice=PM& debug=0& service=data& program=dataprog.national\\_1.sas](http://www.epa.gov/cgi-bin/broker?polchoice=PM& debug=0& service=data& program=dataprog.national_1.sas)

**Arizona**

Pinal County, AZ

**California**

Fresno County  
Imperial County  
Kern County  
Kings County  
Los Angeles  
Madera County  
Merced County  
Plumas County

**Riverside County**

San Bernardino County  
San Diego County  
San Joaquin County  
Stanislaus County  
Tulare County

**Idaho**

Lemhi County  
Shoshone County

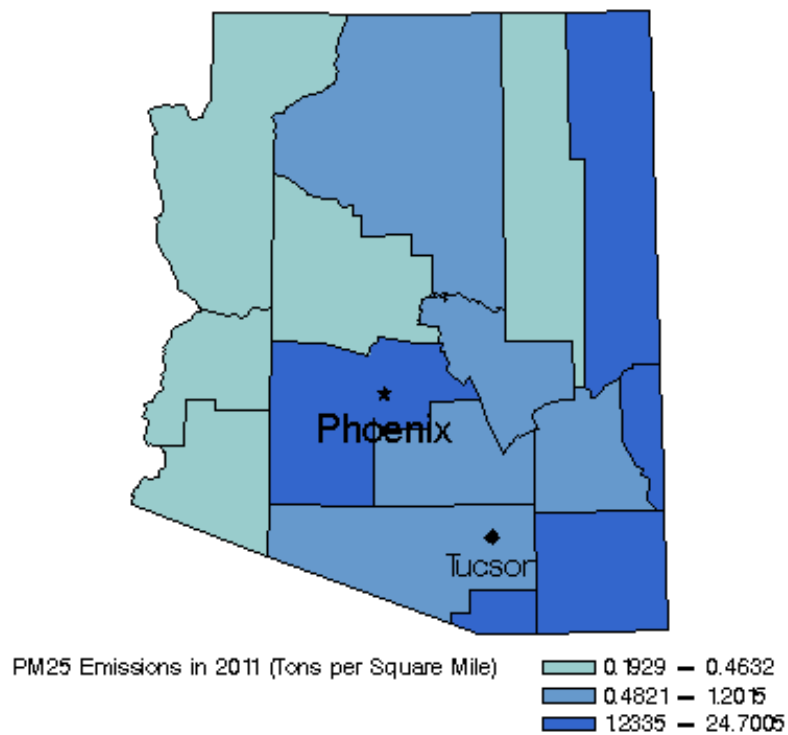
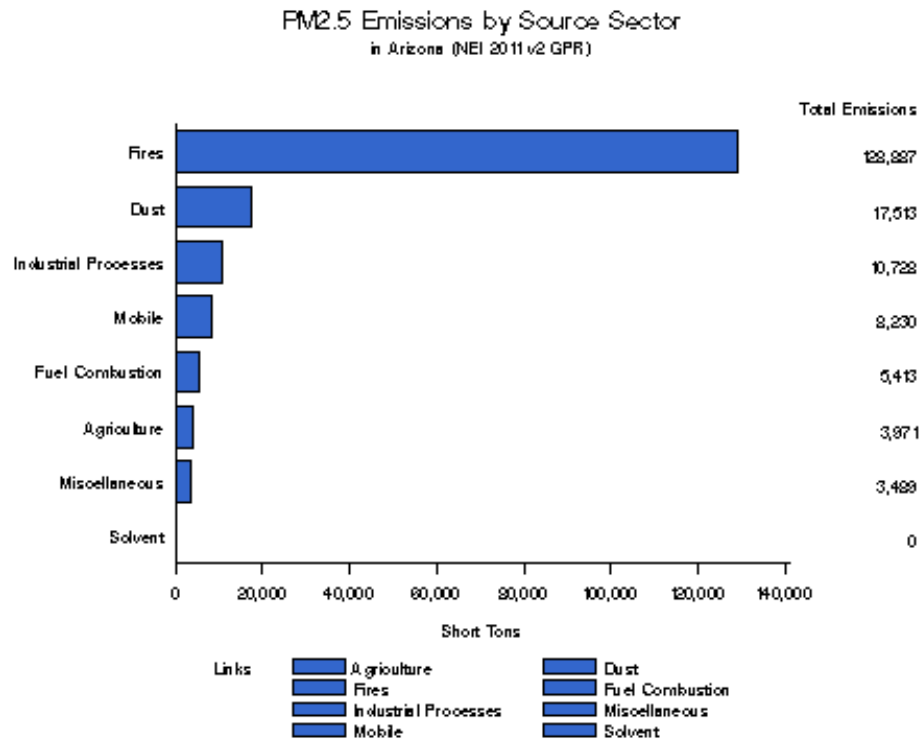
**Nevada**

Clark County  
Washoe County

**New Mexico**

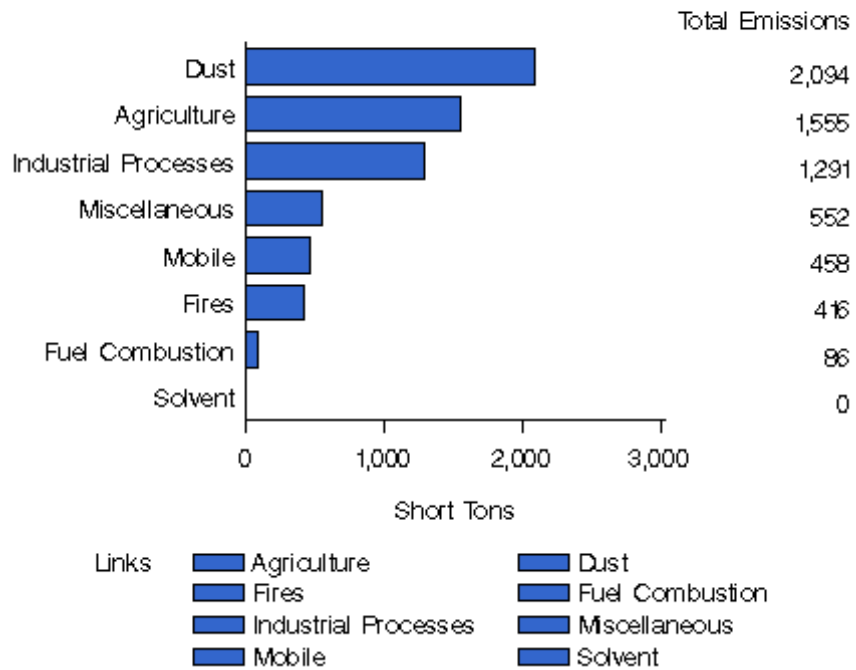
Doña Ana County

Arizona

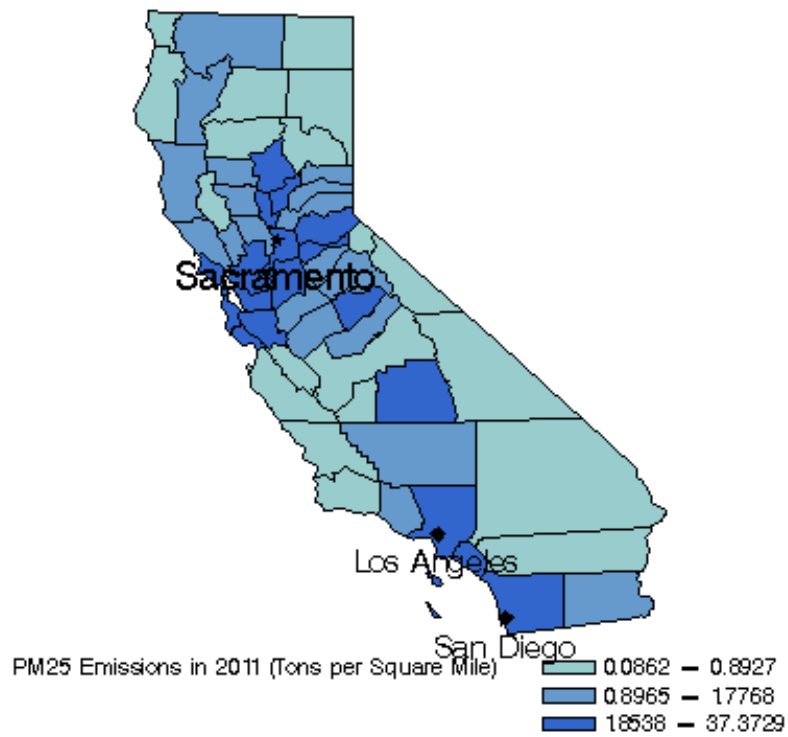
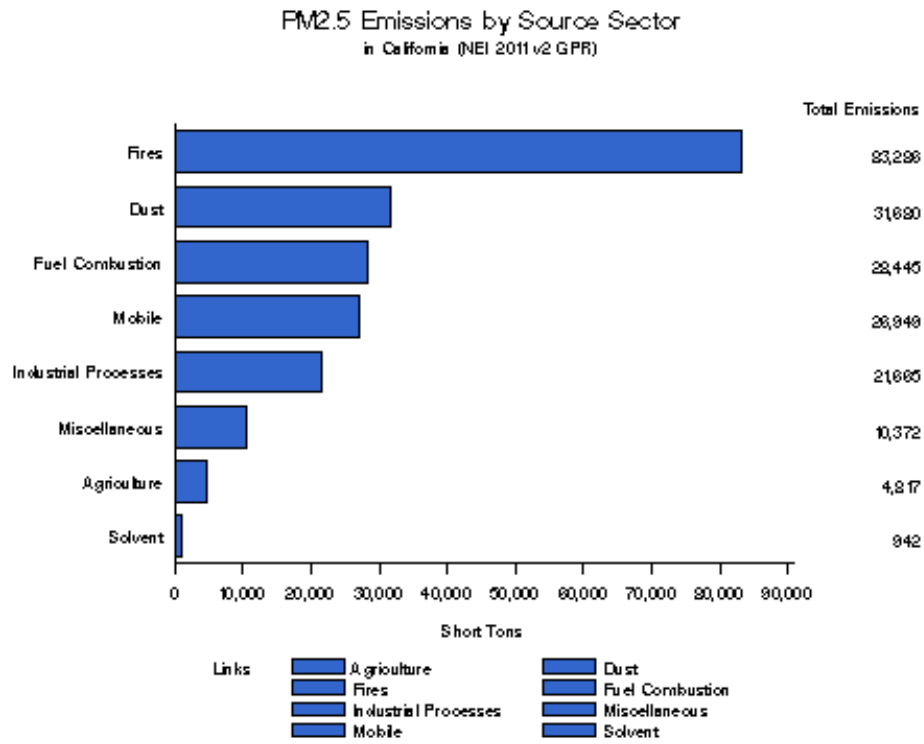


Pinal County

PM2.5 Emissions by Source Sector  
in Pinal County, Arizona (NEI 2011 v2 GPR)

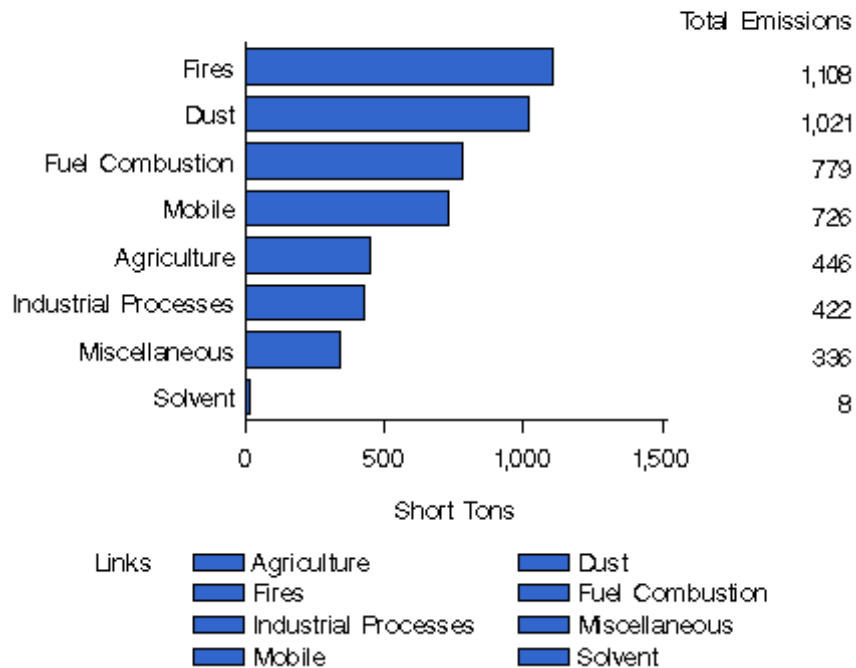


California



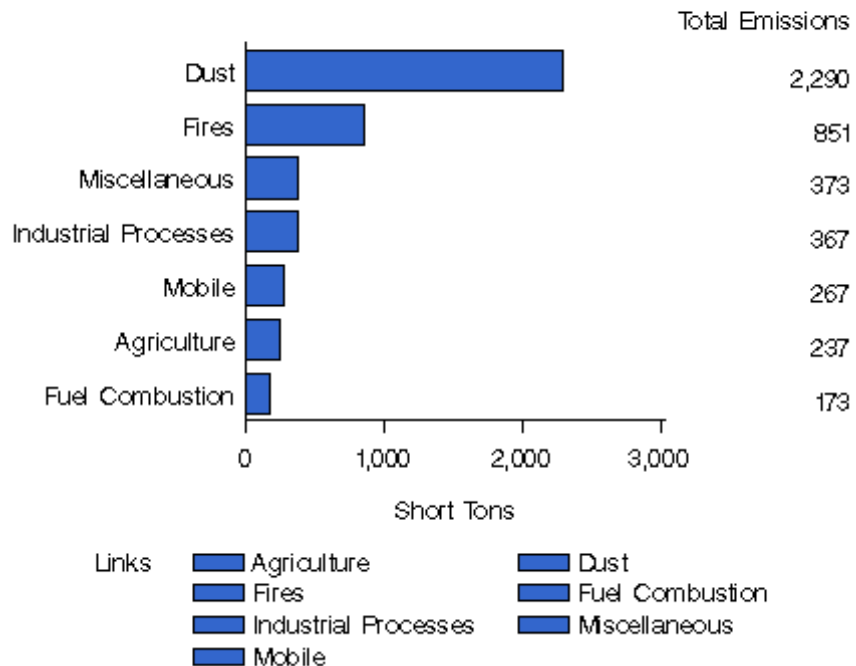
Fresno County

PM2.5 Emissions by Source Sector  
in Fresno County, California (NEI 2011 v2 GPR)



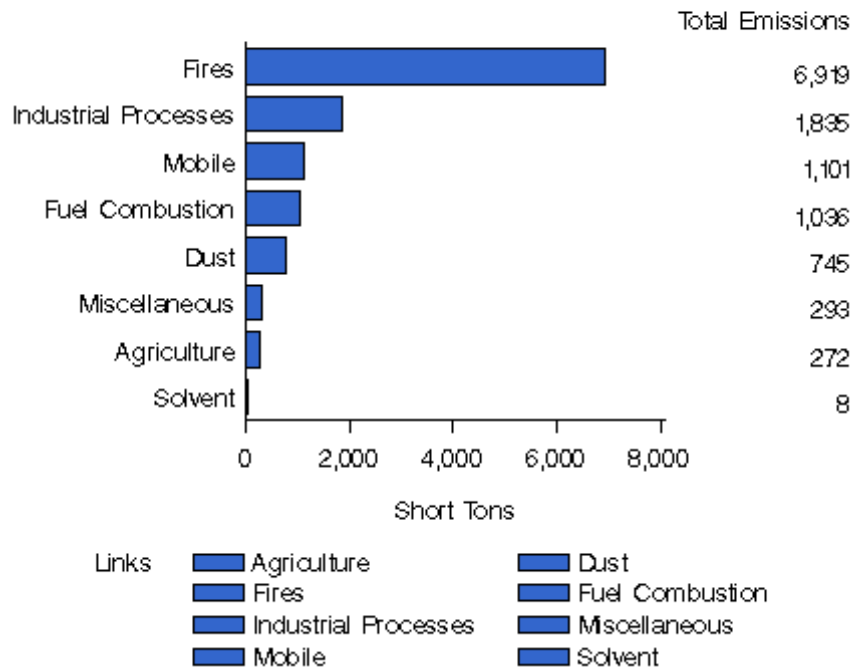
Imperial County

PM2.5 Emissions by Source Sector  
in Imperial County, California (NEI 2011 v2 GPR)



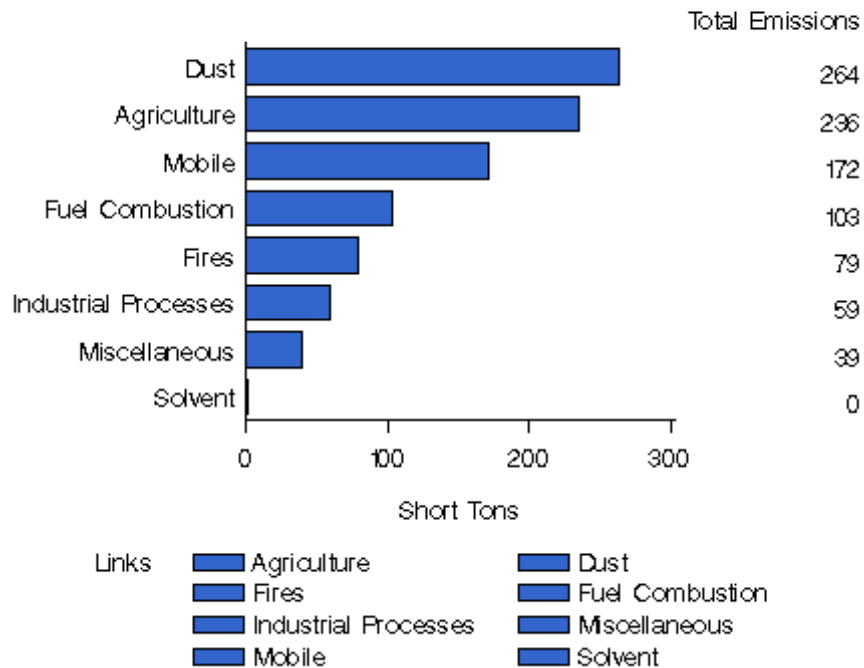
**Kern County**

PM2.5 Emissions by Source Sector  
in Kern County, California (NEI 2011 v2 GPR)



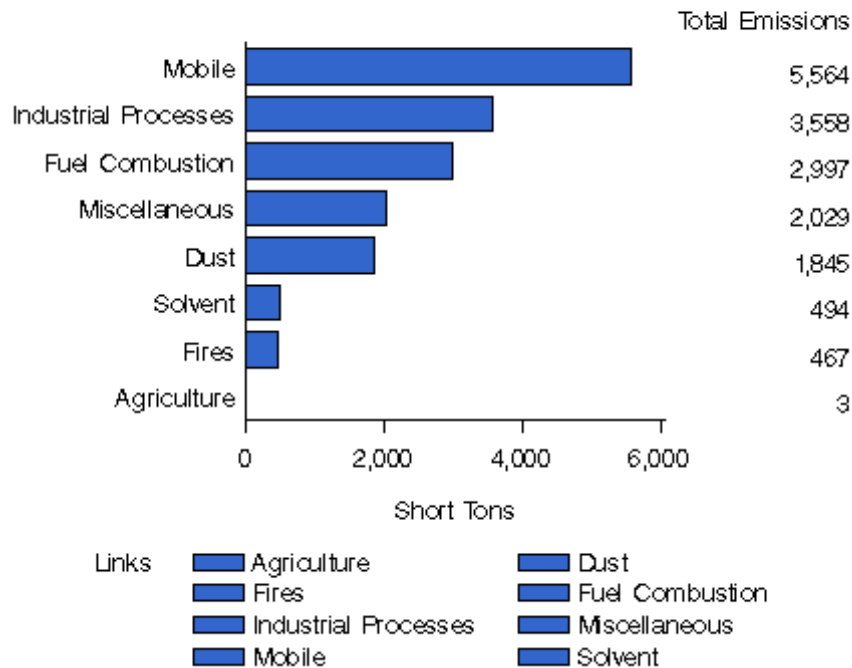
**Kings County**

PM2.5 Emissions by Source Sector  
in Kings County, California (NEI 2011 v2 GPR)



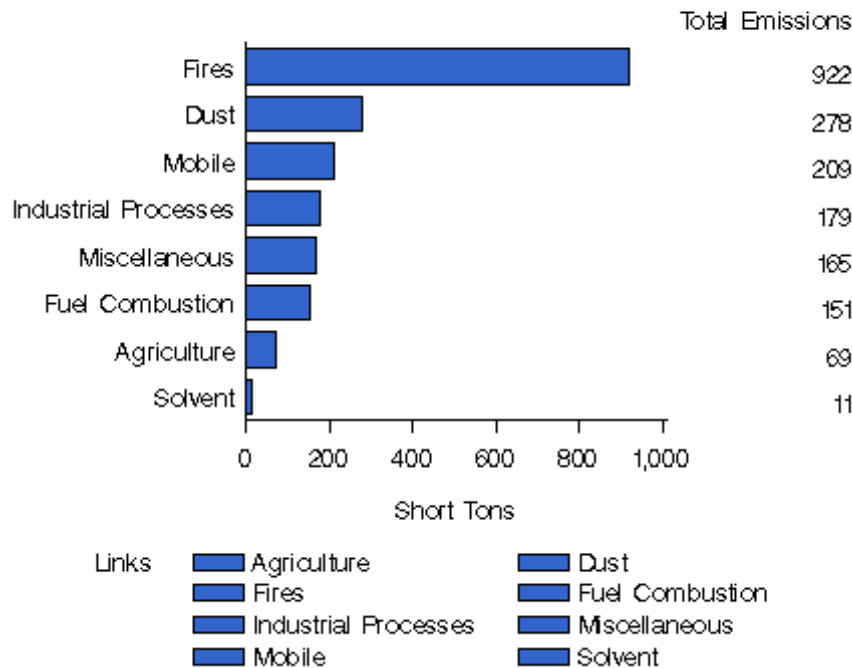
Los Angeles County

PM2.5 Emissions by Source Sector  
in Los Angeles County, California (NEI 2011 v2 GPR)



Madera County

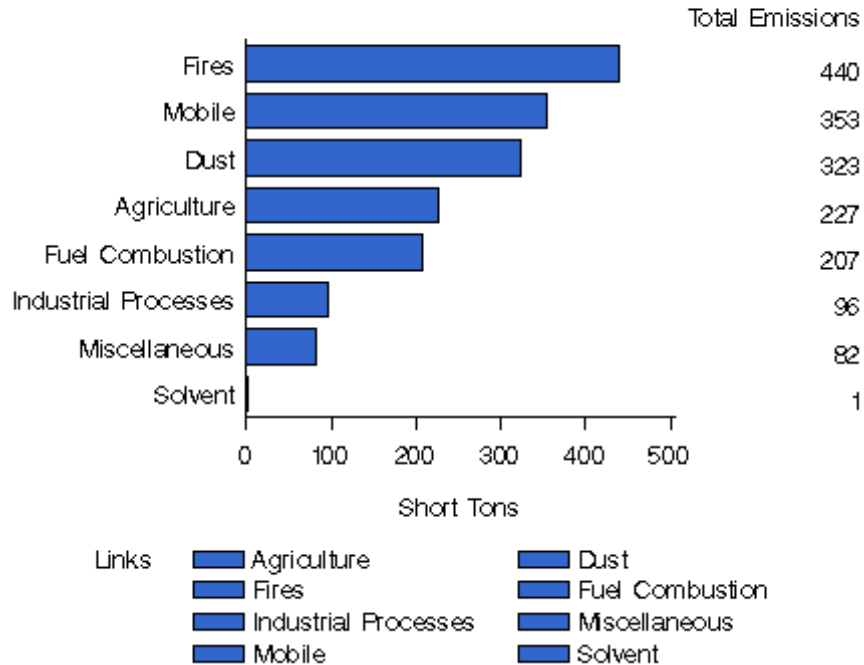
PM2.5 Emissions by Source Sector  
in Madera County, California (NEI 2011 v2 GPR)





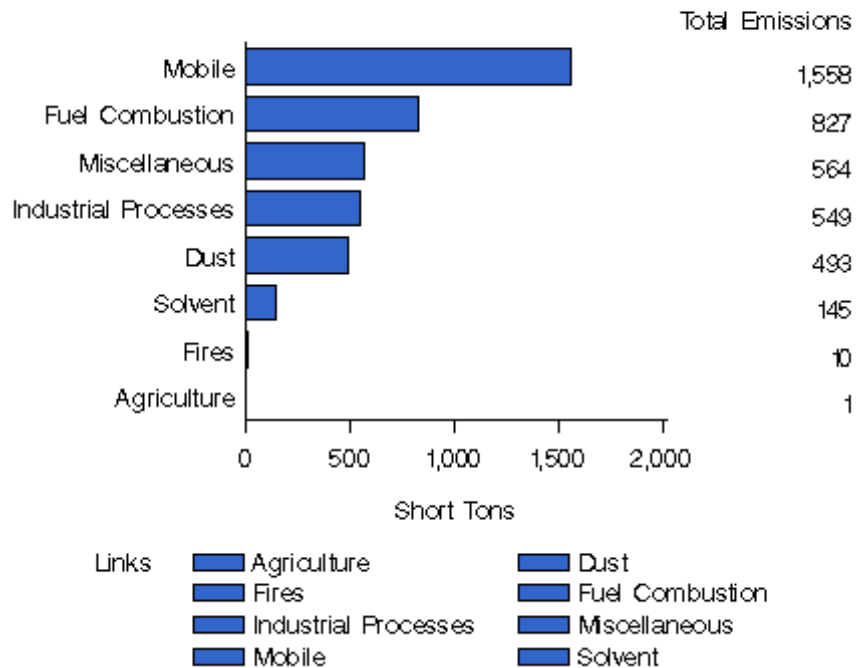
**Merced County**

PM2.5 Emissions by Source Sector  
in Merced County, California (NEI 2011 v2 GPR)



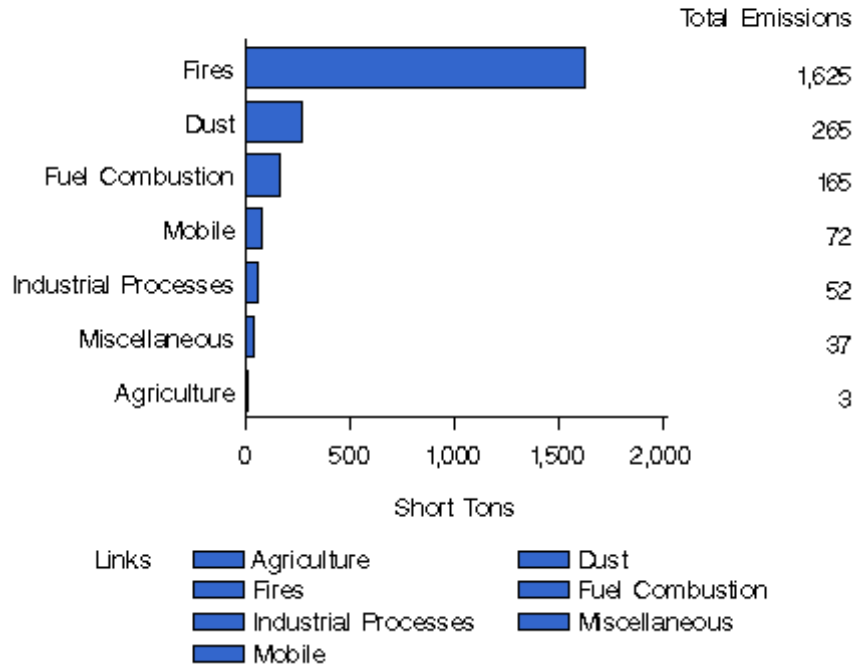
**Orange County**

PM2.5 Emissions by Source Sector  
in Orange County, California (NEI 2011 v2 GPR)



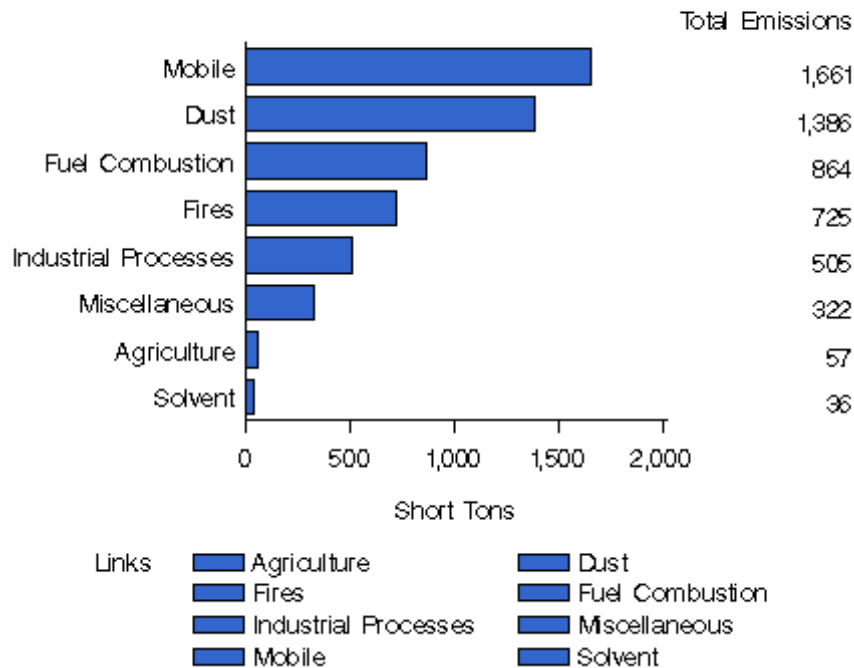
Plumas County

PM2.5 Emissions by Source Sector  
in Plumas County, California (NEI 2011 v2 GPR)



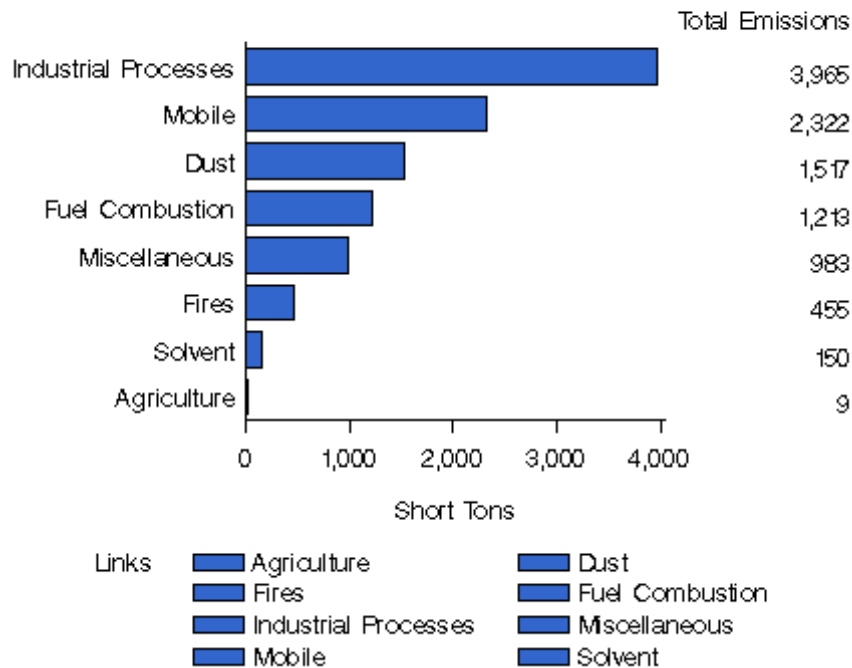
Riverside County

PM2.5 Emissions by Source Sector  
in Riverside County, California (NEI 2011 v2 GPR)



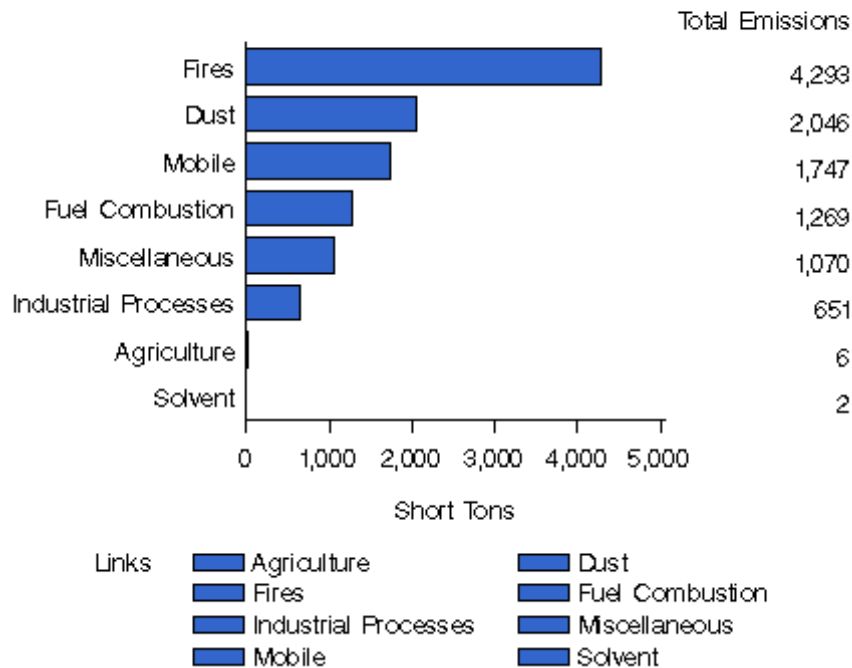
### San Bernardino County

PM2.5 Emissions by Source Sector  
in San Bernardino County, California (NEI 2011 v2 GPR)



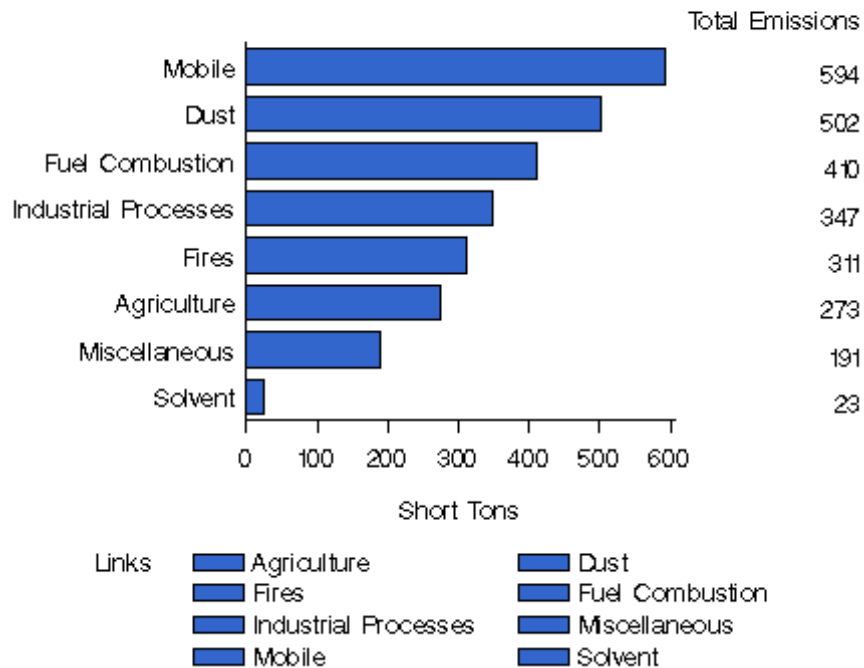
### San Diego County

PM2.5 Emissions by Source Sector  
in San Diego County, California (NEI 2011 v2 GPR)



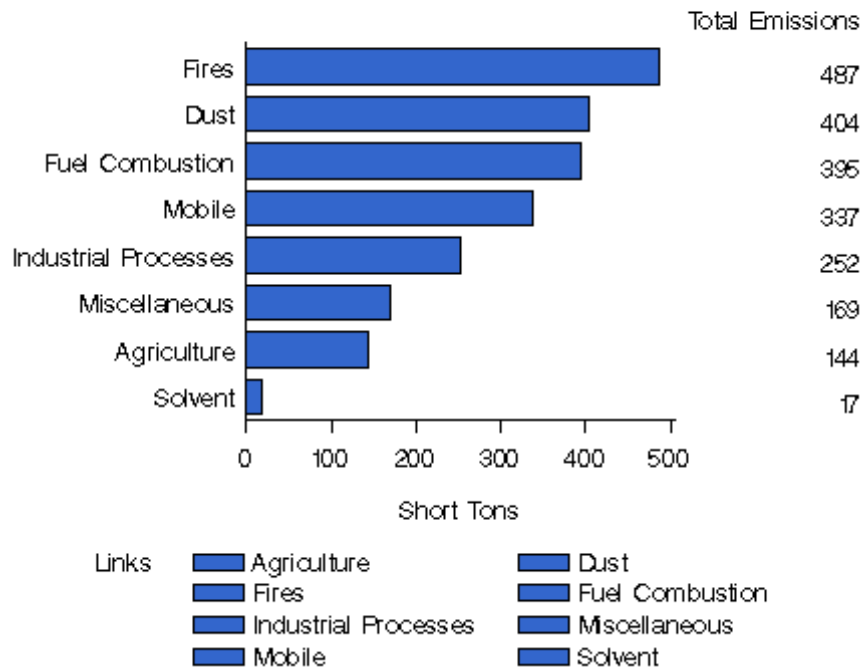
San Joaquin County

PM2.5 Emissions by Source Sector  
in San Joaquin County, California (NEI 2011 v2 GPR)



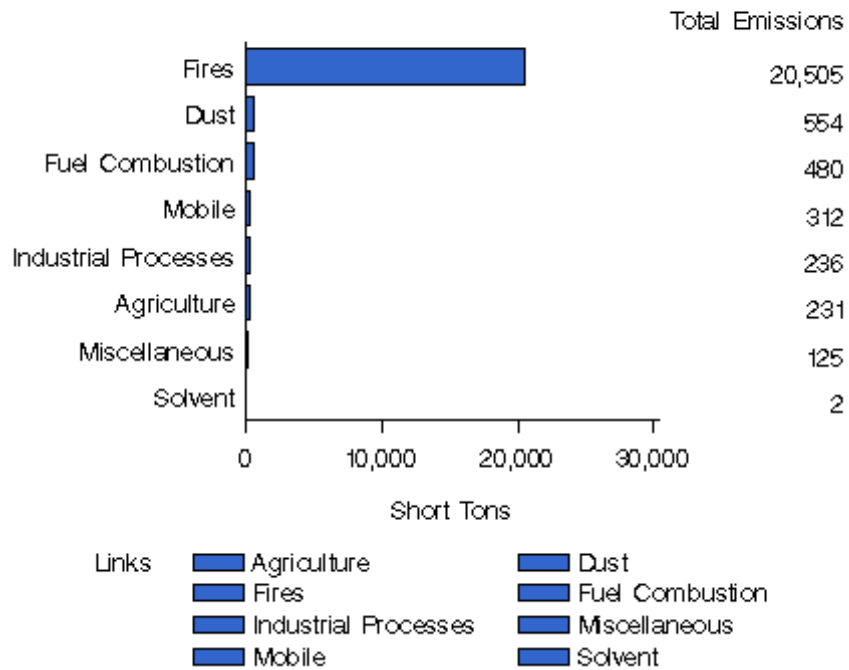
Stanislaus County

PM2.5 Emissions by Source Sector  
in Stanislaus County, California (NEI 2011 v2 GPR)

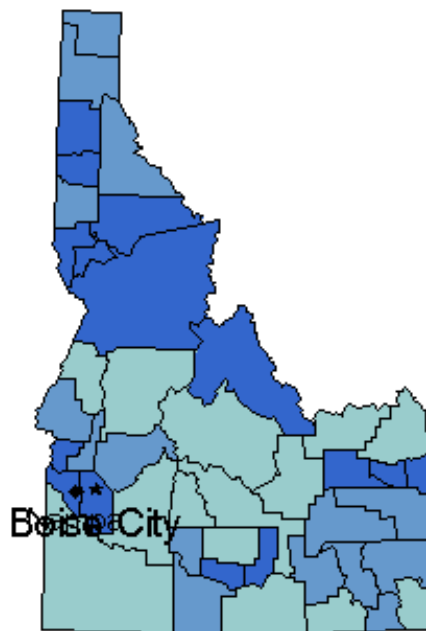
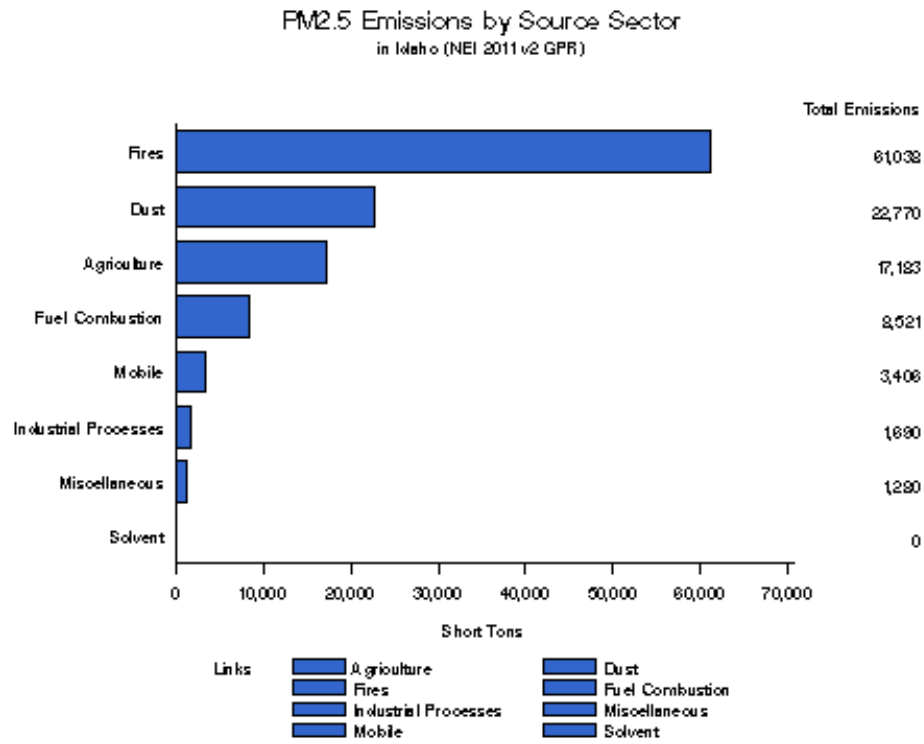


Tulare County

PM2.5 Emissions by Source Sector  
in Tulare County, California (NEI 2011 v2 GPR)



Idaho

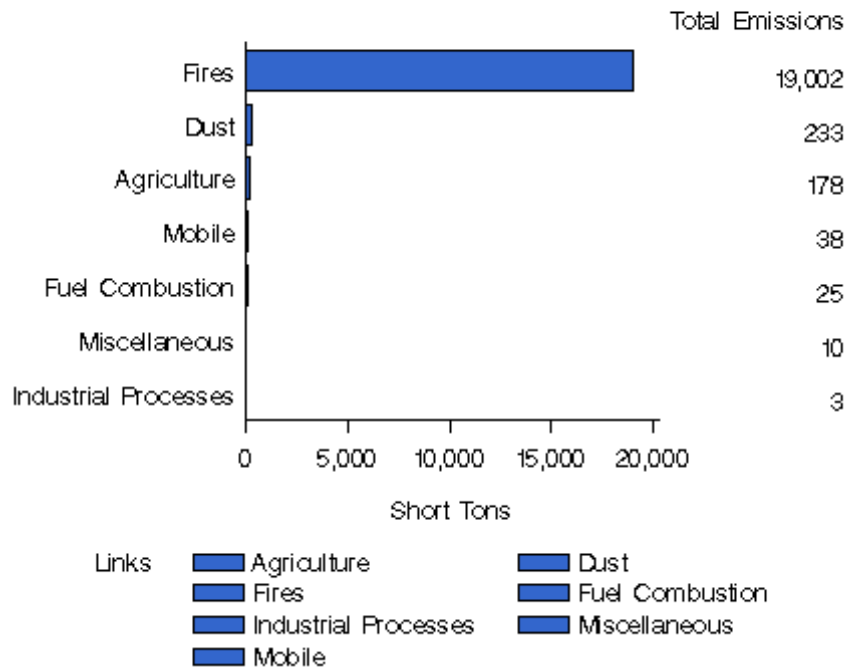


PM2.5 Emissions in 2011 (Tons per Square Mile)

	0.1398 – 0.8251
	0.8512 – 1.8824
	1.9069 – 8.5150

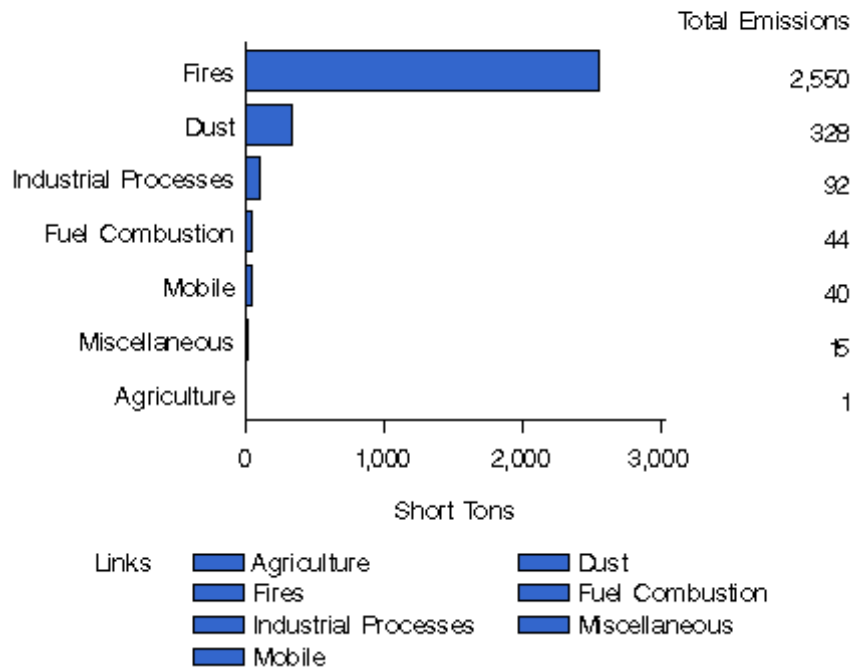
Lemhi County

PM2.5 Emissions by Source Sector  
in Lemhi County, Idaho (NEI 2011 v2 GPR)



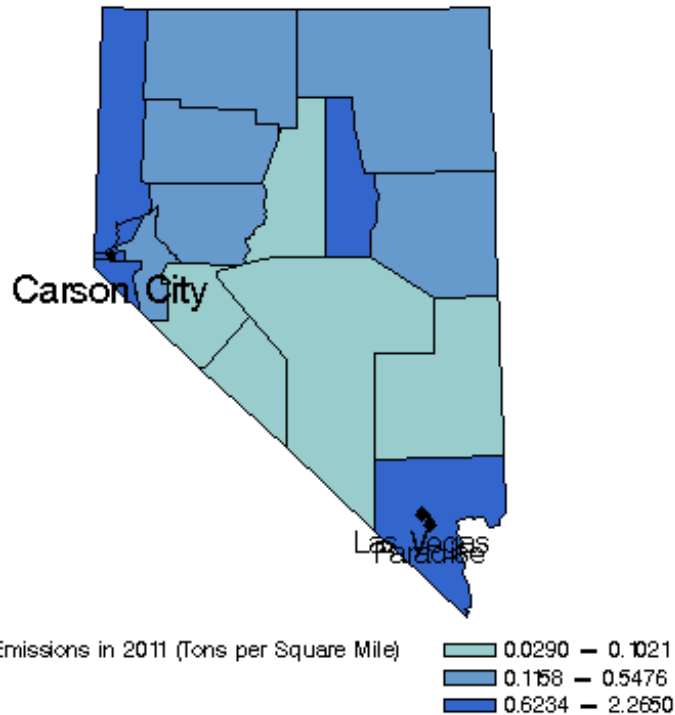
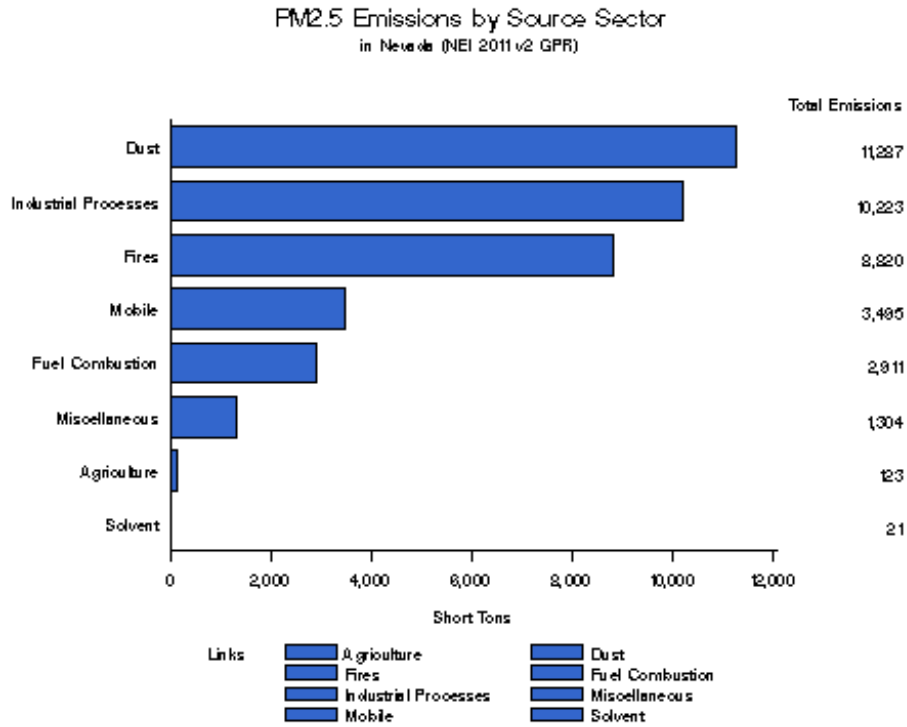
Shoshone County

PM2.5 Emissions by Source Sector  
in Shoshone County, Idaho (NEI 2011 v2 GPR)





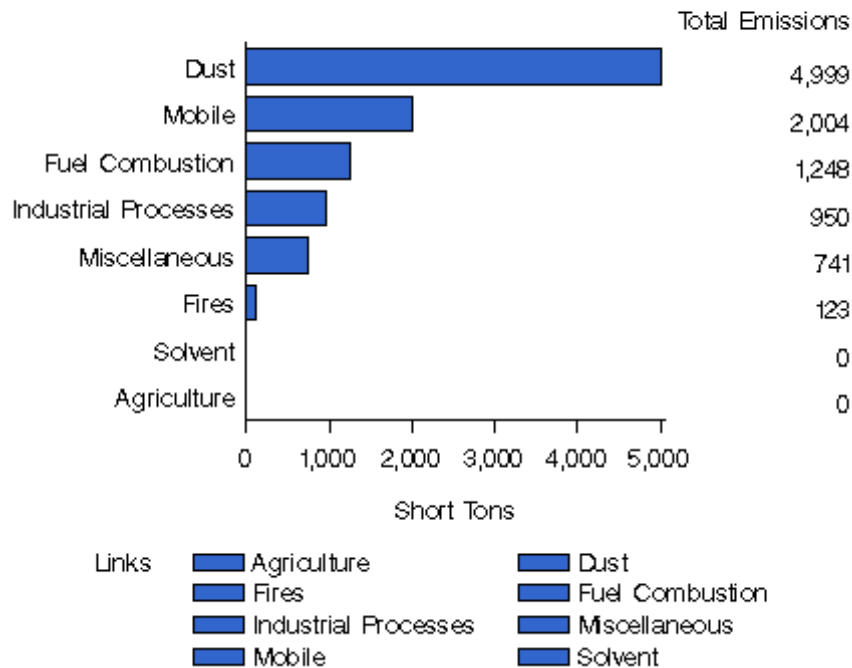
Nevada



Note: The characterization of Eureka County in central Nevada as having emissions between 0.6234-2.2650 tons per square mile is most likely an artifact of USEPA’s methodology for calculating PM<sub>2.5</sub> emissions from metallic and non-metallic mining activities. Actual emissions are likely much lower.

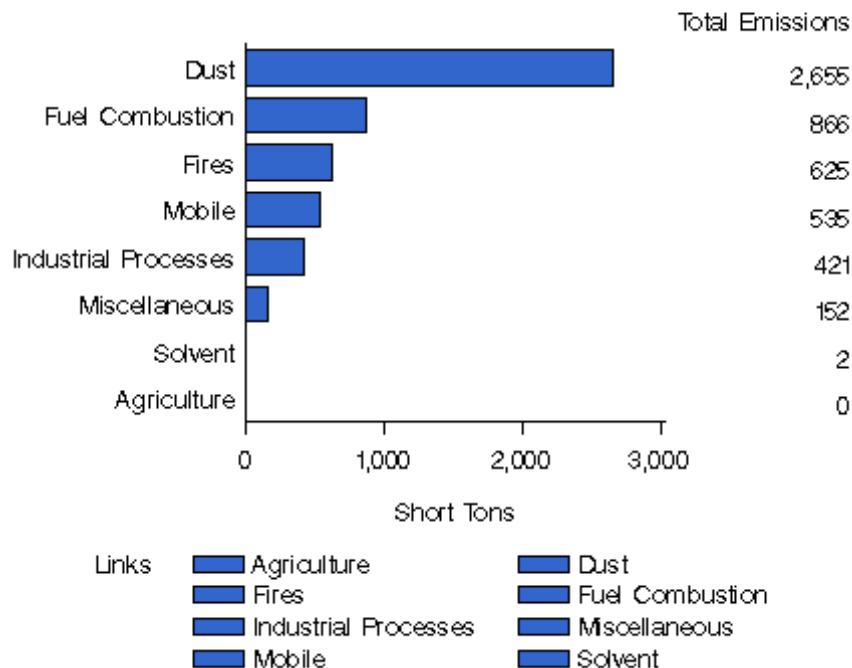
Clark County

PM2.5 Emissions by Source Sector  
in Clark County, Nevada (NEI 2011 v2 GPR)



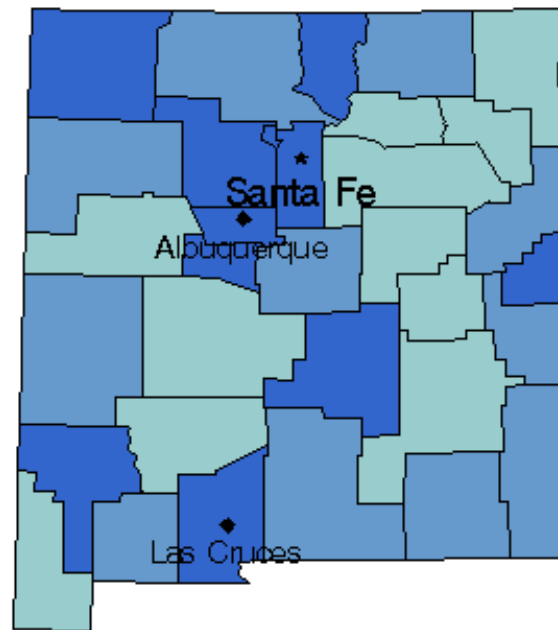
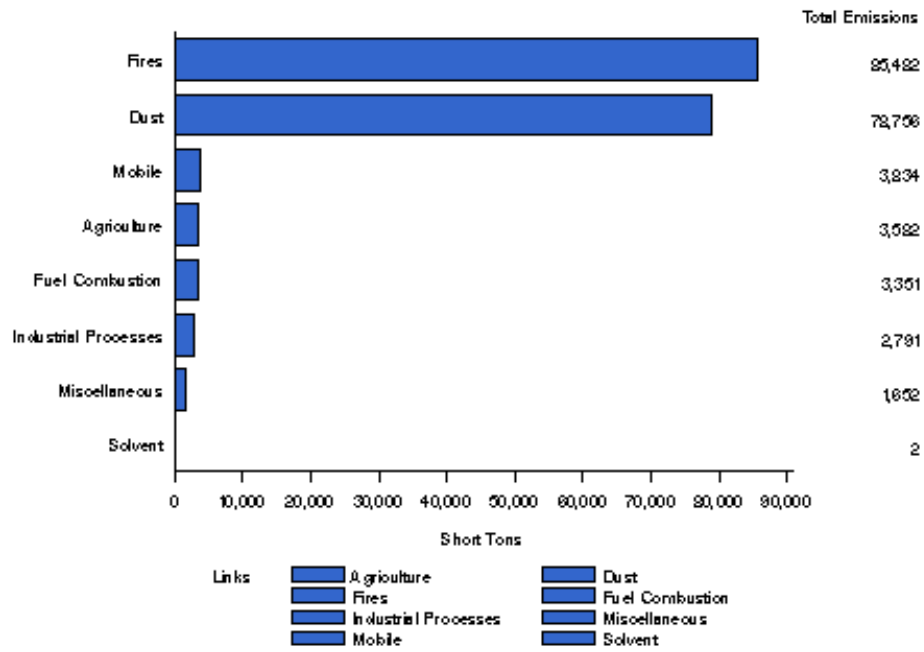
Washoe County

PM2.5 Emissions by Source Sector  
in Washoe County, Nevada (NEI 2011 v2 GPR)



New Mexico

PM2.5 Emissions by Source Sector  
in New Mexico (NEI 2011 v2 GPR)

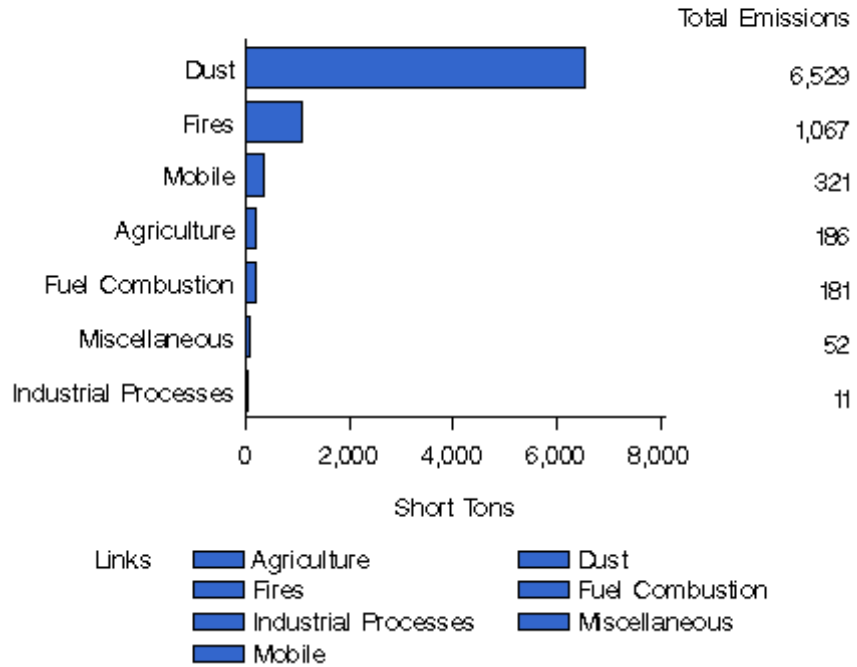


PM2.5 Emissions in 2011 (Tons per Square Mile)

- 0.0711 – 0.6268
- 0.7024 – 16035
- 1.6705 – 610709

Doña Ana County

PM2.5 Emissions by Source Sector  
in Doña Ana County, New Mexico (NEI 2011 v2 GPR)



DD	AH	_____
DHO		_____ <i>kd</i>
DA	LA	_____
Risk	NA	_____

**Staff Report**  
**Board Meeting Date: October 22, 2015**

**TO:** District Board of Health

**FROM:** Steve Kutz, RN, MPH, Director, Community and Clinical Health Services  
775-328-6159; [skutz@washoecounty.us](mailto:skutz@washoecounty.us)  
Patsy Buxton, Fiscal Compliance Officer  
775-328-2418, [pbuxton@washoecounty.us](mailto:pbuxton@washoecounty.us)

**SUBJECT:** Public Hearing – Proposed approval and adoption of revisions to the Health District Fee Schedule, specific to the Community and Clinical Health Services (CCHS) Division; and if approved, authorize CCHS to increase fees yearly using the Consumer Price Index for the Western Region.

**SUMMARY**

The Washoe County District Board of Health must approve changes to the Health District Fee Schedule. Revisions are being proposed to the District Fee Schedule, specific to the Community and Clinical Health Services (CCHS) Division.

The proposed fee revisions are attached.

**District Health Strategic Objective supported by this item:** Strengthen District-wide infrastructure to improve public health.

**Fundamental Review recommendation supported by this item:** Update fee schedules and billing processes regularly for all clinical and environmental health services provided.

**PREVIOUS ACTION**

The Board approved the addition of Liletta, a new type of IUD to the Community and Clinical Health Services fee schedule on September 24, 2015.

The Board approved revisions to the Community and Clinical Health Services fee schedule on April 25, 2013.

**BACKGROUND**

Previous revisions to the CCHS fee schedule were prepared to account for changes in total personnel costs (salaries and benefits), the staff members performing the activities, the amount of staff time necessary to perform the activity and the indirect cost rate.

In 2008, CCHS became familiar with the Cost Analysis Methodology that was developed by George H.W. Christie, a consultant to Region IX, and Senior Partner of Health Policy Analysts, Inc. by using it in the Family Planning program in an effort to increase efficiencies and understand costs relative to service delivery. In addition to using the cost analysis as a management tool, it is also now being used as the basis for developing the proposed fee schedule for CCHS.

A fee schedule is required by the federal regulations for the family planning program. Charges must be based on a cost analysis of all services offered by the project. Each program is expected to develop realistic fees that reflect the cost of the operation, yet are competitive to the local market. These fees are to be “designed to recover the reasonable cost of providing services.” (42 CFR Part 59, § 59.5 (8)).

With plans to update fees, we reached out to Mr. Christie to see if he would be interested in updating the Relative Value Units (RVU's) in the family planning workbook and assist with creating separate workbooks for the Immunization, Tuberculosis, and Sexual Health programs. Mr. Christie graciously made the necessary updates as needed.

### **Elements of the Cost Analysis Methodology**

The Cost Analysis Methodology was developed to assist agencies in distributing costs (expenses) associated with the provision of different services offered by the programs. The cost of providing services is determined by using a Relative Value System. “A *relative value* is a number that relates one service to all other services based on the amount of time, materials, and level of skill of the personnel who are involved in providing that particular service. Relative values indicate how much one procedure is “worth” in relation to another procedure. If the relative value for procedure A is 10.0 and that for procedure B is 5.0, procedure A is “worth” two times as much as B. Each relative value is important only in how it compares to other relative values. After RVU's are established for each procedure, a unit cost is assigned to each unit value, and based on these, the cost for providing each of the services is determined. This establishes the cost basis for providing each procedure. A fee, based on this cost analysis, can be developed to charge patients and/or third party payers for the services rendered.”

Mr. Christie uses the Resource Based Relative Value System (RBRVS) established for use with the Medicare program. This system provides a single set of relative values by which all services are scaled. Relative Value Units (RVU's) are established for each clinic procedure. The system has established a comprehensive relative value system tied to the Current Procedure Terminology (CPT) Codes. The advantage to the RBRVS system is that all CPT's appear on the same schedule thereby developing a single relative value scale.

Current Procedure Terminology (CPT), a product of the American Medical Association, is a listing of descriptive terms and five digit numeric identifying codes and modifiers for reporting medical services. CPT codes are provided with each procedure as reference, as a basis for documentation of diagnostic procedures performed, and to facilitate financial and patient record keeping. The codes are reviewed and refined on a regular basis and published with examples to facilitate the coding process.

Geographic Practice Cost Indices (GPCI) are applied to the relative values to make the RVU's specific to the specific state or major metropolitan area that will complete the cost analysis. The GPCI adjustment factors are based upon an analysis of fees in various areas and government studies of variations in economic factors among localities.

### **Building the Cost Analysis**

Time Frame: In most cases, FY14 costs and utilization data utilized as FY15 was still in progress when this project started.

Allocating Costs: Cost data is collected from the Washoe County SAP financial system for each program and allocated to each functional cost center as applicable. There are six (6) functional cost centers used in the methodology: Medical/counseling/education (Clinical), Laboratory, Pharmacy, Community Outreach, Administration, and Facilities. Costs include direct and indirect (overhead) as well as any donated goods and services (i.e. state supplied vaccine and state laboratory discounts). By including these costs the true cost of doing business is represented.

Utilization Data: Utilization data is obtained from the programs service statistics. Reports that document services by procedure codes were generated from the CCHS clinic database. Utilization data is recorded to each code.

### **Relative Values for Laboratory, Pharmacy and Supplies:**

- Laboratory- relative values for these codes have been established based on the *Clinical Diagnostic Laboratory Fee Schedule* published by CMS for the current year. The “National Limit” value is used as the relative value for these tests. If no “National Limit” values are available, the “midpoint” amount is used. If neither of these is available, the specific payment for the state is used.
- Pharmacy and Supplies – relative values for pharmacy are based on average cost the agency paid for the pharmacy supplies. In the family planning program, oral contraceptives are a “weighted” cost. By weighting the cost of the pills that are used in greater quantity, we insure that the lower priced pills do not reduce the average cost nor do higher priced pills increase the average. All other pharmaceuticals are established as the average cost paid.

Determining the Cost of Each Service: The service cost is calculated in the spreadsheet using all the information entered. The cost per procedure information is useful for managers in establishing charges and for analyzing the benefit of continuing to provide specific services. There are some cases in which the cost per procedure requires a charge so much above the competitive rate (what other providers in the area would charge for that service) that the charge is prohibitive.

### **Proposed Fees**

CCHS gathered fee schedules from other providers in the community to help determine the proposed fees. The fees being proposed represent a balance between recovering costs to the extent possible while still providing a service at a reasonable price.

CCHS continues to use a schedule of discounts for individuals with family incomes between 101% and 250% of the Federal poverty level. The schedule has sufficient proportional increments (0%, 25%, 50%, 75% and 100%) so that inability to pay is never a barrier to service. The discounts are based on income, family size, and ability to pay.

If approved, the new fees will take effect January 1, 2016. CCHS is proposing the Board approve annual increases using the Consumer Price Index (CPI) – Western Region for the next five (5) years. The cost analysis will be completed and updated and fee revisions brought back to the Board for approval by January 1, 2021.



### **FISCAL IMPACT**

Should the Board approve the proposed revisions to the Health District Fee Schedule specific to the Community and Clinical Health Services Division the fiscal impact cannot be determined as the application of the schedule of discounts and client's ability to pay vary and may fluctuate in a year.

CCHS will continue in their billing efforts in order to maximize collections from clients and third party payers.

### **RECOMMENDATION**

Staff recommends that the District Board of Health approve and adopt the proposed revisions to the Health District Fee Schedule, specific to the Community and Clinical Health Services Division; and if approved, authorize CCHS to increase fees yearly using the Consumer Price Index for the Western Region.

### **POSSIBLE MOTION**

Move to approve and adopt the proposed revisions to the Health District Fee Schedule, specific to the Community and Clinical Health Services Division; and if approved, authorize CCHS to increase fees yearly using the Consumer Price Index for the Western Region.

**WASHOE COUNTY HEALTH DISTRICT  
COMMUNITY AND CLINICAL HEALTH SERVICES  
PROPOSED FEE SCHEDULE - EFFECTIVE JANUARY 1, 2016**

Code	Description	Current Fee	Proposed Fee	% increase/ decrease	\$ increase/ decrease	Community Average
11981	Contraceptive Implant Insertion (Nexplanon)	\$ 50.00	\$ 256.00	412%	\$ 206.00	Not available
11982	Contraceptive Implant Removal (Nexplanon)	\$ 32.00	\$ 200.00	525%	\$ 168.00	Not available
11983	Contraceptive Implant Removal with Reinsertion (Nexplanon)	\$ 50.00	\$ 275.00	450%	\$ 225.00	\$ 275.00
56501	Wart Treatment	\$ 33.00	\$ 247.00	648%	\$ 214.00	\$ 437.00
58300	IUD Insert	\$ 50.00	\$ 130.00	160%	\$ 80.00	Not available
58301	IUD Removal	\$ 33.00	\$ 150.00	355%	\$ 117.00	\$ 150.00
86580	Tuberculin Skin Test	\$ 17.00	\$ 24.00	41%	\$ 7.00	\$ 24.00
90281	IG - Immune Globulin (per cc)	\$ 37.00	\$ 8.00	-78%	\$ (29.00)	Not available
90371	HBIG - Hepatitis B Immune Globulin (per cc)	\$ 120.00	\$ 150.00	25%	\$ 30.00	Not available
90471	Administration of Immunization (1)	\$ 19.00	\$ 22.00	16%	\$ 3.00	\$ 33.00
90472	Administration of Immunization (subsequent)	\$ 19.00	\$ 22.00	16%	\$ 3.00	\$ 20.00
90473	Administration of Immunization (Intranasal or oral)	\$ -	\$ 22.00	#DIV/0!	\$ 22.00	\$ 30.00
90632	HAV (Havrix)	\$ 41.00	\$ 50.00	22%	\$ 9.00	\$ 50.00
90633	HAV (Havrix) Pediatric	\$ 32.00	\$ 29.00	-9%	\$ (3.00)	\$ 49.00
90636	Hepatitis A/B (Twinrix)	\$ 63.00	\$ 99.00	57%	\$ 36.00	\$ 107.00
90648	Hib	\$ 42.00	\$ 39.00	-7%	\$ (3.00)	Not available
90649	HPV	\$ 150.00	\$ 185.00	23%	\$ 35.00	\$ 185.00
90656	Flu, inactivated quadrivalent, pediatric (6-35 months)	\$ 19.00	\$ 23.00	21%	\$ 4.00	\$ 23.00
90670	PCV-13 (Prevnar)	\$ 140.00	\$ 175.00	25%	\$ 35.00	\$ 175.00
90672	Flu, live attenuated, quadrivalent, intranasal (ages 2-49 yrs)	\$ 22.00	\$ 25.00	14%	\$ 3.00	\$ 25.00
90680	RV5 (RotaTeq)	\$ 92.00	\$ 122.00	33%	\$ 30.00	Not available
90681	RV1 (Rotarix)	\$ 103.00	\$ 122.00	18%	\$ 19.00	\$ 122.00
90686	Flu, inactivated, quadrivalent, adult (>=3 years)	\$ 15.00	\$ 21.00	40%	\$ 6.00	\$ 21.00
90696	DTaP-IPV (Kinrix)	\$ 52.00	\$ 52.00	0%	\$ -	\$ 62.00
90698	DTaP-IPV/Hib (Pentacel)	\$ 100.00	\$ 100.00	0%	\$ -	\$ 100.00
90700	DTaP (Daptacel)	\$ 45.00	\$ 22.00	-51%	\$ (23.00)	\$ 42.00
90707	MMR	\$ 71.00	\$ 74.00	4%	\$ 3.00	\$ 74.00
90710	MMRV (Proquad)	\$ 148.00	\$ 200.00	35%	\$ 52.00	\$ 200.00
90713	IPV	\$ 46.00	\$ 39.00	-15%	\$ (7.00)	\$ 44.00
90714	Td	\$ 39.00	\$ 35.00	-10%	\$ (4.00)	\$ 37.00
90715	Tdap	\$ 59.00	\$ 43.00	-27%	\$ (16.00)	\$ 65.00
90716	VZV (Varicella)	\$ 106.00	\$ 120.00	13%	\$ 14.00	\$ 120.00
90723	DTaP-HBV-IPV (Pediarix)	\$ 69.00	\$ 73.00	6%	\$ 4.00	\$ 89.00
90732	PPV-23 (Pneumovax)	\$ 70.00	\$ 83.00	19%	\$ 13.00	\$ 83.00
90734	MCV	\$ 129.00	\$ 127.00	-2%	\$ (2.00)	\$ 136.00
90744	HBV (Child through age 19)	\$ 29.00	\$ 29.00	0%	\$ -	\$ 42.00
90746	HBV (Engerix)	\$ 47.00	\$ 54.00	15%	\$ 7.00	\$ 76.00
99201	New Patient Visit - Level I	\$ 34.00	\$ 80.00	135%	\$ 46.00	\$ 83.00
99202	New Patient Visit - Level II	\$ 39.00	\$ 134.00	244%	\$ 95.00	\$ 134.00
99203	New Patient Visit - Level III	\$ 58.00	\$ 196.00	238%	\$ 138.00	\$ 196.00
99204	New Patient Visit - Level IV	\$ 76.00	\$ 207.00	172%	\$ 131.00	Not available
99211	Established Patient Visit - Level I	\$ 18.00	\$ 37.00	106%	\$ 19.00	\$ 42.00
99212	Established Patient Visit - Level II	\$ 27.00	\$ 80.00	196%	\$ 53.00	\$ 81.00
99213	Established Patient Visit - Level III	\$ 33.00	\$ 132.00	300%	\$ 99.00	\$ 132.00
99214	Established Patient Visit - Level IV	\$ 45.00	\$ 193.00	329%	\$ 148.00	\$ 193.00
99215	Established Patient Visit - Level V	\$ 63.00	\$ 257.00	308%	\$ 194.00	\$ 257.00
99384	Initial Comprehensive Preventative Medicine (Age 12-17)	\$ 58.00	\$ 213.00	267%	\$ 155.00	\$ 213.00
99385	Initial Comprehensive Preventative Medicine (Age 18-39)	\$ 52.00	\$ 212.00	308%	\$ 160.00	\$ 212.00
99386	Initial Comprehensive Preventative Medicine (Age 40-64)	\$ 52.00	\$ 240.00	362%	\$ 188.00	\$ 240.00
99394	Periodic Comprehensive Preventative Medicine (Age 12-17)	\$ 39.00	\$ 204.00	423%	\$ 165.00	\$ 204.00
99395	Periodic Comprehensive Preventative Medicine (Age 18-39)	\$ 33.00	\$ 210.00	536%	\$ 177.00	\$ 210.00
99396	Periodic Comprehensive Preventative Medicine (Age 40-64)	\$ 33.00	\$ 223.00	576%	\$ 190.00	\$ 223.00
99401	Counseling Code (15-25 min)	\$ 45.00	\$ 67.00	49%	\$ 22.00	Not available
99402	Counseling Code (30-40 min)	\$ 63.00	\$ 114.00	81%	\$ 51.00	Not available
99403	Counseling Code (45-55 min)	\$ 81.00	\$ 159.00	96%	\$ 78.00	Not available
99404	Counseling Code (60 min or longer)	\$ 70.00	\$ 204.00	191%	\$ 134.00	Not available
n/a	Chest X-ray by physician	\$ 12.00	\$ 16.26	36%	\$ 4.26	Not available
n/a	Abnormal diagnostic results review	\$ 12.00	\$ 16.26	36%	\$ 4.26	Not available
n/a	Abnormal chest X-ray review by physician	\$ 12.00	\$ 16.26	36%	\$ 4.26	Not available
n/a	AFB collection	\$ 21.00	\$ 28.46	36%	\$ 7.46	Not available
n/a	First Offender Sexual Health Class	\$ 96.00	\$ 170.00	77%	\$ 74.00	Not available

Code	Description	Schedule of Discounts/Sliding Scale				
		0-100%	101%-150%	151%-200%	201%-250%	Over 250%
11981	Contraceptive Implant Insertion (Nexplanon)	\$ -	\$ 64.00	\$ 128.00	\$ 192.00	\$ 256.00
11982	Contraceptive Implant Removal (Nexplanon)	\$ -	\$ 50.00	\$ 100.00	\$ 150.00	\$ 200.00
11983	Contraceptive Implant Removal with Reinsertion (Nexplanon)	\$ -	\$ 68.75	\$ 137.50	\$ 206.25	\$ 275.00
56501	Wart Treatment	\$ -	\$ 61.75	\$ 123.50	\$ 185.25	\$ 247.00
58300	IUD Insert	\$ -	\$ 32.50	\$ 65.00	\$ 97.50	\$ 130.00
58301	IUD Removal	\$ -	\$ 37.50	\$ 75.00	\$ 112.50	\$ 150.00
86580	Tuberculin Skin Test	\$ -	\$ 6.00	\$ 12.00	\$ 18.00	\$ 24.00
90281	IG - Immune Globulin (per cc)	\$ -	\$ 2.00	\$ 4.00	\$ 6.00	\$ 8.00
90371	HBIG - Hepatitis B Immune Globulin (per cc)	\$ -	\$ 37.50	\$ 75.00	\$ 112.50	\$ 150.00
90471	Administration of Immunization (1)	\$ -	\$ 5.50	\$ 11.00	\$ 16.50	\$ 22.00
90472	Administration of Immunization (subsequent)	\$ -	\$ 5.50	\$ 11.00	\$ 16.50	\$ 22.00
90473	Administration of Immunization (Intranasal or oral)	\$ -	\$ 5.50	\$ 11.00	\$ 16.50	\$ 22.00
90632	HAV (Havrix)	\$ -	\$ 12.50	\$ 25.00	\$ 37.50	\$ 50.00
90633	HAV (Havrix) Pediatric	\$ -	\$ 7.25	\$ 14.50	\$ 21.75	\$ 29.00
90636	Hepatitis A/B (Twinrix)	\$ -	\$ 24.75	\$ 49.50	\$ 74.25	\$ 99.00
90648	Hib	\$ -	\$ 9.75	\$ 19.50	\$ 29.25	\$ 39.00
90649	HPV	\$ -	\$ 46.25	\$ 92.50	\$ 138.75	\$ 185.00
90656	Flu, inactivated quadrivalent, pediatric (6-35 months)	\$ -	\$ 5.75	\$ 11.50	\$ 17.25	\$ 23.00
90670	PCV-13 (Prevnar)	\$ -	\$ 43.75	\$ 87.50	\$ 131.25	\$ 175.00
90672	Flu, live attenuated, quadrivalent, intranasal (ages 2-49 yrs)	\$ -	\$ 6.25	\$ 12.50	\$ 18.75	\$ 25.00
90680	RV5 (RotaTeq)	\$ -	\$ 30.50	\$ 61.00	\$ 91.50	\$ 122.00
90681	RV1 (Rotarix)	\$ -	\$ 30.50	\$ 61.00	\$ 91.50	\$ 122.00
90686	Flu, inactivated, quadrivalent, adult (>=3 years)	\$ -	\$ 5.25	\$ 10.50	\$ 15.75	\$ 21.00
90696	DTaP-IPV (Kinrix)	\$ -	\$ 13.00	\$ 26.00	\$ 39.00	\$ 52.00
90698	DTaP-IPV/Hib (Pentacel)	\$ -	\$ 25.00	\$ 50.00	\$ 75.00	\$ 100.00
90700	DTaP (Daptacel)	\$ -	\$ 5.50	\$ 11.00	\$ 16.50	\$ 22.00
90707	MMR	\$ -	\$ 18.50	\$ 37.00	\$ 55.50	\$ 74.00
90710	MMRV (Proquad)	\$ -	\$ 50.00	\$ 100.00	\$ 150.00	\$ 200.00
90713	IPV	\$ -	\$ 9.75	\$ 19.50	\$ 29.25	\$ 39.00
90714	Td	\$ -	\$ 8.75	\$ 17.50	\$ 26.25	\$ 35.00
90715	Tdap	\$ -	\$ 10.75	\$ 21.50	\$ 32.25	\$ 43.00
90716	VZV (Varicella)	\$ -	\$ 30.00	\$ 60.00	\$ 90.00	\$ 120.00
90723	DTaP-HBV-IPV (Pediarix)	\$ -	\$ 18.25	\$ 36.50	\$ 54.75	\$ 73.00
90732	PPV-23 (Pneumovax)	\$ -	\$ 20.75	\$ 41.50	\$ 62.25	\$ 83.00
90734	MCV	\$ -	\$ 31.75	\$ 63.50	\$ 95.25	\$ 127.00
90744	HBV (Child through age 19)	\$ -	\$ 7.25	\$ 14.50	\$ 21.75	\$ 29.00
90746	HBV (Engerix)	\$ -	\$ 13.50	\$ 27.00	\$ 40.50	\$ 54.00
99201	New Patient Visit - Level I	\$ -	\$ 20.00	\$ 40.00	\$ 60.00	\$ 80.00
99202	New Patient Visit - Level II	\$ -	\$ 33.50	\$ 67.00	\$ 100.50	\$ 134.00
99203	New Patient Visit - Level III	\$ -	\$ 49.00	\$ 98.00	\$ 147.00	\$ 196.00
99204	New Patient Visit - Level IV	\$ -	\$ 51.75	\$ 103.50	\$ 155.25	\$ 207.00
99211	Established Patient Visit - Level I	\$ -	\$ 9.25	\$ 18.50	\$ 27.75	\$ 37.00
99212	Established Patient Visit - Level II	\$ -	\$ 20.00	\$ 40.00	\$ 60.00	\$ 80.00
99213	Established Patient Visit - Level III	\$ -	\$ 33.00	\$ 66.00	\$ 99.00	\$ 132.00
99214	Established Patient Visit - Level IV	\$ -	\$ 48.25	\$ 96.50	\$ 144.75	\$ 193.00
99215	Established Patient Visit - Level V	\$ -	\$ 64.25	\$ 128.50	\$ 192.75	\$ 257.00
99384	Initial Comprehensive Preventative Medicine (Age 12-17)	\$ -	\$ 53.25	\$ 106.50	\$ 159.75	\$ 213.00
99385	Initial Comprehensive Preventative Medicine (Age 18-39)	\$ -	\$ 53.00	\$ 106.00	\$ 159.00	\$ 212.00
99386	Initial Comprehensive Preventative Medicine (Age 40-64)	\$ -	\$ 60.00	\$ 120.00	\$ 180.00	\$ 240.00
99394	Periodic Comprehensive Preventative Medicine (Age 12-17)	\$ -	\$ 51.00	\$ 102.00	\$ 153.00	\$ 204.00
99395	Periodic Comprehensive Preventative Medicine (Age 18-39)	\$ -	\$ 52.50	\$ 105.00	\$ 157.50	\$ 210.00
99396	Periodic Comprehensive Preventative Medicine (Age 40-64)	\$ -	\$ 55.75	\$ 111.50	\$ 167.25	\$ 223.00
99401	Counseling Code (15-25 min)	\$ -	\$ 16.75	\$ 33.50	\$ 50.25	\$ 67.00
99402	Counseling Code (30-40 min)	\$ -	\$ 28.50	\$ 57.00	\$ 85.50	\$ 114.00
99403	Counseling Code (45-55 min)	\$ -	\$ 39.75	\$ 79.50	\$ 119.25	\$ 159.00
99404	Counseling Code (60 min or longer)	\$ -	\$ 51.00	\$ 102.00	\$ 153.00	\$ 204.00
n/a	Chest X-ray by physician	\$ -	\$ 4.07	\$ 8.13	\$ 12.20	\$ 16.26
n/a	Abnormal diagnostic results review	\$ -	\$ 4.07	\$ 8.13	\$ 12.20	\$ 16.26
n/a	Abnormal chest X-ray review by physician	\$ -	\$ 4.07	\$ 8.13	\$ 12.20	\$ 16.26
n/a	AFB collection	\$ -	\$ 7.11	\$ 14.23	\$ 21.34	\$ 28.46
n/a	First Offender Sexual Health Class	Slide Not Applicable				

**PHARMACEUTICAL FEE SCHEDULE**

Prescription medications and non-prescription medications are provided to clients seen in Family Planning, Teen Health Mall, Sexually Transmitted Disease Clinic and Tuberculosis Prevention & Control Clinic. Charges are typically provided in conjunction with other services which are charged separately. Sliding scale discounts are applied as determined by the clients financial record.

Code	Description	Current Fee	Proposed Fee	% increase/decrease	\$ increase/decrease	Schedule of Discounts/Sliding Scale				
						0-100%	101%-150%	151%-200%	201%-250%	Over 250%
J8499	Acyclovir 200mg	\$ 0.04	\$ 0.27	575%	\$ 0.23	\$ -	\$ 0.07	\$ 0.14	\$ 0.20	\$ 0.27
J8499	Acyclovir 400mg	\$ 0.02	\$ 0.27	1250%	\$ 0.25	\$ -	\$ 0.07	\$ 0.14	\$ 0.20	\$ 0.27
J0278	Amikacin 1gm	\$ 67.79	\$ 92.14	36%	\$ 24.35	\$ -	\$ 23.04	\$ 46.07	\$ 69.11	\$ 92.14
J8499	Amoxicillin 500mg	\$ 0.03	\$ 0.68	2167%	\$ 0.65	\$ -	\$ 0.17	\$ 0.34	\$ 0.51	\$ 0.68
J8499	Azithromycin 500mg	\$ 0.16	\$ 0.27	69%	\$ 0.11	\$ -	\$ 0.07	\$ 0.14	\$ 0.20	\$ 0.27
Q0144	Azithromycin oral pouch (1G)	\$ 7.20	\$ 9.76	36%	\$ 2.56	\$ -	\$ 2.44	\$ 4.88	\$ 7.32	\$ 9.76
J0561	Bicillin 1.2 m.u.	\$ 0.20	\$ 0.88	340%	\$ 0.68	\$ -	\$ 0.22	\$ 0.44	\$ 0.66	\$ 0.88
NULL	Boost Chocolate	\$ 1.76	\$ 2.38	35%	\$ 0.62	\$ -	\$ 0.60	\$ 1.19	\$ 1.79	\$ 2.38
NULL	Boost Strawberry	\$ 1.76	\$ 2.38	35%	\$ 0.62	\$ -	\$ 0.60	\$ 1.19	\$ 1.79	\$ 2.38
NULL	Boost Vanilla	\$ 1.76	\$ 2.38	35%	\$ 0.62	\$ -	\$ 0.60	\$ 1.19	\$ 1.79	\$ 2.38
	Capreomycin 1gm	\$ 17.73	\$ 24.02	35%	\$ 6.29	\$ -	\$ 6.01	\$ 12.01	\$ 18.02	\$ 24.02
J0696	Ceftriaxone 250mg/125mg	\$ 0.31	\$ 1.36	339%	\$ 1.05	\$ -	\$ 0.34	\$ 0.68	\$ 1.02	\$ 1.36
J8499	Cephalexin 500mg	\$ 0.04	\$ 0.68	1600%	\$ 0.64	\$ -	\$ 0.17	\$ 0.34	\$ 0.51	\$ 0.68
J8499	Cipro 750mg	\$ 0.09	\$ 0.68	656%	\$ 0.59	\$ -	\$ 0.17	\$ 0.34	\$ 0.51	\$ 0.68
NULL	Clarithromycin 250mg/5ml (Per Bottle)	\$ 9.51	\$ 12.89	36%	\$ 3.38	\$ -	\$ 3.22	\$ 6.45	\$ 9.67	\$ 12.89
NULL	Clarithromycin 500mg	\$ 0.14	\$ 0.19	36%	\$ 0.05	\$ -	\$ 0.05	\$ 0.10	\$ 0.14	\$ 0.19
J8499	Clindamycin 300mg #14	\$ 0.10	\$ 0.68	580%	\$ 0.58	\$ -	\$ 0.17	\$ 0.34	\$ 0.51	\$ 0.68
NULL	Clindamycin Phosphate Vaginal Cream 2%	\$ 5.32	\$ 7.21	36%	\$ 1.89	\$ -	\$ 1.80	\$ 3.61	\$ 5.41	\$ 7.21
A9150	Clotrimazole/Mycelex 7-45gr	\$ 1.77	\$ 2.40	36%	\$ 0.63	\$ -	\$ 0.60	\$ 1.20	\$ 1.80	\$ 2.40
A4269	Conceptrol Gel/Suppositories	\$ 1.14	\$ 2.41	111%	\$ 1.27	\$ -	\$ 0.60	\$ 1.21	\$ 1.81	\$ 2.41
J8499	Cycloserine 250mg	\$ 7.36	\$ 16.75	128%	\$ 9.39	\$ -	\$ 4.19	\$ 8.38	\$ 12.56	\$ 16.75
J1050	Depo-Provera - Private Ins	\$ 17.92	\$ 38.00	112%	\$ 20.08	\$ -	\$ 9.50	\$ 19.00	\$ 28.50	\$ 38.00
J1055	Depo-Provera - Medicaid's	\$ 17.92	\$ 38.00	112%	\$ 20.08	\$ -	\$ 9.50	\$ 19.00	\$ 28.50	\$ 38.00
J1050	Depo-subQ provera 104mg - Private Ins	\$ 13.61	\$ 38.00	179%	\$ 24.39	\$ -	\$ 9.50	\$ 19.00	\$ 28.50	\$ 38.00
J1055	Depo-subQ provera 104mg - Medicaid's	\$ 13.61	\$ 38.00	179%	\$ 24.39	\$ -	\$ 9.50	\$ 19.00	\$ 28.50	\$ 38.00
J8499	Diflucan/Fluconazole 150mg	\$ 0.02	\$ 0.68	3300%	\$ 0.66	\$ -	\$ 0.17	\$ 0.34	\$ 0.51	\$ 0.68
J1200	Diphenhydramine 50mg/mL Inj	\$ 0.59	\$ 0.80	36%	\$ 0.21	\$ -	\$ 0.20	\$ 0.40	\$ 0.60	\$ 0.80
A9150	Double antibiotic ointment	\$ 2.21	\$ 1.53	-31%	\$ (0.68)	\$ -	\$ 0.38	\$ 0.77	\$ 1.15	\$ 1.53
J8499	Doxycycline 100mg	\$ 0.02	\$ 0.27	1250%	\$ 0.25	\$ -	\$ 0.07	\$ 0.14	\$ 0.20	\$ 0.27
J3490	Elimite Permethrin cream 5%	\$ 2.14	\$ 9.38	338%	\$ 7.24	\$ -	\$ 2.35	\$ 4.69	\$ 7.04	\$ 9.38
J3490	Ella	\$ 19.89	\$ 26.95	36%	\$ 7.06	\$ -	\$ 6.74	\$ 13.48	\$ 20.21	\$ 26.95
NULL	Ensure Chocolate	\$ 0.71	\$ 0.96	35%	\$ 0.25	\$ -	\$ 0.24	\$ 0.48	\$ 0.72	\$ 0.96
NULL	Ensure Strawberry	\$ 0.71	\$ 0.96	35%	\$ 0.25	\$ -	\$ 0.24	\$ 0.48	\$ 0.72	\$ 0.96
NULL	Ensure Vanilla	\$ 0.71	\$ 0.96	35%	\$ 0.25	\$ -	\$ 0.24	\$ 0.48	\$ 0.72	\$ 0.96
J8499	Erthoromycin 500mg	\$ 0.99	\$ 0.27	-73%	\$ (0.72)	\$ -	\$ 0.07	\$ 0.14	\$ 0.20	\$ 0.27
J8499	Ethambutol 100mg	\$ 0.12	\$ 0.27	125%	\$ 0.15	\$ -	\$ 0.07	\$ 0.14	\$ 0.20	\$ 0.27
J8499	Ethambutol 400mg (Myambutol 400mg)	\$ 0.29	\$ 0.27	-7%	\$ (0.02)	\$ -	\$ 0.07	\$ 0.14	\$ 0.20	\$ 0.27
J8499	Ethionamide 250mg	\$ 1.98	\$ 2.85	44%	\$ 0.87	\$ -	\$ 0.71	\$ 1.43	\$ 2.14	\$ 2.85
J0171	Epi Pen Adult	\$ 200.28	\$ 509.62	154%	\$ 309.34	\$ -	\$ 127.41	\$ 254.81	\$ 382.22	\$ 509.62
J0171	Epi Pen Jr.	\$ 183.19	\$ 513.68	180%	\$ 330.49	\$ -	\$ 128.42	\$ 256.84	\$ 385.26	\$ 513.68
A9150	Ferrous Sequels	\$ 0.17	\$ 0.35	106%	\$ 0.18	\$ -	\$ 0.09	\$ 0.18	\$ 0.26	\$ 0.35
J8499	Flagyl Metronidazole 250mg	\$ 0.03	\$ 0.57	1800%	\$ 0.54	\$ -	\$ 0.14	\$ 0.29	\$ 0.43	\$ 0.57
J8499	Flagyl Metronidazole 500mg	\$ 0.13	\$ 0.57	338%	\$ 0.44	\$ -	\$ 0.14	\$ 0.29	\$ 0.43	\$ 0.57
NULL	Glucerna Chocolate	\$ 1.28	\$ 1.73	35%	\$ 0.45	\$ -	\$ 0.43	\$ 0.87	\$ 1.30	\$ 1.73
NULL	Glucerna Strawberry	\$ 1.28	\$ 1.73	35%	\$ 0.45	\$ -	\$ 0.43	\$ 0.87	\$ 1.30	\$ 1.73
NULL	Glucerna Vanilla	\$ 1.28	\$ 1.73	35%	\$ 0.45	\$ -	\$ 0.43	\$ 0.87	\$ 1.30	\$ 1.73
A9150	Hydrocortisone cream	\$ 0.69	\$ 1.12	62%	\$ 0.43	\$ -	\$ 0.28	\$ 0.56	\$ 0.84	\$ 1.12
A9150	Ibuprofen	\$ 0.02	\$ 0.04	100%	\$ 0.02	\$ -	\$ 0.01	\$ 0.02	\$ 0.03	\$ 0.04
	Isoniazid 50mg (Ped Formulation)	\$ 3.35	\$ 56.68	1592%	\$ 53.33	\$ -	\$ 14.17	\$ 28.34	\$ 42.51	\$ 56.68
J8499	Isoniazid 100mg	\$ 0.02	\$ 0.03	50%	\$ 0.01	\$ -	\$ 0.01	\$ 0.02	\$ 0.02	\$ 0.03
J8499	Isoniazid 300mg	\$ 0.07	\$ 0.09	29%	\$ 0.02	\$ -	\$ 0.02	\$ 0.05	\$ 0.07	\$ 0.09
	IUD (Liletta)	\$ 50.00	\$ 67.75	36%	\$ 17.75	\$ -	\$ 16.94	\$ 33.88	\$ 50.81	\$ 67.75
J7302	IUD (Mirena - PVT)	\$ 296.89	\$ 510.00	72%	\$ 213.11	\$ -	\$ 127.50	\$ 255.00	\$ 382.50	\$ 510.00
J7300	IUD (Paragard)	\$ 195.22	\$ 395.00	102%	\$ 199.78	\$ -	\$ 98.75	\$ 197.50	\$ 296.25	\$ 395.00
J7302	IUD (Bayer's U.S. Patient Assistance Program)	\$ -	\$ -	#DIV/0!	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
J8499	Levofloxacin 250mg	\$ 0.10	\$ 0.14	40%	\$ 0.04	\$ -	\$ 0.04	\$ 0.07	\$ 0.11	\$ 0.14



**PHARMACEUTICAL FEE SCHEDULE**

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Code	Description	Current Fee		Proposed Fee		% increase/decrease	\$ increase/decrease	Schedule of Discounts/Sliding Scale				
								0-100%	101%-150%	151%-200%	201%-250%	Over 250%
J8499	Levaquin 500mg	\$ 0.14	\$ 0.61	\$ 0.14	\$ 0.61	336%	\$ 0.47	\$ -	\$ 0.15	\$ 0.31	\$ 0.46	\$ 0.61
	Levofloxacin 500mg	\$ 0.14	\$ 0.61	\$ 0.14	\$ 0.61	336%	\$ 0.47	\$ -	\$ 0.15	\$ 0.31	\$ 0.46	\$ 0.61
J2001	Lidocaine	\$ 0.21	\$ 1.00	\$ 0.21	\$ 1.00	376%	\$ 0.79	\$ -	\$ 0.25	\$ 0.50	\$ 0.75	\$ 1.00
J8499	Linezolid 600mg	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	0%	\$ -	\$ -	\$ 8.75	\$ 17.50	\$ 26.25	\$ 35.00
A9150	Lotrimin/Clotrimazole 1% 15g	\$ 0.71	\$ 2.00	\$ 0.71	\$ 2.00	182%	\$ 1.29	\$ -	\$ 0.50	\$ 1.00	\$ 1.50	\$ 2.00
J3490	Metronidazole Vaginal Gel .75%	\$ 7.55	\$ 10.23	\$ 7.55	\$ 10.23	35%	\$ 2.68	\$ -	\$ 2.56	\$ 5.12	\$ 7.67	\$ 10.23
J8499	Moxifloxacin 400mg	\$ 2.74	\$ 3.71	\$ 2.74	\$ 3.71	35%	\$ 0.97	\$ -	\$ 0.93	\$ 1.86	\$ 2.78	\$ 3.71
J7307	Nexplanon Kit	\$ 375.00	\$ 600.00	\$ 375.00	\$ 600.00	60%	\$ 225.00	\$ -	\$ 150.00	\$ 300.00	\$ 450.00	\$ 600.00
J3490	Next Choice	\$ 12.79	\$ 11.00	\$ 12.79	\$ 11.00	-14%	\$ (1.79)	\$ -	\$ 2.75	\$ 5.50	\$ 8.25	\$ 11.00
J8499	Nitrofurantoin 100mg	\$ 0.20	\$ 0.68	\$ 0.20	\$ 0.68	240%	\$ 0.48	\$ -	\$ 0.17	\$ 0.34	\$ 0.51	\$ 0.68
S4993	OC - Aviane	\$ 7.23	\$ 10.00	\$ 7.23	\$ 10.00	38%	\$ 2.77	\$ -	\$ 2.50	\$ 5.00	\$ 7.50	\$ 10.00
S4993	OC - Levora	\$ 5.98	\$ 10.00	\$ 5.98	\$ 10.00	67%	\$ 4.02	\$ -	\$ 2.50	\$ 5.00	\$ 7.50	\$ 10.00
S4993	OC - Lutera	\$ 4.70	\$ 10.00	\$ 4.70	\$ 10.00	113%	\$ 5.30	\$ -	\$ 2.50	\$ 5.00	\$ 7.50	\$ 10.00
S4993	OC - Micronor	\$ 2.95	\$ 10.00	\$ 2.95	\$ 10.00	239%	\$ 7.05	\$ -	\$ 2.50	\$ 5.00	\$ 7.50	\$ 10.00
S4993	OC - Mononessa	\$ 4.21	\$ 10.00	\$ 4.21	\$ 10.00	138%	\$ 5.79	\$ -	\$ 2.50	\$ 5.00	\$ 7.50	\$ 10.00
S4993	OC - Necon 1/35	\$ 7.79	\$ 10.00	\$ 7.79	\$ 10.00	28%	\$ 2.21	\$ -	\$ 2.50	\$ 5.00	\$ 7.50	\$ 10.00
S4993	OC - Nora-Be	\$ 7.87	\$ 10.00	\$ 7.87	\$ 10.00	27%	\$ 2.13	\$ -	\$ 2.50	\$ 5.00	\$ 7.50	\$ 10.00
S4993	OC - Nordette (28)	\$ 8.21	\$ 10.00	\$ 8.21	\$ 10.00	22%	\$ 1.79	\$ -	\$ 2.50	\$ 5.00	\$ 7.50	\$ 10.00
S4993	OC - Norinyl 1+35	\$ 8.55	\$ 10.00	\$ 8.55	\$ 10.00	17%	\$ 1.45	\$ -	\$ 2.50	\$ 5.00	\$ 7.50	\$ 10.00
S4993	OC - Nortrel 1/35	\$ 4.10	\$ 10.00	\$ 4.10	\$ 10.00	144%	\$ 5.90	\$ -	\$ 2.50	\$ 5.00	\$ 7.50	\$ 10.00
S4993	OC - Nortrel 7/7/7	\$ 3.89	\$ 10.00	\$ 3.89	\$ 10.00	157%	\$ 6.11	\$ -	\$ 2.50	\$ 5.00	\$ 7.50	\$ 10.00
S4993	OC - Ortho Cyclen	\$ 3.10	\$ 10.00	\$ 3.10	\$ 10.00	223%	\$ 6.90	\$ -	\$ 2.50	\$ 5.00	\$ 7.50	\$ 10.00
S4993	OC - Ortho Novum 777	\$ 5.88	\$ 10.00	\$ 5.88	\$ 10.00	70%	\$ 4.12	\$ -	\$ 2.50	\$ 5.00	\$ 7.50	\$ 10.00
S4993	OC - Ortho Tricyclen Lo	\$ 5.64	\$ 10.00	\$ 5.64	\$ 10.00	77%	\$ 4.36	\$ -	\$ 2.50	\$ 5.00	\$ 7.50	\$ 10.00
S4993	OC - Ortho Tricyclen	\$ 3.03	\$ 10.00	\$ 3.03	\$ 10.00	230%	\$ 6.97	\$ -	\$ 2.50	\$ 5.00	\$ 7.50	\$ 10.00
S4993	OC - Portia 28	\$ 6.95	\$ 10.00	\$ 6.95	\$ 10.00	44%	\$ 3.05	\$ -	\$ 2.50	\$ 5.00	\$ 7.50	\$ 10.00
S4993	OC - Previfem	\$ 8.58	\$ 10.00	\$ 8.58	\$ 10.00	17%	\$ 1.42	\$ -	\$ 2.50	\$ 5.00	\$ 7.50	\$ 10.00
S4993	OC - Sronyx	\$ 4.60	\$ 10.00	\$ 4.60	\$ 10.00	117%	\$ 5.40	\$ -	\$ 2.50	\$ 5.00	\$ 7.50	\$ 10.00
S4993	OC - Trinessa	\$ 3.70	\$ 10.00	\$ 3.70	\$ 10.00	170%	\$ 6.30	\$ -	\$ 2.50	\$ 5.00	\$ 7.50	\$ 10.00
J8499	Phenazophridine HCl 100mg	\$ 0.08	\$ 0.68	\$ 0.08	\$ 0.68	750%	\$ 0.60	\$ -	\$ 0.17	\$ 0.34	\$ 0.51	\$ 0.68
J3490	Plan B	\$ 4.91	\$ 11.00	\$ 4.91	\$ 11.00	124%	\$ 6.09	\$ -	\$ 2.75	\$ 5.50	\$ 8.25	\$ 11.00
	Permethrin cream 5%	\$ 2.14	\$ 2.90	\$ 2.14	\$ 2.90	36%	\$ 0.76	\$ -	\$ 0.73	\$ 1.45	\$ 2.18	\$ 2.90
A9150	Permethrin rinse 1% (Lotion)	\$ 4.11	\$ 5.57	\$ 4.11	\$ 5.57	36%	\$ 1.46	\$ -	\$ 1.39	\$ 2.79	\$ 4.18	\$ 5.57
A9152	Prenatal Vitamins (100 tabs)	\$ 2.21	\$ 2.99	\$ 2.21	\$ 2.99	35%	\$ 0.78	\$ -	\$ 0.75	\$ 1.50	\$ 2.24	\$ 2.99
	Pyrazinamide 100mg (Ped Formulation)	\$ 0.71	\$ 0.96	\$ 0.71	\$ 0.96	35%	\$ 0.25	\$ -	\$ 0.24	\$ 0.48	\$ 0.72	\$ 0.96
J8499	Pyrazinamide 500mg	\$ 0.49	\$ 0.66	\$ 0.49	\$ 0.66	35%	\$ 0.17	\$ -	\$ 0.17	\$ 0.33	\$ 0.50	\$ 0.66
J8499	Rifabutin 150mg	\$ 1.27	\$ 1.72	\$ 1.27	\$ 1.72	35%	\$ 0.45	\$ -	\$ 0.43	\$ 0.86	\$ 1.29	\$ 1.72
J8499	Rifamate	\$ 1.95	\$ 6.14	\$ 1.95	\$ 6.14	215%	\$ 4.19	\$ -	\$ 1.54	\$ 3.07	\$ 4.61	\$ 6.14
J8499	Rifampin 300mg	\$ 0.45	\$ 0.41	\$ 0.45	\$ 0.41	-9%	\$ (0.04)	\$ -	\$ 0.10	\$ 0.21	\$ 0.31	\$ 0.41
J8499	Rifampin 150mg	\$ 0.39	\$ 0.18	\$ 0.39	\$ 0.18	-54%	\$ (0.21)	\$ -	\$ 0.05	\$ 0.09	\$ 0.14	\$ 0.18
J8499	Rifampin 10mg/1 ml susp	\$ 0.17	\$ 23.04	\$ 0.17	\$ 23.04	13453%	\$ 22.87	\$ -	\$ 5.76	\$ 11.52	\$ 17.28	\$ 23.04
J8499	Rifampin 100mg/5ml susp	\$ 1.69	\$ 2.29	\$ 1.69	\$ 2.29	36%	\$ 0.60	\$ -	\$ 0.57	\$ 1.15	\$ 1.72	\$ 2.29
J3490	Rifapentine 150mg	\$ 2.29	\$ 1.33	\$ 2.29	\$ 1.33	-42%	\$ (0.96)	\$ -	\$ 0.33	\$ 0.67	\$ 1.00	\$ 1.33
A4216	Sterile Water	\$ 0.30	\$ 0.41	\$ 0.30	\$ 0.41	37%	\$ 0.11	\$ -	\$ 0.10	\$ 0.21	\$ 0.31	\$ 0.41
J3000	Streptomycin 1 gr	\$ 9.34	\$ 11.99	\$ 9.34	\$ 11.99	28%	\$ 2.65	\$ -	\$ 3.00	\$ 6.00	\$ 8.99	\$ 11.99
	Suprax 400mg	\$ 13.01	\$ 17.63	\$ 13.01	\$ 17.63	36%	\$ 4.62	\$ -	\$ 4.41	\$ 8.82	\$ 13.22	\$ 17.63
	TMP/SMZ	\$ 0.05	\$ 0.07	\$ 0.05	\$ 0.07	40%	\$ 0.02	\$ -	\$ 0.02	\$ 0.04	\$ 0.05	\$ 0.07
NULL	Tuberculin 10 dose	\$ 3.11	\$ 4.21	\$ 3.11	\$ 4.21	35%	\$ 1.10	\$ -	\$ 1.05	\$ 2.11	\$ 3.16	\$ 4.21
NULL	Tuberculin 50 dose	\$ 2.26	\$ 3.06	\$ 2.26	\$ 3.06	35%	\$ 0.80	\$ -	\$ 0.77	\$ 1.53	\$ 2.30	\$ 3.06
J8499	Vitamin B6 50mg	\$ 0.01	\$ 0.01	\$ 0.01	\$ 0.01	0%	\$ -	\$ -	\$ 0.00	\$ 0.01	\$ 0.01	\$ 0.01

**LABORATORY/OUTPATIENT FEE SCHEDULE**

Laboratory/outpatient tests are provided to clients seen in Family Planning, Teen Health Mall, Sexually Transmitted Disease Clinic and Tuberculosis Prevention & Control Clinic. Charges are typically provided in conjunction with other services which are charged separately. Sliding scale discounts are applied as determined by the clients financial record.

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						0-100%	101%-150%	151%-200%	201%-250%	Over 250%
84460	ALT	\$ 4.89	\$ 7.45	52%	\$ 2.56	\$ -	\$ 1.86	\$ 3.73	\$ 5.59	\$ 7.45
87491	Aptima (CT)	\$ 10.00	\$ 25.00	150%	\$ 15.00	\$ -	\$ 6.25	\$ 12.50	\$ 18.75	\$ 25.00
87591	Aptima (GC)	\$ 10.00	\$ 25.00	150%	\$ 15.00	\$ -	\$ 6.25	\$ 12.50	\$ 18.75	\$ 25.00
84450	AST	\$ 4.89	\$ 7.45	52%	\$ 2.56	\$ -	\$ 1.86	\$ 3.73	\$ 5.59	\$ 7.45
36415	Blood draw fee	\$ 4.12	\$ 5.72	39%	\$ 1.60	\$ -	\$ 1.43	\$ 2.86	\$ 4.29	\$ 5.72
82947	Blood Glucose	\$ 6.49	\$ 7.45	15%	\$ 0.96	\$ -	\$ 1.86	\$ 3.73	\$ 5.59	\$ 7.45
31622-31656	Bronchoscopy	\$ 669.00	\$ 906.50	36%	\$ 237.50	\$ -	\$ 226.63	\$ 453.25	\$ 679.88	\$ 906.50
85025	CBC	\$ 9.10	\$ 12.33	35%	\$ 3.23	\$ -	\$ 3.08	\$ 6.17	\$ 9.25	\$ 12.33
80053	Chem Panel	\$ 8.62	\$ 11.68	35%	\$ 3.06	\$ -	\$ 2.92	\$ 5.84	\$ 8.76	\$ 11.68
71010	Chest View PA	\$ 31.30	\$ 42.41	35%	\$ 11.11	\$ -	\$ 10.60	\$ 21.21	\$ 31.81	\$ 42.41
71020	Chest View PA/Lateral	\$ 46.54	\$ 63.06	35%	\$ 16.52	\$ -	\$ 15.77	\$ 31.53	\$ 47.30	\$ 63.06
710721	Chest View Lordotic	\$ 46.54	\$ 63.06	35%	\$ 16.52	\$ -	\$ 15.77	\$ 31.53	\$ 47.30	\$ 63.06
86140	C Reactive Protein	\$ 48.00	\$ 65.04	36%	\$ 17.04	\$ -	\$ 16.26	\$ 32.52	\$ 48.78	\$ 65.04
71260	CT Thorax with dye	\$ 329.42	\$ 446.36	35%	\$ 116.94	\$ -	\$ 111.59	\$ 223.18	\$ 334.77	\$ 446.36
71250	CT Thorax without dye	\$ 282.36	\$ 382.11	35%	\$ 99.75	\$ -	\$ 95.53	\$ 191.06	\$ 286.58	\$ 382.11
71270	CT Thorax with & without dye	\$ 403.63	\$ 546.92	36%	\$ 143.29	\$ -	\$ 136.73	\$ 273.46	\$ 410.19	\$ 546.92
99000	Draw and ship specimen	\$ 65.50	\$ 88.75	35%	\$ 23.25	\$ -	\$ 22.19	\$ 44.38	\$ 66.56	\$ 88.75
36415	Draw and process refer	\$ 28.50	\$ 38.62	36%	\$ 10.12	\$ -	\$ 9.66	\$ 19.31	\$ 28.97	\$ 38.62
82947	FBS (glucose serum)	\$ 3.09	\$ 4.19	36%	\$ 1.10	\$ -	\$ 1.05	\$ 2.10	\$ 3.14	\$ 4.19
86780	FTA - ABS	\$ 12.00	\$ 26.21	118%	\$ 14.21	\$ -	\$ 6.55	\$ 13.11	\$ 19.66	\$ 26.21
87205	Gram Stain	\$ 5.69	\$ 4.58	-20%	\$ (1.11)	\$ -	\$ 1.15	\$ 2.29	\$ 3.44	\$ 4.58
85018	Hemocue/hemoglobinanalysis	\$ 1.02	\$ 1.51	48%	\$ 0.49	\$ -	\$ 0.38	\$ 0.76	\$ 1.13	\$ 1.51
86708	Hepatitis A screen	\$ 20.00	\$ 27.10	36%	\$ 7.10	\$ -	\$ 6.78	\$ 13.55	\$ 20.33	\$ 27.10
86709	Hepatitis A Antibody	\$ 10.00	\$ 13.55	36%	\$ 3.55	\$ -	\$ 3.39	\$ 6.78	\$ 10.16	\$ 13.55
89704	Hepatitis B screen (per marker)	\$ 8.00	\$ 10.84	36%	\$ 2.84	\$ -	\$ 2.71	\$ 5.42	\$ 8.13	\$ 10.84
86803	Hepatitis C Antibody	\$ 18.00	\$ 24.39	36%	\$ 6.39	\$ -	\$ 6.10	\$ 12.20	\$ 18.29	\$ 24.39
86694	Herpcheck	\$ 28.00	\$ 43.46	55%	\$ 15.46	\$ -	\$ 10.87	\$ 21.73	\$ 32.60	\$ 43.46
86689	HIV Confirmatory	\$ 42.00	\$ 58.80	40%	\$ 16.80	\$ -	\$ 14.70	\$ 29.40	\$ 44.10	\$ 58.80
86703	HIV Rapid Test	\$ 14.06	\$ 19.72	40%	\$ 5.66	\$ -	\$ 4.93	\$ 9.86	\$ 14.79	\$ 19.72
86703	HIV test	\$ 5.00	\$ 19.72	294%	\$ 14.72	\$ -	\$ 4.93	\$ 9.86	\$ 14.79	\$ 19.72
83897	HPV	\$ 85.00	\$ 115.18	36%	\$ 30.18	\$ -	\$ 28.80	\$ 57.59	\$ 86.39	\$ 115.18
80061	Lipid Profile	\$ 14.31	\$ 19.39	35%	\$ 5.08	\$ -	\$ 4.85	\$ 9.70	\$ 14.54	\$ 19.39
80076	Liver Panel	\$ 14.21	\$ 19.25	35%	\$ 5.04	\$ -	\$ 4.81	\$ 9.63	\$ 14.44	\$ 19.25
88164	Pap	\$ 9.00	\$ 15.72	75%	\$ 6.72	\$ -	\$ 3.93	\$ 7.86	\$ 11.79	\$ 15.72
88142	Pap - Thin Prep	\$ 20.00	\$ 32.89	64%	\$ 12.89	\$ -	\$ 8.22	\$ 16.45	\$ 24.67	\$ 32.89
88141	Pathologist review of abnormal pa	\$ 11.50	\$ 15.58	35%	\$ 4.08	\$ -	\$ 3.90	\$ 7.79	\$ 11.69	\$ 15.58
86615	Pertussis	\$ 65.00	\$ 88.07	35%	\$ 23.07	\$ -	\$ 22.02	\$ 44.04	\$ 66.05	\$ 88.07
81025	Pregnancy test (blood)	\$ 13.30	\$ 6.79	-49%	\$ (6.51)	\$ -	\$ 1.70	\$ 3.40	\$ 5.09	\$ 6.79
84146	Prolactin	\$ 21.44	\$ 29.05	35%	\$ 7.61	\$ -	\$ 7.26	\$ 14.53	\$ 21.79	\$ 29.05
84702	Quantitative HCG	\$ 25.00	\$ 33.88	36%	\$ 8.88	\$ -	\$ 8.47	\$ 16.94	\$ 25.41	\$ 33.88
86480	Quantiferon	\$ 48.50	\$ 65.72	36%	\$ 17.22	\$ -	\$ 16.43	\$ 32.86	\$ 49.29	\$ 65.72
81025	Qupid HCG	\$ 1.60	\$ 4.02	151%	\$ 2.42	\$ -	\$ 1.01	\$ 2.01	\$ 3.02	\$ 4.02
86592	RPR (syphilis)	\$ 2.84	\$ 7.42	161%	\$ 4.58	\$ -	\$ 1.86	\$ 3.71	\$ 5.57	\$ 7.42
86762	Rubella	\$ 8.50	\$ 11.52	36%	\$ 3.02	\$ -	\$ 2.88	\$ 5.76	\$ 8.64	\$ 11.52
85652	Sed Rate Wstergren	\$ 12.60	\$ 17.07	35%	\$ 4.47	\$ -	\$ 4.27	\$ 8.54	\$ 12.80	\$ 17.07
80299	Therapeutic Drug Assay	\$ 70.00	\$ 94.85	36%	\$ 24.85	\$ -	\$ 23.71	\$ 47.43	\$ 71.14	\$ 94.85
86780	TP PA	\$ 12.00	\$ 16.26	36%	\$ 4.26	\$ -	\$ 4.07	\$ 8.13	\$ 12.20	\$ 16.26
84443	TSH	\$ 17.30	\$ 23.44	35%	\$ 6.14	\$ -	\$ 5.86	\$ 11.72	\$ 17.58	\$ 23.44
81000	Urine Dipstick	\$ 1.14	\$ 2.01	76%	\$ 0.87	\$ -	\$ 0.50	\$ 1.01	\$ 1.51	\$ 2.01
87086	Urine C&S	\$ 0.88	\$ 5.13	483%	\$ 4.25	\$ -	\$ 1.28	\$ 2.57	\$ 3.85	\$ 5.13
not avail	Western Blot	\$ 42.00	\$ 56.91	36%	\$ 14.91	\$ -	\$ 14.23	\$ 28.46	\$ 42.68	\$ 56.91
87210	Wet Mount/KOH	\$ 1.31	\$ 4.00	205%	\$ 2.69	\$ -	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00

DD	CA/AH
DHO	kd
DA	LA
Risk	NA

**Staff Report**  
**Board Meeting Date: October 22, 2015**

**TO:** District Board of Health

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

**SUBJECT:** Review, discussion, and adoption of the Business Impact Statement regarding a proposed revision to the Health District Fee Schedule, specific to the addition of the Regional Technology Fee for Air Quality Management and Environmental Health Services, with a finding that the proposed Regional Technology Fee does not impose a direct and significant economic burden on a business; or does the proposed fee directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the Proposed Regional Technology Fee for November 19, 2015 at 1:00 pm.

**SUMMARY**

The Washoe County District Board of Health must approve any changes to the Health District Fee Schedule. Per NRS 237, Business Impact Statements “must be considered by the governing body at its regular meeting next preceding any regular meeting held to adopt” the Proposed Fees.

**District Health Strategic Objective supported by this item:** Strengthen District-wide infrastructure to improve public health; and strengthen WCHD as an innovative, high- performing organization.

**Fundamental Review recommendation supported by this item:** #5 - Update fee schedules and billing processes regularly for all clinical and environmental health services provided; and #7 – Participate in the business process analysis currently underway across all building permitting in the County.

**PREVIOUS ACTION**

October 24, 2013. The District Board of Health acknowledged the status and progress of the Regional License and Permit Program team and directed staff to continue with vendor contract negotiations and financing, develop an Interlocal Agreement, and further research a regional technology fee mechanism for a Regional License and Permit Program.

March 27, 2014. The District Board of Health received an update in the form of the Washoe County Staff report to the Board of County Commissioners attached to the District Health Officer Monthly report that provided information on the status and progress towards contracting for a regional license and permit program to replace Washoe County’s aging Permits Plus Program.



June 26, 2014. The District Board of Health approved the Interlocal Cooperative Agreement establishing the Regional Business License and Permits Program among the City of Reno, the City of Sparks, and Washoe County concerning the governance and implementation of a Regional License and Permit Program, effective from execution signing date through June 30, 2020 and authorized automatic renewals beginning July 1, 2020 unless otherwise terminated as per the agreement. The approval included a directive to staff to return prior to project implementation with a regional technology fee to recover portions of the project's costs.

## **BACKGROUND**

The City of Reno, the City of Sparks, Washoe County, and the Health District partnered to purchase a regional license and permit system known as the Accela Civic Platform (Accela Platform). The four Regional Partners established consideration of a regional technology fee in the Interlocal Agreement, signed on June 26, 2014, to recover the capital outlay implementation costs, future technology needs, and the annual subscription fees. Following the adoption of the Interlocal Agreement, a Regional Technology Fee Working Group was assembled consisting of members of the partner's project management teams. Additional financial and legal staff members from each of the partner agencies participated throughout the analysis process. Legal staff from all four jurisdictions agreed the proposed technology fee qualifies as a fee which can be imposed under the provisions of NRS 354.790, Additional fee for providing service to customer in expeditious or convenient manner.

The total first year's costs for the Accela Civic Platform is \$1,667,444 which includes \$1,385,479 for capital outlay implementation costs and \$281,965 for the annual subscription fees. Washoe County assumed the County and Health District portions of the capital outlay costs as part of the Technology Services capital improvement project. The Health District is responsible for an annual subscription cost of \$58,081.

In order to determine the baseline volume of activities that may be subject to a technology fee, an analysis was completed of the most recent seven (7) years of licensing and permitting activities and revenues from each of the jurisdictions. The seven (7) year range was selected to utilize the most current data while taking into account the economic recession that the region had experienced. Under-estimating activities could result in an unnecessary burden being placed on our community; while over-estimating activities could result in a failure to adequately recover the capital outlay costs.

The analysis resulted in the determination that a flat fee would be most appropriate for business licenses to reflect the processing of any license transactions in the Accela Platform would be essentially the same, regardless of the type or size of the business. However, the processing of permits varies widely and involves different levels of participation by one or more agencies depending on the type of project. Permit applications also involve field inspections by agency staff, potential corrections of submitted plans or supporting calculations, and resubmittals of those corrections for further review. Therefore, the determination was made that a percentage fee for all other permits would be appropriate, reflecting that more complex permits require more processing in the platform.

Based on the results of the analysis and the recommendation of the Regional Tech Fee Working Group, the proposed regional technology fee is 4% of the total permit cost. In response to input from

local trade associations and business, staff recommends the proposed regional technology fee become effective once the Accela Platform becomes available for public use (“go-live” date estimated to be between December 2015 and Spring 2016). The only proposed Health District exemption from the regional technology fee is for Federal Title V/PSD (Prevention of Significant Deterioration) permits issued by Air Quality Management. These permits are very complex in nature and will not be completely supported by the Accela platform. Currently there are only two (2) facilities in Washoe County with these types of permits, RR Donnelley & Sons (rotogravure printers in Stead) and SFPP, LP (Sparks Tank Farm).

Examples of common, high volume permit types issued by Air Quality Management and Environmental Health Services and the proposed 4% regional technology fee are as follows:

**Air Quality Management**

Permit	Current Cost	Proposed Technology Fee <sup>1</sup>	Total
Woodstove Notice	\$14	\$1 <sup>2</sup>	\$15
Fuel Burning Equipment	\$80	\$3	\$83
Gas Station (8 nozzles)	\$340	\$14	\$354
Dust Control (5 acre project)	\$637	\$25	\$662
Title V/PSD	\$20,809	Exempt	\$20,809

**Environmental Health Services**

Permit	Current Cost	Proposed Technology Fee <sup>1</sup>	Total
Certified Pool Operator	\$19	\$1 <sup>2</sup>	\$20
Waste Reduction/Recycling	\$134	\$5	\$139
Restaurant	\$148	\$6	\$154
Pool/Spa	\$183	\$7	\$190
Sewage Disposal	\$652	\$26	\$678

Notes: 1. Proposed technology fee is rounded to the nearest dollar.  
 2. Minimum proposed technology fee is \$1.00.

Based on the application of the proposed 4% technology fee on the total permitting activities considered in the analysis, the estimated revenue to be generated by the Health District is \$76,952. Staff recommends the Board periodically evaluate the regional technology fee to confirm the dedicated funds are recovering the annual subscription costs and providing for future technology needs associated with the Accela Platform. Based on this evaluation, the fee should be adjusted up or down accordingly.

NRS 237.080 requires that before the Board adopts any rule, that the Board “make a concerted” effort to determine whether the proposed rule will impose a direct and significant economic burden upon a business or directly restrict the formation, operation or expansion of a business. The proposed regional technology fee qualifies as a rule under NRS 237.060 as the fee will be “paid in whole or in

substantial part by businesses”. NRS 237.080 requires notification be made to trade associations or owners and officers of businesses about the proposed rule and that they may submit data or arguments about whether the proposed rule will impose a direct and significant economic burden upon a business or directly restrict the formation, operation or expansion of a business.

On June 1, 2015 current business licensees from the City of Sparks and Washoe County, in addition to various trade associations, were notified by U.S. postal mail of the proposed regional technology fee. The post card notice included a website link to a Potential Impact to a Business report (Business Impact Statement, Attachment B) for the regional technology fee, and included contact information for each Regional Partner for questions and comments. Current permit holders from the Health District must possess a valid jurisdictional business license, so those permit holders were included in the mailing to business licensees. The City of Sparks mailed 1,875 and e-mailed 4,232 notices, and Washoe County mailed 5,732 notices, for a total of 11,839 notices to businesses and trade organizations. A complete list of the trade organizations is included in the attached Business Impact Statement.

The notice requested that written comments, arguments or data on the proposed regional technology fee be submitted no later than June 30, 2015. The notice also advertised two public workshops, held on June 30, 2015 at noon and at 5:30 p.m. The public workshops were also advertised in the Reno Gazette-Journal as a legal advertisement on June 17 and 19, 2015 (Business Impact Statement, Attachment B). The public workshops were hosted by the regional technology fee working group for the public to discuss the potential impacts of the proposed regional technology fee on a business. Attendees were encouraged to ask questions, and were solicited to submit comments, arguments or data on any potential impacts. Project staff also arranged for and delivered presentations to The Chamber (June 9, 2015), the Association of General Contractors (June 18, 2015), and the Builders Association of Northern Nevada (June 23, 2015).

The City of Reno incorporated the regional technology fee as part of their FY 2015-2016 budget process and adoption of that budget. Through the budget process, a BIS was not required for the regional tech fee, however, the budget workshops were noticed as was the adoption of the budget. The Reno City Council is scheduled to review the BIS for informational purposes only at its November 4, 2015 meeting. The Sparks City Council is scheduled to review and possibly adopt the BIS at its October 26, 2015 meeting, and to possibly adopt the regional technology fee at its November 9, 2015 meeting. The Washoe County Board of County Commissioners is scheduled to review and possibly adopt the BIS at its October 13, 2015 meeting, and to possibly adopt the regional technology fee at its October 27, 2015 meeting.

A total of three (3) letters and fifteen (15) e-mails were received from citizens. Comments received during the meetings with trade organizations and the public hearings are included in the Synopsis of Comments from the Proposed Regional Technology Fee Agency Meeting and Public Workshops, Business Impact Statement, Attachment B.

The attached Regional License/Permit Platform Business Impact Statement was prepared in accordance with NRS 237.090 to address the potential impacts of the proposed regional technology fee.

### **FISCAL IMPACT**

As previously stated, the revenue generated by the proposed 4% regional technology fee will be dedicated to recovering the Health District's portion of the Accela Platform annual subscription costs and the associated future technology needs. The initial subscription payment was due on July 1, 2015 and was paid without any ability to recover the expense. With the approval of the proposed regional technology fee, the Health District will be able to recover a portion of the next subscription payment that will be due on July 1, 2016 and potentially all of the subsequent annual subscription costs.

### **RECOMMENDATION**

Staff recommends the District Board of Health approve and adopt the Business Impact Statement for the proposed revision to the Health District Fee Schedule, specific to the addition of the Regional Technology Fee for Air Quality Management and Environmental Health Services, with a finding that the proposed Regional Technology Fee does not impose a direct and significant economic burden on a business; or does the proposed fee directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the Proposed Regional Technology Fee for November 19, 2015 at 1:00 pm.

### **POSSIBLE MOTION**

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

“Move to approve and adopt the Business Impact Statement for the proposed revision to the Health District Fee Schedule, specific to the addition of the Regional Technology Fee for Air Quality Management and Environmental Health Services, with a finding that the proposed Regional Technology Fee does not impose a direct and significant economic burden on a business; or does the proposed fee directly restrict the formation, operation or expansion of a business. Further move to set a public hearing for possible adoption of the Proposed Regional Technology Fee for November 19, 2015 at 1:00 pm.



October 22, 2015

## **Regional License/Permit Platform Business Impact Statement**

### **INTRODUCTION**

The following Business Impact Statement (BIS) was prepared pursuant to Nevada Revised Statutes (NRS) section 237.080 to address the potential impact of a proposed regional technology fee. This proposed fee classifies as a rule as defined in NRS 237.060 and, therefore, is subject to the provisions of NRS 237.030 to 237.150, inclusive.

The City of Reno, the City of Sparks, the Washoe County Health District, and Washoe County partnered to purchase a regional license and permit platform known as the Accela Civic Platform. These four Regional Partners will consider a regional technology fee to help recover the capital outlay implementation costs and the annual subscription fees of the new regional license and permit platform.

### **BUSINESS IMPACT STATEMENT**

- A. *The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response, and an explanation of the manner in which other interested persons may obtain a copy of the summary (List all trade associations or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).*

Current business licensees from the City of Sparks and Washoe County, and the various trade associations listed on the next page, were notified by U.S. postal mail of the proposed regional technology fee on June 1, 2015. Current permit holders from the Washoe County Health District must possess a valid jurisdictional business license, so those permit holders were included in the mailing to business licensees. The City of Sparks mailed 1,875 and e-mailed 4,232 notices, and Washoe County mailed 5,732 notices.

The City of Reno included the regional technology fee as part of their FY 2015-2016 budget process and adoption of that budget. Pursuant to NRS 237.060(b), the annual budget process and adoption does not qualify as a rule and, therefore, no Business Impact Statement was required by the City of Reno for the regional technology fee. The

Reno City Council will review this Business Impact Statement during an update on the status of the regional license/permit platform to acquaint Council members who are also members of the District Health Board of its content.

Trade associations mailed a notice:

- American Business Women's Association
- Builders Association of Northern Nevada (agency meeting held)
- Economic Development Authority of Western Nevada
- Incline Village General Improvement District
- National Federation of Independent Business
- Nevada Business Connections
- Nevada Chapter AGC (agency meeting held)
- Nevada Microenterprise Initiative
- Nevada Motor Transport Association
- Nevada Small Business Development Center
- Nevada Taxpayers Association
- North Lake Tahoe Chamber of Commerce
- Northern Nevada NAIOP
- NPM & CSA
- Reno-Sparks Chamber of Commerce, The Chamber (agency meeting held)
- Retail Association of Nevada

The post card notice included a web site link to a *Potential Impact to a Business* (see Attachment A) for the regional technology fee, and included contact information for each Regional Partner for questions and comments. The notice requested that written comments, arguments or data on the proposed regional technology fee be submitted no later than June 30, 2015. The notice also advertised two public workshops, held on June 30, 2015 at noon and at 5:30 p.m. The public workshops were also advertised in the *Reno Gazette-Journal* as a legal advertisement on June 17 and 19, 2015. The public workshops were hosted by the regional technology fee working group for the public to discuss the potential impacts of the proposed regional technology fee on a business. Attendees were encouraged to ask questions, and were solicited to submit comments, arguments or data on any potential impacts.

Comments received during meetings with certain agencies (marked on the list above) and during the public workshops are included as Attachment B. In response to the notice, the regional technology fee working group received three letters and 15 e-mails from citizens. Of those responses, one letter addressed consolidation (a topic not a part of the proposed regional technology fee) and four e-mails asked clarifying questions or addressed topics such as filing complaints and royalty fees (both topics not part of the proposed regional technology fee). The remaining two letters and 11 e-mails were opposed to any fee increases. All letters and e-mails are available upon request for

review. Contact information for each Regional Partner is included at the end of this Business Impact Statement.

Comments, responses, arguments and data received during the comment period and during the two public workshops were incorporated into this Business Impact Statement (BIS). Interested persons may obtain a copy of this BIS at the following locations:

**City of Reno**

City of Reno City Hall  
City Clerk's Office (Second floor)  
1 East First Street, Reno

**City of Sparks**

City of Sparks City Hall  
Permitting Counter (First floor)  
431 Prater Way, Sparks

**Washoe County Health District**

Administrative Complex, Building B  
Administration Offices (Second floor)  
1001 East Ninth Street, Reno

**Washoe County**

Administrative Complex, Building A  
CSD Information Desk (Second floor)  
1001 East Ninth Street, Reno

A copy of this BIS is also posted on-line at [www.washoecounty.us/techfee](http://www.washoecounty.us/techfee).

- B. The following constitutes a description of the estimated economic effect of the proposed rule on the businesses which the rule is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects.*

The proposed regional technology fee is \$4 for an annual business license (to include renewals), \$2 for a quarterly license (to include renewals), and 4% of the total permit cost for all other permits (to include permit renewal). Permits include air quality, building, engineering, environmental health, planning, and utility permits. Certain agency fees will not be totaled as part of the total permit cost.

Gaming, electric energy service, and telecommunication service business licenses will be exempted from the regional technology fee, as will new (first year of operation) business licenses and changes to existing business licenses for the City of Reno. Additionally, Federal Title V/PSD permits issued by Washoe County Health District's Air Quality Management Division will also be exempt from the regional technology fee.

The proposed regional technology fee will commence once the new regional license and permit platform is available for the public to use (i.e., the platform's "go live" date). It is anticipated that the "go live" date will occur in the Spring of 2016..

*Adverse effects:* Business owners and permit customers will pay the regional technology fee in addition to the current or future license or permit fee. The fee will be \$4 annually for annual business license customers and \$8 annually for quarterly license customers. Permit customers will pay 4% of the total permit cost for an initial permit and for renewals, if appropriate. The minimum regional technology



fee for a permit will be \$1 and the fee will be rounded to the nearest dollar. The regional technology fee is non-refundable in the event that a license or permit, or portion thereof, is refunded, cancelled, or voided.

*Beneficial effects:* For the first time, the Regional Partner's customers will benefit from on-line services with the new Accela Civic Platform. The new platform will provide on-line citizen access for applying for a license or permit; tracking the status of a license or permit application; paying for a license or permit; and, renewing licenses or permits.

The new license and permit platform replaces several outdated platforms for all four Regional Partners with one single regional platform. The new platform includes a robust and improved permit and license software application, regional data sharing, and customer focused applications. Customers will still be able to apply in person for a license or permit at a City, District or County office. The new regional license and permit platform will enable all Regional Partners to share common customer information to facilitate the processing of a license or permit application, and to minimize repetitive entering of the same information by our customers.

*Direct effects:* Any new or renewed business license or permit will be required to pay the regional technology fee. Revenue realized from the regional technology fee will allow funds expended by each of the Regional Partners for the platform's capital outlay implementation costs to be applied to other identified jurisdictional requirements.

*Indirect effects:* There are no indirect effects from the proposed regional technology fee.

- C. *The following constitutes a description of the methods that the City of Reno, the City of Sparks, the Washoe County Health District and Washoe County considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any of these methods were used (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and, if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).*

The regional technology fee is calculated to recover the capital outlay implementation costs, future technology needs, and the annual subscription fees of the new regional license and permit platform over a five year period. The fee calculations were based on the number of issued and renewed business licenses, and the revenue from all other

permits, based on a seven year average. The Regional Partners settled upon flat fees for business license to reflect that the processing of any license transaction in the new regional license and permits platform will be roughly the same. However, the processing for all other permits varies widely and involves varying levels of participation in the review of permits by one or more agencies. These permits also involve field inspections by agency staff, potential corrections of submitted permits by an applicant, and resubmittals of those permits for further review. Therefore, the Regional Partners settled upon a percentage fee for all other permits, reflecting that more complex and more expensive permits require more processing in the platform.

The Regional Partners have agreed in concept to consider collecting the regional technology fee for at least one year, though one or more of the Partners could collect the fee for a longer time frame. Revenue collected from the regional technology fee will be set aside to recover the capital outlay implementation costs and the annual subscription fees for the first five years for each Regional Partner. It is possible that a Regional Partner may recover its capital outlay implementation costs prior to the end of the five year period. One or more of the Regional Partners may decide at a future date to reduce or remove the regional technology fee once its capital outlay implementation costs are recovered.

Additionally, one or more of the Regional Partners may decide to continue to collect a regional technology fee, potentially at a reduced rate, after the capital outlay implementation costs are recovered to help offset on-going annual subscription fees and technology costs associated with the platform. Each Regional Partner is responsible for a pro-rated share of the annual subscription fees paid to the platform's vendor to maintain the platform's database in "the cloud". Future technology costs would provide funds for future upgrades and technology improvements associated with the platform.

*D. The City of Reno, the City of Sparks, the Washoe County Health District and Washoe County estimates that the annual cost for enforcement of the proposed rule is:*

There is no cost for enforcement of the regional technology fee by the City of Reno, the City of Sparks, the Washoe County Health District or Washoe County. The regional technology fee will be added to the license or permit cost, and will be paid by the customer prior to issuance of the license or permit. Failure to pay all or part of the license or permit fee, to include the regional technology fee, will cause the Regional Partner to not issue or renew the license or permit.

*E. The proposed rule provides for a new fee, and the total annual amount of revenue the City of Reno, the City of Sparks, the Washoe County Health District and Washoe County each expect to collect from the new fee is as follows:*

The total estimated annual amount of revenue from the proposed regional technology fee is as follows for each of the four Regional Partners:

1. City of Reno: \$ 385,249
2. City of Sparks: \$ 119,475
3. Washoe County Health District: \$ 76,952
4. Washoe County: \$ 160,794

F. *The money generated by the new fee will be used by the City of Reno, the City of Sparks, the Washoe County Health District and Washoe County to:*

The money generated from the regional technology fee will recover capital outlay implementation costs of the new regional license and permit platform and offset on-going annual subscription fees associated with the platform. The on-going annual subscription fees are paid to the platform’s vendor to maintain the platform’s database in “the cloud”.

The total first year’s costs for the new regional license and permit platform is \$ 1,667,444 (\$ 1,385,479 for capital outlay implementation costs and \$ 281,965 for the annual subscription fees). Each Regional Partner’s share of the first year’s cost is:

<b>Regional Partner</b>	<b>Capital Outlay Costs</b>	<b>Annual Subscription Fees</b>	<b>Total First Year’s Cost</b>
City of Reno	\$ 359,780	\$ 115,441	\$ 475,221
City of Sparks	\$ 411,512	\$ 37,031	\$ 448,543
Washoe County Health District	\$ 275,463*	\$ 58,081	\$ 333,544*
Washoe County	\$ 338,724	\$ 71,412	\$ 410,136

\* Washoe County Technology Services assumed the capital outlay costs for the Health District as part of the capital improvement project. The Health District capital outlay is provided for informational purposes only. The Health District is responsible for the annual subscription fee.

G. *The proposed rule does not duplicate, nor is it more stringent, than federal, state or local standards regulating the same activity; therefore, no duplicative or more stringent provisions are necessary.*

The proposed regional technology fee does not duplicate, nor is it more stringent, than federal, state or local standards regulating the business licenses or permits issued by the Regional Partners. NRS 354.790 enables any local government to charge a reasonable fee for providing a government service in an expedited manner or in a manner that is expeditious or convenient to the customer. This NRS enabled fee is in addition to any other fee otherwise imposed by the local government for the service. The NRS enabled fee must not exceed 5% of the fee imposed by the local government for the service. The proposed regional technology fee conforms to the requirements of NRS 354.790, and the regional technology fee will be in addition to fees imposed by the Regional Partners for business licenses and permits.

*H. The following constitutes an explanation of the reasons for the conclusions regarding the impact of the proposed rule on businesses:*

The primary goal of the new Accela Civic Platform is to allow each Regional Partner's customers to use the on-line functions of the platform to conduct business if the customer desires. The potential savings to the customer in terms of time and resources by conducting license and permit business on-line should help recoup the cost of the regional technology fee to the customer. For those customers who prefer to conduct their business in person at a Regional Partner's offices, the new license and permit platform will enable sharing of the customer's information electronically with the other Partners and with agencies reviewing the license or permit application. This electronic capability provides a greatly enhanced service for the customer, resulting in efficiencies and effectiveness not possible with a "paper review" of license or permit applications. The benefits of the enhanced services are immediately available to the customer once the new regional license and permit platform "goes live", and the regional technology fee provides a method for the customer to help defray the Regional Partner's Capital outlay and annual subscription costs associated with the new license and permit platform.

After reviewing the comments, arguments and data provided by trade associations and business owners, there is no significant economic burden imposed on a business by the regional technology fee. Likewise, the regional technology fee will not restrict the formation, operation or expansion of a business.

*I. Contact information for each of the Regional Partners*

City of Reno	Michael Chaump, Business Relations Manager chaumpm@reno.gov (775) 334-2090
City of Sparks	Jessica Easler, Customer Service Manager jeasler@cityofsparks.us (775) 353-5555
Health District	Bob Sack, Environmental Health Division Director bsack@washoecounty.us (775) 382-2644
Washoe County	Bob Webb, Planning Manager bwebb@washoecounty.us (775) 328-3623

**CERTIFICATION**

I certify that, to the best of my knowledge or belief, the information contained in this Business Impact Statement was prepared properly and is accurate.

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Kitty Jung, Chair, Washoe County Health District

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Date

**END OF BUSINESS IMPACT STATEMENT**

May 2015

## **REGIONAL TECHNOLOGY FEE** **Potential Impacts to a Business**

### **GREETINGS BUSINESS OWNER, LICENSE/PERMIT CUSTOMER, OR TRADE ASSOCIATION MEMBER:**

The City of Reno, the City of Sparks, the Washoe County Health District, and Washoe County partnered to purchase a regional license and permit platform known as the Accela Civic Platform. The platform replaces several outdated license/permit platforms in the four jurisdictions with one single regional platform. The new Accela Civic Platform includes a robust and improved permit and license software application, regional data sharing, and customer focused applications. The regional license and permit platform will provide on-line citizen access for:

- Applying for a license or permit;
- Tracking the status of a license or permit application;
- Paying for a license or permit; and,
- Renewing licenses or permits.

Customers will still be able to apply in person for a license or permit at a City, District or County office. The new regional license and permit platform will enable all four Regional Partners to share common customer information to facilitate the processing of a license or permit application, and to minimize repetitive entering of the same information by our customers.

The Reno City Council, Sparks City Council, District Board of Health, and Board of County Commissioners may consider a regional technology fee to help recover the capital outlay costs of the new Accela Civic Platform. One or more of the elected bodies may also consider using the regional technology fee to offset on-going technology costs associated with the platform. This document explains the potential impacts of any regional technology fee to businesses in our region.

In accordance with State Law, the Regional Partners must notify business owners, license/permit customers, and/or trade association members likely to be affected by the adoption of the proposed regional technology fee. You are encouraged to provide any comments, arguments or data to the Regional Partners if you believe the adoption of the proposed regional technology fee will:

1. Impose a direct and significant economic burden upon a business; or,
2. Directly restrict the formation, operation, or expansion of a business.

Any comments, arguments or data should focus on the potential impacts of the proposed regional technology fee on a business. This information will be included within the business impact statement to be considered by the elected officials prior to any action to approve a regional technology fee.

**Written comments, arguments or data must be submitted no later than June 30, 2015, to:**

**Postal mail:**

Washoe County Department of Community Services  
Planning & Development Division  
Attn: Business License  
P.O. Box 11130  
Reno, Nevada 89520-0027

**e-mail:** BusinessLicense@washoecounty.us

**Physical address:** Washoe County Administrative Complex, Building A Second floor  
(west end), 1001 East Ninth Street, Reno

**Fax:** (775) 328-6133

The Regional Partners will host two public workshops to discuss the potential impacts of the proposed regional technology fee on a business. You are invited to attend these workshops to ask questions of staff, and/or to provide your comments, arguments or data on the potential impacts of the proposed regional technology fee on a business.

<b>Date of public workshops:</b>	June 30, 2015
<b>Time of public workshops:</b>	Noon until 1:00 p.m. 5:30 p.m. until 6:30 p.m.
<b>Location of public workshops:</b>	Mt Rose Conference Room Washoe County Administrative Complex Building A Second floor (west end) 1001 East Ninth Street, Reno

### **PROPOSED REGIONAL TECHNOLOGY FEE**

Any technology fees considered by the Regional Partners would be based on three types of fee structures:

1. For all business licenses at time of license application and for each license renewal:
  - a. \$ 4 for annual licenses; and,
  - b. \$ 2 for quarterly licenses (collected each calendar quarter).
2. 4% of the total permit cost for all other permits, to include permit renewal.
  - a. Includes air quality, building, engineering, environmental health, planning, and utility permits.
  - b. Certain agency fees will not be totaled as part of the total permit cost.
  - c. Minimum regional technology fee is \$ 1, and the fee will be rounded to the nearest dollar.



3. No fee for exempted licenses or permits. Exempted licenses or permits include:
  - a. New (first year of operation) business licenses (**City of Reno only**).
  - b. Changes to existing business licenses (**City of Reno only**).
  - c. Gaming licenses.
  - d. Electric energy service and telecommunication service licenses.
  - e. Federal Title V/PSD permits (**Washoe County Air Quality Management**).

The proposed regional technology fee would commence once the new regional license and permit platform is available for the public to use (i.e., the platform's "go live" date). It is anticipated that the "go live" date will occur between December 2015 and February 2016.

The regional technology fee is non-refundable in the event that a license or permit, or portion thereof, is refunded, cancelled, or voided.

The regional technology fee is calculated to recover the capital outlay implementation costs, future technology needs, and the annual subscription fees of the new regional license and permit platform over a five year period. The fee calculations were based on the number of issued and renewed business licenses, and the revenue from all other permits based on a seven year average. The Regional Partners (City of Reno, City of Sparks, Washoe County Health District, and Washoe County) have agreed, in concept, to consider collecting the regional technology fee for at least one year, though one or more of the Partners could collect the fee for the full five years. Revenue collected from the regional technology fee will not exceed the total capital outlay costs and the annual subscription fees for the first five years for each Regional Partner. It is possible that a Regional Partner may recover its capital outlay costs prior to the end of the five year period.

Additionally, one or more of the Regional Partners may decide to continue to collect a regional technology fee, potentially at a reduced rate, after the capital outlay costs and the annual subscription fees for the first five years are recovered to help offset on-going technology costs associated with the platform. These on-going technology costs include the annual subscription fees to the platform's vendor to maintain the platform's database in "the cloud", and funds to provide for future upgrades and technology improvements associated with the platform.

The total first year's costs for the new regional license and permit platform is \$ 1,667,444 (\$ 1,385,479 for capital outlay costs and \$ 281,965 for the annual subscription fees). It is important to note that each Regional Partner will incur the subscription fees on an annual basis. Each Regional Partner's share of the first year's cost is:

<b>Regional Partner</b>	<b>Capital Outlay Costs</b>	<b>Annual Subscription Fees</b>	<b>Total First Year's Cost</b>
City of Reno	\$ 359,780	\$ 115,441	\$ 475,221
City of Sparks	\$ 411,512	\$ 37,031	\$ 448,543
Washoe County Health District	\$ 275,463	\$ 58,081	\$ 333,544
Washoe County	\$ 338,724	\$ 71,412	\$ 410,136

The total estimated annual amount of revenue from the proposed regional technology fee is as follows for each of the four Regional Partners:

- City of Reno: \$ 385,249
- City of Sparks: \$ 119,475
- Health District: \$ 76,952
- Washoe County: \$ 160,794

As indicated above, the costs and revenues will be monitored on a regular basis to determine the term of collecting the regional technology fee.

This document is available through the Washoe County website at [www.washoecounty.us/techfee](http://www.washoecounty.us/techfee).

Questions on the proposed regional technology fee may be directed to:

- |                 |   |
|-----------------|---|
| City of Reno    | Michael Chaump, Business Relations Manager<br>chaumpm@reno.gov<br>(775) 334-2090            |
| City of Sparks  | Jessica Easler, Customer Service Manager<br>jeasler@cityofsparks.us<br>(775) 353-5555       |
| Health District | Bob Sack, Environmental Health Division Director<br>bsack@washoecounty.us<br>(775) 382-2644 |
| Washoe County   | Bob Webb, Planning Manager<br>bwebb@washoecounty.us<br>(775) 328-3623                       |

## **Synopsis of Comments from the Proposed Regional Technology Fee Agency Meetings and Public Workshops**

### **THE CHAMBER; JUNE 9, 2015**

Representatives from the City of Reno, the City of Sparks, the Washoe County Health District, and Washoe County met with the Chamber to discuss the proposed Regional Technology Fee and to gather their member's feedback. There were approximately 10 Chamber members present. Matters raised during the meeting included:

- The inequity between charging 4% for a high-cost permit and the \$4 fee for a business license. A member suggested that there should be a maximum amount of fee charged for a permit.
- Questions about costs savings to the local jurisdictions with the new Regional License/Permit Platform.

### **THE ASSOCIATION OF GENERAL CONTRACTORS; JUNE 18, 2015**

Representatives from the City of Reno, the City of Sparks, the Washoe County Health District, and Washoe County met with the AGC to discuss the proposed Regional Technology Fee and to gather their member's feedback. 14 AGC members attended the meeting. The AGC provided the attached letter after the meeting as comments on the proposed Regional Technology Fee. Matters raised during the meeting included:

- Preference for flat fees for all permits (not the 4% fee).
- Concern about the enterprise funds providing revenue to offset capital outlay costs which should be more properly collected from the general fund.
- Will the system provide e-mail notifications to permit applicants for any delays in coordinated inspection dates/times?
- Are there contractual limits with Accela which cap any increases to subscription fees after the 3<sup>rd</sup> or 5<sup>th</sup> or subsequent years?
- The inequity between charging 4% for a high-cost permit and the \$4 fee for a business license. A suggestion that there should be a maximum amount of fee charged for a permit.
- Will mobile/cell phone applications be available to use through the Accela platform?
- Discussion about some or all of the jurisdiction's setting aside the proposed 4% fee for building permits and either not increasing current building permit fees or reducing permit fees but retaining the 4% fee as a set aside (so the overall fee decrease is 4% less).

**THE BUILDERS ASSOCIATION OF NORTHERN NEVADA; JUNE 23, 2015**

Representatives from the City of Reno, the City of Sparks, the Washoe County Health District, and Washoe County met with BANN to discuss the proposed Regional Technology Fee and to gather their member's feedback. There was one BANN member present. Matters raised during the meeting included:

- Acknowledged the on-line service is exactly what the building industry has been asking for, but concern that builders would be paying for the bulk of the cost of the program with the 4% added on top of existing building permit fees.
  - Response: Explained the 4% was calculated based on permitting activities and the capital costs that need to be recovered. Recognizing each of the jurisdictions enterprise fund balances may result in fee adjustments, Washoe County and Sparks Building Officials identified the potential for the 4% to be taken from the existing fees resulting in no additional fee increase. BANN was supportive of the proposal and supports the Accela project.

**PUBLIC WORKSHOP; JUNE 30, 2015 (NOON TO 1 P.M.)**

Representatives from the City of Reno, the City of Sparks, the Washoe County Health District, and Washoe County hosted a public workshop to discuss the proposed Regional Technology Fee and to gather citizen feedback. 6 citizens attended this workshop. Matters raised during the workshop included:

- Will licenses and permits still be issued from individual jurisdictions?
  - Response: Yes, but you will be able to conduct business online for all three jurisdictions.
- Concerning licenses exempt from the proposed fee, will licenses for natural gas service be exempt?
  - Response: No. The proposed regional technology fee would be paid through business license renewal process for these type of licenses.
- How will you make up the gap between the first year costs and the first year's anticipated revenue?
  - Response: The proposed technology fee will remain in place until capital costs recouped, at which time the fee will be re-evaluated. The capital costs were one-time and paid in the first year, so subsequent year costs only include subscription costs.
- Can the proposed regional technology fee change per jurisdiction?
  - Explained that any variation in the fee amount by jurisdiction will ultimately be decided by each elected body.

**PUBLIC WORKSHOP; JUNE 30, 2015 (5:30 P.M. TO 6:30 P.M.)**

Representatives from the City of Reno, the City of Sparks, the Washoe County Health District, and Washoe County hosted a public workshop to discuss the proposed Regional Technology Fee and to gather citizen feedback. 7 citizens attended this workshop. Matters raised during the workshop included:

- If we had five 10 million dollar project permit fees, would it pay for the entire project?
  - Response: The proposed technology fee is based on the actual cost of the permit, not the valuation of the project. So, the answer is likely no.
- How do you know that subscription fees won't increase?
  - Response: The subscription cost per seat remains the same for the first five years of our contract. Then we will see a set percentage increase in cost per seat. Accela will reevaluate the number of seats after the first three years and the subscription costs will be adjusted accordingly.
- There is an initial fee for everyone, how will the fund be segregated?

- Response: Each jurisdiction has set up dedicated accounts for the proposed regional technology fee which are “fenced off” except to repay capital costs, subscription costs, and technology needs associated with the Accela platform.
- Are you going to customize the program to meet each jurisdictions needs?
  - Response: Yes.
- When all costs are paid for will, the proposed regional technology fee go away?
  - Response: Maybe! Fees will be evaluated each year and may be used for future technology needs to support the Accela regional platform if the elected officials concur (at a potentially reduced fee rate).



**Nevada Chapter**

Associated General Contractors

5400 Mill Street  
Post Office Box 7578  
Reno, NV 89510  
Tel 775.329.6116  
Fax 775.329.6575  
www.nevadaagc.org

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**PAST PRESIDENT**  
Craig Holt

Tuesday, June 30, 2015

Washoe County Department of Community Services  
Planning & Development Division  
Attn: Business License  
P.O. Box 11130  
Reno, NV 89520-0027

Thank you for the opportunity to provide comment on the proposed Regional Technology Fee. Our membership appreciated your group having taken the time to provide the presentation and answer questions. We were pleased to hear that a portion of the fees could be offset by a reduction in the cost of certain permits. We were also pleased to learn that the new system is expected to result in a streamlined licensing and permitting process region wide.

Please address the following concerns as you further develop the new system and fee structure.

- The industry is coming out of one of the worst recessions in recent memory. The economy is improving but the industry is still vulnerable. Additional fees can be very challenging. We recommend that a committee of stakeholders be formed to monitor the fees and serve in an advisory role similar to the Building Enterprise Fund Advisory Committees.
- Building permit fees for large projects carry significant costs and adding 4% to those costs could be very challenging for a contractor. Our members perform multimillion dollar projects. The building permit fee for a \$35 million project is approximately \$88,000. Adding 4% would increase that another \$3,500. This is in addition to the various other fees, some of which will also be subject to the 4% increase, and should be considered for exclusion. We recommend that you consider establishing a cap of \$500 to the amount that may be increased on any project to cover the costs of the new technology.
- The subscription agreement with Accella will be reevaluated in three years. We recommend locking in a rate to avoid any excessive increase after three years when the region renews/extends its subscription.
- One of the benefits of the new service is that all data will be stored in the cloud and that the data could easily be transferred to a new system in the future. The group needs to ensure it retains ownership of the data so that our investment is not lost if there is a split between Accella and the parties involved. An agreement on migration of the data in relation to contract expiration would be prudent.
- The Business License Fee module should be paid for from the General Fund, as monies from business license fees are currently deposited into the General Fund.

Once again we appreciate the opportunity to comment on the proposed fees. Please don't hesitate to contact me at 329-6116 if you have any questions.

Thank you,

Brian Reeder  
Government Affairs Coordinator  
Nevada Chapter Associated General Contractors  
(775) 329-6116 *Building a Better Nevada*

Legal Ad  
Publish 2 times  
June 17, 2015  
June 19, 2015  
1 Proof

City of Reno, City of Sparks, Washoe County  
and the Washoe County Health District

NOTICE OF INTENT TO IMPOSE A NEW FEE

NOTICE OF PUBLIC WORKSHOPS  
and

Request for data or arguments concerning  
a proposed regional technology fee

In compliance with NRS 237.080, local governments are to notify trade associations or owners and officers of businesses that are likely to be affected by the adoption of a proposed new fee for a license or permit. Trade associations or owners and officers of businesses may submit data or arguments to the local government's governing body, or its designee, if adoption of the proposed new fee will either: (a) impose a direct and significant economic burden upon a business, or (b) directly restrict the formation, operation or expansion of a business.

The City of Reno, the City of Sparks, Washoe County, and the Washoe County Health District (the Regional Partners) are proposing a new regional technology fee to help recover capital outlay implementation costs and annual subscription fees of a new regional license and permit program. The proposed new fee will be \$4 for annual business licenses and \$2 for quarterly business licenses at the time of license application or each license renewal, and 4% of the total permit cost for all other permits, to include permit renewals.

The Regional Partners will host two public workshops to discuss the potential impacts of the proposed regional technology fee on a business. The public is invited to attend these workshops to ask questions, and to provide comments, arguments or data on the potential impacts of the proposed regional technology fee. The workshops will be held:

Date: June 30, 2105 (Tuesday)  
Time of workshops: Noon until 1:00 p.m., and 5:30 p.m. until 6:30 p.m.  
Location: Mt. Rose Conference Room, Washoe County Administrative Complex, Building A, Second Floor (west end), 1001 East Ninth Street, Reno

Any data or arguments must be received no later than fifteen working days after the date of first publication of this notice or by Tuesday, June 30, 2015 and directed to Bob Webb, Planning Manager, at (775) 328-6133 (fax) or [businesslicense@washoecounty.us](mailto:businesslicense@washoecounty.us).

If you have any questions or desire to view a document outlining the potential impacts to a business from the proposed new fee, you may visit [www.washoecounty.us/techfee](http://www.washoecounty.us/techfee) or request a copy via email at [businesslicense@washoecounty.us](mailto:businesslicense@washoecounty.us).



## Comment Request & Public Workshop NOTICE



The Reno City Council, Sparks City Council, District Health Board, and Board of County Commissioners will consider a regional technology fee to help recover the capital outlay costs of the new regional license and permit program. One major advantage of the new program is the ability to provide on-line license and permit services for our customers for the first time. The proposed regional technology fee will be \$4 for annual business licenses, \$2 for quarterly business licenses, and 4% of the total permit cost for all other permits (air quality, building, engineering, environmental health, planning and utility).

As a business owner, license/permit customer, and/or trade association member, the proposed regional technology fee may affect your business or business operations. You are encouraged to provide any comments, arguments or data on whether the proposed regional technology fee will impose a direct and significant economic burden upon a business or directly restrict the formation, operation, or expansion of a business.

**For more information on the proposed regional technology fee, please visit [www.washoecounty.us/techfee](http://www.washoecounty.us/techfee).**

The Regional Partners will host two public workshops to discuss the potential impacts of the proposed regional technology fee on a business. You are invited to attend these workshops to ask questions, and to provide comments, arguments or data on the potential impacts of the proposed regional technology fee.

**Date:** June 30, 2015 (Tuesday)                      **Time of workshops:** Noon until 1:00 p.m., and 5:30 p.m. until 6:30 p.m.

**Location:** Mt. Rose Conference Room, Washoe County Administrative Complex, Building A, Second Floor (west end), 1001 East Ninth Street, Reno

**Written comments, arguments or data must be submitted no later than June 30, 2015, to:**

**Postal mail:** Washoe County Department of Community Services, Planning & Development Division, Attn: Business License, P.O. Box 11130, Reno, NV 89520-0027

**E-mail:** [BusinessLicense@washoecounty.us](mailto:BusinessLicense@washoecounty.us)

**Fax:** (775) 328-6133

DD	RT	_____
DHO		_____ <i>kd</i>
DA	NA	_____
Risk	NA	_____

**Staff Report**  
**Board Meeting Date:** October 22, 2015

**TO:** District Board of Health

**FROM:** Christina Conti, EMS Program Manager  
775-326-6042, [cconti@washoecounty.us](mailto:cconti@washoecounty.us)

**THROUGH:** Kevin Dick, District Health Officer  
775-328-2416, [kdick@washoecounty.us](mailto:kdick@washoecounty.us)

**SUBJECT:** Discussion and possible reappointment of Louis S. Test to the REMSA Board of Directors as the Member of the Legal Profession District Board of Health Appointed Representative.

**SUMMARY**

The REMSA Board of Directors is comprised of seven positions, three of which are District Board of Health (DBOH) appointed representatives. There is currently one appointed position with a term that will expire on November 18, 2015. The position is the Member of the Legal Profession representative, currently held by Louis S. Test.

**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.

The most recent action taken was at the December 2014 DBOH meeting. The Board reappointed Jim Begbie as the Member at Large representative and appointed Tim Nelson as the CPA representative.

**BACKGROUND**

In June, 2015, Mr. Test contacted the District Health Officer to discuss reappointment to the REMSA Board. Mr. Test has been serving on the REMSA Board since he was appointed in 1999 and is up for reappointment on November 18, 2015. Mr. Test has an interest in continuing to serve on the Board.

Mr. Test is very active in community service. In addition to the REMSA Board, he currently serves on several community committees, to include Northern California Shriners Hospital for Children, 33\* Scottish Rite Free Mason, Washoe Lodge #35 F & AM, Reno Arch Lions, and 4-H Committees.

Date – October 22, 2015

Subject: - Discussion and possible reappointment of Louis S. Test to the REMSA Board of Directors as the Member of the Legal Profession District Board of Health Appointed Representative.

Page 2 of 2

REMSA is in support of Mr. Test continuing on with his role on the REMSA Board. His experience has been valuable and his contributions have been appreciated.

**FISCAL IMPACT**

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

**RECOMMENDATION**

Staff recommends the reappointment of Louis S. Test to the REMSA Board of Directors as the Member of the Legal Profession District Board of Health Appointed Representative.

**POSSIBLE MOTION**

Move to approve the reappointment of Louis S. Test to the REMSA Board of Directors as the Member of the Legal Profession District Board of Health Appointed Representative.

# LOUIS S. TEST

429 West Plumb Lane • Reno, NV 89509 • (775) 322-4081

## PERSONAL

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DOB: 08/01/49 - Born and raised in Reno, Nevada  
Family - Parents: Peter and Frances Test, *deceased*  
Married 1975 - Joni (Nelson) Test  
Children: Jaculine Test Konold (husband Kameron Konold)  
Melissa Test  
Grandsons: Kasen Konold & Rylan Konold

Activities - Hunting, fishing and camping

## EDUCATION

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Wooster High School, Reno, Nevada - 1967 Graduate  
University of Nevada Reno - 1971 BA in Political Science  
McGeorge School of Law - 1974 Juris Doctorate

## PROFESSIONAL

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Law Clerk - Honorable William Forman - 1974 - 1975  
Assistant Reno City Attorney - 1975 - 1978  
Reno City Attorney - 1979 - 1983  
Instructor - Captain in United States Army Reserve - 1975 - 1983 (Medical Service Corp.)  
Private Practice - Hoffman & Test - 1983 -Present

## PROFESSIONAL AFFILIATIONS

---

Member of the State Bar of Nevada  
Member of the Washoe County Bar Association  
Member of the State Bar of California  
Member of American Inns of Court  
Admitted before United States Supreme Court  
Admitted before United States District Courts of Nevada and Eastern  
District of California  
McGeorge Alumni Association

## COMMUNITY AFFILIATIONS

---

### Current

Past Chairman for Northern California Shriners Hospital for Children  
REMSA Board Member  
33° Scottish Rite Free Mason  
Member of Washoe Lodge #35 F & AM  
Member of Kerak Shrine  
Royal Order of Jesters Court #33 - Past Director  
Legion of Honor for the Order of DeMolay  
Member of Reno Arch Lions (past President)  
Leader - Washoe County 4-H - Leg of Lamb/Side of Beef/Slab of Bacon  
President - Washoe County 4-H Livestock Leader  
Trustee of the Nevada Agricultural Foundation (past President)  
Nevada Big Horns Unlimited

## COMMUNITY AFFILIATIONS (continued)

---

### Past

Sec/Treas - Nevada State Board of Homeopathic Physicians - 12 years  
Nevada State Fair Board  
Past Director of Royal Order of Jesters Court #33  
Chief of Indian Princesses  
Committee Chairman - Nevada League of Cities Resolutions  
Galena High School Renaissance Food Committee  
Washoe County AD-HOC Livestock Task Force  
Ducks Unlimited  
President - Reno Traffic Survival School  
Member Reno Chapter of Sons of Italy  
E Clampus Vitas

## UNIVERSITY OF NEVADA ASSOCIATION

---

### Current

Co-Chair of Advisory Board to College of Agriculture, Biotechnology and Resources

### Past

Alumni Council - 1982 - 1988  
Alumni Council Executive Committee - 1982 - 1988  
Alumni Council - Treasurer - 1982 - 1987  
Alumni Council - President - 1987 - 1988  
Chairman of Golden Reunion Committee  
Awards Committee  
Steering Committee to organize Young Alumni Group  
Steering Committee to organize University Club  
University Club  
Foundation Dinner Committee  
Nominations and Elections Committee - Chairman  
Graduation Gift Luncheon  
University of Nevada Selection Committee - Alumni Representative  
UNR Foundation Board of Trustees - Alumni Representative  
Alumni Homecoming Parade Committee  
Capital Campaign Committee for College of Education  
ΣN Alumni President

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

**Staff Report**  
**UPDATED October 19, 2015**  
**Board Meeting Date: October 22, 2015**

**TO:** District Board of Health

**FROM:** Brittany Dayton, EMS Coordinator  
(775) 326-6043, [bdayton@washoecounty.us](mailto:bdayton@washoecounty.us)

**SUBJECT:** Presentation, discussion and possible approval of the use of the International Academy of Emergency Dispatch (IAED) Omega determinant codes and REMSA's alternative response process within the REMSA Franchise, effective November 1, 2015 contingent upon EMS Advisory Board approval.

**SUMMARY**

Omeegas are 911 calls that are classified through the Emergency Medical Dispatch (EMD) process as non-emergent low acuity calls that can be referred to the Nurse Health Line (NHL) for assessment and evaluation by an Emergency Communications Nurse (ECN) to determine the most appropriate care resource, when an ambulance response is not necessary.

Since June 2015 the region participated in several meetings to develop a process for Omega calls. The Health District was requested to take the lead on researching the release of care in the event a fire partner arrived on scene before the Omega determination was made. The expectation is that regionally each agency would follow the same protocol to ensure consistency with training.

Health District staff is recommending a tiered implementation plan in an effort to begin executing an Omega protocol while the jurisdictions' legal teams meet with REMSA's legal representative to discuss a possible indemnification agreement. While the legal teams are meeting to address this item, the agencies plan on the following:

- Pending DBOH and EMS Advisory Board approvals, REMSA will no longer immediately dispatch an ambulance to an Omega call. (With a proposed start date of November 1, 2015.)
- Fire will cancel if notified the call is an Omega, as long as they have not made patient contact.
- If fire arrives on-scene of an Omega call, and makes patient contact, the Captain will radio REMSA dispatch to request an ambulance. REMSA will send an ALS ambulance as a P3 response.

Once the indemnification concerns have been addressed, a form will be utilized regionally and REMSA will no longer send ambulances to Omega calls, regardless of fire arriving on-scene. The fire

agencies will use the form (along with verbal confirmation of an alternative care pathway from the ECN) to release from scene.

### **PREVIOUS ACTION**

REMSA presented to the EMS Advisory Board on June 4, 2015. The presentation reviewed the proposed use of the IAED Omega determinants codes and the procedure of referring these callers to the Nurse Health Line prior to dispatching an ambulance. The EMS Advisory Board directed EMS staff to work with regional partners to develop a comprehensive process for handling Omega calls.

### **BACKGROUND**

In 2011 the International Academy of Emergency Dispatch (IAED) included Omegas as part of the fourth pillar of the Academy when used in the ENC system. The IAED Omega determinant is designed to identify patients who may safely be transferred to alternative care resources. These non-emergent low acuity calls do not need an ambulance response; however, if at any time a patient requests an ambulance, one will be dispatched.

The IAED has approved 200 Omega determinant codes; however, REMSA's Medical Director, Dr. Brad Lee, has initially approved 52 of the 200 for our region. The 52 selected Omega determinants have been discussed with the regional fire partners' Medical Directors and a consensus was reached on the use of these 52 Omega determinants codes.

At the direction of the EMS Advisory Board, EMS staff scheduled a meeting to discuss the Omega protocols for REMSA's Franchise service area. The initial meeting was held on June 30, 2015 with regional agencies including REMSA, City of Reno, City of Sparks, Truckee Meadows Fire Protection District, North Lake Tahoe Fire Protect District and Pyramid Lake Fire Rescue. During the meeting, several items were discussed to include review of EMD process to ensure accurate determination of Omega calls, communication challenges, and the most effective methods for implementing an Omega protocol in the REMSA franchise service area.

On July 21, 2015 the region met to review a draft policy and release form developed by one of the partners. During this meeting it was requested that Health District EMS staff develop a universal form for all fire agencies if a crew arrives on-scene of an Omega call, since REMSA would not be dispatching an ambulance. The group also set a target implementation date of October 1, 2015 to allow for meetings with legal, training of crews and the approval of the EMS Advisory Board and District Board of Health (DBOH).

EMS staff reached out to other regions to learn about other agencies' responses to Omega calls and used that information to develop recommendations for our region. In separate meetings with both fire and District Attorney's Office representatives, the recommendation of a verbal release first and a form second was supported. However, each regional agency's legal personnel would need to have a final review and approval of the process and release form prior to regional implementation.

An additional meeting was held on September 16, 2015. EMS staff presented the recommendations to the regional partners in attendance and they supported the practice of verbal or written release from the scene. The group made several revisions to the draft release form to simplify the process. Finally, it was decided that the implementation date should be changed to November 1, 2015 to allow additional time for legal review and approval, and training of personnel.



EMS staff scheduled a meeting on Friday, October 16, 2015 to discuss the feedback from the agencies' legal team and possible next steps for implementation. During this meeting the region agreed to a tiered implementation response plan for Omegas.

Finally, an EMS Advisory Board meeting is scheduled for October 23, 2015 and Omegas are on the agenda to be discussed for possible approval.

### **FISCAL IMPACT**

There is no additional fiscal impact should the Board approve the use of the IAED Omega determinant codes and REMSA's alternative response process within the REMSA Franchise area to the District Board of Health.

### **RECOMMENDATION**

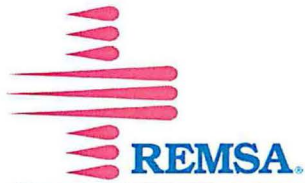
EMS staff recommends the DBOH approves the use of the IAED Omega determinant codes and REMSA's alternative response process within the REMSA Franchise, effective November 1, 2015 contingent upon EMS Advisory Board approval.

Please note that the EMS Advisory Board will convene on October 23, 2015 to discuss Omegas determinant codes and REMSA's alternative response process.

### **POSSIBLE MOTION**

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

"I move to approve the use of the IAED Omega determinant codes and REMSA's alternative response process within the REMSA Franchise, effective November 1, 2015 contingent upon EMS Advisory Board approval."



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*Regional Emergency Medical Services Authority*

**REMSA**

**OPERATIONS REPORTS**

**FOR**

**SEPTEMBER 2015**

**Fiscal 2016**

Month	Priority 1 System-Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul. 2015	6 mins. 0 secs.	92%	99%
Aug.	6 mins. 10 secs.	92%	95%
Sept.	6 mins. 22 secs.	91%	96%
Oct.			
Nov.			
Dec.			
Jan. 2016			
Feb.			
Mar.			
Apr.			
May			
June 2016			

Year to Date: July 2015 through September 2015

Priority 1 Zone A	Priority 1 Zones B,C,D
92%	97%

Average Response Times by Entity				
Month/Year	Priority	Reno	Sparks	Washoe County
July 2015	P-1	5:29	6:02	8:39
	P-2	5:50	6:55	8:31
Aug. 2015	P-1	5:14	5:57	9:08
	P-2	5:55	6:59	8:50
Sept. 2015	P-1	5:21	6:18	9:42
	P-2	6:06	7:08	9:51
Oct. 2015	P-1			
	P-2			
Nov. 2015	P-1			
	P-2			
Dec. 2015	P-1			
	P-2			
Jan. 2016	P-1			
	P-2			
Feb. 2016	P-1			
	P-2			
Mar. 2016	P-1			
	P-2			
Apr. 2016	P-1			
	P-2			
May 2016	P-1			
	P-2			
June 2016	P-1			
	P-2			

Year to Date: July 2015 through September 2015

Priority	Reno	Sparks	Washoe County
P-1	5:21	6:06	9:11
P-2	5:57	7:01	9:03





# REMSA OCU Incident Detail Report

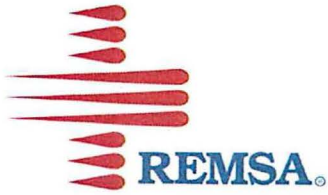
Period: 09/01/2015 thru 09/30/2015

12. 1 Monthly Reports (b) CAD Edits & Call Priority Reclassification

Response Area	Zone	Clock Start	Clock Stop	Stop Clock Unit	Threshold	Response Time	Overage
A-08-IC Reno	Zone A	09/08/2015 13:29:42	09/08/2015 13:34:40	437	00:08:59	00:04:58	-00:04:01
A-08-IC Reno	Zone A	09/14/2015 16:21:49	09/14/2015 16:30:33	406	00:08:59	00:08:44	-00:00:15
A-08-IC Reno	Zone A	09/15/2015 01:16:49	09/15/2015 01:25:47	136	00:08:59	00:08:58	-00:00:01
A-08-IC Reno	Zone A	09/18/2015 10:35:25	09/18/2015 10:39:32	336	00:08:59	00:04:07	-00:04:52
A-08-IC Reno	Zone A	09/18/2015 18:26:52	09/18/2015 18:31:32	429	00:08:59	00:04:40	-00:04:19
A-08-IC Reno	Zone A	09/19/2015 18:12:15	09/19/2015 18:14:46	301	00:08:59	00:02:31	-00:06:28
A-08-IC Reno	Zone A	09/22/2015 14:12:15	09/22/2015 14:20:57	317	00:08:59	00:08:42	-00:00:17
A-08-IC Reno	Zone A	09/24/2015 07:18:14	09/24/2015 07:27:03	341	00:08:59	00:08:49	-00:00:10
A-08-IC Reno	Zone A	09/29/2015 17:49:52	09/29/2015 18:02:03	335	00:17:40	00:12:11	-00:05:29

Call Priority Reclassification				
Incident	City	Zone	Incident Date	Reason
265184-15	Sparks, NV	A	09/22/2015	Upgrade





## GROUND AMBULANCE OPERATIONS REPORT

SEPTEMBER 2015

### 1. OVERALL STATISTICS:

Total Number Of System Responses	5934
Total Number Of Responses In Which No Transport Resulted	2067
Total Number Of System Transports	3867

### 2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	2%
Medical	51%
OB	1%
Psychiatric/Behavioral	6%
Transfers	9%
Trauma – MVA	8%
Trauma – Non MVA	21%
Unknown/Other	2%
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: 3859

Total number of above calls receiving QA reviews: 762

Percentage of charts reviewed from the above ALS transports: 20%

**EDUCATION AND TRAINING REPORT**



REMSA Education  
 Monthly Course and Student Report  
 Month: September 2015

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	6	36	3	30	3	6
ACLS EP	1	5	1	5	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	0	0	0	0	0	0
ACLS P	1	8	1	8	0	0
ACLS R	20	110	7	57	13	53
ACLS S	6	10	2	2	4	8
AEMT	1	23	1	23		
AEMT T	0	0	0	0		
BLS	52	244	11	167	41	77
BLS I	1	8	0	0	1	8
BLS R	54	198	16	82	38	116
BLS S	27	62	6	6	21	56
CE	5	43	5	43	0	0
EMAPCT	0	0	0	0	0	0
EMPACT I	0	0	0	0	0	0
EMR	0	0	0	0		
EMR R	0	0	0	0		
EMS I	0	0	0	0		
EMT	2	43	2	43		
EMT T	0	0	0	0		
FF CPR	1	9	0	0	1	9
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	4	25	0	0	4	25
HS CPR	44	243	4	6	40	237
HS CPR FA	47	284	8	67	39	217
HS CPR FA S	3	9	1	1	2	8
HS CPR PFA	4	21	1	8	3	13
HS PFA S	0	0	0	0	0	0
HS CPR S	0	0	0	0	0	0
HS FA	16	59	0	0	16	59
HS FA S	0	0	0	0	0	0
HS PFA	7	43	2	15	5	28
ITLS	0	0	0	0	0	0
ITLS A	0	0	0	0	0	0
ITLS I	0	0	0	0	0	0
ITLS P	0	0	0	0	0	0
ITLS R	0	0	0	0	0	0
ITLS S	0	0	0	0	0	0
PALS	2	17	2	17	0	0
PALS I	0	0	0	0	0	0
PALS R	10	54	3	25	7	29
PALS S	0	0	0	0	0	0
PEARS	0	0	0	0	0	0
PM	1	10	1	10		
PM T	0	0	0	0		



Discipline	Total Classes	Total Students Legend	REMSA Classes	REMSA Students	Site Classes	Site Students Classes w/ CPR
ACLS		Advanced Cardiac Life Support				
ACLS EP		Advanced Cardiac Life Support for Experience Providers				232
ACLS P		Advanced Cardiac Life Support Prep				
ACLS R		Advanced Cardiac Life Support Recert				
ACLS S		Advanced Cardiac Life Support Skills				CPR Students
ACLS I		Advanced Cardiac Life Support Instructor				
AEMT		Advanced Emergency Medical Technician				1070
AEMT T		Advanced Emergency Medical Technician Transition				
BLS		Basic Life Support				
BLS I		Basic Life Support Instructor				REMSA CPR Classes
BLS R		Basic Life Support Recert				
BLS S		Basic Life Support Skills				47
CE		Continuing Education:				
EMAPCT		Emergency Medical Patients Assessment, Care, & Transport				
EMPACT I		Emergency Medical Patients Assessment, Care, & Transport Instructor				REMSA CPR Students
EMR		Emergency Medical Responder				
EMR R		Emergency Medical Responder Recert				337
EMS I		Emergency Medical Services Instructor				
EMT		Emergency Medical Technician				
EMT T		Emergency Medical Technician Transition				
FF CPR		Family and Friends CPR				
FF CPR FA		Family and Friends CPR and First Aid				
FF FA		Family and Friends First Aid				
HS BBP		Heartsaver Bloodborne Pathogens				
HS CPR		Heartsaver CPR and AED				
HS CPR FA		Heartsaver CPR, AED, and First Aid				
HS CPR FA S		Heartsaver CPR, AED, and First Aid Skills				
HS CPR PFA		Heartsaver Pediatric CPR, AED, and First Aid				
HS CPR S		Heartsaver CPR and AED Skills				
HS FA		Heartsaver First Aid				
HS FA S		Heartsaver First Aid Skills				
HS PFA		Heartsaver Pediatric First Aid				
HS PFA S		Heartsaver Pediatric First Aid Skills				
ITLS		International Trauma Life Support				
ITLS A		International Trauma Life Support Access				
ITLS I		International Trauma Life Support Instructor				
ITLS P		International Trauma Life Support - Pediatric				
ITLS R		International Trauma Life Support Recert				
ITLS S		International Trauma Life Support Skills				
PALS		Pediatric Advanced Life Support				
PALS I		Pediatric Advanced Life Support Instructor				
PALS R		Pediatric Advanced Life Support Recert				
PALS S		Pediatric Advanced Life Support Skills				
PEARS		Pediatric Emergency Assessment, Recognition, and Stabilization				
PM		Paramedic				
PM T		Paramedic Transition				

COMMUNITY RELATIONS: SEPTEMBER 2015
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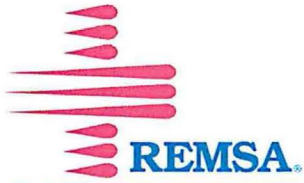
**Community Outreach:**

**Point of Impact**

Date	Description	Attending
9/19/2015	Seat Check Saturday, in observance of Child Passenger Safety Week. Child Car Seat Checkpoint hosted by Champion Chevrolet in Reno; 16 cars and 21 seats inspected.	2 staff; 10 volunteers
9/24/2015	Rural Outreach Project Committee meeting	1 staff; 2 volunteers
9/24/2015	Statewide Child Passenger Safety Advisory Board meeting, REMSA	
9/26/2015	Ask an Expert Car Seat information session at Babies R Us, Reno	1 staff; 1 volunteer
9/30/2015	Children's Day Health and Safety Event hosted by the Children's Cabinet at The Discovery.	1 staff; 1 volunteer

**Safe Kids Washoe County**

Date	Description	Attending
9/8/2015	Mini Golf Tournament Planning Meeting	
9/8/2015	Safe Kids Monthly Coalition Meeting, Sparks	
9/16/2015	Cribs for Kids partners with Fragile Freight project out of Child Advocacy Center.	
9/16/2015	Cribs for Kids attends Fetal Infant Mortality Review coalition meeting.	
9/21/2015	Cribs for Kids attends Northern Nevada Maternal Child Health coalition meeting.	
9/26/2015	Seventh Annual Have a Ball Mini Golf Tournament Fundraiser	
9/29/2015	Cribs for Kids Train the Trainer in Las Vegas	
9/8/2015	Mini Golf Tournament Planning Meeting	



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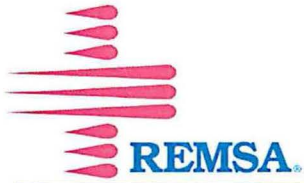
*Regional Emergency Medical Services Authority*

**INQUIRIES  
FOR  
SEPTEMBER 2015**

**INQUIRIES**

**September 2015**

There were no inquiries in the month of September.



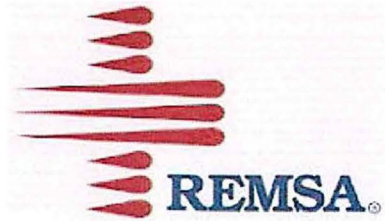
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*Regional Emergency Medical Services Authority*

**CUSTOMER SERVICE  
FOR  
SEPTEMBER 2015**

REMSA

Reno, NV  
Client 7299



1515 Center Street  
Lansing, Mi 48096  
1 (877) 583-3100  
service@EMSSurveyTeam.com  
www.EMSSurveyTeam.com

# EMS System Report

September 1, 2015 to September 30, 2015

Division: Ground

Your Score

**91.33**



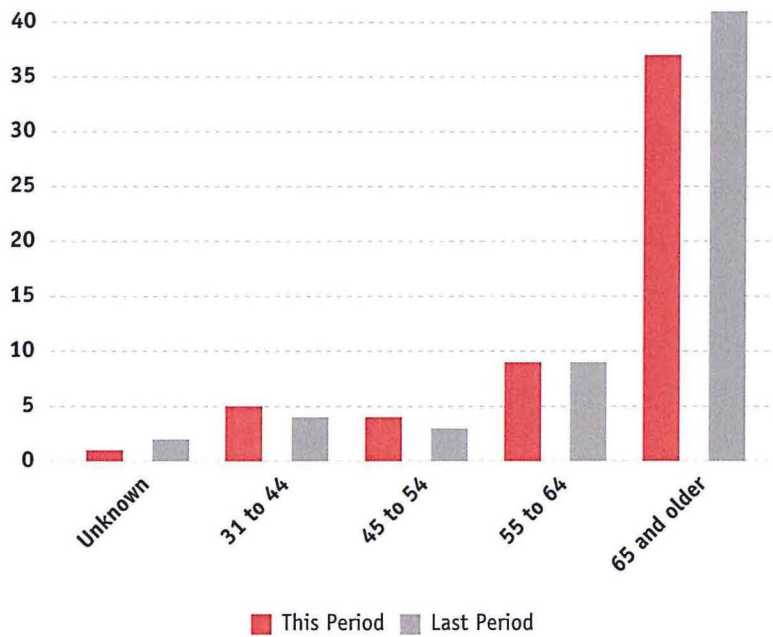




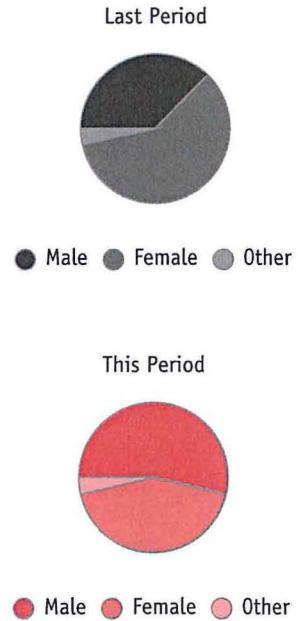
**Demographics** — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will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

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Unknown	2	0	1	1	1	0	0	1
31 to 44	4	1	2	1	5	2	3	0
45 to 54	3	2	1	0	4	2	2	0
55 to 64	9	2	7	0	9	6	3	0
65 and older	41	17	24	0	37	20	16	1
<b>Total</b>	<b>59</b>	<b>22</b>	<b>35</b>	<b>2</b>	<b>56</b>	<b>30</b>	<b>24</b>	<b>2</b>

### Age Ranges



### Gender







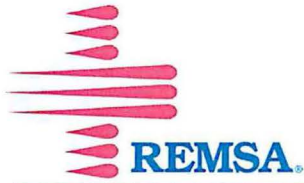
### Monthly Breakdown

Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015
Helpfulness of the person you called for ambulance service	92.05	96.55	94.83	93.24	93.88	92.26	94.79	91.20	89.56
Concern shown by the person you called for ambulance service	90.00	97.41	94.83	94.40	93.88	91.25	95.31	91.20	88.98
Extent to which you were told what to do until the ambulance	89.47	95.54	96.00	92.54	91.30	91.67	93.75	87.52	86.07
Extent to which the ambulance arrived in a timely manner	93.00	92.50	95.00	94.46	90.18	91.84	96.57	91.81	87.28
Cleanliness of the ambulance	96.88	96.34	94.17	95.18	92.73	96.11	95.50	94.20	93.14
Comfort of the ride	87.50	92.68	91.67	91.96	88.21	100.00		94.20	92.67
Skill of the person driving the ambulance	93.00	94.51	95.00	94.20	92.45	94.15	94.39		
Care shown by the medics who arrived with the ambulance	96.88	92.33	92.86	92.34	96.94	94.32	95.10	92.81	93.98
Degree to which the medics took your problem seriously	97.83	93.62	94.83	91.16	96.50	94.77	95.59	93.55	94.44
Degree to which the medics listened to you and/or your family	97.62	93.45	94.64	90.74	94.50	91.86	96.08	93.44	94.44
Skill of the medics	95.83	96.05	93.52	93.85	94.39	95.35	95.59	94.41	93.52
Extent to which the medics kept you informed about your	95.45	91.47	93.27	91.25	92.93	90.63	94.50	90.37	90.87
Extent to which medics included you in the treatment decisions	95.83	90.03	91.67	90.57	94.23	95.45	93.18	88.52	90.48
Degree to which the medics relieved your pain or discomfort	92.50	91.94	92.71	88.70	91.11	91.67	93.23	90.47	91.85
Medics' concern for your privacy	94.05	95.00	90.38	91.12	94.64	93.75	94.15	90.97	92.65
Extent to which medics cared for you as a person	95.65	94.11	93.75	90.98	95.21	95.83	96.00	91.40	95.67
Professionalism of the staff in our ambulance service billing	94.12	90.48	88.24	90.91	89.13	85.87	90.15	87.10	81.90
Willingness of the staff in our billing office to address your	91.18	92.50	85.94	91.18	89.29	86.36	89.84	87.07	82.41
How well did our staff work together to care for you	92.71	94.08	92.24	92.08	94.27	93.75	94.39	90.81	91.06
Extent to which our staff eased your entry into the medical	92.71	94.87	93.10	91.83	96.11	90.70	95.41	92.54	91.06
Appropriateness of Emergency Medical Transportation treatment	93.18	91.67	92.86	92.98	94.32	94.51	96.28	92.24	93.75
Extent to which the services received were worth the fees	88.75	86.03	85.00	90.78	89.40	86.83	88.64	88.30	87.23
Overall rating of the care provided by our Emergency Medical	93.75	93.62	93.97	91.38	95.65	92.86	95.59	93.00	93.75
Likelihood of recommending this ambulance service to others	95.83	92.59	94.83	93.42	94.57	94.23	95.59	92.56	93.00
Your Master Score	93.64	93.35	92.99	92.19	93.31	92.75	94.51	91.54	91.33
Your Total Responses	26	41	33	71	58	50	55	61	56

### Ground Ambulance Customer Comments September, 2015

	Date of Service	What could we do better to serve you the next time?	If you had any problems with our Emergency Medical Transp...	Description / Comments
1	07/02/2015	"Be there faster"		
2	07/27/2015			"Very efficient, kind & caring"
3	07/21/2015			"Very satisfied with medics"
4	07/27/2015	"Nothing---all was very good"		"Very concerned"
5	06/04/2015	"Not sure"		"Very caring"
6	07/21/2015	"Overall great job, besides the one ""road rage guys"""		
7	07/08/2015	"Nothing, service was great. I felt I was in good hands"		"Treated me with utmost respect"
8	07/04/2015	"Nothing---"	"None"	"They were called for my husband. I think your medics are wonderful"
9	07/26/2015	"Nothing"		
10	07/25/2015	"Nothing, just keep doing what you do. Thank you!!!"		
11	04/19/2015	"I hope to never require your service ever again. I will drive myself to emergency medical care rather than have to re-experience this"		
12	07/19/2015	"A--wake me at first sign of problem and include me in ongoing care & decision making. I seemed to have been ignored."		"I was not included in first oor ultimate decision."
13	07/02/2015	"Can't think of anything. Maybe train St. Marys ER staff!"		&quot;Love STRIP&quot;
14	07/18/2015			"See note on pg 1"
15	07/12/2015			
16	07/25/2015	"Nothing. It was perfect"		"I was freezing and they took such good care of me. They deserved recognition"
17	07/10/2015	"They do everything they can do. They were great"	"No problems"	"They were excellent"
18	07/18/2015			"Both driver and medic were very professional"
19	07/02/2015	"Nothing. Stay as great as you are!!!"		"Excellent, human almost like family. Advice was extremely useful and personal & professional"
20	07/16/2015	"Couldn't have had better service!"		
21	07/03/2015	"TELL ONE WHO IT TRYING TO INPUT A NEEDLE---NEVER DO IT WHILE DRIVER IS ON A BUMPY SECTION OF ROAD!!!"	"ONLY WHAT I MENTIONED ABOVE---BUT IT WAS NOT FUNNY TO ME. HAVE BEEN TRANSPORTED IN THE PAST 6 YEARS AND SERVICE HAS ALWAYS BEEN EXCELLENT"	
22	07/28/2015	"Nothing. You guys did good"		
23	07/04/2015	"Nothing---you do just fine"		
24	07/25/2015	"No comment. not there"	"None"	"Sorry no comment. Was not there"
25	06/04/2015			"Generally very professional"
26	07/10/2015	"Why my insurance plan doesn't cover it?"		



DBOH AGENDA ITEM NO. 14.B.

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*Regional Emergency Medical Services Authority*

**REMSA  
PUBLIC RELATIONS REPORT  
FOR  
SEPTEMBER 2015**



## PUBLIC RELATIONS

September 2015

ACTIVITY	RESULTS
Wrote press release regarding Community Health Programs being listed as a top 10 Integrated Delivery Networks to Watch.	Press release is currently with CMMI for approval.
Served as the contact for ZOLL in its requests for marketing materials and information.	ZOLL requested use of photos for marketing materials, as well as approval on a press release regarding REMSA's use of ZOLL's new software tool.
Revised and finalized three brochures for each of the Community Health Programs initiatives.	The brochures were finalized, printed and are currently being used by CHP staff.
Continued design and production of the Care Flight Landing Zone Safety poster.	Poster will be completed in October.
Continued the design and production of the Flight Plan brochure.	Brochure will be completed in October.
Continued the design and production of the Silver Saver brochure.	Brochure will be completed in October.
Continued the design and production membership 1-sheets for use during events to promote the programs.	1-Sheeters will be completed in October.
Assisted Jim Gubbels in his comments and speech during the Nevada Business Magazine Healthcare Heroes event.	Jim received his award and gave his speech on Sept. 3.
Wrote press release announcing that Care Flight will transition its base in Fallon to be 24-7.	Press release is currently with Banner Churchill Hospital's public relations team for review and will go out in October.
Worked with reporter from Plumas County newspaper on story regarding Care Flight developing a base in Beckwourth.	Story (which ran on Sept. 8) was positive and positioned Care Flight well.
Wrote and distributed press release regarding Child Passenger Safety Week.	The Reno Gazette-Journal ran a "good news" story on this on Sept. 15.
Assisted REMSA on media inquiries regarding wasp stings during Reno Balloons Races.	REMSA was interviewed by Channels 2, 4 and 8, as well as the Reno Gazette-Journal regarding the incident on Sept. 11.
Wrote press release regarding Care Flight hosting and moderating a safety panel on how UAVs affect safety for helicopters and other air vehicles.	The press release will be distributed in October.
Attempted to get into contact with EMS Memorial Bike Ride public information officer to assist with media regarding the start of the event at REMSA.	The PIO never made contact with anyone from REMSA to coordinate efforts.

DD	NA
DHO	SK
DA	NA
Risk	NA

**STAFF REPORT**  
**BOARD MEETING DATE: October 22, 2015**

**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 September, Fiscal Year 2016

**SUMMARY**

The first quarter of fiscal year 2016 (FY16) ended with a cash balance of \$1.8 million. Total revenues for the first quarter of the fiscal year were \$4.2 million, 21.4% of budget and an increase of \$455,735 compared to fiscal year 2015 (FY15). With 25.0% of the fiscal year completed the expenditures totaled \$4.9 million, 23.1% of the budget and down \$19,155 compared to FY15.

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

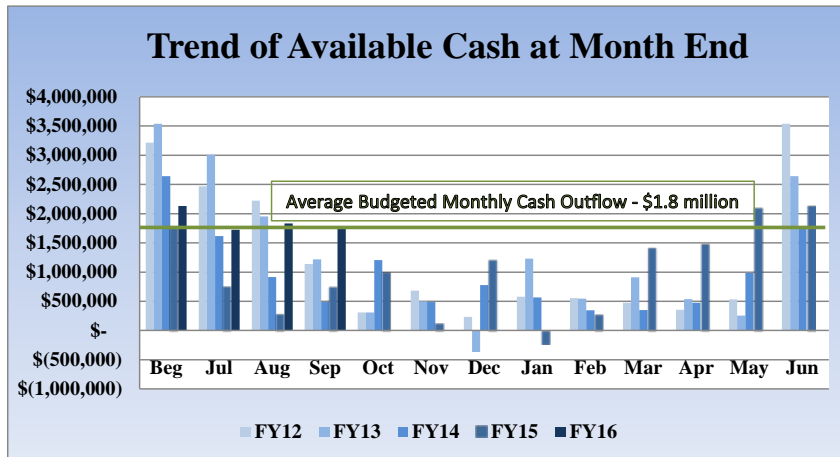
**PREVIOUS ACTION**

Fiscal Year 2016 Budget was adopted May 18, 2015.

**BACKGROUND**

**Review of Cash**

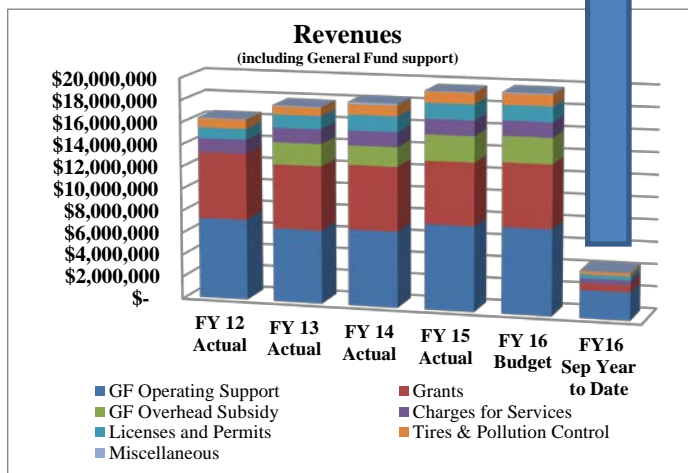
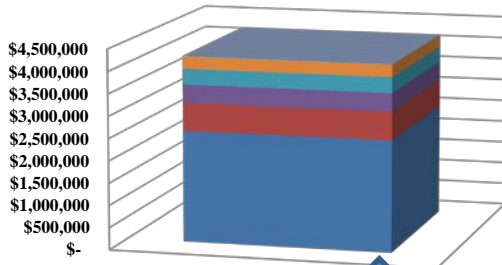
The available cash at the end of the first quarter of the fiscal year 2016 was \$1,787,477 which was 1.0% greater than the average budgeted monthly cash outflow of \$1,769,708 for the fiscal year. Given the monthly cash inflow the Health fund continues to have a cash balance that allows for financial stability.



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. January FY15 no County General Fund support was transferred to the Health Fund leading to a negative cash situation.

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

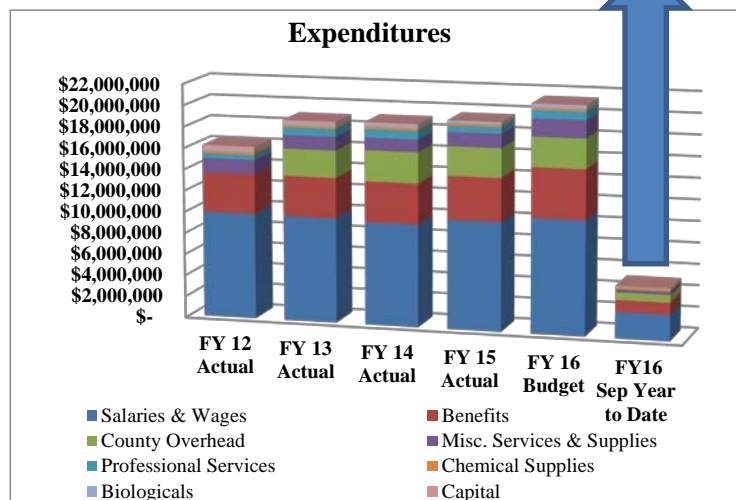
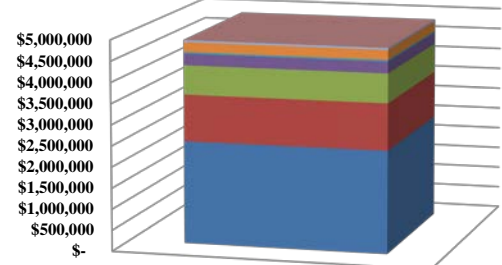
**Revenues**  
 FY16 September Year to Date



Total year to date **revenues** of \$4,207,311 were up \$455,735, 12.1%, from the same time last fiscal year and were 21.4% of budget. The revenue categories that were up over last fiscal year are as follows: licenses and permits by \$34,015, 10.6%; charges for services by \$127,758, 44.2%; tire fee funding for the solid waste management program up \$6,024, 3.3%; fines and forfeitures received \$500; and, the County General Fund transfer is up \$747,515 for year to date September, 2016. Miscellaneous revenues were down just \$270; and, federal and state grant revenue is down \$632,035 compared to the prior year mostly due to the timing of grant reimbursement billings; however, the current grants awarded for the first quarter were \$5,729,046 down \$105,251 compared to the year-end FY15 awards of \$5,834,297.

The total year to date **expenditures** of \$4,918,820 decreased by \$19,155, 0.4%, compared to the same time frame for last fiscal year 2015. Salaries and benefits expenditures for the first quarter of FY16 were \$3,564,745 down \$69,882, 1.9%, over the prior year. Salaries and benefits are 72.5% of total expenditures. Services and supplies expenditures of \$1,295,994 were down \$7,354. The single largest services and supplies increase is the County overhead charge that increased \$13,705 approximately 2.0% over FY15. There were no capital expenditures for the first quarter of the FY16 fiscal year.

**Expenditures**  
 FY16 September Year to Date





**Review of Revenue and Expenditures by Division**

EHS has received the largest percent of revenue compared to budget of 27.0% and \$63,777 additional funding compared to FY15. CCHS is at 13.3% of budget but down \$129,184 over FY15 due to the timing of grant billings. AQM is down \$50,773 compared to last year due to a one time pollution control funding source of \$115,647 in FY15 not received in FY16, removing the one-time funding source the revenue is up 14.8% for a total of \$64,874. EPHP is down \$175,663 over last year due to grant funding reimbursements not being received in September. Due to new grant funding for Ebola preparedness the division has been working on restructuring grants that allowed for an overall increase in the budgeted grants of \$38,546 but has delayed the grant billings. The County General Fund has transferred \$2,519,214 which was 60% of the total revenue of \$4,207,311 for year to date FY16.

With 25.0% of the fiscal year completed the total expenditures were \$4,918,820 which is 23.1% of budget and down \$19,155 over last fiscal year. AQM spent \$619,899 of the division budget and has increased \$24,615, 4.1% over last fiscal year. CCHS has spent \$1,642,553 of the division budget and is down \$55,913 over last year. EHS spent \$1,709,169 of the division budget and has increased \$60,558 over last year. ODHO and AHS are on target for a level spending pattern compared to budget and AHS is down \$79,480 over last year due to a payout of accrued benefits for an employee that retired in FY 15. EPHP expenditures were \$575,161 for the first quarter and up \$28,826 over FY15.

Washoe County Health District									
Summary of Revenues and Expenditures									
Fiscal Year 2011/2012 through September Year to Date Fiscal Year 2015/2016 (FY16)									
	Actual Fiscal Year			Fiscal Year 2014/2015		Fiscal Year 2015/2016			
	2011/2012	2012/2013	2013/2014	Actual Year End (unaudited)	September Year to Date	Adjusted Budget	September Year to Date	Percent of Budget	FY16 Increase over FY15
<b>Revenues (all sources of funds)</b>									
ODHO	-	-	-	-	-	-	-	-	-
AHS	8	33,453	87,930	151	-	-	61	-	-
AQM	1,966,492	2,068,697	2,491,036	2,427,471	552,846	2,255,504	502,073	22.3%	-9.2%
CCHS	3,706,478	3,322,667	3,388,099	3,520,945	608,307	3,610,928	479,123	13.3%	-21.2%
EHS	1,755,042	1,828,482	1,890,192	2,008,299	469,213	1,972,876	532,990	27.0%	13.6%
EPHP	1,670,338	1,833,643	1,805,986	1,555,508	349,513	1,729,897	173,850	10.0%	-50.3%
GF support	7,250,850	8,623,891	8,603,891	10,000,192	1,771,699	10,076,856	2,519,214	25.0%	42.2%
<b>Total Revenues</b>	<b>\$16,349,208</b>	<b>\$17,710,834</b>	<b>\$18,267,134</b>	<b>\$19,512,566</b>	<b>\$ 3,751,576</b>	<b>\$19,646,061</b>	<b>\$ 4,207,311</b>	<b>21.4%</b>	<b>12.1%</b>
<b>Expenditures</b>									
			18,267,134						
ODHO	-	-	-	481,886	123,254	515,468	125,493	24.3%	1.8%
AHS	1,202,330	1,366,542	1,336,740	1,096,568	326,026	1,021,350	246,546	24.1%	-24.4%
AQM	1,955,798	2,629,380	2,524,702	2,587,196	595,284	3,223,296	619,899	19.2%	4.1%
CCHS	6,086,866	6,765,200	6,949,068	6,967,501	1,698,466	7,372,877	1,642,553	22.3%	-3.3%
EHS	4,848,375	5,614,688	5,737,872	5,954,567	1,648,611	6,539,945	1,709,169	26.1%	3.7%
EPHP	2,084,830	2,439,602	2,374,417	2,312,142	546,335	2,621,636	575,161	21.9%	5.3%
<b>Total Expenditures</b>	<b>\$16,178,200</b>	<b>\$18,815,411</b>	<b>\$18,922,800</b>	<b>\$19,399,860</b>	<b>\$ 4,937,975</b>	<b>\$21,294,570</b>	<b>\$ 4,918,820</b>	<b>23.1%</b>	<b>-0.4%</b>
<b>Revenues (sources of funds) less Expenditures:</b>									
ODHO	-	-	-	(481,886)	(123,254)	(515,468)	(125,493)		
AHS	(1,202,322)	(1,333,088)	(1,248,810)	(1,096,417)	(326,026)	(1,021,350)	(246,485)		
AQM	10,694	(560,683)	(33,666)	(159,725)	(42,438)	(967,792)	(117,826)		
CCHS	(2,380,389)	(3,442,533)	(3,560,969)	(3,446,555)	(1,090,160)	(3,761,949)	(1,163,430)		
EHS	(3,093,333)	(3,786,206)	(3,847,680)	(3,946,268)	(1,179,398)	(4,567,069)	(1,176,179)		
EPHP	(414,492)	(605,958)	(568,431)	(756,634)	(196,822)	(891,739)	(401,311)		
GF Operating	7,250,850	8,623,891	8,603,891	10,000,192	1,771,699	10,076,856	2,519,214		
<b>Surplus (deficit)</b>	<b>\$ 171,008</b>	<b>\$ (1,104,577)</b>	<b>\$ (655,666)</b>	<b>\$ 112,707</b>	<b>\$ (1,186,399)</b>	<b>\$ (1,648,509)</b>	<b>\$ (711,509)</b>		
<b>Fund Balance (FB)</b>	<b>\$ 3,916,042</b>	<b>\$ 2,811,465</b>	<b>\$ 2,155,799</b>	<b>\$ 2,268,506</b>		<b>\$ 619,997</b>			
<b>FB as a % of Expenditures</b>	<b>24.2%</b>	<b>14.9%</b>	<b>11.4%</b>	<b>11.7%</b>		<b>2.9%</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 September, Fiscal Year 2016.

**POSSIBLE MOTION**

Move to acknowledge receipt of the Health District Fund Financial Review for September, Fiscal Year 2016.

Attachment:  
Health District Fund financial system summary report

Run by: AHEENAN  
 Run date: 10/09/2015 07:58:53  
 Report: 400/ZS16

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

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 Variation: 1/ 117

Period: 1 thru 3 2016  
 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	2016 Plan	2016 Actuals	Balance	Act%	2015 Plan	2015 Actual	Balance	
422503 Environmental Permits	46,317-	13,843-	32,475-	30	46,317-	7,344-	38,973-	16
422504 Pool Permits	97,000-	11,778-	85,223-	12	97,000-	11,409-	85,591-	12
422505 RV Permits	11,000-	2,509-	8,491-	23	11,000-	2,583-	8,417-	23
422507 Food Service Permits	509,823-	112,172-	397,652-	22	420,000-	101,949-	318,051-	24
422508 Wat Well Const Perm	30,000-	11,573-	18,427-	39	30,000-	6,931-	23,069-	23
422509 Water Company Permits	5,000-	3,239-	1,761-	65	5,000-	4,731-	269-	95
422510 Air Pollution Permits	477,443-	125,115-	352,329-	26	474,103-	126,021-	348,082-	27
422511 ISDS Permits	75,000-	23,502-	51,499-	31	75,000-	17,234-	57,766-	23
422513 Special Event Permits	90,000-	44,182-	45,818-	49	105,000-	35,337-	69,663-	34
422514 Initial Applic Fee	31,000-	6,076-	24,924-	20	31,000-	6,433-	24,567-	21
* Licenses and Permits	1,372,583-	353,987-	1,018,597-	26	1,294,420-	319,972-	974,448-	25
431100 Federal Grants	5,211,847-	587,008-	4,624,839-	11	5,271,536-	918,682-	4,352,854-	17
431105 Federal Grants - Indirect	291,791-	35,016-	256,775-	12	235,667-	48,580-	187,087-	21
432100 State Grants	209,951-	9,295-	200,656-	4	311,068-	128,007-	183,061-	41
432105 State Grants-Indirect	15,457-	716-	14,741-	5	16,026-	886-	15,140-	6
432310 Tire Fee NRS 444A.090	468,548-	190,709-	277,839-	41	468,548-	184,685-	283,863-	39
432311 Pol Ctrl 445B.830	550,000-	86,085-	463,915-	16	318,667-	81,771-	236,896-	26
* Intergovernmental	6,747,595-	908,829-	5,838,766-	13	6,621,513-	1,362,612-	5,258,900-	21
460162 Services to Other Agencies	28,421-		28,421-					
460500 Other Immunizations	89,000-	11,393-	77,607-	13	89,000-	7,566-	81,435-	9
460501 Medicaid Clinical Services	8,200-	13,028-	4,828	159	8,200-	507-	7,693-	6
460503 Childhood Immunizations	20,000-	4,390-	15,611-	22	20,000-	3,514-	16,486-	18
460504 Maternal Child Health								
460508 Tuberculosis	4,100-	1,094-	3,006-	27	4,100-	1,557-	2,543-	38
460509 Water Quality		354-	354					
460510 IT Overlay	35,344-	8,980-	26,364-	25	35,344-	8,132-	27,212-	23
460511 Birth and Death Certificates	470,000-	133,185-	336,815-	28	480,000-	112,190-	367,810-	23
460512 Duplication Service Fees		61-	61					
460513 Other Health Service Charges	10,167-	5,984-	4,183-	59				
460514 Food Service Certification	18,000-		18,000-		18,000-	5,452-	12,548-	30
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	1,450-	7,010-	5,560	483	1,750-	123-	1,627-	7
460517 Influenza Immunization	7,000-		7,000-		7,000-	53-	6,948-	1
460518 STD Fees	21,000-	4,715-	16,285-	22	21,000-	3,117-	17,883-	15
460519 Outpatient Services		1,222-	1,222					
460520 Eng Serv Health	50,000-	14,858-	35,142-	30	50,000-	6,999-	43,001-	14
460521 Plan Review - Pools & Spas	1,500-	4,215-	2,715	281	3,600-	1,086-	2,514-	30
460523 Plan Review - Food Services	20,000-	5,728-	14,272-	29	20,000-	1,183-	18,817-	6
460524 Family Planning	32,000-	9,879-	22,121-	31	32,000-	7,576-	24,424-	24
460525 Plan Review - Vector	42,000-	14,146-	27,854-	34	42,000-	7,752-	34,248-	18
460526 Plan Review-Air Quality	60,804-	11,753-	49,051-	19	57,889-	10,403-	47,486-	18
460527 NOE-AQM	116,984-	36,544-	80,440-	31	116,984-	29,245-	87,739-	25
460528 NESHAP-AQM	99,333-	19,940-	79,393-	20	99,333-	22,514-	76,819-	23

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

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Period: 1 thru 3 2016  
 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	2016 Plan	2016 Actuals	Balance		2015 Plan	2015 Actual	Balance	
460529 Assessments-AQM	51,336-	15,004-	36,332-	29	51,336-	11,904-	39,432-	23
460530 Inspector Registr-AQ	2,162-	98-	2,064-	5	2,162-	607-	1,555-	28
460531 Dust Plan-Air Quality	142,403-	84,133-	58,270-	59	142,403-	36,841-	105,562-	26
460532 Plan Rvw Hotel/Motel	2,530-	350-	2,180-	14		2,530-	2,530	
460533 Quick Start								
460534 Child Care Inspection	8,514-	3,460-	5,054-	41	8,514-	3,280-	5,234-	39
460535 Pub Accomod Inspectn	19,000-	5,091-	13,909-	27	19,000-	4,725-	14,275-	25
460570 Education Revenue								
* Charges for Services	1,361,248-	416,614-	944,634-	31	1,329,615-	288,855-	1,040,760-	22
471265 Illegal Dumping		500-	500					
* Fines and Forfeitures		500-	500					
483000 Rental Income								
484000 Donations,Contributions		700-	700					
484050 Donations Federal Pgm Income	37,550-	7,468-	30,082-	20	37,550-	7,096-	30,454-	19
484195 Non-Govt'l Grants					55,988-		55,988-	
484197 Non-Gov. Grants-Indirect	11,631-		11,631-		5,125-		5,125-	
485100 Reimbursements	38,599-		38,599-					
485121 Jury Reimbursements								
485300 Other Misc Govt Rev						1,341-	1,341	
* Miscellaneous	87,780-	8,168-	79,612-	9	98,663-	8,437-	90,226-	9
** Revenue	9,569,206-	1,688,097-	7,881,109-	18	9,344,211-	1,979,877-	7,364,333-	21
701110 Base Salaries	9,697,568	2,219,458	7,478,110	23	9,204,374	2,287,276	6,917,098	25
701120 Part Time	398,206	86,742	311,464	22	408,927	122,032	286,895	30
701130 Pooled Positions	375,376	111,399	263,977	30	510,064	112,328	397,736	22
701140 Holiday Work	4,319	1,274	3,045	29	4,319	1,507	2,811	35
701150 xcContractual Wages								
701200 Incentive Longevity	167,215	1,089	166,126	1	155,100	496	154,604	0
701300 Overtime	64,157	23,067	41,089	36	62,798	18,195	44,604	29
701403 Shift Differential	300	64	236	21				
701406 Standby Pay								
701408 Call Back	1,000	580	420	58	1,000		1,000	
701412 Salary Adjustment	51,380-		51,380-		131,434		131,434	
701413 Vac Payoff/Sick Pay-Term	49,515	4,238	45,277	9		79,863	79,863-	
701417 Comp Time	7,603	833	6,770	11		11,796	11,796-	
701500 Merit Awards								
* Salaries and Wages	10,713,878	2,448,744	8,265,134	23	10,478,015	2,633,492	7,844,523	25
705110 Group Insurance	1,605,208	430,759	1,174,448	27	1,452,108	353,246	1,098,862	24
705210 Retirement	2,864,088	630,628	2,233,460	22	2,508,521	591,009	1,917,512	24
705215 Retirement Calculation								
705230 Medicare April 1986	142,748	33,457	109,291	23	134,798	36,139	98,659	27
705320 Workmens Comp	69,143	17,286	51,857	25	68,214	16,947	51,267	25
705330 Unemploy Comp	15,483	3,871	11,612	25	15,179	3,795	11,384	25
705360 Benefit Adjustment					21,855		21,855	

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

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 Variation: 1/ 117

Period: 1 thru 3 2016  
 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	2016 Plan	2016 Actuals	Balance		2015 Plan	2015 Actual	Balance	
* Employee Benefits	4,696,670	1,116,001	3,580,669	24	4,200,674	1,001,135	3,199,539	24
710100 Professional Services	682,324	37,629	644,694	6	687,734	27,526	660,208	4
710105 Medical Services	9,621	214	9,407	2	9,323	290	9,034	3
710108 MD Consultants	71,612	1,250	70,362	2	83,908	5,338	78,571	6
710110 Contracted/Temp Services	7,279	445	6,834	6	31,581	5,945	25,636	19
710119 Subrecipient Payments								
710200 Service Contract	171,856	25,357	146,499	15	120,720	28,132	92,587	23
710205 Repairs and Maintenance	24,189	1,943	22,246	8	5,538	2,692	2,847	49
710210 Software Maintenance	16,607	9,900	6,707	60	18,083	9,363	8,720	52
710300 Operating Supplies	152,799	25,121	127,678	16	118,636	16,622	102,015	14
710302 Small Tools & Allow	23,685	714	22,971	3	22,685	200	22,485	1
710308 Animal Supplies	1,600	564	1,036	35	1,600		1,600	
710312 Special Dept Expense								
710319 Chemical Supplies	231,900	233,959	2,059-	101	231,900	231,713	187	100
710325 Signs and Markers								
710334 Copy Machine Expense	30,061	8,040	22,020	27	25,625	6,997	18,628	27
710350 Office Supplies	36,777	6,517	30,260	18	59,144	7,644	51,500	13
710355 Books and Subscriptions	6,364	1,673	4,691	26	8,059	1,324	6,735	16
710360 Postage	26,055	2,612	23,443	10	23,150	4,152	18,998	18
710361 Express and Courier	850	16	834	2	510	28	482	6
710391 Fuel & Lube	100		100		100		100	
710400 Payments to Other Agencies								
710412 Do Not Use								
710500 Other Expense	43,416	1,705	41,710	4	28,429	2,969	25,461	10
710502 Printing	28,365	2,751	25,614	10	22,171	3,360	18,811	15
710503 Licenses & Permits	6,470	830	5,640	13	6,331	1,285	5,046	20
710505 Rental Equipment	1,800	1,800		100	1,800		1,800	
710506 Dept Insurance Deductible		300	300-					
710507 Network and Data Lines	9,755	2,180	7,575	22	11,295	2,762	8,533	24
710508 Telephone Land Lines	36,040	8,006	28,034	22	42,650	8,672	33,978	20
710509 Seminars and Meetings	53,367	6,606	46,761	12	50,633	4,413	46,221	9
710512 Auto Expense	11,541	1,837	9,704	16	14,665	1,468	13,198	10
710514 Regulatory Assessments	18,500	8,665	9,835	47	11,920	9,319	2,601	78
710519 Cellular Phone	13,709	2,901	10,808	21	15,117	3,392	11,725	22
710529 Dues	8,325	3,885	4,440	47	11,867	2,982	8,885	25
710535 Credit Card Fees	12,107	3,732	8,375	31	12,665	4,174	8,491	33
710546 Advertising	187,922	1,690	186,232	1	346,208	3,883	342,325	1
710551 Cash Discounts Lost		217	217-			7	7-	
710563 Recruitment						301	301-	
710577 Uniforms & Special Clothing	9,900		9,900		12,350	1,289	11,061	10
710585 Undesignated Budget					90,642		90,642	
710598 Telecomm Charge-out contra								
710600 LT Lease-Office Space	79,703	25,124	54,579	32	109,115	26,564	82,551	24

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Accounts	2016 Plan	2016 Actuals	Balance		2015 Plan	2015 Actual	Balance	
710620 LT Lease-Equipment								
710703 Biologicals	242,868	47,193	195,675	19	203,743	56,215	147,528	28
710714 Referral Services								
710721 Outpatient	93,462	14,738	78,724	16	96,370	12,347	84,023	13
710872 Food Purchases	2,255	142	2,113	6	4,889	72	4,816	1
711010 Utilities								
711020 Water/Sewer								
711100 ESD Asset Management	66,552	16,356	50,196	25	66,526	16,465	50,061	25
711113 Equip Srv Replace	38,039	6,340	31,699	17	27,586	6,761	20,825	25
711114 Equip Srv O & M	62,441	25,172	37,268	40	41,538	10,935	30,602	26
711115 Equip Srv Motor Pool					5,000		5,000	
711117 ESD Fuel Charge	47,382	11,875	35,506	25	48,591	14,724	33,866	30
711119 Prop & Liab Billings	75,992	18,998	56,994	25	74,502	18,626	55,877	25
711210 Travel	145,143	20,829	124,315	14	222,874	24,639	198,235	11
711300 Cash Over Short								
711399 ProCard in Process		20	20-			680	680-	
711400 Overhead - General Fund	2,795,882	698,970	2,096,912	25	2,741,061	685,265	2,055,796	25
711504 Equipment nonCapital	135,448	7,174	128,273	5	100,055	31,814	68,242	32
* Services and Supplies	5,720,061	1,295,994	4,424,067	23	5,868,891	1,303,348	4,565,543	22
781004 Equipment Capital	105,880		105,880		381,454		381,454	
781007 Vehicles Capital					25,000		25,000	
* Capital Outlay	105,880		105,880		406,454		406,454	
** Expenses	21,236,489	4,860,739	16,375,750	23	20,954,034	4,937,975	16,016,059	24
521001 Transfer From General	10,076,856-	2,519,214-	7,557,642-	25	10,000,192-	1,771,699-	8,228,493-	18
* Transfers In	10,076,856-	2,519,214-	7,557,642-	25	10,000,192-	1,771,699-	8,228,493-	18
812230 To Reg Permits-230	58,081	58,081		100				
814430 To Reg Permits Capit								
* Transfers Out	58,081	58,081		100				
** Other Financing Src/Use	10,018,775-	2,461,133-	7,557,642-	25	10,000,192-	1,771,699-	8,228,493-	18
*** Total	1,648,509	711,509	937,000	43	1,609,632	1,186,399	423,233	74

DD	NA	___
DHO	___	Ⓚ
DA	LA	___
Risk	NA	___

**Staff Report**  
**Board Meeting Date:** October 22, 2015

**TO:** District Board of Health

**FROM:** Kevin Dick, District Health Officer  
775.328.2415, kdick@washoecounty.us

**SUBJECT:** Review, discussion and possible direction to staff regarding a five-year plan for recurring Board and Health District significant activities, to include Legislative policy and activities, Community Health Needs Assessment, Community Health Improvement Plan, Strategic Planning, Budgeting, and Governance Self-Assessment. [Ratti]

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**SUMMARY**

A five-year plan for conducting significant District Board of Health (DBOH) activities and associated Washoe County Health District activities is presented for discussion and possible direction to staff.

**District Health Strategic Objectives supported by this item:** Strengthen District-wide infrastructure to improve 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.

**And**

**Fundamental Review recommendations supported by this item:** Conduct a governance assessment utilizing NALBOH criteria, undertake an organizational strategic plan to set forth key Health District goals and objectives, conduct a Community Health Assessment, align programs and services with public demand in concert with current partner organizations take a greater leadership role to enhance the strong current State/Local collaboration, develop an organizational culture to support quality by taking visible leadership steps, implement a performance management system.

**PREVIOUS ACTION**

On December 6, 2012, the Board met to discuss and establish the Washoe County Health District (WCHD) Strategic Plan for 2012-2016.

On January 16, 2014, the Board conducted a retreat which consisted of a facilitated Board Discussion to the National Public Health Performance Standards (NPHPS) Public Health Governing Entity Assessment, Prioritization of Essential Activities, and Identification of Opportunities for Improvement.

On February 27, 2014, the Public Health Foundation presented the Fundamental Review (FR) of the Washoe County Health District. It contained 24 recommendations, some of which provided specific guidance for leadership.

Subject: Five-year plan for recurring Board significant activities

Date: October 22, 2015

Page 2 of 2

On March 27, 2014, DBOH approved an implementation plan for the recommendations provided in the Fundamental Review.

On August 27, 2015, I informed DBOH that we would be submitting a grant application to NACCHO seeking funding to support strategic planning efforts. I also mentioned a conversation I had with the DBOH Chair regarding conducting the National Public Health Performance Standards (NPHPS) Public Health Governing Entity Assessment again.

On September 24, I presented a staff report proposing to schedule special DBOH meetings for strategic planning and to conduct a Governance Assessment.

On September 24, DBOH directed me to develop and propose a plan for significant DBOH activities that would cycle over a period of years and allow DBOH to plan for and focus on these activities.

### **BACKGROUND**

In response to the guidelines proposed by the FR, WCHD has completed a Community Health Assessment, and staff is working to complete both a Community Health Improvement Plan and a District-wide cost-benefit analysis. The District-wide program cost-analysis is scheduled to be completed in January 2016. The next step is to prepare an updated strategic plan.

On October 12, WCHD received notification from NACCHO that the District would receive funding of \$15,000 to support development of a strategic plan and these funds would need to be expended by June 10, 2016.

Renown Health is required by IRS regulations to conduct a Community Health Needs Assessment (CHNA) every three years. The Health District developed a very productive partnership with Renown Health to jointly conduct a CHNA during calendar year 2014. Sticking to a three-year cycle for working in partnership with Renown to conduct the CHNA provides for three-year cycles to then conduct a Community Health Improvement Plan (CHIP), and develop an updated strategic plan during the following two years. The proposed five-year plan provides for activity associated with biennial legislative sessions and for policy development efforts in legislative off years. It also provides for conducting a Governance Assessment.

### **FISCAL IMPACT**

Should the Board approve staff recommendations, there will not be a fiscal impact to the adopted FY16 budget. Costs associated with meetings have been included in the budget of the Office of the District Health Officer.

### **RECOMMENDATION**

Staff recommends the District Board of Health review, discuss, and if so desired, take action and/or provide direction regarding adoption of the five-year significant activity plan and scheduling a special DBOH meeting to work on a Strategic Plan.

### **POSSIBLE MOTION**

No motion proposed.



<b>Significant Board Activities</b>					
Year 1-CY 2015	Year 2-CY 2016	Year 3-CY 2017	Year 4-CY 2018	Year 5-CY 2019	Year 6-CY 2020
Legislature	Legislative Policy	Legislature	Legislative Policy	Legislature	Legislative Policy
	Strategic Plan (Spring )	SP Budget Allocation		Strategic Plan (Fall)	SP Budget Allocation
Fees					Fees
Food Regs	Reg Adoption?	Reg Adoption?	Reg Adoption?	Reg Adoption?	Reg Adoption?
			Governance Assessment		
<b>Additional Significant Health District Activities</b>					
Year 1-CY 2015	Year 2-CY 2016	Year 3-CY 2017	Year 4-CY 2018	Year 5-CY 2019	Year 6-CY 2020
CHIP			CHIP		
	CHIP Implementation	CHIP Implementation	CHIP Implementation	CHIP Implementation	CHIP Implementation
QI					
	Performance Measurement				
		CHNA			CHNA
		SP Program Development			SP Program Development
		Accreditation?	Accreditation?	Accreditation?	Accreditation?

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

**AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT**  
**BOARD MEETING DATE: September 22, 2015**

**DATE:** October 2, 2015  
**TO:** District Board of Health  
**FROM:** Charlene Albee, Director  
775-784-7211, calbee@washoecounty.us  
**SUBJECT:** Program Update, Divisional Update, Program Reports

**1. Program Update**

- a. EPA Issues Revised Ozone Standard



The U.S. Environmental Protection Agency (EPA) announced the revised National Ambient Air Quality Standard (NAAQS) for ozone of 70 parts per billion (ppb), measured as an annual fourth-highest daily maximum 8-hour concentration, averaged over three years. The previous standard of 75 ppb was established in 2008.

**So, what is ozone and why do we care about it?** Ozone is formed when volatile organic compounds (VOCs) mix with oxides of nitrogen (NOx) in the presence of sunlight. Breathing ground level ozone can trigger a variety of health problems including chest pain, coughing, and throat irritation. It can worsen chronic diseases like bronchitis, emphysema, and asthma. Ground level ozone can actually reduce lung function by inflaming the linings of the lungs and prolonged exposure to high levels may permanently scar lung tissue.

There can be a degree of confusion when discussing the health effects of ozone. Ground level ozone is considered “bad” ozone since it is harmful to breathe and it damages crops, trees, and other vegetation. High in the atmosphere, stratospheric or “good” ozone protects life on Earth from the sun’s ultraviolet rays. One way to remember whether ozone is “good” or “bad” is “good up high, bad nearby.”

**Why did EPA release a new standard?** Under the Clean Air Act, EPA is required to review the health based standards for certain pollutants every five years. As part of that review, the agency convenes a group of independent scientific advisors, called CASAC (Clean Air Scientific Advisory Committee) to review the latest health information and make a recommendation. Most recently, CASAC advised EPA that the current ozone standard of 75 parts per billion (ppb) is not fully protective of public health and recommended a new stricter standard between 60 and 70 ppb. Scientific studies provided evidence that ozone levels of 72 ppb can be harmful not only the most sensitive population, which includes children, the elderly and people with chronic heart and lung disease, but to healthy exercising adults.

**What happens next?** Air Quality Management staff have completed a preliminary review of the monitoring data to determine the current ozone design value for Washoe County. Data that has been validated and submitted to EPA for the past three years (2012 – 2014) indicates a design value of 70 ppb which is considered to be in attainment of the standard. However, upon review of the 2013 – 2015 data, the design value is 71 ppb which is considered to be in non-attainment.

By October, 2016, AQM staff will be required to develop an attainment status recommendation for submittal by the District Board of Health, through the State of Nevada, to EPA Region IX for consideration. The recommendation for a designation of attainment or non-attainment will be based on the 2014 – 2016 data. EPA will review the recommendation and make the initial designation in October, 2017. If Washoe County is initially designated as a non-attainment area, then AQM will develop a State Implementation Plan (SIP), for submittal by the 2020 deadline, to reduce emissions and improve air quality. All control strategies in this plan will require approval and adoption by the District Board of Health.

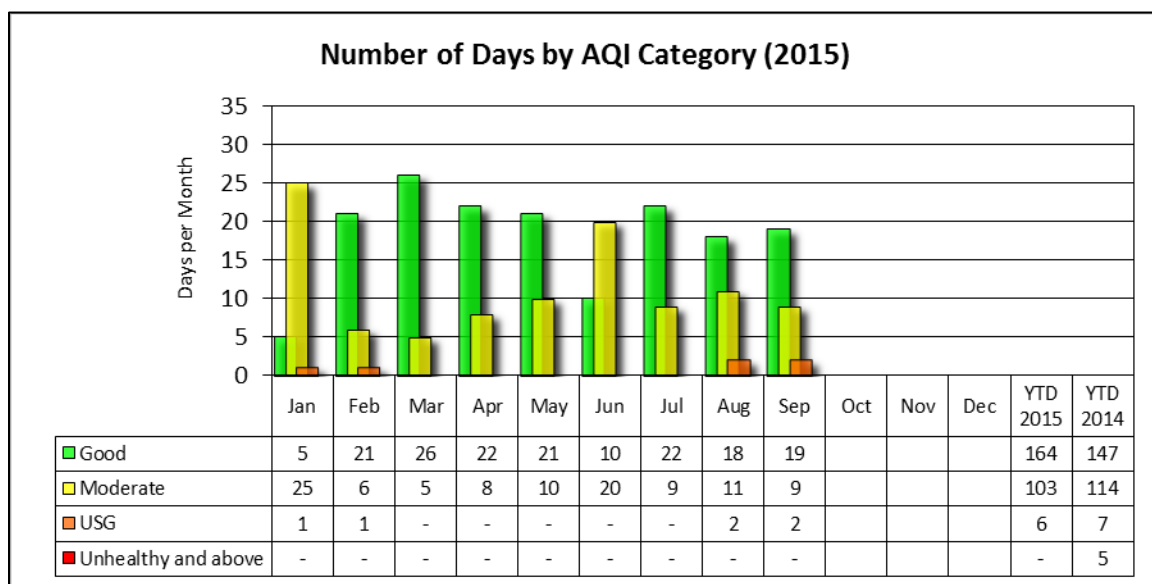
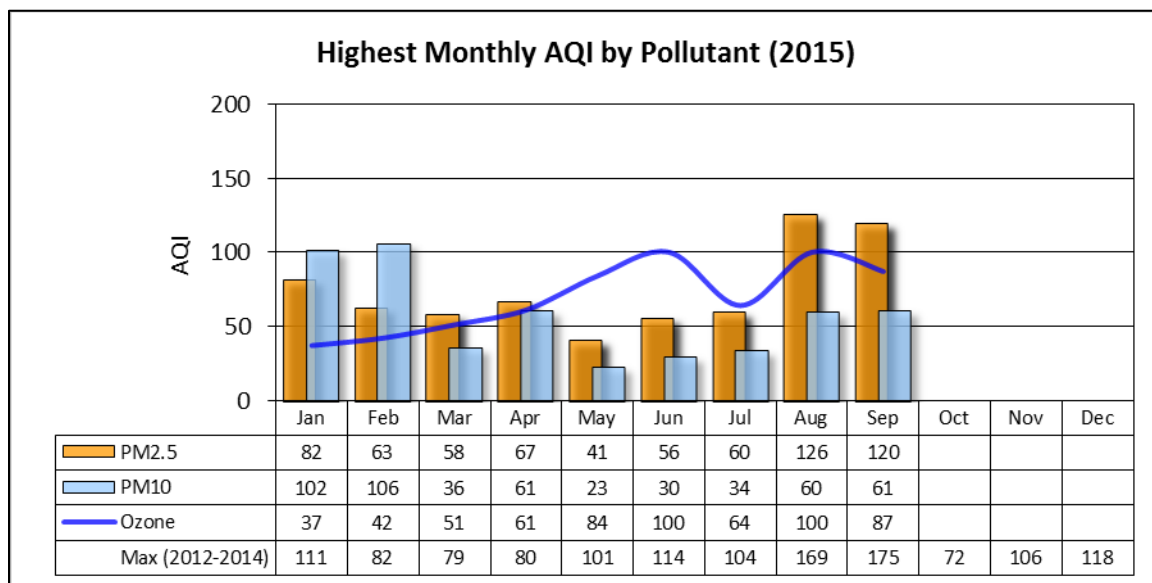
**What can we do as a community to make a difference?** We can all take steps to help reduce the chemicals that contribute to the formation of ozone. Simple things like turning off the lights helps to conserve electricity and reduce emissions from power plants. Here in Washoe County, vehicles are the largest contributors to the formation of ozone. Carpooling, riding your bike, taking public transportation, avoiding excess idling, refueling in the evenings, and keeping your car well maintained can all help to reduce emissions and, in the long run, may save you money.

The good news is we have a year to work on reducing emissions that contribute to the formation of ozone. AQM staff will be focusing outreach efforts on achievable emission reduction strategies, such as idle reduction where ever possible. For more information on the formation and health effects of ozone and what can be done to reduce emissions, please visit [OurCleanAir.com](http://OurCleanAir.com) and click on the nOzone banner. Together we can work to *Keep it Clean* for a healthier community.

Charlene Albee, Director,  
Air Quality Management Division

## 2. Divisional Update

- a. Below are two charts detailing the latest air quality information for the month of September. 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 [OurCleanAir.com](http://OurCleanAir.com) for the most recent AQI Summary.

### 3. Program Reports

#### a. Monitoring & Planning

There was one exceedance of the PM2.5 National Ambient Air Quality Standard (NAAQS) in September. This was due to smoke from several large wildfires in California. There were no other exceedances of any other NAAQS during September.

On October 1, EPA finalized the ozone NAAQS. Below is a table depicting how the strengthened standard will impact Washoe County based on current air monitoring data.

		Exceedance Days	
Ozone NAAQS	Level (ppb)	September	YTD
Current	75	0	0
2015 NAAQS	70	1	10

Several exceedance days were affected by transport of wildfire smoke and ozone precursors from California. Staff will be submitting exceptional event demonstration packages to EPA. EPA's review and concurrence with these demonstrations will affect Washoe County's attainment/non-attainment status with the NAAQS.

Staff participated in the three day Nevada Chapter of the American Planning Association Conference at UNR. The conference had four primary tracks - Emerging Trends, Planning Case Studies, Planning Policy, and Development in Rural Nevada. The conference provided the opportunity to collaborate with planners from the public and private sectors. Planners influence our communities' design which directly affects where we live, work, shop, and go to school. Community design also impacts (positively and negatively) our environment and public health.

The Board of County Commissioners approved an interlocal agreement between the Health District and Washoe County at the September 22, 2015 meeting. The ILA will allow AQM to establish a new ambient air monitoring station at Lazy 5 Park in Spanish Springs. It also brings agreements current for two existing stations at Lemmon Valley Park and the Incline Service Center.

Daniel K. Inouye  
Chief, Monitoring and Planning

b. Permitting & Enforcement

Type of Permit	2015		2014	
	September	YTD	September	Annual Total
<b>Renewal of Existing Air Permits</b>	106	1027	108	1328
<b>New Authorities to Construct</b>	4	94	11	133
<b>Dust Control Permits</b>	13 (315acres)	122 (1674 acres)	9 (67 acres)	114 (1172 acres)
<b>Wood Stove Certificates</b>	39	320	18	322
<b>WS Dealers Affidavit of Sale</b>	14 (8 replacements)	69 (51 replacements)	4 (2 replacements)	105 (80 replacements)
<b>WS Notice of Exemptions</b>	545 (5 stoves removed)	5711 (24 stoves removed)	519 (5 stoves removed)	7143 (63 stoves removed)
<b>Asbestos Assessments</b>	80	832	76	862
<b>Asbestos Demo and Removal (NESHAP)</b>	10	29	11	199

Staff reviewed thirty-two (32) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- The Permitting Engineer has completed the required AHERA building inspector course, and is now performing most asbestos acknowledgment assessments, performing all plan reviews and minor source stationary permitting.
- Technical staff has completed the first round of Accela reports training, and is scheduled for the completion of reports training in October 2015.

Staff conducted fifty-one (51) stationary source inspections and thirty four (34) gas station inspections in September 2015. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2015*		2014	
	September	YTD	September	Annual Total
Asbestos	1	18	2	27
Burning	0	5	0	9
Construction Dust	7	28	4	53
Dust Control Permit	1	4	0	20
General Dust	7	39	4	52
Diesel Idling	0	1	0	3
Odor	2	22	2	16
Spray Painting	1	7	0	8
Permit to Operate	0	9	0	31
Woodstove	0	10	0	12
<b>TOTAL</b>	<b>19</b>	<b>143</b>	<b>12</b>	<b>231</b>
NOV's	September	YTD	September	Annual Total
Warnings	1	18	1	41
Citations	0	8	1	11
<b>TOTAL</b>	<b>1</b>	<b>26</b>	<b>2</b>	<b>52</b>

\*Discrepancies in totals between monthly reports can occur due to data entry delays.

Mike Wolf  
 Chief, Permitting and Enforcement



DD	SK	_____
DHO	_____	KB _____
DA	NA	_____
Risk	NA	_____

**COMMUNITY & CLINICAL HEALTH SERVICES DIRECTOR STAFF REPORT  
BOARD MEETING DATE: October 22, 2015**

**DATE:** October 5, 2015  
**TO:** District Board of Health  
**FROM:** Steve Kutz, RN, MPH  
 775-328-6159; skutz@washoecounty.us  
**SUBJECT:** Program Report – Chronic Disease Prevention Program (CDPP), Divisional Update, Program Reports

**1. Program Report – Chronic Disease Prevention Program**



The Chronic Disease Prevention Program (CDPP) focuses on the modifiable risk factors of tobacco use and exposure, lack of physical activity, and poor nutrition. These three factors are implicated in the top causes of death for Washoe County, throughout Nevada and the nation.

The CDPP recently drafted a comprehensive work plan to outline program activities focused on nutrition and physical activity. The work plan goals are focused on policies and projects that create and/or build on community partnerships and are designed to impact physical activity and nutrition in our community. For example, programmatic resources will be directed at efforts with restaurants on portion sizes and healthy beverages, assisting out-of-school-time providers to develop wellness policies, and participating in the planning of community events such as Bike Week and RenOpen Streets. The CDPP continues to educate and inform the community via the [www.GetHealthyWashoe.com](http://www.GetHealthyWashoe.com) website and Facebook and Twitter social media sites.

In addition to locally funded activities, the CDPP received two grants from the State of Nevada for tobacco prevention and control activities. These grants support full-time and intermittent hourly staff time to work on a variety of efforts to prevent tobacco use and exposure and promote cessation. The CDPP has led robust efforts related to smoke free multi-unit housing and smoke-free meetings, is developing stronger efforts related to smoke-free outdoor events and is increasing resources to provide outreach to address tobacco related issues among the Lesbian, Gay, Bisexual, Transgender, Questioning and Intersexed (LGBTQI) communities.

CDPP staff also hold important leadership roles in the community including president of Washoe County Safe Kids Coalition for FY 15 (Kelli Goatley-Seals), chair of the Washoe County School District Student Wellness Advisory Committee for FY 15 (Kelli Goatley-Seals), ongoing leadership and coordination of the Washoe County Chronic Disease Coalition (Kelli Goatley-Seals and Nicole Alberti), and technical assistance to the Washoe County Food Policy Council (Kelli Goatley-Seals and Nicole Alberti).

The CDPP has celebrated several significant successes since July 2014. The program worked with the Reno Housing Authority as they implemented a smoke free policy which includes 750 public housing units plus an additional 315 houses, condos, and duplexes, impacting nearly one-thousand individuals. The CDPP has also been working with the University of Nevada Reno (UNR) for many years on tobacco free campus activities, and on August 1, 2015 celebrated as the university officially went tobacco free. Additionally, the program released the Washoe County Chronic Disease Report Card to the community, summarizing data related to chronic diseases and risk factors.

Additional accomplishments include:

- An increase in the award amount for the Funds For a Healthy Nevada (tobacco) grant in FY 16
- Successful application for a Public Health Associate from the CDC to work in the program starting October 2015
- Addition of the e-cigarette ban in the Washoe County School District's tobacco policy
- Creation of a video for multi-unit housing owners on smoke free housing
- Participation in legislative activities leading to \$1.00 a pack increase in the state cigarette tax
- Release of two EpiNews reports - *Affordable Care Act and Tobacco Cessation* and *Weight Status of Washoe County Youth* (attached at the end of this report)
- Two successful media campaigns focusing on tobacco cessation and second hand smoke

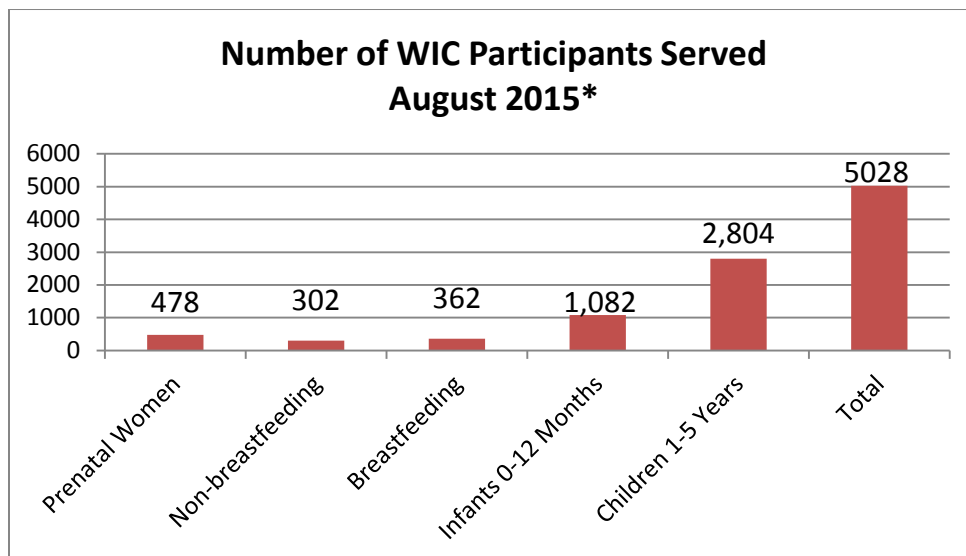
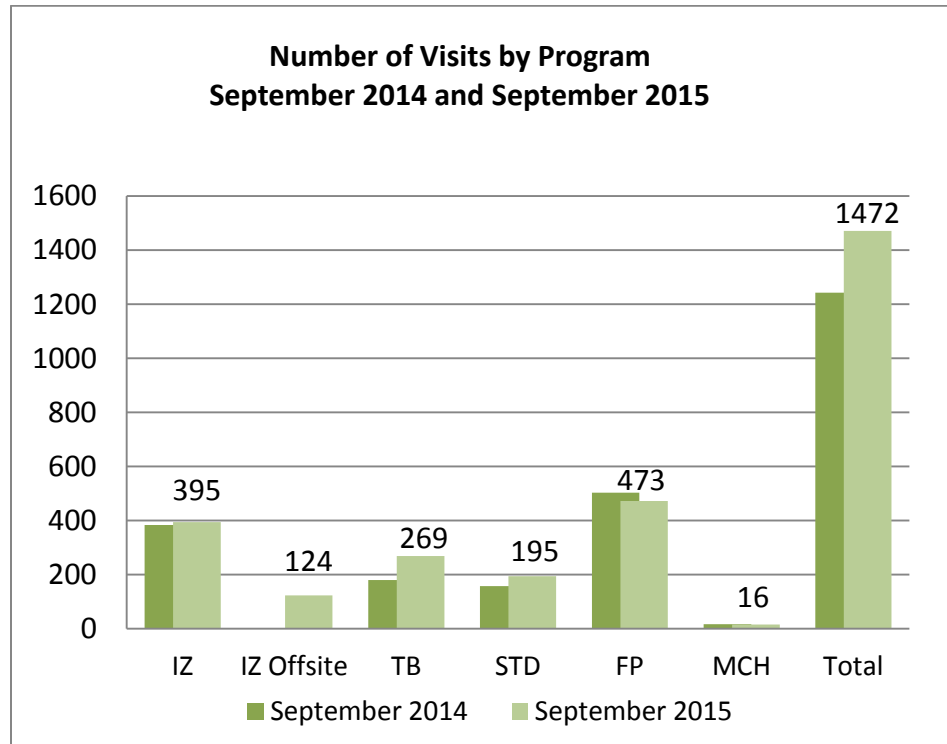
The CDPP is committed to empowering our community to be tobacco free, live active lifestyles and eat nutritiously through education, collaboration, policy and evaluation.

## 2. Divisional Update –

- a. **Child Abuse/Neglect Training** – Per NRS Chapter 432B, all CCHS staff are mandatory reporters of suspected abuse or neglect of a child. Each new employee is oriented to statutory reporting procedures within one month of their hire date. Licensed personnel are required to attend an annual refresher course and unlicensed personnel must attend a refresher course every two years. Additionally, nurses are mandated reporters of cases of statutory sexual seduction and receive additional training.

On October 14, 2015, CCHS staff will be attending a training on Child Abuse/Neglect Reporting and an update on Statutory Sexual Seduction, as there have been recent Nevada Revised Statute (NRS) changes regarding age ranges and reporting requirements.

b. 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.

### 3. Program Reports – Outcomes and Activities

- a. **Sexual Health** – Staff would like to welcome Rudy Perez to the program. Rudy is a first year CDC Public Health Associate that started at the Washoe County Health District on October 5, 2015. Staff would also like to welcome Mimi Swearngin. Mimi is as an intermittent hourly RN in the Sexual Health program.

Staff participated in a training to further integrate Family Planning, STD, and HIV services.

Staff collaborated with the Regional Street Enforcement Team on a two day undercover prostitution operation supporting the FBI's Innocence Lost initiative. This national initiative aims to address the growing problem of sex trafficking. Staff provided mandated HIV testing and voluntary STD testing to high-risk individuals.

- b. **Immunizations** – Immunizations were provided at the Mexican Consulate Binational Health Event at Little Flower Church on Saturday, September 19, 2015, in partnership with Immunize Nevada. A total of 58 participants (11 children and 47 adults) received 115 doses of vaccines. Childhood flu and multiple 317 funding adult vaccines were offered.

The program began providing seasonal flu vaccinations on-site October 5, 2015. Employee flu vaccine was offered to WCHD employees following the General Staff Meeting on October 6, 2015. Firefighter/EMT vaccine administration trainings are also underway, in partnership with EPHP.

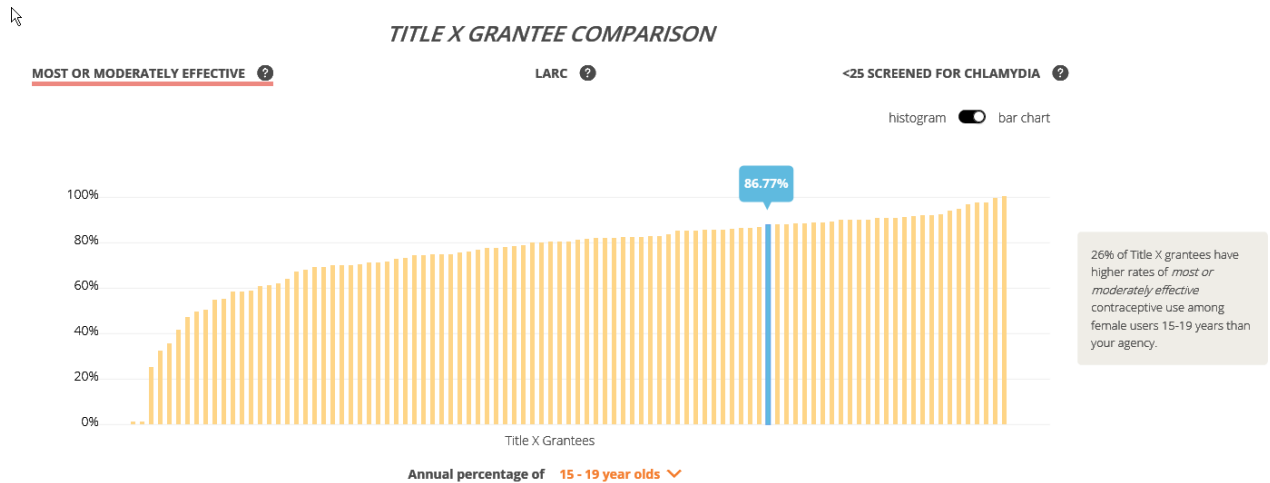
The recently released 2014 National Immunization Survey (NIS) shows improvements in immunization coverage ranking and vaccine coverage rates in Nevada. Nevada's immunization coverage ranking for children aged 19-35 months is now 38<sup>th</sup> in the nation, an improvement from 49<sup>th</sup> in 2014. This ranking reflects a 3 percent increase in the vaccine coverage rate for the early childhood age group to 67.7 percent.

The program welcomes Margi Battin and Christine Neely, our new Intermittent Hourly Registered Nurses.

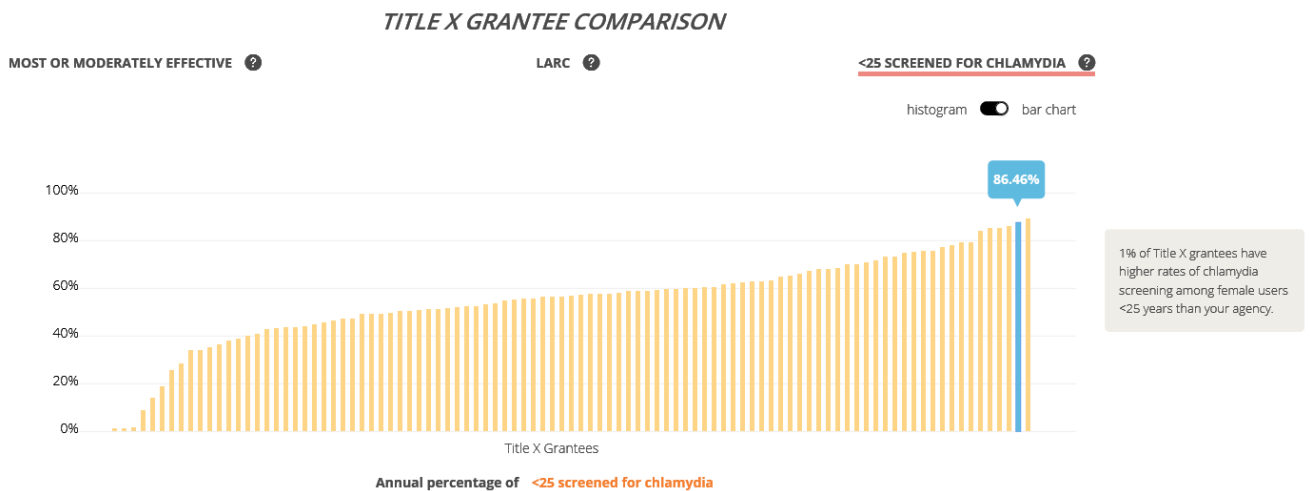
- c. **Tuberculosis Prevention and Control Program** – Staff would like welcome Julie Baskin to the program. Julie is a second year CDC Public Health Associate that will be transitioning from the Immunizations program to the TB program.

There have been nine cases of TB disease diagnosed so far in 2015. Two cases from 2014 remain on treatment due to interruptions in the treatment course related to side effects.

- d. **Family Planning/Teen Health Mall** – The National Training Center provided the following quality indicator tool that allows the Family Planning Program (FPP) to rank themselves amongst all of the Title X Grantees in two areas. The first is the percentage of clients using the most to moderately effective methods of birth control in the 15 to 19 year old age range:



The second is the percentage of clients under the age of 25 years that are screened for chlamydia:



The FPP is performing very well in these two areas. Only 26% of grantees have higher rates of most or moderately effective contraception use in the 15-19 age range, and 1% of grantees have higher rates of chlamydia screening.

- e. **Chronic Disease Prevention Program (CDPP)** – The program is pleased to welcome Taiwo Osunlalu, a first year CDC Public Health Associate on October 5, 2015. This is the first Public Health Associate for the CDPP.

Washoe County Health District tobacco programs were highlighted at the Nevada Tobacco Prevention Coalition (NTPC) meeting in September. Staff also presented information on the Qualified Allocation Plan (QAP) to promote tax credits for low-income multi-unit housing complexes that have smoke-free policies. Additionally, staff met with the Washoe County School District to explore ongoing collection of BMI data collection.

- f. **Maternal, Child and Adolescent Health (MCAH)** – The Fetal Infant Mortality Review (FIMR) team held their second Community Action Team meeting on September 21, 2015, with 15 community members attending. The team will be focusing on substance abuse during pregnancy and increasing public awareness regarding the importance of prenatal care. FIMR staff has received 25 fetal/infant death cases from June 1, 2015 through August 31, 2015. They have conducted data abstraction and summarized 16 cases and they have presented six cases to the Case Review Team (CRT). There were four home visits completed this quarter.

The Maternal Child Health (MCH) Program provides services 18-20 hours a week. In September, there were 16 clients seen in the MCH clinic. Additionally, the MCH Public Health Nurse (PHN) is responsible for following up on elevated blood lead cases. The Centers for Disease Control and Prevention updated the recommendations on children's blood lead levels. Until recently, children were identified as having a blood level of concern if the test is 10 or more micrograms per deciliter of lead in blood. Currently, a test of  $\geq 5$  micrograms per deciliter is a blood lead level of concern. The PHN provides case management to families with children with blood lead levels  $\geq 5$  micrograms per deciliter. The extent of case management is based on the severity of the blood lead level and availability of staff resources.

- g. **Special Supplemental Nutrition Program for Women, Infants and Children (WIC)** – Staff attended two community outreaches on Saturday, September 19<sup>th</sup>, to promote WIC. The first was the *Baby Fair and Diaper Derby* at the Grand Sierra Resort. This free event for Northern Nevada parents and grandparents had numerous businesses and community programs on site for information and giveaways for everything new parents need to



know. This outreach effort was very successful and WIC staff was able to promote WIC services and gather a large number of new applicants to the program.

The second event was the Mexican Consulate Binational Health Event held at the Little Flower Catholic Church. Binational Health is the largest mobilization effort in the Americas to improve the health and well-being of the underserved Latino population living in the United States and Canada.

In addition, two WIC staff, Maricela Caballero and Soni Monga, was interviewed on the Hispanic ESPN radio station and listeners were given information on the benefits of participating in the WIC program.

Staff attended an all-day State WIC Conference on Monday, September 28, 2015. Topics included a Peer Counselor Program for "Men and Dads at WIC", "Baby Behavior Intervention", "Children and Weight: Help without Harming", and "The Funny Thing about Stress", presented by Kay Frances. She is a motivational humorist and shared her message: "Lighten up, stress less, and take care of ourselves".



**IN THIS ISSUE: WEIGHT STATUS OF WASHOE COUNTY YOUTH**

The terms overweight and obesity identify ranges of weight that have been shown to increase the likelihood of certain diseases and other health problems.

Table 1. Weight Status for Children

Weight Status	BMI Percentile Range
Underweight	<5 <sup>th</sup> percentile
Healthy Weight	5 <sup>th</sup> to <85 <sup>th</sup> percentile
Overweight	85 <sup>th</sup> to <95 <sup>th</sup> percentile
Obese	≥ 95 <sup>th</sup> percentile

Overweight and obesity in children have both short and long-term effects on health and well-being.

Immediate health effects of obesity in childhood<sup>1</sup>:

- ◆ Increased risk factors for cardiovascular disease, such as high cholesterol and high blood pressure
- ◆ More likely to have prediabetes, indicating a high risk for development of diabetes
- ◆ Greater risk for bone and joint problems, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem

Long-term health effects of obesity in childhood<sup>1</sup>:

- ◆ More likely to become obese as adults, therefore more at risk for adult health problems such as heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis

While not the only factors in the weight of youth, physical activity levels and the type and amount of food consumed play a large role.

Data from Washoe County's Youth Risk Behavioral Surveillance System (2013) show that high school students are not meeting recommended levels of physical activity, with only 31.3% of male and 16.5% of female students being physically active for 60 or more minutes each day.

National trends looking at types and amounts of foods consumed indicate:

- ◆ Adolescents eat more high-calorie, low-nutrient snacks than in past generations, although frequent snacking was not necessarily related to higher BMI<sup>2</sup>.
- ◆ Fruit and vegetable consumption among high school students remains low. In 2010, median consumption was 1.2 times a day for fruits and 1.2 times a day for vegetables. In addition, about one in four students consumed fruit less than once daily, and one in three consumed vegetables less than once daily.<sup>3</sup>

**METHODS**

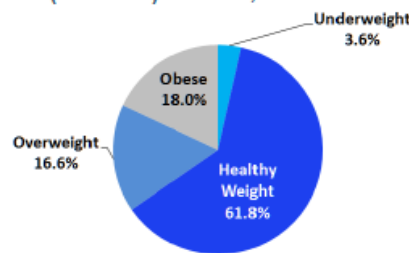
For the past eight school years (2007-2008 thru 2014-2015), height and weight were collected on samples of

Washoe County School District (WCSD) 4<sup>th</sup>, 7<sup>th</sup>, and 10<sup>th</sup> graders. Data are weighted to the grade-specific Washoe County enrollment and represent only those grades which were sampled. Data in this report were calculated using the Centers for Disease Control and Prevention's *Children's BMI Tool for Schools*.

**RESULTS & DISCUSSION**

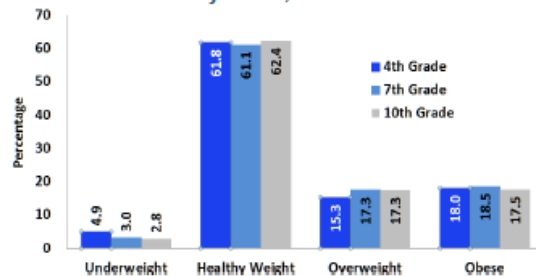
Comparisons of weight status by grades, gender, race/ethnicity, and Title 1 vs. non-Title 1 schools provide p-value less than 0.05 to indicate a statistical significance of difference.

Figure 1. Weight Categories of 4<sup>th</sup>, 7<sup>th</sup>, and 10<sup>th</sup> Grade Students (combined) in WCSD, 2014-2015.



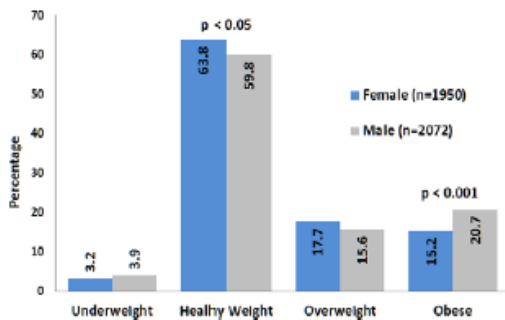
The majority of Washoe County youth were of healthy weight, but over a third were either overweight or obese. Review of data from the past five years (data not shown) revealed no significant change within weight categories. For example, percentages of students in the Healthy Weight category over the past five years ranged from 61.8% to 62.7%.

Figure 2. Weight Categories of 4<sup>th</sup>, 7<sup>th</sup>, and 10<sup>th</sup> Grade Students in WCSD by Grade, 2014-2015.



There was no statistical difference in the weight categories of 4<sup>th</sup>, 7<sup>th</sup>, and 10<sup>th</sup> grade students for the 2014-2015 school year.

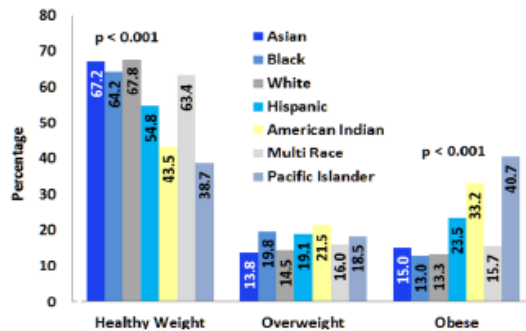
Figure 3. Weight Categories of 4<sup>th</sup>, 7<sup>th</sup>, and 10<sup>th</sup> Grade Students (combined) in WCSD by Gender, 2014-2015.



In 2014-2015, a higher proportion of male students were obese than female students. The male students had a lower percentage of healthy weight than female students. These differences are statistically significant.

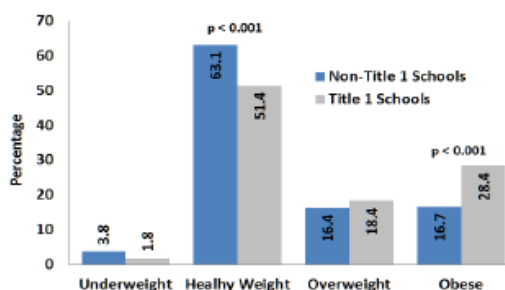
Review of student data from the past five years (not depicted graphically), revealed consistently higher obesity rates and lower healthy weight rates for males.

Figure 4. Weight Categories of 4<sup>th</sup>, 7<sup>th</sup>, and 10<sup>th</sup> Grade Students (combined) in WCSD by Race/Ethnicity, 2014-2015.



More white students were at a healthy weight compared to Hispanic, American Indian and Pacific Islander students. More Hispanic, Pacific Islander and American Indian students were obese compared to white students.

Figure 5. Weight Categories of 4<sup>th</sup> and 7<sup>th</sup> Grade Students (combined) in WCSD by Title 1 Status, 2014-2015.



Title 1 schools are those schools with large concentrations of low-income students. These schools had a significantly lower proportion of healthy weight students and underweight students, and had a significantly higher proportion of obese students compared to non-Title 1 schools.

## RECOMMENDATIONS

Studies have found strong evidence to support beneficial effects of childhood obesity prevention programs particularly targeted to children ages six to 12. These programs included components of nutrition and physical activity in school curriculums, and environmental/cultural practices that support eating healthy foods and being active at home.<sup>4</sup>

Physicians play an important role in providing assessment, information and encouragement to parents and children concerned about overweight and obesity.

Local resources include:

- ◆ Prescription pads to "prescribe" healthy eating, physical activity, and decreased consumption of sugar sweetened beverages. On the [www.GetHealthyWashoe.com](http://www.GetHealthyWashoe.com) site, visit the "For Health Care Providers" pages under "Healthy Eating" and "Active Living" to preview the prescription images.
- ◆ The [www.GetHealthyWashoe.com](http://www.GetHealthyWashoe.com) website provides information about healthy eating and physical activity that individuals and families can reference
- ◆ Educational materials for parents on children's beverage choices are provided free of charge by the University of Nevada, Reno's Rethink Your Drink campaign. For more information, see [rethinkyourdrinknevada.com](http://rethinkyourdrinknevada.com) or send a request to [rethinkyourdrink@cabnr.unr.edu](mailto:rethinkyourdrink@cabnr.unr.edu)

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- Sebastian RS, Goldman JD, Wilkinson Enns C. *Snacking Patterns of U.S. Adolescents: What We Eat In America, NHANES 2005-2006*. Food Surveys Research Group Dietary Data Brief #2, Sept 2010 from: <http://ars.usda.gov/Services/docs.htm?docid=19476>
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- American Family Physician. Saguil A, Stephens M. Interventions to Prevent Childhood Obesity. July 1, 2012 from <http://www.aafp.org/afp/2012/0701/p30.html>

## ACKNOWLEDGEMENTS

Washoe County School District for collection of height and weight data and continued partnership in helping to make this information available to the community.

DD	BS	___
DHO	___	kd ___
DA	NA	___
Risk	NA	___

**Staff Report**  
**Board Meeting Date: October 22, 2015**

**DATE:** October 9, 2015  
**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, IBD, Land Development, Vector-Borne Disease, and EHS Inspections / Permits / Plan Review.

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**DIVISION UPDATE**

- The Environmental Health Services (EHS) Division reviewed 19 projects in September from Washoe County, City of Reno and City of Sparks Community Development.

**PROGRAM UPDATES**

**Food**

- **Special Events –**
  - There were 244 Temporary Food Permits and 4 Special Event Promoter’s permits issued in September of 2015.
  - The month kicked off with Rib Cook-Off in Sparks and Food Vendors in Gerlach for the Burning Man traffic. Staff worked closely with the property owners of Barsyl Bazaar in Gerlach to eliminate issues from prior years with standing water at the Burning Man traffic event.
  - The 2015 Rib Cook-Off took place entirely in the month of September for the first time in years. Staff worked over ten days prior to and during the event. There were 102 Temporary Food Permits issued, making it the largest single food event in Washoe. Staff completed 527 inspections from the Tuesday prior to the event opening to the general public through Labor Day.
  - The second weekend of September brought the Balloon Races to Reno with 19 permits, an increase of 6 vendors from 2014, with staff conducting 39 inspections.
  - The Reno Air Races in Stead were held from September 12th through September 20th. There were 35 permits issued and 93 inspections completed for the event.
  - The month of September came to an end with Street Vibrations held September 23rd through September 27th. There were 30 permits issued for the event with 70 inspections completed.
  - Three new events that occurred during the month of September included the Central American Festival, Fiesta on Wells and the Latino Festival.
  - Staff is gearing up for the Italian Festival on October 10th and 11th, which has increased its footprint in Downtown Reno and is expected to be the biggest Italian Festival yet in terms of crowds, vendors and inspections.
  - Additionally, the International Chili Society Chili Cookoff is returning to Reno at the Grand Sierra Resort October 16 through 18, after more than 10 year absence.



## **IBD**

- The Invasive Body Decoration (IBD) Program staff continues to work on routine inspections and is looking to put through new regulations prior to next summer. There were two temporary tattoo operations that came in with Street Vibrations that were inspected by staff. Additionally, staff is working with the Comic-Con Convention for the tattoo portion of their event coming in November.

## **Land Development**

- As weather transitions into fall, our office has seen the plan submittals lightening up. This is providing staff the ability to complete routine work assignments and cross-train within the Land Development (LD) Program to address additional programmatic needs. Cross-training staff in all aspects of the LD Program will provide greater program depth and coverage when needed.
- Staff is in process of creating a presentation that will be provided to the Builders Association of Northern Nevada (BANN). The presentation will also be posted on the County website to assist in educating the general public on what is necessary to submit a plan for review and eventual approval with the Land Development program.
- The Riverbelle Mobile Home Park is still being served by a temporary water system, and this is expected to continue for up to 3 months. The water system has contracted with an engineering company to facilitate the permitting process. They are currently investigating and testing an existing well on the site to determine if it will be suitable and able to provide enough water to serve the community. Eventually the system will either have to drill a new well or connect to a neighboring community water system.
- Staff is currently involved in meetings with TMWA and other outside entities to develop plans to establish water availability in the event of an emergency. This will include some infrastructure improvements and establishing standard operating procedures with TMWA and other entities to ensure safe water will be provided to the community.

## **Vector-Borne Disease**

- The Program's weekly Light Trap data indicates that we are out of the temperature range for virus transmission in the Truckee Meadows Community. With mean daily temperatures between 65 to 85 degrees, adult female mosquitoes can transmit West Nile Virus, Western equine encephalitis and St. Louis encephalitis. Think of it like baking bread. You need a certain temperature for bread to rise to complete the process.
- Proposed changes are being applied to pesticide licenses that are needed for staff to be compliant in the application of pesticides. We will be required to test for new and current categories, continued education hours will increase requiring travel associated with continuing education, continued education or training received documentation, license fees will double, the license renewed annually, monthly reporting prior to the 15th of each month of pesticides used whether products have been applied or not applied. This will require more documentation, tracking and a report submitted monthly to the Nevada Department of Agriculture. Currently a document of each treatment, location amount of product used, product name, temperature, etcetera is submitted annually (January) to the Nevada Department of Environmental Protection (NDEP).

- A committee composed of the Truckee Meadows Water Authority, City of Reno, City of Sparks, Washoe County, the Vector Program, and the building and landscape industry met to improve landscape standards for local government. The Builders of Northern Nevada (BANN) and our Health Officer Kevin wanted us to be part of the committee due to concerns over our requirement standards for landscape plans. The Program's design detail for typical front lots and common area has a catchment area (buffer) between the back face of side walk and or curb to eliminate water runoff. This committee will incorporate this standard which is a 2 foot catchment area for typical front lots and common areas from impervious surfaces that drain to the street to reduce overspray and runoff in the Truckee Meadows Community. In addition a 2 foot catchment (setback) of small turf strips of 8 foot in width will also be required and any new islands on right of ways will no longer be turfed.
- Staff completed the review of 17 civil plans.

### Waste Management

- The Waste Management team provided the City of Reno Code Enforcement with three 20 yard dumpsters for property clean up at a home they assisted with on Wilder Street.
- Staff has had a recent uptick in bear vs. garbage complaints in the Galena area. Our office sent out letters and conducted surveillance for a few continuous weeks. It appears the issue has subsided at this point.
- Waste Management (WM) reported a recent lack of compliance for the single stream recycling program with some specific areas in the City of Reno. WM has seen an increase in lack of compliance anywhere from 6%-20% and are going to begin a process where non-compliant residents will be first sent a warning and educated about what can and cannot put in the single stream containers. If that does not work, a WM employee will actually sift through the container with the responsible party and show them what can and cannot go into the container. If lack of compliance continues, a fine will be imposed up to three consecutive times. If the warnings and fines do not work, the recycling container will be removed.

### **EHS 2015 Inspections/Permits/Plan Review**

	JAN 2015	FEB 2015	MAR 2015	APR 2015	MAY 2015	JUN 2015	JUL 2015	AUG 2015	SEP 2015	Mo. Avg
Child Care	5	11	5	16	9	9	14	13	22	12
Complaints	49	53	77	73	72	121	123	132	119	91
Food	404	543	536	394	412	441	451	337	429	439
General*	63	103	108	109	315	159	162	376	152	172
Plan Review (Commercial Food/Pool/Spa)	19	10	13	8	42	19	24	16	8	18
Plan Review (Residential Septic/Well)	46	57	45	48	46	62	42	44	44	48
Residential Septic/Well Inspections	33	76	86	85	86	72	94	72	66	74
Temporary Food/Special Events	26	46	60	72	168	346	221	327	831	239
Well Permits	8	12	11	13	14	11	9	12	14	12
Waste Management	8	21	32	16	15	16	8	6	7	14
<b>TOTAL</b>	<b>661</b>	<b>932</b>	<b>973</b>	<b>834</b>	<b>1,179</b>	<b>1,256</b>	<b>1,148</b>	<b>1,335</b>	<b>1,692</b>	<b>1,118</b>

\* **General Inspections Include:** Invasive Body Decorations; Mobile Homes/RVs; Public Accommodations; Pools; Spas; RV Dump Stations; and Sewage/Wastewater Pumping.



# Washoe County Announcement

*West Nile virus still present in Washoe County*  
*Practice prevention to keep from being bitten*

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Media Release

For Immediate Release

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

Contact: Phil Ulibarri

[pulibbarri@washoecounty.us](mailto:pulibbarri@washoecounty.us)

775.328.2414 or 775.772.1659

**RENO, NV** – Two additional human cases of West Nile Virus (WNV) in Washoe County have been confirmed local health officials announced today, bringing attention to the fact that people need to protect themselves from mosquito bites. Additionally, health officials are asking individuals in the Truckee Meadows who are experiencing adult mosquito bites to contact them with the locations of increased mosquito activity so they can respond to these specific areas with abatement measures.

According to Washoe County Health District Communications Manager Phil Ulibarri, the Health District now has confirmed four human cases and one equine case of WNV in the southern Washoe County-area since late August. “We are not experiencing any relief from mosquito activity with the current weather pattern,” said Ulibarri. “Until we have a cold snap or a freeze that will stop the mosquito activity for the season, we stress the need for everyone to practice prevention strategies to keep from getting bitten. We’re also asking people to report mosquito activity to the Health District so that we can conduct abatement efforts like early-morning fogging in those areas to prevent WNV transmission from mosquitos to humans.” Ulibarri said. Residents may report mosquito activity to the Health District at 785-4599 or 328-2434.

How to avoid mosquito bites:

- Wear proper clothing and repellent if going outdoors when mosquitos are active, especially in the early morning and evening.
- Use repellants containing DEET, picaradin, oil of lemon eucalyptus or IR3535 which are the best when used according to label instructions. Repellents keep the mosquitos from biting you. DEET can be used safely on infants and children 2 months of age and older.
- Make sure that your doors and windows have tight-fitting screens to keep mosquitos out. Repair or replace screens with tears or holes.
- Clear standing water and any items from around homes that can be potential mosquito breeding-grounds, including small puddles, pools, planters, children’s sandboxes, wagons or toys, underneath and around faucets, as well as plant saucers and pet bowls.
- Vaccinate your horses for WNV.

The Washoe County Health District’s Communicable Disease Program investigates all reported cases of diseases like WNV. At this time the Health District is also advising healthcare providers to consider a WNV infection as your differential diagnosis among patients who are ill and have recently experienced mosquito bites.

More information on WNV and the Washoe County Health District’s Vector-Borne Disease Prevention Program can be found at <http://bit.ly/1SCOM2g>.



## Two More Cases of West Nile Diagnosed in Washoe County

KOLO – Channel 8By: News Release [Email](#)

Posted: Tue 2:32 PM, Sep 15, 2015



- **Related Links**
- [Washoe Vector-Borne Disease Prevention Program](#)

RENO, NV – Two additional human cases of West Nile Virus (WNV) in Washoe County have been confirmed, according to the Washoe County Health District, leading the district to urge protection from mosquito bites. Also, health officials are asking people in the Truckee Meadows who are experiencing adult mosquito bites to contact them with the locations of [increased](#) mosquito activity so they can respond to these specific areas for abatement.

The [Health](#) District has confirmed four human cases and one equine case of WNV in the southern Washoe County-area since late August 2015.

County health spokesman Phil Ulibarri says, “We are not experiencing any relief from mosquito activity with the current weather pattern. Until we have a cold snap or a freeze that will stop the mosquito activity for the season, we stress the need for everyone to practice [prevention](#) strategies to keep from getting bitten. We’re also asking people to report mosquito activity to the Health District so that we can conduct abatement efforts like early-morning fogging in those areas to prevent WNV transmission from mosquitos to humans.”

You can [report](#) mosquito activity to the Health District at 785-4599 or 328-2434.

How to avoid mosquito bites:

Wear proper clothing and repellent if going outdoors when mosquitos are [active](#), especially in the early morning and evening.

Use repellants containing DEET, picaradin, oil of lemon eucalyptus or IR3535 which are the best when used according to label instructions. Repellents keep the mosquitos from biting you. DEET can be used safely on infants and children 2 months of age and [older](#).

Make sure that your doors and windows have tight-fitting screens to keep mosquitos out. Repair or replace screens with tears or holes.

Clear standing water and any items from around [homes](#) that can be potential mosquito breeding-grounds, including small puddles, pools, planters, children’s sandboxes, wagons or toys, underneath and around faucets, as well as plant saucers and pet bowls.

Vaccinate your horses for WNV.

The Washoe County Health District’s Communicable [Disease](#) Program investigates all reported cases of diseases like WNV. At this time the Health District is also advising healthcare providers to consider a WNV infection as your differential diagnosis among patients who are ill and have recently experienced mosquito bites.

More information on WNV and the Washoe County Health District’s Vector-Borne Disease Prevention [Program](#) can be found at the link at upper right.

## Cleanup Removes 42 Tons of Trash Along Truckee River

Posted: Sep 26, 2015 4:49 PM



Courtesy: KTMB



Courtesy: KTMB



Courtesy: KTMB

RENO, NV -Sept. 26, 2015 – Preliminary results show that over 1,000 volunteers removed 42 tons of trash and invasive weeds along 20 miles of the Truckee River, including neighborhood river tributaries during Keep Truckee Meadows Beautiful's Truckee River Cleanup Day. KTMB staff had prepared for what they expected to be a larger event than last year due to growing concerns about the river's health.

"We were expecting an increase in trash this year, simply because more of the river was accessible by foot," says Christi Cakiroglu, KTMB Executive Director. "But what we didn't anticipate was how this would be our biggest year for support, by far! We had more volunteers and community groups than ever before, and more support from businesses like TWMA's Truckee River Fund, Save Mart, REI, UPS and so many others. It really shows how important the Truckee River is to this community."

Last year, 800 volunteers removed nearly 40 tons of trash and invasive weeds during the Truckee River Cleanup Day. This year, volunteers participated in various projects including trash pick-up, invasive weed removal, storm drain stenciling, tree wrapping, graffiti removal and park beautification projects.

In an effort to keep the river clean year-round, KTMB is partnering with the Nevada Land Trust to lead the One Truckee River Initiative ([onetruckeeriver.org](http://onetruckeeriver.org)), which brings together stakeholders from various sectors of the community to identify issues along the Truckee River, and work together to come up with solutions in the form of a master plan to keep the Truckee River healthy, clean, and safe.

The cleanup is made possible thanks to the 2015 sponsors: Truckee River Fund, UPS, REI, City of Reno, City of Sparks, Washoe County, Washoe County Health District, Washoe County Sheriff's Office, Waste Management, Save Mart Supermarkets, CustomInk, Nevada Department of Wildlife, The Nature Conservancy, Northern Nevada Hopes, Reno-Sparks Indian Colony, 100.1 the X, Truckee River Flyfishers, Great Basin Brewing Co., Bureau of Land Management, Nature's Bakery, KTVN Channel 2, Reno Fly Shop, UNR Wolf Pack Veterans.

From KTMB Channel 2

## Static For Years, Health District Fees Are About To Take A Big Jump

KOLO TV – Channel 8 By: [Ed Pearce](#) - [Email](#)

Posted: Wed 9:02 AM, Sep 30, 2015



Washoe [Health](#) Officer Kevin Dick defends proposed fee hikes

- [Washoe County Health Fee Increases](#)

RENO, NV - For years, especially during the [recession](#), the Washoe County Health District was reluctant to raise fees. That's about to change. Big time.

District staff has assembled a list of increases that start in the 70 to 80% range and rise to three or four times those numbers and more.

Reaction has been predictable.

"That's the definition of lunacy," said one man who operates a coffee cart at the convention center.

He was speaking at a public workshop Tuesday at the Health District Building. County Health Officer Kevin Dick nodded.

"I understand."

The proposed increases are, well, staggering. The fees reflect the role of the health district in much of our daily life. Everything from wells, septic tanks and swimming pools, to restaurants, air quality, waste [management](#) and tattoo parlors.

Much of the concern at this first public workshop came from temporary food vendors, the people who operate food booths at special [events](#). They're looking at potential increases of 185 to 297 percent.

"I realize the district needs money, but what on earth, what makes you think this recession is over?" asked one vendor. "It's not. I'm going to have to cut back on Hot August Nights, for Air Races."

Others echoed her concerns, saying the proposed increases would hit residents and small [businesses](#) hard.

But health officials argued not only had the fees remained static for years; they were never calculated to [recover](#) the actual costs of their services. The millions of dollars of shortfall each year was made up by drawing from the general fund.

"In the past we have not fully calculated for the cost of the services we providing through our permitting [programs](#)," said Dick, "and what we're doing know is truing up the true cost of providing those services."

"Direct costs I can see," countered the man with the coffee cart, "but all of these administrative costs they should be part of your [budget](#) coming down from the state."

"We just want to the costs calculated appropriately," said Dick.

There will be another public workshop September 30, 2015 at 5:30PM at the Health District Offices on Wells Avenue.

A final decision by the Health Board is not expected until December.

# [Verdi neighborhood still on temporary water source](#)

## Related Links

- [Manager: Solutions in works for Verdi water contamination](#)
- [Some Verdi water contaminated with E. Coli; no use order](#)
- [Positive E. coli test leads to no-use order for water in parts of Verdi](#)

Published: 9/18 5:23 pm

Updated: 9/18 6:21 pm

VERDI, Nev. (KRNV & MyNews4.com) - Although safe, clean water is back on at the River Belle RV Park, Market, and the Verdi Post Office, it's only a temporary solution.

Earlier this month, more than a hundred people went without clean water when E.coli contaminated the spring that sources its water system.

After about eight days, the Washoe County Health District lifted the boil order and no contact orders were lifted. The Verdi Meadows Utility Company provided an emergency water connection to its neighbors. It has a bit more chlorine than usual as a precaution.

River Belle RV Park Property Manager, Ray Labouyer, says everyone in the park is conserving the limited water as they find a permanent solution.

"We're a lot better off right now. It's been pretty trying. It's been a little stressful," Labouyer says. "But it's been all right. You just got to get in the middle of it, and you just get it done. "

On Friday, workers are laying out pipes to the property's pasture. It'll connect to an existing well on the property which has not been used in at least 16 years.

"We're going to test it. We've got to do a lot of flushing, testing, and seeing if it's going to put the volume of water out that we need," Labouyer explains. "And if that all works out, it's an easy solution for us."

It could take about a week. If the well isn't a viable permanent solution, Labouyer says they'll have to drill a new well. That could take another six weeks at least.

Neighbors News 4 spoke to didn't want to be on camera. Some wish the process was faster. Others say, at least it's progress.

The Washoe County Health District representatives say testing the water has become less of a priority. Local labs do not have the capabilities to test for E.coli sub-types. That kind of testing would have to be done by the Centers for Disease Control, and its labs are backlogged by 6-9 months.

## **Norovirus in Washoe County: know the signs, observe the protocol**

*UPDATE: 5:21 p.m.*

RENO, Nev. -- The Washoe County Health District reports 776 people have been infected by a gastrointestinal illness outbreak in 17 Washoe County schools and three day cares.

Spokesman Phil Ulibarri said in an email that the health district has closed its investigation into Alice Smith Elementary School, which joins McQueen High School as schools removed from the outbreak list.

Fifteen schools remain on the outbreak list.

*UPDATE: 3:22 p.m.*

RENO, Nev. -- Three schools in Washoe County have been added to the outbreak list, according to a district spokesperson.

Cold Springs Middle School, Jesse Hall Elementary School and Sparks High School have been added to the list, which is now at a total of 16 schools.

In addition, North Valleys High School will be closed on Monday, Oct. 12. No classes will be held that day, according to a spokesperson, but

classes will resume at the normal time of 8 a.m. on Tuesday.

Cleaning crews will use the 72-hour break between Friday night and Tuesday morning to deep-clean the building, in an effort to reduce the spread of illness.

The North Valleys High football game is still set for its scheduled time Friday night.

*UPDATE: 2:51 p.m.*

RENO, Nev. -- More than 725 people in 14 schools and three daycares have become ill in connection with a recent outbreak of norovirus, according to the Washoe County School District.

Those numbers were current as of Thursday night/Friday morning, Phil Ulibarri said in an email.

About 50 to 60 members of staff were among those who contracted an illness, he added.

RENO, Nev. -- With 13 Washoe schools placed on 'outbreak status', many parents have expressed concern and asked questions in regard to the protocol schools are following to mitigate the spread of the illness.

Fox 11 reached out to Washoe County Health District spokesman Phil Ulibarri to get clarity on what health officials do when an outbreak is declared.

Some fast-facts are provided below; see the attached PDF for a more detailed description of the protocol for Washoe schools.

**EXCLUSION** Exclude all ill students and staff with vomiting and/or diarrhea until 72 hours after symptoms have resolved

**CLEANING & DISINFECTING** Clean and disinfect contaminated areas, including: a thorough cleaning of areas of vomit or fecal accidents, increased cleaning of bathrooms (especially faucets, handles, and light switches), disinfect soiled areas

**REPORTING** Provide data on all school nurse clinic activity; this should include data about health clinic visits and those that have called-in sick on a daily basis during the outbreak; include the location of all incidents of contamination when applicable. Teachers are advised to enter their students' attendance information without delay. Schools are to provide a daily line listing of all ill staff members

Ulibarri said this method is found to be very effective in efforts to disinfect and prevent the spread of disease.

Ulibarri added -- while norovirus can be transmitted by food -- this outbreak does not appear to be primarily food borne in Washoe schools. The district has not reported any food service staff ill at this time, Ulibarri said. The outbreak would be much larger if it was originating from the district's kitchens, Ulibarri added.

The Health District could order a school closure if officials felt the school was not following staff recommendations, Ulibarri said. However, the Health District is also sensitive to the social, communal, and economic impact on the workforce when parents need to stay home with children for 72 hours.

**KNOWING THE SIGNS OF NOROVIRUS:** If your child complains he or she doesn't feel well, how can you know if norovirus is the culprit? According to the Washoe County Health District, the main symptoms of viral gastroenteritis are watery diarrhea and vomiting. The affected person also can have a headache, fever, nausea and abdominal cramps ("stomach ache"). In general, the symptoms begin one to two days following infection and may last for one to 10 days, depending on which virus causes the illness. In general, with norovirus, children experience more vomiting than adults.

**HOW IS NOROVIRUS SPREAD?:** Noroviruses are spread when material contaminated by feces or vomit from an infected person is ingested, according to the Health District. Noroviruses are extremely infectious. The viruses can continue to be present in the feces of infected persons for a week or more, even after they recover or even if they have never been sick. In WCSs the virus is spread primarily through contamination of the hands of persons who are ill. Vomiting also will suspend viral particles in the air, resulting in contamination of the environment. Noroviruses can remain infectious on environmental surfaces for many days and are relatively resistant to disinfection, heat, and cold.

**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS  
DIVISION DIRECTOR STAFF REPORT  
BOARD MEETING DATE: October 22, 2015**

**DATE:** October 13, 2015  
**TO:** District Board of Health  
**FROM:** Randall Todd, DrPH, EPHP Director  
 775-328-2443, [rtodd@washoecounty.us](mailto:rtodd@washoecounty.us)  
**Subject:** Program Updates for Communicable Disease, Public Health Preparedness, and  
 Emergency Medical Services

**Communicable Disease (CD) –**

**Viral Gastroenteritis** – CD staff and EHS staff have been extremely busy with viral gastroenteritis outbreaks. Between September 16 and October 9, there have been a total of 960 cases from 17 affected schools. Investigations have been closed at McQueen HS and Alice Smith. However, a total of 15 schools remain in outbreak mode. CD and EHS staff have been working closely with the Washoe County School District to reduce the spread of this highly contagious condition. Control efforts have focused on environmental cleaning, exclusion of ill individuals until 72 hours after symptoms have resolved, and hand washing.

**West Nile Virus (WNV) Disease** – CD staff have continued to investigate WNV disease. As of October 7, five individuals with WNV infections have been investigated. Two were asymptomatic blood donors. Two cases had the neuroinvasive form of WNV disease and one case had symptoms compatible with the non-neuroinvasive form of the disease.

**Influenza Surveillance** – The 2015-16 influenza season officially began on October 4. Although laboratory confirmed influenza is legally a reportable disease, most cases are diagnosed based on symptoms. Therefore, traditional surveillance alone does not give an accurate picture of the magnitude of the seasonal case surge. Because of this, the traditional surveillance is supplemented with syndromic surveillance by recruiting sentinel healthcare providers who agree to report the total number of patients seen in their practice and the number of patients who meet a clinical case definition for influenza. These numbers are tracked each week and provide a basis for comparison of local influenza activity with regional and national trends. This year in Washoe County there are 12 sentinel providers who have agreed to participate.

**Public Health Preparedness (PHP) –**

**Medical Reserve Corp (MRC)** - WCHD's MRC Coordinator participated in "Rabbits Foot", Southern Nevada's statewide full-scale exercise from September 29 to October 1. The Coordinator staffed the Volunteer Staging Area (VSA) and successfully helped to process and register 125 volunteers.



**Jurisdictional Risk Assessment (JRA)** - PHP staff is in the process of completing the jurisdictional risk assessment (JRA). Utilizing the results of the assessment, staff will develop a report to provide to the Inter-Hospital Coordinating Council and Local Emergency Planning Committee for feedback. The JRA will help inform data driven decision for future grant activities, leading to increased public health preparedness in the county.

**Mutual Aid Evacuation Annex (MAEA)** - On October 6 PHP staff participated in the Mutual Aid Evacuation Annex (MAEA) training hosted by EMS staff and personnel from REMSA and Saint Mary's Regional Medical Center at Renown South Meadows. A total of 12 hospital and EMS staff completed the training and tabletop exercise using the new tag and patient tracking system. In partnership with the EMS Program, PHP will help purchase DMS Evac 1-2-3 tags to assist in the implementation of the revised MAEA.

**Nevada Statewide Medical Surge Plan** - PHP staff continues to participate on the working group to revise the Nevada Statewide Medical Surge Plan. A meeting was held October 6 to finish editing the plan. The group will now begin working on the three regional plans. PHP staff will support EMS staff and the East Fork Deputy Fire Chief as they lead the coordination of the Region 2 plan, which includes Washoe, Storey, Carson, Lyon, Douglas, Mineral and Churchill counties.

**Points of Dispensing (PODs)** - On September 22, PHP staff gave a closed POD training to NV Energy in anticipation of their activation in a state full scale exercise. On September 30, PHP staff provided assistance, technical expertise and evaluation to NV Energy for their private POD as part of the state full-scale exercise. On October 2, PHP started Fire Vaccination Training for local emergency services providers. Over the course of the next two months over twenty training opportunities will be provided.

**Evacuation Exercise** - On October 7 PHP staff led the initial planning meeting for the evacuation exercise of a rehabilitation facility. PHP and EMS staff will work collaboratively to coordinate the exercise scheduled for November 17<sup>th</sup>. PHP staff have also continued to work on the development of a Hospital Evacuation Board through WebEOC.

**Infectious Disease readiness Assessment** - On October 20, PHP staff will participate in an Infectious Disease Readiness Assessment at a local assessment facility to identify gaps in planning for the intake and care of patients, either with or exposed to an infectious disease. Not only will the facility be assessed by PHP staff, but as a member of the State Infectious Disease Readiness Assessment Team, PHP staff will be trained by federal partners to provide the same assessment and technical support to other assessment facilities in the county.

**Access and Functional Needs** - PHP staff has begun evaluating preparedness plans utilizing the Checklist for Integrating People with Disabilities and Others with Access and Functional Needs into Emergency Preparedness, Planning, Response, and Recovery. The key areas of focus are the Washoe County Evacuation Plan, Sheltering and Mass Care Plan and the Washoe County Health District Point of Dispensing Plan. This evaluation process is anticipated to be complete by mid-November.

**Website Quality Improvement** – The PHP Health Educator is acting as a co-lead for the Office of the District Health Officer (ODHO) Website Quality Improvement Project. The purpose of



this project is to increase the speed and ease of finding relevant information through structural optimization and consistency throughout the department website. In addition, PHP staff is undertaking their own quality improvement project which will provide a written process for the maintenance and organization of all PHP related plans. This project is being led by the Health Educator.

**Circle of Life Hospice** - On October 15 the PHP Health Educator will be providing a presentation to volunteers at Circle of Life Hospice. This presentation will give an overview of the Epidemiology and Public Health Preparedness Program. In addition, there will be discussion on personal preparedness and personal wellness as we head into flu season.

**Emergency Medical Services (EMS) –**

Regional fire and EMS partners attended a meeting on Wednesday, September 16, 2015 to discuss the implementation of an Omega protocol in the RESMA service area. EMS staff presented the recommendations and the regional partners in attendance supported the practice of verbal or written release from the scene. The group made several revisions to the draft release form to simplify the process and is currently going through the respective legal departments. An additional Omega meeting is tentatively scheduled for October 16, 2015.

On September 22, the EMS Coordinator held Mutual Aid Evacuation Annex (MAEA) trainings in Incline Village for Incline Village Community Hospital personnel as well as North Lake Tahoe Fire Protection District staff. More than 20 EMS and hospital employees were trained in the patient tracking process for hospital evacuations. The use of tags for hospital evacuation is a new concept that hospitals have agreed to and should greatly improve the process. The initial supply of these tags will be supported partially through PHP ASPR funds. A small portion of the tag purchases will be achieved through the WCHD ASPR grant. The bulk of the tag purchases will be accomplished by the Nevada Hospital Association (NHA). Unfortunately, it appears that the NHA funding is being delayed by the Nevada Division of Public and Behavioral Health. This could delay full implementation of the revised MAEA.

EMS Program staff hosted a conference call on September 24 with regional EMS partners and the State EMS office to discuss the proposed system change of including ILS ambulances responding to 9-1-1 calls. The conference call provided an avenue for concerns to be discussed during the planning process. EMS Program staff are conducting an independent audit of calls to provide the region with more information.

On September 25, the region held a meeting to discuss the proposed revisions to REMSA's Franchise response map. Consensus was reached on the map with the exception of two areas. Specific to those areas, it was requested that EMS Program staff provide more data to be reviewed and discussed. The group will reconvene on October 12, 2015.

The EMS Program Manager continues to work as part of the planning team for the Behavioral Health Annex. The committee met on October 1 to review the sections developed. The purpose of the plan is to be an Annex to the Regional Emergency Operations Plan. The Annex will be activated if regional partners impacted by an emergency do not have response and recovery plans for the mental health component of the disaster.

The EMS Coordinator met with Sparks Fire Department and Parks and Recreation personnel to further discuss the NRS 450B requirements for EMS at mass gatherings. EMS staff is still working with the State EMS office to determine how special event inspections for Washoe County will be conducted to meet the needs of the community.

On October 6 the EMS Coordinator and personnel from REMSA and Saint Mary's Regional Medical Center conducted a MAEA training at Renown South Meadows. A total of 12 hospital and EMS staff completed the training and tabletop exercise using the new tag and patient tracking system.

The EMS Coordinator continues to participate on the working group to revise the Nevada Statewide Medical Surge Plan. A meeting was held Tuesday, October 6, 2015 to finish editing the plan. The group will now begin working on the three regional plans. EMS staff and the East Fork Deputy Fire Chief will be leading the coordination of the Region 2 plan, which includes Washoe, Storey, Carson, Lyon, Douglas, Mineral and Churchill counties.

EMS Program staff attended the FireShows West Conference on Wednesday, October 7 and Thursday, October 8, 2015. This conference was developed exclusively for the fire industry and is held annual to provide the most current educational topics for fire, EMS, prevention and HazMat personnel.

**REMSA Percentage of Compliant Responses  
 FY 2015 -2016**

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2015	92%	99%	100%	100%	99%	92%
August 2015	92%	95%	94%	100%	95%	92%
September 2015	91%	96%	97%	100%	96%	92%
<b>YTD</b>	<b>92%</b>	<b>97%</b>	<b>97%</b>	<b>100%</b>	<b>97%</b>	<b>92%</b>

**REMSA 90<sup>th</sup> Percentile Responses**

Month	Zone A 8:59	Zone B 15:59	Zone C 20:59	Zone D 30:59
July 2015	8:34	13:18	17:00	N/A*
August 2015	8:32	12:46	19:51	N/A*
September 2015	8:53	13:06	18:23	18:22

\*There were 5 or less calls per month in Zone D, therefore a statistically meaningful 90<sup>th</sup> percentile analysis cannot be conducted. However, no calls in Zone D exceeded the 30:59 time requirement.

**Performance with NFPA Standards – August 2015**

The EMS Oversight Program is going to continue to measure partner responses against the National Fire Protection Agency established standards. Performance measures will be explored in the Quarterly EMS Report. However, per the request of Board members, the ambulance assignment performance measure is included below. While “Clock Start” is not an NFPA standard, it impacts the ability for an ambulance to be assigned if the dispatcher is unable to obtain the appropriate information.

This chart shows the time lapse between the call being answered in the REMSA Dispatch center and the “clock start” variable, used for compliance. The clock starts when the citizen answers three pieces of information: address phone number and citizen identified chief compliant.

	Total and % of Calls for Month		Number and % of calls with Clock start within 60 seconds		Number and % of calls with Clock Start within 90 seconds		Number and % of calls with Clock start within 120 seconds		Number and % of calls with Clock Start over 121 seconds	
All calls	5333	100.0%	4959	93.0%	5266	98.7%	5314	99.6%	19	0.4%
Priority 1	2077	38.9%	1914	92.2%	2047	98.6%	2071	99.7%	6	0.3%
Priority 2	2152	40.4%	2019	93.8%	2125	98.7%	2143	99.6%	9	0.4%
Priority 3	971	18.2%	907	93.4%	962	99.1%	967	99.6%	4	0.4%
Priority 9	133	2.5%	119	89.5%	132	99.2%	133	100.0%	0	0.0%

This chart shows the time lapse between the call being answered in the REMSA Dispatch center and an ambulance being assigned to the call.

	Total and % of Calls for Month*		Number and % of calls with Assignment within 90 seconds		Number and % of calls with Assignment within 120 seconds		Number and % of calls with Assignment over 120 seconds	
All calls	5332	100.0%	5054	94.8%	5168	96.9%	164	3.1%
Priority 1	2076	38.9%	1976	95.2%	2028	97.7%	48	2.3%
Priority 2	2152	40.4%	2037	94.7%	2078	96.6%	74	3.4%
Priority 3	971	18.2%	915	94.2%	934	96.2%	37	3.8%
Priority 9	133	2.5%	126	94.7%	128	96.2%	5	3.8%

*\*1 call missing ambulance assignment date/time stamp for September 2015*

NFPA Standard:

- Assignment Made within 90 seconds - 90% standard
- Assignment Made within 120 seconds - 99% standard
- Assignment over 120 seconds

**DISTRICT HEALTH OFFICER STAFF REPORT**  
**BOARD MEETING DATE: October 22, 2015**

**DATE:** October 7, 2015  
**TO:** District Board of Health  
**FROM:** Kevin Dick, District Health Officer  
 (775) 328-2416, kdick@washoecounty.us  
**SUBJECT:** District Health Officer Report – Community Health Improvement Plan, Truckee Meadows Healthy Communities, Quality Improvement, Fees, Other Events and Activities and Health District Media Contacts

Community Health Improvement Plan (CHIP)

Community partners are currently participating in workgroups, addressing each of our four health priorities (Access to Healthcare and Social Services, Mental/Behavioral Health, Food Security, and K-12 Education). The main goal of the workgroups is to develop and finalize community action plans for each of the four health priorities. Draft Action Plans for each of the priorities are already under development and will include goals, objective, strategies, and lead organizations. The draft action plans will be reviewed by the CHIP Steering Committee for comments and recommendations prior to being incorporated in to the CHIP.

Truckee Meadows Healthy Communities (TMHC)

- The Committee met on October 16. A TMHC breakfast forum is being planned for November 4 to update participants on what has occurred since the January conference.
- TMHC committee members participated in International Walk to School Day leading and greeting students at Smithridge Elementary School in the 89502 area code.
- A family Health Festival was held on October 21, 3 – 6 pm at the Little Flower Church.
- Conference calls to plan the breakfast foun were held on October 1 and 8.

Quality Improvement

The annual QI survey was emailed to staff on October 6<sup>th</sup>. The survey is a re-assessment of the Health District's progress toward implementing an agency-wide QI program. Results will be compared to the baseline survey completed in 2013 and 2014.

The Q-Team will be developing a report out process for the QI projects implemented by Health District staff over the next couple of months.

The Q-Team and Health District leadership will continue to build a culture of QI within the Health District in which a greater number of staff understand the relevance of QI and the importance of providing the most efficient and highest quality of services to our customers.

### Fees

Fee workshops were held on September 29 and 30 to discuss the proposed fees. Additional meetings with the Chamber of Commerce Business Advocacy Council and the BANN Infrastructure Committee were scheduled for October 6 and 15.

### Other Events and Activities

Attended the Nevada Public Health Association Conference on September 24.

Attended the Affordable Care Act Town Hall meeting hosted by NDPBH on September 29.

A Health District General Staff Meeting was held on October 6.

I met with the Division Directors on October 7 and October 21. I meet regularly with the Division Directors and ODHO staff on an individual basis.

The EMS Advisory Board scheduled for October 1 was postponed due to lack of a quorum.

Met with Health District staff and BANN representatives on October 1 to discuss water system and septic/well plan reviews.

Met with County Manager Slaughter on October 2 for a monthly coordination meeting.

Attended Washoe County Department Heads meeting on October 14.

Attended a regional Crisis Action Team Meeting on October 15.

Subject: District Health Officer Report

Date: October 22, 2015

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**Health District Media Contacts: September 15 - October 13, 2015**

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
10/12/2015	NBC News - New York	Shamar Walters	Gastrointestinal outbreak - Ulibarri
10/12/2015	Infectious Disease News	Stephanie Viguers	Norovirus - Todd
10/11/2015	Good Morning America	Emily Shapiro	Gastrointestinal outbreak - Ulibarri
10/11/2015	ABC News - New York	Taylor Behrendt	Gastrointestinal outbreak - Ulibarri
10/8/2015	KRNV CH4 - NBC Reno	Van Tieu	Gastrointestinal outbreak - Ulibarri
10/8/2015	KOLO CH8 - ABC Reno	Terri Russell	Gastrointestinal outbreak - Ulibarri
10/8/2015	KTVN CH2 - CBS Reno	Mike Rogers	Gastrointestinal outbreak - Ulibarri
10/8/2015	KOLO CH8 - ABC Reno	Katie Heuberger	Salmonella Poona - Ulibarri
10/7/2015	UNIVISION	Anya Mugnanio	Flu - Ulibarri
10/7/2015	Reno News and Review	Kelsey McCutcheon	Ozone Standards - Inouye
10/7/2015	KRNV CH4 - NBC Reno	Alex Connito	Norovirus - Todd
10/6/2015	Reno Gazette Journal	Trevon Milliard	Gastrointestinal outbreak - Ulibarri
10/6/2015	KOLO CH8 - ABC Reno	Pat Thomas	Gastrointestinal outbreak - Ulibarri
10/6/2015	KTVN CH2 - CBS Reno	John Potter	Flu - Shore
10/6/2015	UNIVISION	Anya Mugnanio	Fee Schedule Increase - Ulibarri
10/5/2015	KOLO CH8 - ABC Reno	Terri Russell	Gastrointestinal outbreak - Ulibarri
10/5/2015	KTVN CH2 - CBS Reno	McKenzie Miller	Fee Schedule Increase - Dick
10/5/2015	KTVN CH2 - CBS Reno	Erin Breen	Norovirus - Todd
10/2/2015	KNPR Las Vegas	Rachel Christensen	NV Smog Check - Albee
10/2/2015	AP Las Vegas	Sally Ho	Gastrointestinal outbreak - Ulibarri
10/2/2015	KTVN CH2 - CBS Reno	Amanda Ketchledge	Norovirus - Todd
10/1/2015	UNIVISION	Anya Mugnanio	Gastrointestinal outbreak - Ulibarri
10/1/2015	KTVN CH2 - CBS Reno	Erin Breen	Gastrointestinal outbreak - Ulibarri
10/1/2015	Reno Gazette Journal	Trevon Milliard	Gastrointestinal outbreak - Ulibarri
10/1/2015	KOLO CH8 - ABC Reno	Terri Russell	Gastrointestinal outbreak - Ulibarri
10/1/2015	KRNV CH4 - NBC Reno	Jaime Hayden	Gastrointestinal outbreak - Ulibarri
10/1/2015	Reno Gazette Journal	Jeff Delong	EPA Standards - Albee

**Press Releases/Media Advisories/Editorials/Talking Points**

10/1/2015	Press Release	PIO Ulibarri	Gastrointestinal Illness Outbreak
9/23/2015	Press Release	PIO Ulibarri	Fee Schedule Workshops

## Fundamental Review Recommendation Status

Legend:

October 22, 2015

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 January 21, 2014
	<b>2</b>	<b>Develop a DBOH orientation manual and program</b>
	a.	Completed August 2014
	<b>3</b>	<b>Strengthen customer focus, exploring the potential for user groups to share consumer viewpoints</b>
	a.	Land development user group established, meeting regularly. Incorporates food and retail assoc.
	<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.
	c.	Vital Statistics staffed five days a week
	d.	Interactive Voice Response software options being explored
	<b>5</b>	<b>Update fee schedules and billing processes for all clinical and environmental services</b>
	a.	Third-party billing service began 7/1/14, issues being resolved
	b.	Adopted new fees. Effective 7/1/15. Next step, update for full cost recovery.
	c.	Fee methodology developed and approved. Noticing of fees occurring, target adoption Dec. 2015
	d.	Identify community and clinical services for which reimbursement is available/bill



## Fundamental Review Recommendation Status

	<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.
	<b>8</b>	<b>Develop infrastructure to support the District Health Officer</b>
	a.	ODHO staffing includes Admin. Secretary, Communications Manager, and Director of Programs and Projects.
	<b>9</b>	<b>Implement time coding for employees</b>
	a.	Time coding in EHS and AQM has been underway for over a year and the time accounting data is being evaluated
	<b>10</b>	<b>Perform cost analysis of all programs</b>
	a.	Phase 1 completed. Completion of District-wide analysis targeted for January.
	<b>11</b>	<b>Perform assessment of needed administrative and fiscal staffing to increase efficiencies</b>
	a.	Will be performed in conjunction with program cost analysis. See 10a
	<b>12</b>	<b>Demonstrate a concerted effort among all parties to address tensions regarding overhead/direct costs</b>
	a.	The District is maintaining a positive and productive working relationship with the County Manager & budget ofc
	<b>13</b>	<b>Align programs and services with public demand</b>
	a.	Shifted home visiting resources to provide additional clinical services on 6/1/14
	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.	Complete.
	<b>15</b>	<b>Develop metrics for organizational success and improved community health</b>
	a.	In FY16, 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.	Past 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 1/16/14. 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 (completed) and a CHIP (underway).
	<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. syst

## Fundamental Review Recommendation Status

	<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. District provided testimony on bills during the 2015 legislative session and assisted in changing regulations
		b. Seek direction from DBOH on a greater leadership role
	<b>23</b>	<b>Develop an organizational culture to support quality by taking visible leadership steps</b>
		a. QTeam established, all-staff training completed 9/15/15, FY 16 QI Plan finalized
	<b>24</b>	<b>Seek Public Health Accreditation Board accreditation</b>
		a. Seek DBOH direction on this recommendation once the CHA, CHIP and the SP are completed

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