

## 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, November 19, 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 second page.)

- **Proposed approval and adoption of a revision to the Health District Fee Schedule**

**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**  
November 19, 2015
5. **Approval of Draft Minutes**  
October 22, 2015
6. **Recognitions**

- A. Years of Service
  1. Heather Holmstadt, 5 years, 11/8/10 through 11/8/15 - EPHP
- B. Retirements
  1. Rebecca Koster, 15 years, 1/10/00 through 11/30/15 – CCHS

## 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. Approval of Notice of Subgrant Award from the Division of Public and Behavioral Health in the total amount of \$647,090 (with \$64,709 or 10% match) for the budget period July 1, 2015 through June 30, 2016 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; and if approved authorize the Chair to execute.

Staff Representative: Erin Dixon

2. Approve Notice of Subgrant Award for the period August 1, 2015 through July 31, 2016 in the total amount of \$148,000 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity (ELC) Program – Building and Strengthening Epidemiology, Laboratory and Health Information System; Approve amendments totaling an increase of \$2,815 in both revenue and expense to the FY16 CDC ELC Grant Program, IO 10984; and if approved authorize the Chair to execute.

Staff Representative: Erin Dixon

3. Approve the abolishment of one vacant Permanent Part-time (.55FTE) Benefitted Advanced Practitioner of Nursing position (PC# 70002192); Approve Notice of Grant Award dated September 3, 2015 from the Department of Health and Human Services Public Health Service for the period June 30, 2015 through June 30, 2016 in the amount of \$938,780 (\$799,800 federal share and \$138,980 non-federal share) in support of the Family Planning Program Grant (IO-10025).

Staff Representative: Patsy Buxton

### B. Air Quality Management Cases

Staff Representative: Charlene Albee

1. Recommendation of Cases Appealed to the Air Pollution Control Hearing Board:
  - a. Loverde Builders Case No. 1176, Notice of Violation No. 5464 to Uphold the Recommendation of the Hearing Board to Dismiss the Citation

### C. Review, approve and adopt the proposed Washoe County Health District Employee Policy Manual updates for Fiscal Year 16

Staff Representative: Laurie Griffey

8. **PUBLIC HEARING: Proposed approval and adoption of a revision to the Health District Fee Schedule, specific to the addition of the Regional Technology Fee for Air Quality Management and Environmental Health Services, collection to commence once the Accela Regional License & Permit platform is available for public use.**

Staff Representative: Charlene Albee

9. **Review, discussion and approval of Business Impact Statements regarding Washoe County Health District Air Quality Management and Environmental Health Proposed Fees, with a finding that the proposed Air Quality Management and Environmental Health fees do not impose a direct and significant economic burden on a business, and do not directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of Proposed Fees for December 17, 2015 at 1:00 pm.**

Staff Representative: Erin Dixon

**10. \*Regional Emergency Medical Services Authority Presentation:**

**Community Health Programs Preliminary Outcomes**

Representative: Brenda Staffan

**11. Acknowledge receipt of the Health District Fund Financial Review for October Fiscal Year 2016**

Staff Representative: Anna Heenan

**12. Presentation, discussion and possible approval for the authority to be delegated to the Chair to make the decision and cast the vote for any NALBOH elections on behalf of the District Board of Health**

Staff Representative: Kevin Dick

**13. Review and Approval of the District Health Officer's Annual Performance Evaluation Results and Possible Approval of a 5% Wage Increase, retroactive to his annual evaluation date of October 24, 2015**

Presented by Kitty Jung

**14. \*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**

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, HeartSafe Communities, Health District Interlocal Agreement, Other Events and Activities and Health District Media Contacts

**15. \*Board Comment**

Limited to announcements or issues for future agendas.

**16. Emergency Items**

**17. \*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.

**18. 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.**

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

Washoe County Health District, 1001 E. 9th St., Reno, NV  
Reno City Hall, 1 E. 1st St., Reno, NV  
Sparks City Hall, 431 Prater Way, Sparks, NV  
Washoe County Administration Building, 1001 E. 9th St, Reno, NV  
Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health)  
State of Nevada Website: <https://notice.nv.gov>

**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, Acting 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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1:00 p.m.

1. \*Roll Call and Determination of Quorum

**Acting Chair Ratti called the meeting to order at 1:00 p.m.**

The following members and staff were present:

Members present: Julia Ratti, Acting Chair  
Dr. George Hess  
Dr. John Novak  
David Silverman  
Mike Brown  
Neoma Jardon

Members absent: Kitty Jung, Chair

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

Staff present: Kevin Dick, District Health Officer, ODHO  
Leslie Admirand, Deputy District Attorney  
Anna Heenan, Administrative Health Services Officer, AHS  
Charlene Albee, Division Director, AQM  
Steve Kutz, Division Director, CCHS  
Randall Todd, Division Director, EPHP  
Bob Sack, Division Director, EHS  
Christina Conti, EMS Program Manager, EPHP  
Brittany Dayton, Emergency Medical Services Coordinator, EPHP  
Daniel Inouye, Air Quality Supervisor, AQM  
Patsy Buxton, Fiscal Compliance Officer, AHS  
Linda Gabor, Public Health Nurse Supervisor, CCHS  
Dawn Spinola, Administrative Secretary/Recording Secretary, ODHO

2. \*Pledge of Allegiance

**Councilmember Jardon led the pledge to the flag.**

3. \*Public Comment

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

4. Approval of Agenda

October 22, 2015

**Chief Brown moved to approve the agenda for the October 22, 2015, District Board of Health regular meeting. Dr. Novak seconded the motion which was approved six in favor and none against.**

5. Approval of Draft Minutes

September 24, 2015

**Dr. Novak moved to approve the minutes of the September 24, 2015 District Board of Health regular meeting as written. Dr. Hess seconded the motion which was approved six in favor and none against.**

6. Recognitions

A. Years of Service

1. Linda Gabor, 10 years, 10/24/05 through 10/24/15 – CCHS

Mr. Dick congratulated Ms. Gabor and presented her with a commemorative certificate.

2. Scott Strickler, 10 years, 10/31/05 through 10/31/15 – EHS

Mr. Strickler was not in attendance.

3. Sandi Bridges, 20 years, 10/9/95 through 10/9/15 – EPHP

Ms. Bridges was not in attendance.

B. Retirements

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

Mr. Dick congratulated Mr. Osborn on both 20 years with the County and his retirement. Mr. Dick presented Mr. Osborn with a commemorative certificate and a commemorative clock.

7. Consent Items

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

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

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

Acting Chair Ratti opened the public hearing and swore in all staff and members of the audience that intended to provide testimony.

Ms. Albee reviewed the staff report. She noted the Air Pollution Control Hearing Board (APCHB) had upheld the citation written to Myan Management (Myan) based on the fact the determination had been made that the appellants had not followed their own internal asbestos operation and maintenance plan, and had not been able to control the activities that had taken place. Additionally, she noted the fine calculation had acknowledged that the fine had been significantly reduced based on the history of compliance, degree of cooperation received, the corrective action taken and the limited public exposure.

Ms. Albee noted the apartment in question had been vacant, but as there was no evidence regarding who had created the disturbance or when it occurred, there was a period of time where there was a potential of limited public exposure. There almost certainly had been

exposure to any individuals who would have been involved with the incident.

Acting Chair Ratti explained the appellant would be allowed 15 minutes to present their case, public comments would be accepted, limited to three minutes each, the Board would have an opportunity to ask questions, then the discussion would be closed and the Board would vote.

Appellant's Representative Debbie Leonard noted her clients, Myan and the owners of the property, had a history of compliance with asbestos regulations and had no previous violations. During the initial steps of a project to correct a foundation problem, it had been determined that drywall had been disturbed, but there had been no authority given to anyone to disturb it.

Ms. Leonard stated there was no dispute that the impact to public health was negligible or that her clients were willing to pay the fine. She explained the consequences of having a Notice of Violation against the property were very severe, and may include the loan being considered in default, the lender taking possession of the property, or calling in the personal guarantees made by the owners.

Ms. Leonard noted the owners and representatives from Myan were in the audience and available to answer questions. She explained the owners had other apartment buildings that were held in conjunction with equity partners and through conventional loans, and all of the parties would be affected by the action.

Ms. Leonard provided an overview of the case. She explained the building had been constructed in 1977, making it a likely candidate for asbestos-containing materials. The owners had worked with Myan since January of 2014 at the complex in question and for a total of three years elsewhere. She reiterated they were committed to handling asbestos-containing materials in the proper manner, and have an operations and maintenance plan that addresses them. She pointed out that some of the funds expended on asbestos-abatement activities included moving tenants out and putting them up elsewhere during improvement so they were not exposed.

Ms. Leonard explained that standard operating procedure included pre-approving renovations, ensuring an asbestos abatement contractor is ready to come in, and that the maintenance manager has asbestos training. The asbestos abatement contractor has been called in six times for other projects, demonstrating the owner's commitment.

Ms. Leonard explained the work on the apartment in question was planned to be exterior, until it was decided the ceiling should be removed to observe the soundness of the trusses. It was noted that work would need to be performed by the asbestos abatement contractor. When the contractor came out on June 22 to provide an estimate, they did not witness any disturbance to the drywall. Due to scheduling conflicts, another contractor was chosen. They bid the job over the phone and came out to do the work on July 13. A few hours after their arrival, they notified the manager that there had been drywall disturbance and he had contacted Investigator Suzanne Dugger from the Air Quality Management Division.

Ms. Leonard stated this was the first time anyone was aware of the disturbance as it had not been authorized. The owners authorized the contractor, who was still on site, to do the abatement work as directed by Ms. Dugger. She reiterated the exposure to public health was negligible as it was in an interior wall layer of an empty apartment. She opined it was not a blatant violation.

Ms. Leonard explained the owners and the manager cooperated with Ms. Dugger to work



to determine who was responsible for the action but were unable to do so. Two days later, after the abatement had been completed, the Health District issued two Notices of Violation (NOV). Both were appealed. The Deputy District Attorney notified them that the NOV issued to the owners was only a warning, and that was acceptable to them. However, the NOV issued to Myan clearly stated that it was in regards to a violation, which could trigger the default provisions of the loans.

Ms. Leonard explained the owners were unwilling to suffer the severe consequences of the default actions based on a situation that created only a negligible impact to public health. The Health District offered a mediation process, with the only possible outcome being that the fine would be reduced, which would not change the outcome for the owners. Therefore, they appealed to the Air Pollution Control Hearing Board (APCHB), who indicated they were only reluctantly upholding the violation because they did not feel they had discretion to do anything differently.

Ms. Leonard reiterated they were not attempting to get out of anything. She stated they could voluntarily make a donation in the amount of the fine to the School District. She stated a reduction from an NOV to a warning or dismissal would work for her clients. She opined the Board had the authority to use discretion in their decision.

Acting Chair Ratti called for further public comment and no one responded.

Acting Chair Ratti requested Counsel explain what level of discretion the Board had in terms of options. Deputy District Attorney (DDA) Admirand explained the Board had the option to modify the initial action, as it was governed by the regulations that allow the Board to conduct any hearing, issue any orders or take any other action authorized by the Nevada Revised Statute (NRS). NRS 445(B).450 allows the Board to make efforts to obtain voluntary compliance through warning, conference or other appropriate means. That interpretation comports with general administrative law, which entitles the control officer and the hearing board weight to their findings and decisions, but does not bind this Board to their conclusions. The District Board of Health (DBOH) does have the authority of the initial decision maker just as if they were initially deciding what type of action to take. Therefore, they did have the option to modify the action.

Acting Chair Ratti asked if the APCHB had the same level of discretion. DDA Admirand stated they did but that question was not raised during their hearing.

Acting Chair Ratti opened the discussion to Board questions.

Dr. Hess asked Ms. Albee if she had the actual measurements and calculated surface area of the drywall that was removed. Ms. Albee stated she believed that was included in the staff report. Dr. Hess stated he had not been able to find it and opined the area was approximately 80 square feet. He noted the request from the contractor who had performed work, Advanced Installation, referenced 50 square feet. Ms. Albee explained Advanced Installation was conducting a cleanup, not the abatement. Dr. Hess asked if Ms. Albee knew if it was 50 or 80 square feet and she responded that would be an on-site determination done by the inspector.

Ms. Albee went on to explain that the way the citation was written, the fine was upheld and the NOV was for the notification. Dr. Hess pointed out that Section 030.107 (A)(1), stated that 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, and opined this case did not meet that standard. Ms. Albee explained there

were two notification forms, the first is Acknowledgement of Asbestos Assessment, which is required to be submitted prior to disturbance. It serves as local notification of the work. If the square footage exceeds the limits noted in Section 030.107 (A)(1), then an Environmental Protection Agency (EPA) notification, National Emission Standards for Hazardous Air Pollutants (NESHAP), is required. In this case the NESHAP was not required as the footage fell below the thresholds. Ms. Albee stated the Acknowledgement form had not been submitted as required.

Acting Chair Ratti clarified, stating that if any asbestos was to be disturbed it required the local notification, and if it exceeded a certain amount it also required Federal notification. Ms. Albee stated that was correct. Dr. Hess requested he be provided a copy of the regulation at some point in the future.

Mr. Silverman asked if there was a downside to reducing the violation to a warning, given that the consequences to the property owner for potential violation and default triggers seemed to be severe. He pointed out they were not fighting the fine or disputing the events.

Ms. Albee explained that the actions taken by the Air Quality Management Division (AQM) on an enforcement basis were reportable to EPA. If a violation has been documented and an NOV citation issued, any Board action to reduce, dismiss or otherwise alter the action is reported to EPA. They have a review process to see if AQ is fulfilling their delegated obligations. She went on to say that to the best of her knowledge, through Nevada Revised Statutes (NRS) no fine can be collected unless there is an NOV. DDA Admirand confirmed that was correct.

Acting Chair Ratti summarized that point, noting that their options were to either uphold the violation and order the fine be paid, or reduce it to a warning and collect no fine. Ms. Albee stated it could also be dismissed.

Mr. Silverman asked if there were any other creative options. DDA Admirand explained they could uphold the citation and reduce the fine. Mr. Silverman opined the fine was not the issue and DDA Admirand agreed.

Dr. Novak asked if the appellants had any idea how long it had been between the time the disturbance occurred and when it was reported. Ms. Leonard stated her client did not know. Dr. Novak stated that meant there was a possibility it may have been open the entire time. Ms. Leonard acknowledged that was possible. She reiterated that it had not been breached as of June 22, but was by July 13, and no one had reported anything during that time. Dr. Novak asked if he was correct or incorrect in assuming that the management did not enter or view the unit during that time. Ms. Leonard opined that was correct.

Building Owner Joe Kramer reiterated they had had no intention of disturbing the drywall. At the time the contractor had indicated it would be necessary to pull the ceiling down, they had been stopped due to the fact the owners and Myan knew there was likely to be asbestos, and called in the asbestos-abatement contractor. At that point they were reported to AQM. He stated they do everything they can to comply. He reiterated the potential punishment was not equal to the crime and reviewed some of the potential default actions.

Mr. Kramer stated they did not know the exact time that drywall was removed. He reiterated the removal was never planned or intended. Dr. Novak asked if it was possible that it could have been open to the public over that time period. Mr. Kramer stated he did not know.

Councilmember Jardon noted she had not seen any exhibits showing time stamps

covering the time that Advanced Installations entered the apartment and when Myan was contacted. Ms. Leonard explained there were not time stamps but there had been testimony in front of the APCHB by the property manager Mr. McCain that he had provided access to the workers, and it was approximately two hours later that their superintendent came to him and told him that he had contacted the Health District because they had found the breach.

Councilmember Jardon opined the violation would likely also affect future funding opportunities. Ms. Leonard acknowledged that was a concern. Councilmember Jardon asked if she was correct in stating that the Board's action will be reported to the EPA and they would review the case and make a decision as to whether or not that action was appropriate. Ms. Albee stated the EPA conducts a review of all AQ actions on a semi-annual basis. Any red flags warrant a more thorough review, and a significant issue could trigger an audit. Councilmember Jardon asked if they would consider the appellant's historical performance. Ms. Albee stated they would, and that is also considered in the calculation of the fine amount. She noted the fine had been reduced by 60 percent from the original starting point.

Ms. Albee explained AQ was following Federal regulations that they were delegated to enforce in cases where there is not a known person that created the situation. They work with the party responsible for the property, consistent with other similar violations.

Dr. Hess reiterated he did not feel there was a violation of the rule. The pre-notice was not referenced in Section 030. He opined there should just be a warning. Ms. Albee read the governing regulation into the record, stating:

Section 030.107 is the Hazardous Air Pollutants, Section A is Asbestos Sampling and Notification. It says no permit for the demolition or for the renovation of any NESHAP-regulated facility, and she added a NESHAP-regulated facility is four or more living units or any commercial space, 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 U.S. 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 Acknowledgment 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

Acting Chair Ratti summarized, noting there was a disturbance prior to the issue of a permit. Ms. Albee clarified it was prior to a survey being performed. Acting Chair Ratti asked how they would know when it was required to get an asbestos assessment. Ms. Albee stated it was in the presence of materials that may potentially contain asbestos. Work to be done outside that does not touch the building does not have any potential to disturb asbestos-containing material. Acting Chair Ratti opined the assessments of the owner and management had been reasonable and Ms. Albee agreed.

Acting Chair Ratti asked Ms. Albee if she was alluding to the fact the written procedures had not been followed and Ms. Albee noted that was correct. In the manual the owners are

required to generate their own work activity permit which allows them to control the operations happening in the facility. During the APCHB, it had been acknowledged that one had not been generated for the project.

Mr. Kramer stated they do have a plan and do follow it. He reiterated they did not generate a permit plan for the wall because they were unaware of the disturbance.

Acting Chair Ratti opined there had been compelling testimony about the owner's financial situation, and she was clear about their concern. She noted that was not actually relevant to the Board, it was not something that they could consider. She explained her standpoint was to try to be fair to all appellants in a similar situation, so if an egregious violation was heard and they also used financing as their defense, that would not be enough for her to change her opinion of the violation. While she empathized, she did not feel that fact was relevant.

Acting Chair Ratti went on to say that what she did feel was relevant was the past actions of the appellant in how they deal with asbestos. She opined that is something that the District can regulate and it was something that Counsel had referred to as perhaps extenuating circumstances. They cannot influence the contractual relationships that a party enters into with their financing partners.

Mr. Silverman stated he agreed that the Board's job is not to make a decision based on consequences to the appellant. He noted it was important to consider the nature of the violation. He reiterated it had been stated that the effects had been negligible. There was no question it was a violation but at what level. He had earlier asked the question regarding potential options in hopes that in the future there would be a way to uphold the policies, ordinances and laws while not damaging businesses who are behaving in a proactive manner, such as the appellants. He agreed that if the violation was egregious, the consequences would not matter. He stated he was inclined to move to dismiss. He would have preferred to reduce but that was apparently not an option.

Dr. Novak suggested the owners be given a warning as there was a violation, which is not being contested. He reiterated his concern with the response from the management company, as they had not conducted any type of inspection of the facility over a three-week period. They should have known about the problem and been more proactive. The area was not secured and it is unknown how many people may have been exposed. He supported the fine and violation being levied against the management company, and the owners getting a warning. He agreed that perhaps in the future another type of notification that does not include the term violation could be developed. He noted the owners have done work in the past and had taken the correct actions.

Chief Brown opined staff did an excellent job working within the boundaries of codes, ordinances and laws, and the decisions they had to make were difficult. He sympathized with the issues and opined there was always a solution. He reiterated there was a violation and an NOV. He stated he stood by staff's decisions and actions and would support their recommendation, and would make a decision with the rest of the Board after all discussion was complete.

Dr. Hess stated he stood in opposition to finding them in violation. He opined that it was not a serious violation. It did not meet any of the criteria described earlier, as the square footage appeared to be less than what was required to trigger a notice.

Councilmember Jardon stated she had heard the appellant say they could live with a

warning. She viewed it as clear culpability on some part but there was neither an egregious nor repetitious history. Her opinion was that the penalty should be minor rather than severe. She stated she would be supportive of a warning.

Acting Chair Ratti stated she felt there was evidence of effort to comply. Track record and history were important. She agreed with Chief Brown in regards to supporting staff, but the process exists so there can be discretion. She had heard testimony that let her know they had made every effort to comply, and when they found they were not in compliance they acted. While a mistake was made and that needed to be considered, she supported a warning as well.

Mr. Silverman stated he was prepared to make that recommendation.

**Mr. Silverman moved to reduce the violation to a warning, and encourage the Board to consider how to handle something like this in the future, to still receive the fine, and not cause detrimental challenges to a non-egregious violation. Dr. Hess seconded the motion.**

Acting Chair Ratti opined the item was not agendaized for the second portion of his request, so perhaps he could restate.

**Mr. Silverman moved to change the violation to a warning. Councilmember Jardon seconded the motion. The motion passed six in favor and none against.**

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

Ms. Albee explained the report was the result of the US EPA setting the national ambient air quality standards. Part of the process is to be sure the delegated programs have the infrastructure in place to enforce regulations, come up with plans, and work to meet and attain the standard. She introduced Mr. Inouye, Branch Chief of the Monitoring and Planning Section.

Mr. Inouye explained EPA establishes health-based air quality standards for six criteria of pollutants including fine particulate matter, or PM<sub>2.5</sub>. The Infrastructure SIP (ISIP) is a summary of air quality regulations and programs demonstrating the ability to meet the clean air requirements set by the EPA in 2012.

Mr. Inouye stated no comments had been received since the comment period began on September 21. Staff recommended adoption.

Acting Chair Ratti opened the public hearing. Seeing that no one wished to testify, she initiated Board discussion.

Dr. Hess noted there had been previous discussions about EPA imposing a new standard of 70 parts per million and this documents referenced a different measure. Mr. Inouye reiterated that EPA establishes standards for different pollutants and the ISIP specifically referenced fine particulate matter, specific to an annual average versus a 24-hour standard.

Dr. Hess asked if ozone was measured the same way. Mr. Inouye replied that ozone has an eight-hour standard that has been revised three times. Earlier in the month it had been strengthened to 70 parts per billion. An ISIP is required for each pollutant in each averaging time.

**Dr. Novak moved 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). Dr. Hess seconded the motion which was approved six in favor and none against.**

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 (CPI) for the Western Region.

Staff Representatives: Steve Kutz and Patsy Buxton

Ms. Buxton presented the staff report. She noted previous revisions had been approved in 2013 and the Fundamental Review had recommended fee schedules be updated every three to five years and should reflect the full cost of service provision, including a proportional share of infrastructure support. This is the first fee schedule that utilizes the Resource-Based Relative Value System (RBRVS) methodology. Ms. Buxton explained RBRVS is supported by the Federal government and allows better opportunity to identify efficiencies and better understand cost relative to service delivery.

Ms. Buxton explained CCHS management was utilizing RBRVS as a management tool to evaluate and identify services with higher costs and ones that are used often but have a low relative value. Alternative code utilization methods are underway. Average rates for similar services provided in the community were reviewed to help decide if the District's costs were reasonable. In many cases they are lower, but in some they are higher. If they were higher, the community average was used. She provided specific examples.

Ms. Buxton explained it had been discovered that it is not feasible or practical to put programs with case management disease investigation activities into a clinic services model, so some adjustments were made to the Tuberculosis (TB) and Sexually Transmitted Disease (STD) program fees.

Dr. Hess asked Ms. Buxton if she had utilized a relative value unit (RVU), because some of the fees seemed fine and others out of line. He noted a Medicare unit was \$36. Ms. Buxton noted the RVU was based on a service code type, so they were different. The conversion factor is 35.8228. Dr. Hess asked if that was dollars and Ms. Buxton replied it was.

Dr. Hess indicated he had conducted some research, and reiterated some of the fees did not calculate correctly using the \$36 unit, which was close to what Ms. Buxton was using. Ms. Buxton explained the fees were based on 2014 rates.

Mr. Kutz noted that the Immunization program would be utilizing a schedule of discounts for the administration of immunization fees for privately purchased vaccines. It had been discovered that other agencies providing vaccines did so on a sliding fee scale. This action is expected to save staff time and effort as well as providing consistency within CCHS.

Mr. Kutz noted the schedule of discounts has sufficient proportional increments so that inability to pay is never a barrier to pay in CCHS. The discounts are based on income, family size, and ability to pay.

Mr. Kutz stated that in addition to approving and adopting the revisions to the fee schedule, staff was requesting the Board to authorize CCHS to increase fees yearly using the Western Region CPI, until the fees are updated again in the next three to five years. He explained AQM and Environmental Health Services (EHS) would be making the same

request when their fees were presented in December. If the fees are approved, they will take effect January 1, 2016.

Mr. Kutz stated staff would continue to review cost and utilization data and analyze the impact of implementing the schedule of discounts in the Immunization program.

Acting Chair Ratti opened the public hearing, and asked when the fees were last raised. Mr. Kutz stated they were last approved on April 25, 2013 and went into effect July 1, 2013. Acting Chair Ratti noted that would mean a time period of two and a half years since they had last changed.

Acting Chair Ratti asked for confirmation that this was an entirely new process. Mr. Kutz acknowledged that previously the fees had been based on direct costs and now they were using a nationally-recognized and nationally-approved methodology, which better captured true costs.

Acting Chair Ratti asked Mr. Dick if a different methodology was being used for this division because it is for health care, as opposed to the other divisions. He stated that was correct.

Dr. Hess asked questions about two specific fees, suggesting they may be overpriced in relation to the amount of time and effort required to perform the procedures. Mr. Kutz explained they were based on utilization data gathered from the clinic and compared against community averages.

Dr. Hess asked how many providers had been utilized to determine averages and Mr. Kutz stated it had been four. Dr. Hess noted provider reluctance to disclose charges was the reason he had asked about RVUs, as that would provide a good ballpark figure. Mr. Kutz suggested they review the process with him after the meeting.

Acting Chair Ratti requested an explanation of Mr. Christie's role in the process. Mr. Kutz explained Mr. Christie was a resource made available through the Title X program, Office of Population Affairs. He worked with them to provide the RBRVS methodology. Parts of the process had been used in the past for Family Planning, but the full transition was not made at that time.

Mr. Kutz went on to explain that CCHS had contacted Mr. Christie regarding creating worksheets for the other clinical programs, which were received. Staff entered the data with Mr. Christie's recommendations, and the compilation resulted in the proposed fees.

Acting Chair Ratti requested an explanation of how the process evolved, why it was considered more valid than previous processes and how it was determined the fees were appropriate. Mr. Kutz opined the methodology standardizes the way the fees are calculated, which mirrors the process of many other agencies. When comparing to community averages, the proposed prices were generally similar. He reiterated that there will be a schedule of discounts, so that no one will be denied for inability to pay.

Acting Chair Ratti asked who pays for most of the medical care provided and asked if it was known what percentage of clients are subsidized. Mr. Kutz stated that information was not immediately available. Support is provided by grants, the Health fund, the percentage collected at checkout, donations, and third-party payer reimbursement.

Acting Chair Ratti noted there was a possibility for significant revenue increase, particularly due to the increase in third-party payer reimbursement. Mr. Kutz explained the impact to the clients would be negligible, but higher billing meant a higher percentage would

be reimbursed by the insurance companies. Mr. Kutz explained the discount schedule and payment request process.

Dr. Novak noted the approval included annual CPI adjustments and revisions, and a full update in January of 2021. Mr. Kutz explained that was a proposal for the presentation of the results of the next full update of the fee schedule. Dr. Novak noted it concerned him to wait five years, as most businesses conduct annual reviews. He preferred that the fees be brought back to the Board in the next two to three years, because CPI may not cover medical costs over five years, particularly in light of the anticipated population increase.

Mr. Kutz reiterated the Fundamental Review recommendation was to develop a fee structure that remains stable and consistent for three to five years. Mr. Dick suggested the fees be monitored and brought back to the Board if staff feels it is important to do so or if the Board provides that direction. Dr. Novak asked how staff would know if the fees continued to be appropriate if reviews were not conducted. Mr. Kutz stated it could be reviewed annually and adjustments requested if cost changes are significant. Dr. Novak stated an annual review would be fine.

Acting Chair Ratti pointed out she had been the one pushing for a three- to five-year fee schedule due to the amount of staff time and effort that goes into fee revisions. For businesses working to establish a budget, dramatic changes from year to year does not create a stable business environment. She acknowledged that medical costs are increasing rapidly, and supported the idea of staff conducting an annual review and returning to the Board every three to five years with a full update. Staff would still have the ability to request Board review for other adjustments in the meantime.

Chief Brown asked if the CPI to be used was the Medical CPI. Mr. Kutz explained that it had been decided to use the Western Region CPI to maintain consistency throughout the Health District. Acting Chair Ratti opined that was another good reason to review the fees annually at the staff level.

**Chief Brown moved to accept staff's recommendation to adopt the proposed revision to the Health District fee schedule, specific to the Community and Clinical Health Services (CCHS) division, and authorize the CCHS to increase the fees yearly using the Consumer Price Index of the Western Region. Dr. Novak seconded the motion which was approved six in favor and none against.**

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

Ms. Albee explained a seven-year average of permit and license fees had been utilized to calculate the fees that would be charged to help cover the costs of Accela regional permitting and licensing maintenance fees. The methodology was approved by the Oversight Committee, consisting of the County and City managers and the District Health Officer. It was determined the fees would cover the Health District costs, to include annual maintenance, as well as necessary hardware and software upgrades.



Ms. Albee explained staff had reached out to local associations and provided individual presentations, and every effort had been made to be as transparent as possible. The general consensus is that no one likes new fees, but the business partners acknowledge the fact that it was something they had asked for, as they had wanted the ability to conduct more business online. One concern expressed was that they did not want the money to go into a general fund. They were assured these would be dedicated to the Accela program. The fee is built into the system, allowing easy annual analysis. The percentage can be adjusted with respect to the level of revenue being collected.

Ms. Albee noted the most important concern the community expressed was that the fees not be assessed until the system goes live, and they were assured that would be the case.

The Business Impact Statement was compiled jointly by the parties and would be presented to all governing bodies, with the exception of the City of Reno, who had adopted the tech fee as part of their budget. The City of Sparks and Washoe County had postponed adoption until they could analyze impact to their enterprise funds and fees.

[At 2:45 p.m. Dr. Novak left the meeting.]

Acting Chair Ratti explained the Board needed to adopt the Business Impact Statement so that the fee hearing could be held on November 19.

**Dr. Hess moved to accept the business impact statement. Mr. Silverman seconded the motion.** Acting Chair Ratti asked Counsel if the language for the motion contained in the staff report needed to be referenced. DDA Admirand stated the language did not need to be used, the Business Impact Statement just needed to be considered. She opined the motion made by Dr. Hess acknowledged that it was, but opined he could modify it if he wished.

**Dr. Hess moved to approve and adopt the business impact statement as outlined. Mr. Silverman, as the second, accepted the change. The motion was approved five in favor and none against, Dr. Novak not being present for the vote.**

[At 2:47 p.m. Dr. Novak returned to the meeting.]

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

Ms. Conti reviewed the staff report. Mr. Test noted he had been on the REMSA Board for a number of years and had participated in the development of the original franchise agreement. He opined his role was a fiduciary for the citizens. He was happy to see that communication was becoming more open.

**Chief Brown moved to reappoint Mr. Test to the REMSA Board. Dr. Novak seconded the motion which was approved six in favor and none against.**

Acting Chair Ratti thanked Mr. Test for his service and comments regarding open communication. She noted the DBOH would like to continue to work with the REMSA Board to make changes within the limits of the franchise.

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 agreement, effective November 1, 2015 contingent upon EMS Advisory Board approval.  
Staff Representative: Brittany Dayton

Ms. Dayton noted the original staff report had been updated as a result of a meeting with

the regional partners on October 16. The change involved staff recommendation for a tiered implementation process if the Board approved the Omegas.

Ms. Dayton explained the tiered response plan would mean that REMSA would no longer be sending ambulances to Omega calls, which are defined by the Emergency Medical Dispatch (EMD) process as low-acuity, non-emergent calls. REMSA has approved 52 Omega determinants for which they would not send an ambulance. The tiered response means that if REMSA does not send an ambulance, Fire will cancel if they learn it is an Omega call while they are in route. If Fire arrives on scene of an Omega call, they will radio REMSA's dispatch and request an ambulance to come to release them from the scene, and REMSA will send one as though it were a Priority 3 call.

Ms. Dayton explained the response was tiered because once the outstanding concerns were addressed; Fire will be using a one-page form to release from scene. It will be used if Fire makes patient contact and gets verbal consent from REMSA's Emergency Communications nurse.

Ms. Dayton noted that typically the plan and process would have already been presented for approval to the Emergency Medical Services Advisory Board (EMSAB), but due to scheduling issues, that would occur on October 23. This was why her staff report approval request was contingent on EMSAB approval.

Ms. Dayton stated REMSA had presented the Omega protocol to the EMSAB in June, and that Board had directed staff to work with the regional partners, which they had done. The EMSAB is aware of those efforts but has yet to approve the process.

Acting Chair Ratti asked what happens to the person if neither REMSA nor Fire will come to their aid when they call. Ms. Dayton stated the call would be transferred to the Nurse Healthline, and an alternative pathway which provides better resources for them will be provided for their complaint. The calls are prioritized through the EMD process which is overseen by the International Academy of Emergency Dispatch (IAED).

Dr. Hess asked if an ambulance could be dispatched during the time the nurse was talking to the caller and Ms. Dayton stated it could. She pointed out that if the patient requests an ambulance one will be sent.

Chief Brown expressed concern that the Board was going to make a decision for the region about how the 911 system was going to change. He noted the determination of the emergency would be done through a dispatch center at the ambulance service, not the Public Safety Answering Point (PSAP). He supported the Omega process. He asked if the other agencies that had been queried about their process had been dispatched out of one center or did they also transfer calls to the ambulance service. Ms. Dayton opined one of the three utilized the same structure as Washoe County and the other two had a single dispatch center.

Acting Chair Ratti, to provide a reminder for the Board members, initiated a discussion about the current process. Ms. Dayton explained a 911 call, based on the location, would go to one of three PSAPs. They determine the kind of assistance needed and if it is medical, they transfer the call to REMSA for EMD and full medical questioning and then prioritize the call.

Acting Chair Ratti added that the PSAP also dispatches Fire based on the initial information. She summarized, stating in this case, Fire is dispatched then the call is transferred to REMSA, who makes the determination it is not necessary to dispatch. She expressed concern that Fire was answering calls and REMSA was not.

Ms. Dayton stated that once the determination was made, REMSA dispatch would use simulcast to announce that it is an Omega call, and that is how Fire would know to cancel. Acting Chair Ratti summarized, adding that when Fire is notified, they can make their choice based on their governing body and their guidance on whether or not they are going to proceed or return.

Acting Chair Ratti stated it was unfortunate that EMSAB had not been able to meet and discuss the topic yet. She would feel much more comfortable if they had decided on it, as the City Manager of Sparks is a member and he would have had the opportunity to tell her about how the city feels about this relatively significant change.

Ms. Conti noted regional Emergency Medical Services (EMS) partners were in the audience and suggested they may be able to speak from their city's point of view. Acting Chair Ratti clarified she would like to understand the urgency of the issue and Ms. Conti explained a delay would hamper efforts to compile statistics.

Dr. Novak stated he would feel more comfortable knowing where the legal issues stood prior to the Board making any decisions. Ms. Dayton explained a form was under review by the attorneys. The tiered process would allow them time to finalize review and create additional indemnification agreements or potentially have REMSA add the Fire agencies to their policies as additional insured. The initial tier of the proposal included REMSA sending an ambulance to release Fire if requested.

Dr. Hess opined it was premature to approve the Omegas prior to EMSAB taking action and stated he would prefer to table it to the next meeting.

Acting Chair Ratti agreed it was a bit premature for the Board to make the decision. She noted the franchise agreement process had taken six years and expressed that she was pleased it had resulted in the opportunity to explore issues such as the one being addressed. She opined another month would not make a substantial difference in the outcome. She noted the issue that needed to be addressed with Spark's leaders prior to a decision being made would be the perceived change in customer service.

**Dr. Hess moved to table the item. Chief Brown seconded the motion.**

DDA Admirand explained a date certain did not need to be set, Acting Chair Ratti added that they could bring it back for discussion when they were ready to do so.

Ms. Dayton asked if the Board preferred that all legal agreements be finalized prior to bringing the item back. Acting Chair Ratti deferred the question to the EMSAB so they could provide guidance. Dr. Novak agreed.

Ms. Conti explained the reason for requesting the clarification was that the item had been presented to the Board so that they would have the option of approving the overall concept and EMSAB would be responsible for approving the process. She stated it would be left with EMSAB's decision.

Acting Chair Ratti suggested the approved determinants be sent to all Board members.

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

Councilmember Jardon stated she would need to leave and requested any matters that required her attention be promoted on the agenda. Acting Chair Ratti opined the District Health Officer review was one of the more important issues that needed to be handled as a Board, and requested Item 19 be promoted to be heard next. DDA Admirand stated that action was allowed.

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 Acting Chair Ratti

Mr. Dick noted that at the last meeting the Board had approved the survey to be distributed, as well as the list of recipients. When the survey was sent out, it included the link and a list of his accomplishments. A compilation of the survey results had been provided to the Board members, as well as his Certificate of Participation demonstrating successful participation in an Epidemiology course provided by the Centers for Disease Control as suggested by Dr. Hess. He offered to read the list of goals the Board had set for him during his previous review.

Councilmember Jardon requested a breakdown of how many and who the respondents were, and Mr. Dick reviewed them for her. The list included Board members, Division Directors, outside agencies such as the City and County Managers, as well as the State Department of Health and Human Services, the university, and members of other community organizations that the Health District works with. Councilmember Jardon asked how many requests had been sent and Mr. Dick stated there had been 30.

Acting Chair Ratti observed that the overall results were positive. Members indicated they would appreciate a review of the recommended goals. Acting Chair Ratti listed the eight goals, which are as follows:

1. Work on continuous quality improvement
2. Continuing education in public health
3. Using social media for emergency communication
4. Changing the culture of the Health District to focus on the future
5. A strategic plan review
6. Rework of the fee process
7. Transparent EMS data
8. Improve, continue and foster the relationship with the County

Dr. Novak opined Mr. Dick was doing well in all areas. Acting Chair Ratti stated she was pleased with the progress made in all areas. She noted for the record one member had stated it was good, two others provided a thumbs up.

Councilmember Jardon noted good numbers on Facebook. Acting Chair Ratti asked if social media was being used for emergencies. Mr. Dick stated it was.

Acting Chair Ratti stated she had been immensely pleased with the direction of the Health District since the Board had made the decision to hire Mr. Dick. She reiterated she was pleased with the progress in the eight areas suggested by the Board, as well as the list of accomplishments.

Acting Chair Ratti went on to say she was not completely comfortable with the evaluation process. She opined the Board may need more support from the Human Resources staff in terms of providing more structure such as a staff report and supporting material in advance of the meeting, rather than the process being guided entirely by the Chair. Regardless of that, she stated she was completely comfortable with the Health

Officer's performance.

Acting Chair Ratti noted the agenda item included consideration and possible approval of compensation and benefits, and stated she was unclear as to what the Board was being asked to do. Mr. Dick stated Laurie Griffey had provided Chair Jung with some information. The discussion was about compensation adjustment that was separate from a cost of living adjustment (COLA). He explained County procedure for positions that had not yet hit the top of their salary range for the position were typically provided a five percent merit increase if their review was satisfactory or better. Chair Jung had supported the increase.

Councilmember Jardon asked what the historical increases had been and Mr. Dick replied he was provided five percent at the last review. He had disclosed to Chair Jung that while that was the practice for other employees under the labor agreement, he was not part of that so it was not legally binding to the Board or to him. Councilmember Jardon asked if that would be above or including COLA. Mr. Dick stated it would be five percent above the COLA, which was three percent.

Acting Chair Ratti noted labor groups had agreements, middle management was covered by resolutions, and upper level managers are subject to Board discretion. She stated the same guidelines used for employees are typically followed in these cases. She noted a three percent COLA had been approved at the last meeting, which had been delayed due to labor negotiations, so was retroactive to July 1. Under discussion was the opportunity to separately consider a merit increase of any amount they considered appropriate, although five percent is what is done for division heads in the County.

Councilmember Jardon stated what she was struggling with, unrelated to performance, had to do with making a decision consistent with practices used to provide merits for individuals in similar positions. She indicated she was working to understand how they could justify five percent in addition to the three percent already approved.

Acting Chair Ratti noted it had always been interesting to her that they represented and often behaved as an independent district, and yet in many ways they function as a department of the County. She stated to be consistent with the County made more sense to her than to be consistent with peer bodies, and that had been their past practice.

Mr. Silverman opined the COLA and merit should be evaluated separately, but perhaps they should be considered together in terms of a reasonable increase percentage that included factors such as County consistency and available budget. He stated he did not understand all the factors well enough to be able to vote in favor or against.

Acting Chair Ratti asked Ms. Heenan if the COLA and merit increases had been factored into the budget. Ms. Heenan explained merit increases were added automatically for all employees who are not at the top of the pay scale. Dr. Hess asked if all employees had received an eight percent raise and Ms. Heenan replied that would only occur for a handful of employees, as most have been on the job long enough that they were already at the top of their pay scales.

Councilmember Jardon asked if the three percent COLA and five percent merits were paid through the depth of the recession. Ms. Heenan explained the five percent merit remained, but not only did COLA not occur, but the County decreased pay during that time. Acting Chair Ratti noted that during the Great Recession, the City of Sparks hired very few new employees, so the number of merit increases was minimal. It was noted that the employees of the different jurisdictions had made concessions.

Councilmember Jardon asked if the item could be postponed and opined she would appreciate Chair Jung's input on the discussion as she was not comfortable making a decision without a deeper level of historical information. Ms. Heenan noted it takes three to five years to get to the top of the pay scale. Although it sounds like a large sum, it is bringing the pay that an employee is receiving that is earning the experience through the years up equal to those that have been employed long enough to have already received it.

**Mr. Silverman moved to table the item. Dr. Hess seconded the motion.**

Acting Chair Ratti requested Mr. Silverman reconsider, as there was a difference between table and continue, which she explained. Mr. Silverman moved to continue. Acting Chair Ratti noted he would need to rescind his original motion, which Mr. Silverman did, and Dr. Hess agreed to.

**Mr. Silverman moved to continue the item to the following meeting. Dr. Hess seconded the motion.**

Councilmember Jardon emphasized that she did not wish for the action to reflect it had anything to do with Mr. Dick's performance. It was simply about her comfort level. Acting Chair Ratti agreed and suggested they needed a bit more time to digest all of the information, and it would be helpful if Chair Jung were present.

**The motion passed six in favor and none against.**

[Councilmember Jardon left the meeting at 3:29 p.m.]

#### 14. Regional Emergency Medical Services Authority

Presented by Kevin Romero

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

Mr. Romero reviewed the staff report. He noted he had met with Dr. Hess regarding his concerns about their customer service report numbers. The comment card distribution percentage had been increased from 20 to 40 in an effort to increase the input received from transported patients.

Dr. Novak expressed his concern that the responses were trending in a less-than-favorable direction. He suggested it may be due to the time of year or the reduced number of responses. Mr. Romero reiterated the number of requests for comments had been substantially reduced and opined that, when that was expanded, there would be a more complete picture.

**Dr. Novak moved to accept the report as presented. Chief Brown seconded the motion which was approved five in favor and none against.**

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

Mr. Romero reviewed the report, noting REMSA would be sharing population health outcome data with the Board in November. He invited the members to accompany a Community Health Paramedic on a home visit to better understand the process and Omegas.

The Centers for Disease Control (CDC) had evaluated St. Mary's and REMSA on their Ebola readiness plan and provided them with great praise on the capabilities in the area.

#### 15. Acknowledge receipt of the Health District Fund Financial Review for September Fiscal Year 2016

Staff Representative: Anna Heenan

Ms. Heenan reviewed the report, noting a revenue increase due to charges for services.

The cash balance was equivalent to one month's expenses.

**Mr. Silverman moved to accept the report as presented. Dr. Hess seconded the motion which was approved five in favor and none against.**

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]

Acting Chair Ratti noted any item requested by a Board member that required staff to work on something outside their normal tasks requires that the Board agree it was worth pursuing. She pointed out she had made the request and had since had the opportunity to obtain the information she needed and no longer felt it was necessary to proceed with the request.

No action was taken.

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 National Association of Local Boards of Health (NALBOH) Board and to cast one vote for a second At-Large position on the ballot.

Staff Representative: Kevin Dick

Dr. Hess pointed out the action was to elect, not nominate. Acting Chair Ratti acknowledged that was correct and restated the item title with that change. She explained it had been clarified that the Board as a whole was entitled to one vote, so it was necessary for them to agree to support Dr. Novak and to agree which candidate they would support for the second position on the ballot.

**Chief Brown moved that the Board support Dr. Novak and Andrew Quanstrom for the two positions. Dr. Hess seconded the motion which was approved five in favor and none against.**

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

Acting Chair Ratti explained the item had come out of the last meeting in an attempt to enter into a cycle that allows the Board to participate in its governance role but also is set up so that staff can spread the work out over a number of years.

Mr. Dick stated the development of the schedule had been a useful exercise for him. He had spoken with Chair Jung about the five-year plan and the proposal to conduct a governance assessment in 2016. He explained the National Association of County and City Health Officials (NACCHO) grant to support the strategic planning had been received, so the assessment would be conducted in Year 4, accommodating the strategic planning grant deadline.

Mr. Dick noted that both the Board and the District significant activities supporting the Board actions had been presented on the schedule.

Dr. Novak reiterated his concern with fees only being reviewed every five years. He

opined it should occur after two years because the entire District was undergoing changes to fiscal review and analysis. If it appeared to be working at that time, a five-year cycle could be considered.

Mr. Dick explained the schedule had been compiled that way so that business owners could have some certainty about costs over a period of years. He acknowledged the earlier discussion regarding fees for clinical services and suggested the proposed schedule identify that it referred to fees for EHS and AQM. He noted those fees required a much higher level of involvement with the stakeholders and the community. He opined the direction provided by the Fundamental Review was to set them correctly and then to leave them as they are for some time.

Acting Chair Ratti noted she had been advocating for stable fees for a number of years. She stated businesses set their fees based on what the market can bear, and they build their financial model based on that. Government does not have the flexibility to set fees according to market rate; it must be based on activities. Studying them too often results in swings, and the business community looks for steady fees they can rely on. She pointed out that the Board had the discretion to request review of the fees at any time within that five-year time span.

Dr. Novak opined that the last review of fees had utilized a tremendous amount of staff time and effort across all divisions, and had developed specific methodologies for the process as opposed to utilizing educated guesses. He reiterated he would like to see a review conducted in two years to be sure the approach was successful.

Acting Chair Ratti stated she had watched staff expend that much effort every year for the last five years and opined that level of effort did not make sense every year. Dr. Novak agreed. Mr. Sack stated that feedback from the community had been consistent in the request for stable fees. He noted the Board would have another opportunity to review the issue when the business impact statement for the fees was presented to them in November.

Acting Chair Ratti pointed out that if they adopted the schedule, that did not mean they did not retain the discretion to change any of it at any time. She stated she was pleased it had provided the opportunity for staff to consider the logic behind each step throughout the cyclical process.

Mr. Dick noted that, based on the constraints of the NACCHO funding, the strategic plan retreat would presumably be held in the spring. He opined it should be scheduled for a full day, with the opportunity of reduction. Acting Chair Ratti stated she would not be able to attend the proposed day in March, but felt it was acceptable for the event to proceed without her presence if that date worked for the others. Dr. Hess opined her experience was too valuable for her not to be there. Mr. Dick agreed. The members agreed to schedule the retreat for April 14.

No action was taken.

At 3:55 p.m., Acting Chair Ratti stated it would be necessary for her to leave the meeting. Chief Brown offered to take over as Acting Chair.

## 20. \*Staff Reports and Program Updates

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



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

B. Community and Clinical Health Services, Steve Kutz, Director  
Chronic Disease Prevention Program (CDPP), Divisional Update, Program Reports

Mr. Kutz presented a video regarding smoke-free housing properties and explained the program had resulted in over 1,000 individuals who were positively impacted. He noted that as of August 1, UNR was officially a smoke-free campus.

Mr. Silverman asked if the properties referenced in the video were smoke-free within the facility or on the grounds. Ms. Gabor stated she did not have an absolute answer, but opined that the properties provided different options. She noted concerns about shared space and distance, as smoke can enter a living space through unsealed openings in walls and floors.

Mr. Kutz noted Washoe County two-year-olds had an immunization rate of 77 percent in 2014 and explained the methodology for the compilation of the data.

Mr. Kutz thanked the Board for approving the Patagonia contract and the termination of Netsmart.

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

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

Dr. Todd stated the Norovirus outbreak had grown to 19 schools, one private school and some daycare centers, bringing the total facility count to 23. Currently there were 1,567 cases. He stated the number is not expected to increase substantially as the surveillance approach will be slightly altered while still managing the outbreak.

Dr. Todd explained an outbreak within a facility was typically brought under control within a week and a half to two weeks. Some of the schools had experienced ongoing activity for more than a month, but they are larger schools so measures are more difficult to implement.

Ms. Gabor stated she had received an answer to Mr. Silverman's question, and most of the facilities allowed smoking outdoors or in designated areas.

E. Office of the District Health Officer, Kevin Dick, District Health Officer  
Community Health Improvement Plan, Truckee Meadows Healthy Communities (TMHC), Quality Improvement, Fees, Other Events and Activities and Health District Media Contacts

Mr. Dick noted the TMHC Family Health Festival had been held on October 21 and he had been informed that it was very successful. They were planned to be held quarterly in different locations.

Mr. Dick stated a TMHC breakfast forum would be held November 4, to provide an update on activities and to hear from a speaker from Oakland who would be discussing the similar activities being conducted there.

21. \*Board Comment

Mr. Dick proposed an item that, for future NALBOH elections, the Board considers designating the Chair to make the decision and cast the vote.

22. Emergency Items

None.

23. \*Public Comment

Mr. Kutz reminded the Board that flu shots were available to any interested members.

Ms. Spinola noted the November and December meetings would be held on the third Thursdays rather than the fourth.

24. Adjournment

**At 4:09 p.m., Dr. Novak moved to adjourn. Dr. Hess seconded the motion which was approved six in favor and none against.**

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Respectfully submitted,



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



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Dawn Spinola, Administrative Secretary  
Recording Secretary

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

DD	AH	_____
DHO		_____ <i>AD</i>
DA	LA	_____
Risk	DME	_____

**Staff Report**  
**Board Meeting Date:** November 19, 2015

**TO:** District Board of Health

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

**SUBJECT:** Approval of Notice of Subgrant Award from the Division of Public and Behavioral Health in the total amount of \$647,090 (with \$64,709 or 10% match) for the budget period July 1, 2015 through June 30, 2016 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; and if approved authorize the Chair to execute.

**SUMMARY**

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$100,000, Interlocal Agreements and amendments to the adopted budget.

The Washoe County Health District received a Notice of Subgrant Award from the Division of Public and Behavioral Health for the period July 1, 2015 through June 30, 2016 in the total amount of \$647,090 in support of the CDC Public Health Preparedness Grant Program. 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.

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

**PREVIOUS ACTION**

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

**BACKGROUND**

The Nevada Division of Public and Behavioral Health awarded the Public Health Preparedness Program \$647,090 (\$594,989 direct and \$52,101 indirect) for the budget period July 1, 2015 through June 30, 2016. Funds will be used to support personnel, travel, supplies, other professional services, and operating expenditures.

Subject:  
Date:  
Page 2 of 2

**FISCAL IMPACT**

There is no fiscal impact should the Board approve the Notice of Subgrant Award as the Subgrant Award was included in the FY16 budget.

**RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health approve the Notice of Subgrant Award from the Division of Public and Behavioral Health in the total amount of \$647,090 (with \$64,709 or 10% match) for the budget period July 1, 2015 through June 30, 2016 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; and if approved authorize the Chair to execute.

**POSSIBLE MOTION**

Move to approve Notice of Subgrant Award from the Division of Public and Behavioral Health in the total amount of \$647,090 (with \$64,709 or 10% match) for the budget period July 1, 2015 through June 30, 2016 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; 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 #: **14996**  
 Budget Account: 3218  
 Category: 22  
 GL: 8516  
 Job Number: 9306915

### 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> July 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 the Public Health Emergency Preparedness Capabilities according to the CDC 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>528,369.00</b></td></tr> <tr><td>2. Travel</td><td style="text-align: right;">\$ <b>15,475.00</b></td></tr> <tr><td>3. Supplies</td><td style="text-align: right;">\$ <b>7,000.00</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>3,228.00</b></td></tr> <tr><td>6. Other</td><td style="text-align: right;">\$ <b>40,917.00</b></td></tr> <tr><td>7. Indirect</td><td style="text-align: right;">\$ <b>52,101.00</b></td></tr> <tr><td><b>Total Cost:</b></td><td style="text-align: right;"><b>\$ 647,090.00</b></td></tr> </table>		1. Personnel	\$ <b>528,369.00</b>	2. Travel	\$ <b>15,475.00</b>	3. Supplies	\$ <b>7,000.00</b>	4. Equipment	\$ <b>0.00</b>	5. Contractual/Consultant	\$ <b>3,228.00</b>	6. Other	\$ <b>40,917.00</b>	7. Indirect	\$ <b>52,101.00</b>	<b>Total Cost:</b>	<b>\$ 647,090.00</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>\$647,090.00</b> during the subgrant period.</p>	
1. Personnel	\$ <b>528,369.00</b>																		
2. Travel	\$ <b>15,475.00</b>																		
3. Supplies	\$ <b>7,000.00</b>																		
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7. Indirect	\$ <b>52,101.00</b>																		
<b>Total Cost:</b>	<b>\$ 647,090.00</b>																		
<b>Source of Funds:</b>		<b>% of Funds:</b>	<b>CFDA:</b>																
1. Centers for Disease Control and Prevention (CDC)		99.55%	93.069																
2. CDC Cities Readiness Initiative (CRI)		0.45%	93.069																
			<b>Federal Grant #:</b>																
			5U90TP000534-04																
			5U90TP000534-04																
<b>Terms and Conditions:</b> In accepting these grant funds, it is understood that:																			
1. Expenditures must comply with appropriate state and/or federal regulations;																			
2. This award is subject to the availability of appropriate funds; and																			
3. The recipient of these funds agrees to stipulations listed in the incorporated documents.																			
<b>Incorporated Documents:</b>																			
Section A: Assurances;																			
Section B: Description of Services, Scope of Work and Deliverables;																			
Section C: Budget and Financial Reporting Requirements;																			
Section D: Request for Reimbursement;																			
Section E: Audit Information Request;																			
Section F: DPBH Business Associate Addendum																			
Attachment 1: Match Certification;																			
Attachment 2: Detailed Work Plan.																			
Kitty Jung, Chair Washoe County District Board of Health		Signature	Date																
Erin Lynch Health Program Manager II, PHP		<i>Erin Lynch</i>	<i>10/26/15</i>																
Chad Westom Bureau Chief, PAIS		<i>Malinda Southard for C. Westom</i>	<i>10/26/15</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.**

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

**SECTION B**

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

**Washoe County Health District (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 Budget Period 4, July 1, 2015 through June 30, 2016 and is broken down by capability, function and activity. The Detailed Work Plan contains the estimated funding, activity description, output documentation and estimated date of completion for each activity broken down by Capability.
- Achievements of Capability Objectives for this budget period are to be completed by June 30, 2016. Outcome of the funded Capabilities will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded capability requires substantial achievement and demonstration of completion as specified in the Detailed Work Plan of the funded functions and resource elements. If objectives are not met, Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state.
- Submit written Progress Reports to the Division electronically on or before:
  - October 31, 2015      1<sup>st</sup> Quarter Progress Report      (For the period of 7/1/15 - 9/30/15)
  - January 31, 2016      2<sup>nd</sup> Quarter Progress Report      (For the period of 7/1/15 - 12/31/15)
  - April 30, 2016      3<sup>rd</sup> Quarter Progress Report      (For the period of 7/1/15 – 3/31/16)
  - July 31, 2016      Final Progress Report      (For the period of 7/1/15 – 6/30/16)
- Submit written Quarterly Match Sharing Report each year on or before:
  - November 15, 2015      1<sup>st</sup> Quarter      (For the period of 7/1/15 - 9/30/15)
  - February 15, 2016      2<sup>nd</sup> Quarter      (For the period of 10/1/15 – 12/31/15)
  - May 15, 2016      3<sup>rd</sup> Quarter      (For the period of 1/1/16 – 3/31/16)
  - July 31, 2016      4<sup>th</sup> Quarter      (For the period of 4/1/16 – 6/30/16)

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 5U90TP000534-04 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the CDC."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 5U90TP000534-04 from the CDC.

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	\$ 528,369		Annual	%
		\$ 87,949	Director, Public Health Preparedness and Epidemiology (\$159,907 x 55% = \$119,930)	\$159,907 55%
		58,829	Public Health Preparedness Manager (\$90,506 x 65% = \$67,880)	\$90,506 65%
		44,309	Administrative Secretary (\$60,697 x 73% = \$45,523)	\$60,697 73%
		62,513	Public Health Emergency Response Coordinator (\$77,176 x 81% = \$73,317)	\$77,176 81%
		42,540	Health Educator II (\$53,175 x 80% = \$42,540)	\$53,175 80%
		40,229	Public Information Officer (\$80,458 x 50% = \$40,229)	\$80,458 50%
		3,119	Public Health Emergency Response Coordinator (\$62,388 x 5% = \$3,119)	\$62,388 5%
		2,200	Advanced Practitioner of Nursing for EMT trainings \$2,200 total	
		29,522	MRC Program Coordinator (\$59,043 x 50% = \$29,522)	\$59,043 50%
		156,543	Fringe @ 41.828% (\$371,210 x 42.171% = \$156,543)	
		616	PHP Overtime \$616	

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

2. Travel	\$ 15,475		
		\$ 2,933	<b>CRI Funding (separate reimbursement request required)</b> Travel to Las Vegas for Full Scale Exercise. 1 staff x 4 days x 3 nights Airfare = \$300 x 1 staff = \$300 Hotel = \$125 x 1 staff x 3 nights = \$375 Per Diem = \$71 x 1 staff x 4 days = \$284 Parking = \$14 x 1 staff x 4 days = \$56 Transportation = \$44 x 4 days = \$176 Total = \$1,191  Travel to Las Vegas for Full Scale Exercise. 2 staff x 3 days x 2 nights Airfare = \$300 x 2 staff = \$600 Hotel = \$125 x 2 staff x 2 nights = \$500 Per Diem = \$71 x 2 staff x 3 days = \$426 Parking = \$14 x 2 staff x 3 days = \$84 Transportation = \$44 x 3 days = \$132 Total = \$1,742
		700	Local Mileage for staff to attend meetings and seminars. 1,217 miles x .575/mile = \$700
		2,740	Travel to Las Vegas for PHP meetings or events. 4 trips, 1 staff, 2 days, 1 night Airfare = \$350 x 4 = \$1,400 Lodging = \$108/night x 1 night x 4 trips = \$432 Per Diem = \$71 x 2 days x 4 trips = \$568 Airport Parking = \$14/day x 2 days x 4 trips = \$112 Transportation = \$57/ trip x 4 trips = \$228 Total = \$2,740
		318	Out-of-State Travel Vehicle mileage for out-of-state meetings and seminars in California such as the California-Nevada Border Counties quarterly meetings. (553 miles x .575 = \$318)
		8,784	Out-of-State Travel CDC NACHO Conference in Dallas, Texas 6 staff, 4 days, 3 nights Airfare = \$540 x 6 staff = \$3,240 Lodging = \$188/night x 3 nights x 6 staff = \$3,384 Per Diem = \$71 x 4 days x 6 staff = \$1,704 Transportation = \$20 x 6 staff = \$120 Airport Parking = \$14/day x 4 days x 6 staff = \$336 Total = \$8,784
<hr/>			
3. Supplies	\$ 7,000		
		\$ 5,000	Office Supplies – includes computers and printer supplies  Office supplies = \$300/month x 12 month = \$3,600 Total = \$5,000)
		2,000	Operating Supplies for trainings, PODs, office (\$166.66/month x 12 months = \$2,000)
<hr/>			
4. Equipment	\$ 0		
		\$	

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

5. Contractual Consultant	\$ 3,228		
		\$ 1,250	Translation/Interpretation Services (\$250 x 5 sessions = \$1,250)
		1,378	Contracted/Temporary Services (\$17.22/hr x 80 hours = \$1,378)
		500	Contractual Online Training Support
		100	Contractual – Survey Monkey (250 x 40% = \$100)
6. Other	\$ 40,917		
		4,963	Computer hardware, software and supplies for staff, volunteer, and community partners trainings (Thumbdrives = \$25 each x 40 = \$1,000 Online Training Software \$2,300 Software Upgrades for Laptops = \$1,663)
		5,496	Telephone Services \$458/month x 12 months = \$5,496)
		65	Postage (\$5.40/month x 12 months = \$65)
		1,110	Copy Machine (\$92.50/month x 12 months = \$1,110)
		1,500	Printing (\$125/month x 12 months = \$1,500)
		120	Books and Subscriptions (\$10/month x 12 months = \$120)
		360	Membership Dues
		1,000	Education Supplies (\$83.33/month x 12 months = \$1,000)
		1,500	Equipment Repair (\$250 x 6 items = \$1,500)
		1,240	Minor Furniture and Equipment
		25	Hydration/Nutrition for trainings
		200	Rental Space/ Meeting Rooms (\$100 each x 2 = \$200)
		50	Incentives for local businesses to fulfill part of the outreach grant deliverables such as thumb drives, notebook holders. Additionally, non-cash gift cards will be provided to preparedness training facilitators.
		11,748	Equipment Services – Vehicle Asset Management Fee (\$89/month/vehicle x 11 vehicles = \$979/month x 12 months = \$11,748)
		2,200	Equipment Services – Operation and Maintenance annual service inspections (11 vehicles x \$200 = \$2,200)
		144	Equipment Services – Fuel Charge for truck (\$12/month x 12 months = \$144)
		500	Training Registrations
		3,300	NACCHO Summit Registration (\$550 x 6 staff = \$3,300)
		5,396	WebEOC Maintenance and Support Fee
7. Indirect	\$ 52,101		
		\$ 44,941	Indirect @ 8.80%. No Indirect will be taken on CRI travel. (\$594,989 - \$2,933 = \$592,056 x 8.80% = \$52,101)
Total Cost	\$ 647,090		

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

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility (no more than a cumulative amount of \$64,709.00), 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.

- 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 \$647,090.00.
- 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.
- Subgrantee agrees to Match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Match for budget period will be \$64,709.00. This Match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Documentation of match, including methods and sources must be available upon request of Division. Subgrantee will sign attached Match Certification (Attachment 1).

Additionally, the Subgrantee agrees to provide:

- Submit a separate request for reimbursement for TRAVEL expenditures for the Full Scale Exercise. These funds must be tracked separately to the CDC Cities Readiness Initiative with a Sub-Org of "CR."
- 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.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT 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 program Contract Monitor or Program Manager shall, when federal funding requires a specific match, maintenance of effort (MOE), "in-kind", or earmarking (set-aside) of funds for a specific purpose, have the means necessary to identify that the match, MOE, "in-kind", or earmarking (set-aside) has been accomplished at the end of the grant year. If a specific vendor or sub-grantee has been identified in the grant application to achieve part or all of the match, MOE, "in-kind", or earmarking (set-aside), then this shall also be identified in the scope of work as a requirement and a deliverable, including a report of accomplishment at the end of each quarter to document that the match, MOE, "in-kind", or earmarking (set-aside) was achieved. These reports shall be held on file in the program for audit purposes, and shall be furnished as documentation for match, MOE, "in-kind", or earmarking (set-aside) reporting on the Financial Status Report (FSR) 90 days after the end of the grant period."*
- 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.
- 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  
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SECTION D**

**Department of Health and Human Services  
Division of Public & Behavioral Health  
  
Public Health Preparedness Program**

HD#: 14996  
Budget Account: 3218  
Category #: 22  
GL: 8516  
Job #: 9306915  
Draw #: \_\_\_\_\_

**REQUEST FOR REIMBURSEMENT**

<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	<b>Address:</b> 1001 East Ninth Street / PO Box 11130 Reno, NV 89520
<b>Subgrant Period:</b> July 1, 2015 through June 30, 2016	<b>Subgrantee's:</b> EIN: 88-6000138 Vendor #: T40283400Q Duns #: 073786998

**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	\$528,369.00	\$0.00	\$0.00	\$0.00	\$528,369.00	0.0%
2 Travel	\$15,475.00	\$0.00	\$0.00	\$0.00	\$15,475.00	0.0%
3 Supplies	\$7,000.00	\$0.00	\$0.00	\$0.00	\$7,000.00	0.0%
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$3,228.00	\$0.00	\$0.00	\$0.00	\$3,228.00	0.0%
6 Other	\$40,917.00	\$0.00	\$0.00	\$0.00	\$40,917.00	0.0%
7 Indirect	\$52,101.00	\$0.00	\$0.00	\$0.00	\$52,101.00	0.0%
<b>Total</b>	<b>\$647,090.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$647,090.00</b>	<b>0.0%</b>

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

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

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

**FOR DIVISION USE ONLY**

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

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

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

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

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

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

**Washoe County Health District (WCHD)  
Reimbursement Worksheet  
July 1 - July 31, 2015**

Personnel	Title	Description					Amount
<b>TOTAL</b>							
Contract / Consultant		Description					Amount
<b>TOTAL</b>							
Travel (Name of Traveler)	Travel Dates	To	Mileage @ \$0.575/mi	Lodging & Per Diem	AirFare & Misc	Purpose/ Description	Amount
<b>TOTAL</b>							
Supplies (Items under \$5,000 & consumed within 1 yr)		Description					Amount
<b>TOTAL</b>							
Equipment (Items over \$5,000 or <u>not</u> consumed within 1 yr)		Description (attach invoice copies for all items)					Amount
<b>TOTAL</b>							
Other		Description					Amount
<b>TOTAL</b>							
Indirect		Description					Amount
<b>TOTAL</b>							
<b>TOTAL EXPENDITURES</b>							

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

**Nevada State Division of Public & Behavioral Health: Public Health Preparedness  
Centers for Disease Control and Prevention (CDC)  
Budget Request and Justification Form  
Washoe County Health District  
July 1, 2015 through June 30, 2016**

<b>Contact Name:</b>	Jeff Whitesides
<b>Phone Number:</b>	775-326-6051
<b>E-Mail Address:</b>	<a href="mailto:jwhitesides@washoecounty.us">jwhitesides@washoecounty.us</a>
<b>Applicant/Agency Name:</b>	WCHD
<b>Total Agency Request:</b>	\$647,090.00

Insert your total monthly expenditure amount beside each function. If using an electronic copy, spreadsheet will calculate Current % Expended. Return this document along with your monthly reimbursement request. This will provide a tracking to expedite the mid- and end-of-year progress reporting.

\*\*Please contact us if you have any questions.

**Budget Summary**

	(a)	(b)	(c)
Monthly Expenditure:	Budget	Current \$ Expended	Current % Expended
<b>CDC Capabilities:</b>			
1. Community Preparedness:	\$ 64,710.00	\$ -	0%
2. Community Recovery:	\$ 51,767.00	\$ -	0%
3. Emergency Operations Coordination:	\$ 51,767.00	\$ -	0%
4. Emergency Public Information and Warning:	\$ 71,180.00	\$ -	0%
5. Fatality Management:	\$ 19,413.00	\$ -	0%
6. Information Sharing:	\$ 32,354.00	\$ -	0%
7. Mass Care:	No Activity \$ -	\$ -	
8. Medical Countermeasure Dispensing:	\$ 110,005.00	\$ -	0%
9. Medical Material Management and Distribution:	No Activity \$ -	\$ -	
10. Medical Surge:	No Activity \$ -	\$ -	
11. Non-Pharmaceutical Interventions:	\$ 51,767.00	\$ -	0%
12. Public Health Laboratory Testing:	No Activity \$ -	\$ -	
13. Public Health Surveillance and Epi Investigation:	\$ 45,296.00	\$ -	0%
14. Responder Safety and Health:	\$ 71,180.00	\$ -	0%
15. Volunteer Management:	\$ 77,651.00	\$ -	0%
<b>TOTAL</b>	<b>\$ 647,090.00</b>	<b>\$ -</b>	<b>0%</b>



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  
NOTICE OF SUBGRANT AWARD

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.

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

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.
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

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- 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
  5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
  6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
  7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: the Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
  8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
  9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
  10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
  11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost 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.

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12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use, or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

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

1. **Permitted Uses and Disclosures:**

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

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

immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.

- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

**2. Prohibited Uses and Disclosures:**

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

**IV. OBLIGATIONS OF COVERED ENTITY**

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.
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.

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VI. MISCELLANEOUS

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

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> 4150 Technology Way, Suite 300 Carson City, NV 89706	Washoe County Health District (WCHD) 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
	775-326-6051 Business Phone Number
	775-325-8031 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, Washoe County District Board of Health _____ Title
_____ Date	_____ Date



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**ATTACHMENT 1**  
Match Certification

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

**External Funding Source:** Centers for Disease Control and Prevention (CDC) – Public Health Emergency Preparedness (PHEP)

**A mandatory cost sharing/matching cost contribution is required for the following proposal:**

**Funding Recipient:** Washoe County Health District (WCHD)

**Project Title:** HPP and PHEP Cooperative Agreement

**Project Grant #:** 5U90TP000534-04

**Duration:** **From:** July 1, 2015 **To:** June 30, 2016

**Total cost sharing/matching cost contribution:** \$64,709.00 / Percentage: 10%

**Source of cost sharing/matching cost contribution:**

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

**Account # (if applicable):** \_\_\_\_\_

**Funding recipient hereby certifies that the identified cost sharing/matching cost contribution is not being used to match any other funding source.**

Washoe County Health District (WCHD)

**Name and Title**  
(Funding Recipient)

**Signature**

**Date**

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ATTACHMENT 2

**Washoe County Health District  
CDC Public Health Emergency Preparedness (PHEP)  
Detailed Work Plan  
July 1, 2015 through June 30, 2016 (BP4)**

**Instructions:** Please describe your planned activities below by Function and the estimated fund needed to complete the activities. With each planned activity you must include the planned Output Documentation which will be used as proof of completion and the estimated date of completion. All planned activities must be completed by no later than 6/30/2016.

<b>PHEP CAPABILITY # 1: COMMUNITY PREPAREDNESS</b>	<b>\$64,710</b>
<b>Planned Activity Type:</b> <input checked="" type="checkbox"/> <b>Build</b> <input type="checkbox"/> <b>Sustain</b> <input type="checkbox"/> <b>Scale Back</b> <input type="checkbox"/> <b>No Planned Activity</b>	
<b>Goals</b> In BP4, Washoe County Health District will increase the ability to prepare for, withstand, and recover from public health incidents by identifying community hazards, at-risk populations, and service delivery gaps while coordinating with community partners and organizations that play a vital role in public health preparedness and response.	
<b>Output(s):</b> 1) Updated local JRA 2) Established business partnership in order to determine availability of GIS data to map locations of individuals with access and functional needs 3.) Number of employees, volunteers, and community partners successfully completing online and in-person training 4.) Reference to subject matter experts included in Department Emergency Management Plan 5.) Increased number in community partnerships based on needs identified in the JRA 6.) Distribution of Resource Guide to community partners and other community agencies	
<b>Objective(s):</b> 1.1) By June 30, 2016, Washoe County will, in collaboration with our relevant response partners and coalitions, utilize data from the jurisdictional risk assessment to identify community hazards, at-risk populations, and gaps in resources to build community preparedness. 1.2) In BP4, Washoe County Health District will collaborate with the Washoe County Sheriff's Office and other necessary community organizations in order to promote awareness of and access to individuals with access and functional needs within our community.	
<b>Check ALL Functions that apply</b> <input checked="" type="checkbox"/> <b>Function #1: Determine risks to the health of the jurisdiction</b> <input checked="" type="checkbox"/> <b>Function #2: Build community partnerships to support health preparedness.</b>	

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<input type="checkbox"/> <b>Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks.</b> <input type="checkbox"/> <b>Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts.</b>		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.1.1) WCHD will utilize the JRA provided by the state to provide information in order to identify and address community gaps and improve preparedness in Washoe County.	Updated local JRA	Q4
1.1.2) WCHD will participate in appropriate JRA training provided by the State of Nevada and Texas.	Sign-in sheets	Q4
1.1.3) WCHD District will engage appropriate stakeholders to ensure appropriate presence at the county JRA meeting.	Sign-in sheets/Updated local JRA	Q4
1.1.4) WCHD, in collaboration with the State, will identify public health and non-public health subject matter experts and include a reference to the resource list in the Department of Emergency Operation Plan.	Reference included in Department Emergency Plan identifying location of subject matter expert list.	Q3
1.2.1) WCHD, in collaboration with the Washoe County Sherriff's office and NDPBH will, based on data available per HIPAA regulations, determine availability of GIS data to map locations of those with access and functional needs residing in Washoe County.	Documentation of GIS availability	Q4
<b>Objective(s):</b> 1.3) WCHD will have continued efforts to build upon established community partnerships and create new partnerships throughout BP4 by attending quarterly PREPARE meetings, administering and attending monthly IHCC meetings and bi-monthly Northern Nevada Access and Functional Needs Workgroup meetings. 1.4) WCHD will have continued efforts in identifying and creating community partnerships to increase the ability to prepare for, withstand and recover in the event of a public health incident.		
<b>Check ALL Functions that apply</b> <input type="checkbox"/> <b>Function #1: Determine risks to the health of the jurisdiction</b> <input checked="" type="checkbox"/> <b>Function #2: Build community partnerships to support health preparedness.</b> <input checked="" type="checkbox"/> <b>Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks.</b> <input type="checkbox"/> <b>Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts.</b>		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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1.3.1) WCHD will attend quarterly PREPARE meetings in order to identify sector groups and continue establishing new community partnerships.	Meeting agenda/minutes	Q4
1.3.2) WCHD will attend and provide administrative support at monthly Inter-Hospital Coordinating Council meetings and any other council activities that arise.	Monthly meeting agenda and minutes (12 meetings total)	Q4
1.3.3) WCHD will attend and provide administrative support for five Northern Nevada Access and Functional Needs Workgroup meetings and any other workgroup activities that arise.	Meeting agenda/minutes	Q4
1.4.1) WCHD will research, document and create a minimum of four newly established relationships with community and faith-based organizations responsible for providing direct health-related services to the public.	Documentation of community partners and resources available	Q4
1.4.2) WCHD will identify locations to distribute the comprehensive community resource guide developed in BP1 and replenish current supplies as needed.	Tracking of resources distributed to community organizations	Q4
<b>Objective(s):</b> 1.5) WCHD will continue to promote training to employees, volunteers and community partners that may have a supporting role in public health, medical, and mental/behavioral health sectors.		
<p><b>Check ALL Functions that apply</b></p> <p><input type="checkbox"/> Function #1: Determine risks to the health of the jurisdiction</p> <p><input type="checkbox"/> Function #2: Build community partnerships to support health preparedness.</p> <p><input type="checkbox"/> Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks.</p> <p><input checked="" type="checkbox"/> Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts.</p>		
<b>Activity</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
1.5.1) WCHD will review current online training courses and promote these trainings to employees, volunteers and community partners.	Completion certificates	Q4
1.5.2) WCHD will schedule a Psychological First Aid Course for Medical Reserve Corps volunteers provided by the American Red Cross.	Sign-in sheets	Q3
1.5.3) WCHD will update and promote the online ICS Refresher course to Washoe County employees.	Completion certificates	Q4

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1.5.4) WCHD will revise and update the PHP public website.	Updated website	Q4
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**PHEP CAPABILITY # 2 : COMMUNITY RECOVERY** **\$51,767**

Planned Activity Type:  Build     Sustain     Scale Back     No Planned Activity

**Goal:** Washoe County Health District will collaborate with community partners to plan and advocate for the rebuilding of public health, medical, and mental/behavioral health systems comparable to pre-incident functionality.

**Output(s):**

- 1) Documented strategy to best work with agencies in development of recovery or Continuity of Operations Plans.
- 2) Memorandum of Understanding for alternate worksites for WCHD programs as identified in the Department Emergency Management Plan.
- 3.) AAR/IP Tracking Log

**Objective (s):**

- 2.1) In BP4, Washoe County Health District will determine agencies short and long-term service delivery goals following a disaster or public health incident and strategies in place for timely repair or rebuilding of public health services.
- 2.2) In BP4, Washoe County Health District will identify what resources are available to employees, first responders, at-risk and vulnerable populations following a disaster or public health incident.

**Check ALL Functions that apply**

- Function #1:** Identify and monitor public health, medical, and mental/behavioral health system recovery needs.
- Function #2:** Coordinate community public health, medical, and mental/behavioral health system recovery operations.
- Function #3:** Implement corrective actions to mitigate damages from future incidents.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
2.1.1) WCHD will identify short and long-term health service delivery goals of skilled nursing facilities and area hospitals in order to provide assistance in creating a Continuity of Operations Plan.	COOPs developed at individual skilled nursing facilities and area hospitals.	Q4
2.1.2) WCHD will develop a strategy to best approach agencies in the development of recovery plans and identify agencies requiring Continuity of Operations Plans.	Meeting notes and documented strategy. Further identification of agencies requiring COOPs.	Q4
2.2.2) WCHD will determine what short and long-time services are available to seniors through the Washoe County Social Services department.	Resource documentation	Q2

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**Objective(s):**  
 2.3) In BP4 Washoe County will update and revise the Continuity of Operations Plan as deemed necessary.  
 2.4) In BP4, Washoe County Health District will update the public information system to include messages to address likely questions and concerns that may arise during an event.  
 2.5) In BP4, Washoe County Health District will implement 100% of the corrective actions due in BP4 identified through incident and exercise AAR/IPs.

**Check ALL Functions that apply**  
 **Function #1:** Identify and monitor public health, medical, and mental/behavioral health system recovery needs.  
 **Function #2:** Coordinate community public health, medical, and mental/behavioral health system recovery operations.  
 **Function #3:** Implement corrective actions to mitigate damages from future incidents.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
2.3.1) WCHD will develop a Memorandum of Understanding with identified non-county alternate worksites for WCHD programs as identified in the Continuity of Operations Plan.	MOUs	Q4
2.4.1) WCHD will create message templates for frequently asked questions and/or concerns that could arise in the event of an emergency.	Message templates	Q4

**Check ALL Functions that apply**  
 **Function #1:** Identify and monitor public health, medical, and mental/behavioral health system recovery needs.  
 **Function #2:** Coordinate community public health, medical, and mental/behavioral health system recovery operations.  
 **Function #3:** Implement corrective actions to mitigate damages from future incidents.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.) WCHD Public Health Preparedness staff will meet with the Department Emergency Management Committee, who are tasked with tracking the completion of AAR/IP corrective actions, to review the actions that will be implemented in BP4.	Department Emergency Management Committee minutes	Q4
2.) WCHD will complete all of the BP4 corrective actions as discussed with the Department Emergency Management Committee.	AAR/IP activity tracking log.	Q4

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<b>PHEP CAPABILITY # 3 : EMERGENCY OPERATIONS COORDINATION</b>	<b><u>\$51,767</u></b>
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Planned Activity Type:    Build    Sustain    Scale Back    No Planned Activity

**Goal: Activate public health emergency operations for a drill, exercise or real event to include notification and activation of designated incident command staff. Develop Incident response strategy. (JRA)**

**Output(s):**  
1) Notify and activate staff within 60 minutes for a drill, exercise or real event to ensure operational readiness to response to an exercise or real event.

**Objective(s):**  
1) Notify and activate staff within 60 minutes for a drill, exercise or real event.

- Check ALL Functions that apply**
- Function #1: Conduct preliminary assessment to determine need for public activation.
  - Function #2: Activate public health emergency operations.
  - Function #3: Develop incident response strategy.
  - Function #4: Manage and sustain the public health response.
  - Function #5: Demobilize and evaluate public health emergency operations.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Notify and activate staff utilizing Communicator NXT system once per grant year	Communicator NXT activation reports	Q2
1.1) Activate staff utilizing Communicator NXT system once per grant year	Communicator NXT activation reports	Q1, Q3, Q4

**Objective(s):**  
1) Create approved Incident Action Plans  
2) Disseminate the Incident Action Plans  
3) Revise and brief staff on Incident Action Plans

- Check ALL Functions that apply**
- Function #1: Conduct preliminary assessment to determine need for public activation.
  - Function #2: Activate public health emergency operations.
  - Function #3: Develop incident response strategy.
  - Function #4: Manage and sustain the public health response.
  - Function #5: Demobilize and evaluate public health emergency operations.

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Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Produce or contribute to a Incident Command or Unified Command approved Incident Action Plan prior to the start of the second operational plan.	Approved IAP	Q1-Q4
2) Disseminate the Incident Action Plan to public health response staff.	Approved IAP distributed to public health response staff	Q1-Q4
3) Revise and brief staff on the Incident Action Plan at a minimum of each new operational period.	Briefing of staff on approved IAP	Q1-Q4

**PHEP CAPABILITY # 4 : EMERGENCY PUBLIC INFORMATION AND WARNING**

**\$71,180**

Planned Activity Type:  Build  Sustain  Scale Back  No Planned Activity

**Goal(s):** WCHD will continue to provide emergency public health information and warning by: serving on the NV Public Warning / Public Information Taskforce; participating in call-down drills of staff; utilizing the Public Information Officer (PIO) as the agency's spokesperson and member on regional JICs; implementing WCHD media policy addressing public communication needs by using traditional and social media; coordinating/facilitating/participating in community ICS and CERC trainings and exercises; revising the agency's Public Information and Communication (PIC) Plan; and, working with public and private agencies and organizations at the local, area, state, regional, and federal levels.

**Output(s):**

- 1) WCHD will continue to provide accurate and timely public health information to the community through traditional and social media.
- 2) WCHD will continue to engage in educational and informational programs with key partners and stakeholders to enhance emergency communication

**Objective(s): Written by Subgrantee**

- 1) Participate in 2–4 NV Public Warning /Public Information Task Force meetings, drills, or activities during the grant period.
- 2) Compose and distribute public health press releases and information using traditional and social media.

**Check ALL Functions that apply**

- Function #1: Activate the emergency public information system.
- Function #2: Determine the need for a joint public information system.
- Function #3: Establish and participate in information system operations.
- Function #4: Establish avenues for public interaction and information exchange.
- Function #5: Issue public information, alerts, warnings, and notifications.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
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1) Attend NV PW/PI Task Force meetings to continue fostering public information abilities with key partners and public health stakeholders	Sign-in sheets, meeting minutes, notes or agendas	Q1-4
2) Include PIO in call down drills and utilize PIO as agency spokesperson during emergencies	Activity logs including press release, media advisory, and media contact reports, after action reports, media clips	Q1-4
3) Use WCHD website and social media accounts in information system operations as avenues for public interaction and information exchange of alerts, warnings and notifications.	Web reports, social media reports, monthly media contact reports, media clips	Q1-4

**Objective(s): Written by Subgrantee**

- 1) To hone communication skills by working closely with NV PW/PI members and streamlining communication activities so that during a crisis public information delivery is timely, accurate, and credible.
- 2) To make greater use of social media accounts across the public health spectrum to better educate and inform the public on emergency health matters.
- 3) To ensure staff and partners are familiar with public health's role during emergencies, conduct ICS 300 and 400 trainings from a public health standpoint.
- 4) To ensure staff and partners are familiar with crisis emergency risk communication methodology, conduct CDC CERC training reviewing physical and psychological responses to emergencies and public information needs of victims and responders.

**Check ALL Functions that apply**

- Function #1: Activate the emergency public information system.
- Function #2: Determine the need for a joint public information system.
- Function #3: Establish and participate in information system operations.
- Function #4: Establish avenues for public interaction and information exchange.
- Function #5: Issue public information, alerts, warnings, and notifications.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Conduct ICS 300/400 trainings for staff, partners and stakeholders	Sign-in sheets, tests, evaluations	Q3/4
2) Conduct one Center for Disease Control Crisis Emergency Risk Communication training for staff, partners and stakeholders	Sign-in sheets, tests, evaluations	Q2/3

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<b>PHEP CAPABILITY # 5 : PHEP FATALITY MANAGEMENT</b>	<b><u>\$19,413</u></b>
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Planned Activity Type:  Build     Sustain     Scale Back     No Planned Activity

**Goal:** 5. Washoe County will improve the ability to coordinate with other organizations to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services to the family members, responders and survivors of an incident.

**Output(s):**  
 1) Draft Transportation and Storage Annex to the Mass Fatality Plan.  
 2) AAR/IP – Draft Transportation and Storage Annex to the Mass Fatality Plan.

**Objective(s):**  
 5.1 By June 2016, WCHD in collaboration with Washoe County Medical Examiner’s Office to develop and exercise the Transportations and Storage Annex to the Mass Fatality Plan.

**Check ALL Functions that apply**

- Function #1: Determine role for public health in fatality management.
- Function #2: Activate public health fatality management operations.
- Function #3: Assist in the collection and dissemination of antemortem data.
- Function #4: Participate in survivor mental/behavioral health services.
- Function #5: Participate in fatality processing and storage operations.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
5.1.1 WCHD and Washoe County Medical Examiner’s Office will draft Transportation and Storage Annex to the Mass Fatality Plan.	Draft Transportation and Storage Annex	Q4
5.1.2 WCHD and Washoe County Medical Examiner’s Office will draft Transportation and Storage Annex to the Mass Fatality Plan	AAR/IP, sign-in sheets	Q4

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<b>PHEP CAPABILITY # 6 : PHEP INFORMATION SHARING</b>	<b><u>\$32,354</u></b>
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Planned Activity Type:  Build  Sustain  Scale Back  No Planned Activity

**Goal :** Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government, and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to federal, state, local, territorial, and tribal levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance.

**Output(s):**  
 1) Share health district epidemiological/clinical data as needed with relevant health care organizations.  
 2) Maintain Crisis Communications list of key partners and stakeholders to be engaged during crisis situations.

**Objective(s): Written by Subgrantee**  
 1) Based on data, share information with appropriate elected officials, identified stakeholders (both inter- and intra-jurisdictional) and private sector leadership to promote and ensure continual connection (e.g., ongoing standing meetings, webinars, and teleconferences) and use continuous quality improvement process to define and redefine information-sharing needs  
 2) Through the Public Information / Public Warning Taskforce, WCHD will foster and maintain relationships with inter- and intra-jurisdictional stakeholders for information sharing, will assist in the continuous quality improvement process to define and redefine information sharing and needs.

**Check ALL Functions that apply**  
 Function #1: Identify stakeholders to be incorporated into information flow.  
 Function #2: Identify and develop rules and data elements for sharing.  
 Function #3: Exchange information to determine a common operating picture.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Attend NV PW/PI meetings, trainings, workshops to develop a regional plan that addresses communications before, during and after incident, including the identification of stakeholders.	Meeting agenda, notes, etc.; Regional Public Information / Public Warning Plan when it's completed in the region.	Q1-4
2) Maintain current Media Contact List and Crisis Communication List identifying appropriate media channels, key reporters and stakeholders	Updated communications database, updated WCHD PIC Plan	Q1-4
3) Continue information sharing on current public health concerns (i.e., measles, ebola, norovirus, etc.,) as needed.	Media Advisories, Press Releases, Media Contacts, media clips	Q1-4

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**Objective(s): Written by Subgrantee**

1) WCHD will continue its mission of protecting and enhancing the quality of life for residents and visitors and will provide information to partners and the general public on matters of public health. WCHD will continue to collaborate with regional partners and stakeholders to research and develop tools for regional informational sharing. This will enable continued communication during emergency response.

**Check ALL Functions that apply**

- Function #1: Identify stakeholders to be incorporated into information flow.
- Function #2: Identify and develop rules and data elements for sharing.
- Function #3: Exchange information to determine a common operating picture.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Prior to and as necessary during an incident, identify, through public health agency legal counsel (and counsel to other agencies and jurisdictions as appropriate), current jurisdictional and federal regulatory, statutory, privacy-related and other provisions, laws, and policies that authorize and limit sharing of information relevant to emergency situational awareness. Such laws and policies may include Health Insurance Portability and Accountability Act (HIPAA), Office of the National Coordinator Health IT Information Technology Policy, HHS Information Management Policy, and specific requirements of current memoranda of understanding and memoranda of agreements; these laws may address privacy, civil liberties, intellectual property, and other substantive issues	Documentation from Legal Counsel as it is made available to WCHD.	Q1-4
2) Work closely with the Washoe County Regional Emergency Operations Center, the Emergency Manager, and the Nevada Public Warning and Public Information Task Force in coordinating the use of existing and emerging techniques and technologies in informing the public during emergencies. These systems include the Emergency Alert System, IPAWS (Integrated Public Alert and Warning System), WebEOC, and WEA (Wireless Emergency Alerts).	Sign-in sheets, meeting minutes, notes, agendas	Q1-4

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<b>PHEP CAPABILITY # 8 : MEDICAL COUNTERMEASURE DISPENSING</b>		<b><u>\$110,005</u></b>
<b>Planned Activity Type:</b> <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
<b>Goa(s):</b> 8. To provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxin, etc.) in support of treatment or prophylaxis (oral or vaccination) to the identified population in accordance with public health guidelines and/or recommendations.		
<b>Output(s):</b> 1. Participation in the Statewide Medical Countermeasure Dispensing Full Scale Exercise 2. Updated POD Operations Manual (Phase One) 3. Updated POD Operations Manual (Phase Two) 4. Updated Medical Countermeasure Dispensing and Distribution Plan 5. Finalized Private POD Plans for current (10) Private POD Partners 6. POD website developed 7. Six fire vaccination trainings completed 8. Participation in one Private POD full scale exercise		
<b>Objective(s): Written by Subgrantee</b> 8.1 A minimum of three Washoe County PHP staff will participate in the September-October 2015 Statewide Medical Countermeasure Dispensing Full Scale Exercise.		
<b>Check ALL Functions that apply</b> <input checked="" type="checkbox"/> Function #1: Identify and initiate medical countermeasure dispensing strategies. <input checked="" type="checkbox"/> Function #2: Receive medical countermeasures. <input checked="" type="checkbox"/> Function #3: Activate dispensing modalities. <input checked="" type="checkbox"/> Function #4: Dispense medical countermeasures to identified population. <input checked="" type="checkbox"/> Function #5: Report adverse events		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
8.1.1 PHP staff will attend all planning meetings organized by the State to continue participation in the Statewide exercise	Sign-in sheets	Q2
8.1.2 PHP staff will participate in the 3 day Statewide full scale exercise. <b>Travel reimbursement must be submitted on a separate Request for Reimbursement.</b>	Sign-in sheets	Q2

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**Objective(s): Written by Subgrantee**  
8.2 PHP staff will update the POD Operations Manuals.

- Check ALL Functions that apply**
- Function #1: Identify and initiate medical countermeasure dispensing strategies.
  - Function #2: Receive medical countermeasures.
  - Function #3: Activate dispensing modalities.
  - Function #4: Dispense medical countermeasures to identified population.
  - Function #5: Report adverse events

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
8.2.1 Schedule at least one POD planning meeting to review POD Operations Manual (Phase One)	Sign-in sheets	Q4
8.2.2 Schedule at least one POD planning meeting to review POD Operations Manual (Phase Two)	Sign-in sheets	Q2
8.2.3 Revise/update POD Operations Manuals (Phases One and Two)	Each Operations Manual contains a page which lists “Plan Reviews and Changes” – this page will be updated to include all changes, and the updated Manuals will serve as documentation as well.	Q4

**Objective(s): Written by Subgrantee**  
8.3 PHP staff will update the Medical Countermeasure Dispensing and Distribution (MCMDD) Plan.

- Check ALL Functions that apply**
- Function #1: Identify and initiate medical countermeasure dispensing strategies.
  - Function #2: Receive medical countermeasures.
  - Function #3: Activate dispensing modalities.
  - Function #4: Dispense medical countermeasures to identified population.
  - Function #5: Report adverse events

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
8.3.1 Revise/update MCMDD based on POD planning meeting discussions and new CDC recommendations.	Each Operations Manual contains a page which lists “Plan Reviews and Changes” – this page will be updated to include all changes, and the updated Manuals will serve as documentation as well.	Q2

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<b>Objective(s): Written by Subgrantee</b>		
8.4 PHP staff will finalize all ten Private POD Plans for current Private POD Partners.		
<b>Check ALL Functions that apply</b>		
<input checked="" type="checkbox"/> Function #1: Identify and initiate medical countermeasure dispensing strategies.		
<input checked="" type="checkbox"/> Function #2: Receive medical countermeasures.		
<input checked="" type="checkbox"/> Function #3: Activate dispensing modalities.		
<input checked="" type="checkbox"/> Function #4: Dispense medical countermeasures to identified population.		
<input type="checkbox"/> Function #5: Report adverse events		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
8.4.1 Meet with all Private POD Partners to identify gaps in their Private POD Plans (this activity began in BP3 and will continue into BP4).	Meeting notes	Q1
8.4.2 Complete Private POD Plan writing so all 10, current partners have a finalized Plan.	Completed Plan	Q1
<b>Objective(s): Written by Subgrantee</b>		
8.5 PHP staff will bring on three new Private POD Partners.		
<b>Check ALL Functions that apply</b>		
<input checked="" type="checkbox"/> Function #1: Identify and initiate medical countermeasure dispensing strategies.		
<input type="checkbox"/> Function #2: Receive medical countermeasures.		
<input type="checkbox"/> Function #3: Activate dispensing modalities.		
<input type="checkbox"/> Function #4: Dispense medical countermeasures to identified population.		
<input type="checkbox"/> Function #5: Report adverse events		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
8.5.1 Meet with potential private POD partners to discuss collaborating with the Health District in the event of a public health emergency.	Meeting notes	Q3
8.5.2 Assist new potential partners in moving their MOU process forward.	Meeting notes	Q3
8.5.3 Assist Private POD Partners in completing a Registry Form.	Registry Form	Q3
8.5.4 Assist Private POD Partners in writing their Plan.	Written (draft) Plan	Q4

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<b>Objective(s): Written by Subgrantee</b>		
8.6 PHP staff will assist new Private POD Partners in developing their Private POD Plan.		
<b>Check ALL Functions that apply</b>		
<input checked="" type="checkbox"/> Function #1: Identify and initiate medical countermeasure dispensing strategies. <input checked="" type="checkbox"/> Function #2: Receive medical countermeasures. <input checked="" type="checkbox"/> Function #3: Activate dispensing modalities. <input checked="" type="checkbox"/> Function #4: Dispense medical countermeasures to identified population. <input type="checkbox"/> Function #5: Report adverse events		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
8.6.1 Provide all Private POD Partners with the Private POD Planning template.	E-mails with template attached or meeting notes regarding discussion of template in person.	Q4
8.6.2 Meet with new partners to assist in development of their Plans.	Draft Plans	Q4
<b>Objective(s): Written by Subgrantee</b>		
8.7 PHP staff will complete development of the POD website (work began in BP3).		
<b>Check ALL Functions that apply</b>		
<input checked="" type="checkbox"/> Function #1: Identify and initiate medical countermeasure dispensing strategies. <input checked="" type="checkbox"/> Function #2: Receive medical countermeasures. <input checked="" type="checkbox"/> Function #3: Activate dispensing modalities. <input checked="" type="checkbox"/> Function #4: Dispense medical countermeasures to identified population. <input checked="" type="checkbox"/> Function #5: Report adverse events		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
8.7.1 Continue meetings with web developer to ensure all community information, Private POD information and Public POD information has been uploaded onto the website.	Meeting notes	Q1
8.7.2 Meet with DCAS and PIO to receive approval for final development of site.	Meeting notes	Q1
8.7.3 Present the new website to at least two committees (e.g., IHCC, LEPC).	Sign in sheets	Q2
8.7.4 Make updates to site based on feedback from committee meetings.	Website updates	Q2
<b>Objective(s): Written by Subgrantee</b>		
8.8 Conduct a minimum of six Fire Vaccination Administration Trainings.		



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**Check ALL Functions that apply**

Function #1: Identify and initiate medical countermeasure dispensing strategies.

Function #2: Receive medical countermeasures.

Function #3: Activate dispensing modalities.

Function #4: Dispense medical countermeasures to identified population.

Function #5: Report adverse events

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
8.8.1 Schedule training times with three local fire agencies to ensure Shifts A, B and C are all offered a minimum of two trainings each.	E-mails	Q3
8.8.2 Provide three fire agencies with rosters of firefighters in need of taking the training (for recertification purposes).	Sign-in sheets	Q3
8.8.3 Complete appropriate paperwork for State EMS.	Copies of paperwork	Q3
8.8.4 Conduct trainings.	Sign-in sheets	Q3
8.8.5 Complete additional paperwork and submit to State EMS to ensure firefighters receive certification for class.	Copies of paperwork	Q3
8.8.6 Complete analysis of data collected from evaluations.	Analysis of data.	Q3

**Objective(s): Written by Subgrantee**  
8.9 Participate in at least one Private POD exercise.

**Check ALL Functions that apply**

Function #1: Identify and initiate medical countermeasure dispensing strategies.

Function #2: Receive medical countermeasures.

Function #3: Activate dispensing modalities.

Function #4: Dispense medical countermeasures to identified population.

Function #5: Report adverse events

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
8.9.1 Meet with Private POD partners to determine who is ready to exercise their Plan (there should be multiple partners who are ready to exercise private POD operations).	E-mails	Q4
8.9.2 If asked, assist in the exercise planning process.	Sign-in sheets	Q4
8.9.3 Observe or evaluate the private POD exercise.	Copies of exercise documentation.	Q4

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**PHEP CAPABILITY # 11 : NON-PHARMACEUTICAL INTERVENTIONS** \$51,767

Planned Activity Type:  Build     Sustain     Scale Back     No Planned Activity

**Goal(s):**  
1) Washoe County will have basic preparations in place to enable implementation of non-pharmaceutical interventions as needed during a public health emergency.

**Output(s):**  
1) Updated bench book based on Washoe County needs as well as stakeholder and legal input

**Objective(s):**  
1) By June 30, 2016 WCHD will obtain feedback from area hospitals and other stakeholders on proposed methods of implementing non-pharmaceutical interventions.

- Check ALL Functions that apply**
- Function #1: Engage partners and identify factors that impact non-pharmaceutical interventions.
  - Function #2: Determine non-pharmaceutical interventions.
  - Function #3: Implement non-pharmaceutical interventions.
  - Function #4: Monitor non-pharmaceutical interventions.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Provide the Washoe County Inter Hospital Coordinating Council (IHCC) with a copy of the draft bench book for review and discussion	IHCC Minutes	Q1
2) Review and revise as needed the draft bench book developed in BP3.	Bench book	Q2

**Objective(s): Written by Subgrantee**  
1) By June 30, 2016, WCHD will continue to develop and refine its understanding of the legal and regulatory authorities available to implement isolation, quarantine, social distancing and other forms of non-pharmaceutical intervention.

- Check ALL Functions that apply**
- Function #1: Engage partners and identify factors that impact non-pharmaceutical interventions.
  - Function #2: Determine non-pharmaceutical interventions.
  - Function #3: Implement non-pharmaceutical interventions.
  - Function #4: Monitor non-pharmaceutical interventions.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Obtain legal vetting of the draft bench book developed in BP3.	Bench book	Q2

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2) Review and revise as needed the draft bench book developed in BP3.	Bench book	Q2
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<b>PHEP CAPABILITY #13 : PUBLIC HEALTH SURVEILLANCE &amp; EPIDEMIOLOGICAL INVESTIGATION</b>	<b><u>\$45,296</u></b>
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Planned Activity Type:  Build  Sustain  Scale Back  No Planned Activity

**Goal(s): Nevada will create public health surveillance and epidemiological investigation plans that meet 24/7 preparedness abilities.**

**Output(s):**

- 1.1) Engaged stakeholders
- 1.2) Completed investigations in NBS
- 1.3) Syndromic surveillance SOP
- 1.4) Knowledgeable internal and external partners
- 1.5) Identified health problems, threats, and environmental hazards

- 2.1) Disease investigations are documented within NBS
- 2.2) Epidemiological and environmental consultations are provided to neighboring jurisdictions as requested
- 2.3) Investigative results are documented within NBS

- 3.1) Scientifically defensible disease and/or outbreak mitigation actions identified.
- 3.2) Decision makers are provided with scientifically defensible disease and/or outbreak mitigation actions for consideration.
- 3.3) Mitigation actions are monitored for results.
- 3.4) Additional mitigation actions are identified and recommended based on results.

- 4.1) Issues and outcomes are identified both during and after incidents and discussed in post-incident evaluation meetings.
- 4.2) AAR/IPs are developed and shared with public health leadership.

**Objective(s):**  
1) By June 30, 2016, WCHD will sustain the tasks and activities required to conduct public health surveillance and detection.

**Check ALL Functions that apply**

- Function #1: Conduct public health surveillance and detection.**
- Function #2: Conduct public health and epidemiological investigations.**
- Function #3: Recommend, monitor, and analyze mitigation actions.**
- Function #4: Improve public health surveillance and epidemiological investigation systems.**

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
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1) WCHD will continue to engage stakeholders through reminders about legally mandated reporting in the EpiNews publication.	EpiNews publications	Q1 – Q4
2) Routine surveillance will continue to be conducted in accordance with NRS/NAC 441A.	NBS and staff investigation notes	Q1 – Q4
3) Existing syndromic surveillance systems will be maintained including FirstWatch, NRDM, and BioSense.	Syndromic surveillance SOP	Q1 – Q4
4) Statistical data will continue to be shared through internal reports on a weekly basis and with external partners through the EpiNews.	CD Log and EpiNews publications	Q1 – Q4
5) Identification of health problems, threats, and environmental hazards will be achieved through continued analysis of surveillance data and encouragement of outbreak reporting by professionals and members of the public.	EpiNews publications	Q1 – Q4
<b>Objective(s):</b> 2) By June 30 2016, WCHD will sustain the tasks and activities required to conduct public health and epidemiological investigations.		
<p><b>Check ALL Functions that apply</b></p> <input type="checkbox"/> Function #1: Conduct public health surveillance and detection. <input checked="" type="checkbox"/> Function #2: Conduct public health and epidemiological investigations. <input type="checkbox"/> Function #3: Recommend, monitor, and analyze mitigation actions. <input type="checkbox"/> Function #4: Improve public health surveillance and epidemiological investigation systems.		
<b>Activity</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
1) WCHD will continue to conduct investigations as required by law and/or public health necessity and will involve partner organizations as indicated.	NBS system and investigative files	Q1 – Q4
2) WCHD will continue to provide epidemiological and environmental consultation to neighboring jurisdictions and partner agencies as requested.	Staff notes	Q1 – Q4
3) WCHD will continue to report investigation results to jurisdictional and federal partners utilizing NGS.	NBS system	Q1 – Q4
<b>Objective(s):</b> 3) By June 30 2016, WCHD will sustain the tasks and activities required to recommend, monitor, and analyze mitigation actions.		
<p><b>Check ALL Functions that apply</b></p> <input type="checkbox"/> Function #1: Conduct public health surveillance and detection. <input type="checkbox"/> Function #2: Conduct public health and epidemiological investigations. <input checked="" type="checkbox"/> Function #3: Recommend, monitor, and analyze mitigation actions.		

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<input type="checkbox"/> <b>Function #4: Improve public health surveillance and epidemiological investigation systems.</b>		
Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) WCHD will continue to determine and implement mitigation actions based on applicable science and standards outlined in reference documents.	NBS, Staff investigation notes, and Outbreak final reports	Q1 – Q4
2) WCHD will continue to provide information for decision makers to support decision making related to mitigation actions..	NBS, Staff investigation notes, and Outbreak final reports	Q1 – Q4
3) WCHD will continue to monitor mitigation results.	NBS, Staff investigation notes, and Outbreak final reports	Q1 – Q4
4) WCHD will continue to recommend additional measures as needed based on monitoring of mitigation results	NBS, Staff investigation notes, and Outbreak final reports	Q1 – Q4

**Objective(s):**

4) By June 30 2016, WCHD will sustain the tasks and activities required to improve public health surveillance and epidemiological investigation systems.

**Check ALL Functions that apply**

- Function #1: Conduct public health surveillance and detection.
- Function #2: Conduct public health and epidemiological investigations.
- Function #3: Recommend, monitor, and analyze mitigation actions.
- Function #4: Improve public health surveillance and epidemiological investigation systems.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) WCHD will continue to identify issues and outcomes during and after incidents.	Outbreak final reports and AAR/IPs	Q1 – Q4
2) WCHD will continue to conduct post-incident evaluation meetings with active participants after major outbreak investigations and/or exercises.	Outbreak final reports and AAR/IPs	Q1 – Q4
3) WCHD will continue to develop an AAR/IP after major outbreak investigations and/or exercises.	Outbreak final reports and AAR/IPs	Q1 – Q4
4) WCHD will continue to communicate AAR/IP information to public health leadership after major outbreaks and/or exercises.	Outbreak final reports and AAR/IPs	Q1 – Q4

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**PHEP CAPABILITY # 14 : PHEP RESPONDER SAFETY AND HEALTH** **\$71,180**

Planned Activity Type:  Build     Sustain     Scale Back     No Planned Activity

**Goal(s):**  
14. To protect public health agency staff responding to an incident and the ability to support the health and safety needs of hospital and medical facility personnel, if requested.

**Output(s):**  
1. Update Department Emergency Management Plan.  
2. Obtain PPE for Law Enforcement (if budget allows).  
3. Development of an AAR-IP for Table Top Exercise with law enforcement in relation to isolation and quarantine.  
4. Fit test all Health District employees for N95 masks based on availability of Ebola funding.  
5. Develop inventory management system for tracking of PPE supplies.  
6. Obtain the Subject Matter Expert resource guide for emergency management professionals (provided by University of Nevada, Reno, School of Medicine).

**Objective(s): Written by Subgrantee**  
14.1 PHP staff will update the Department Emergency Management Plan (DEMP).

**Check ALL Functions that apply**  
 Function #1: Identify responder safety and health risks.  
 Function #2: Identify safety and personal protective needs.  
 Function #3: Coordinate with partners to facilitate risk-specific safety and health training.  
 Function #4: Monitor responder safety and health actions.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
14.1.1 Revise/update DEMP based on recommended changes from management.	The DEMP contains a page which lists "Plan Reviews and Changes" – this page will be updated to include all changes, and the updated DEMP will serve as documentation as well.	Q4

**Objective(s): Written by Subgrantee**  
14.2 Obtain needed PPE for law enforcement (if budget allows).

**Check ALL Functions that apply**  
 Function #1: Identify responder safety and health risks.  
 Function #2: Identify safety and personal protective needs.  
 Function #3: Coordinate with partners to facilitate risk-specific safety and health training.  
 Function #4: Monitor responder safety and health actions.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
14.2.1 Meet with law enforcement agencies to determine PPE needs in response to a public health emergency.	Sign in sheets	Q2

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14.2.2 Purchase PPE for law enforcement personnel (if budget allows)	Purchased PPE/Invoice of PPE	Q2
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**Objective(s): Written by Subgrantee**

14.3 PHP staff will develop a Table Top Exercise (TTX) in regard isolation and quarantine.

**Check ALL Functions that apply**

- Function #1: Identify responder safety and health risks.**
- Function #2: Identify safety and personal protective needs.**
- Function #3: Coordinate with partners to facilitate risk-specific safety and health training.**
- Function #4: Monitor responder safety and health actions.**

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
14.3.1 Create a planning team for the purposes of the TTX.	Sign-in sheets	Q4
14.3.2 Schedule the IPC, MPC and/or FPC with the Planning Team. Schedule the date of the exercise.	Sign-in sheets	Q4
14.3.3 Develop Situational Manual for TTX.	Situation Manual	Q4
14.3.4 Conduct TTX.	Sign in sheet	Q4
14.3.5 Write AAR-IP.	AAR-IP	Q4

**Objective(s): Written by Subgrantee**

14.4 PHP staff will fit test all Health District staff for N95 masks.

**Check ALL Functions that apply**

- Function #1: Identify responder safety and health risks.**
- Function #2: Identify safety and personal protective needs.**
- Function #3: Coordinate with partners to facilitate risk-specific safety and health training.**
- Function #4: Monitor responder safety and health actions.**

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
14.4.1 Schedule a minimum of four fit testing times with Wise Consulting – have Wise Consulting come to the Health District to provide fit testing.	Confirmatory e-mail from Wise Consulting	Q2
14.4.2 Notify Health District staff of days and times they can be fit tested by Wise Consulting.	E-mail/Save the Date Flyer	Q2

**Objective(s): Written by Subgrantee**

14.5 Develop Inventory Management system for tracking of PPE supplies.

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**Check ALL Functions that apply**

- Function #1: Identify responder safety and health risks.
- Function #2: Identify safety and personal protective needs.
- Function #3: Coordinate with partners to facilitate risk-specific safety and health training.
- Function #4: Monitor responder safety and health actions.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
14.5.1 Using quality improvement processes, develop an inventory management system to ensure all PHP supplies are tracked and used prior to expiration dates (e.g., needles).	Process/form for tracking purposes	Q2
14.5.2 Inventory and track supplies using new process.	Notes on how new process is working	Q2

**Objective(s): Written by Subgrantee**

14.6 Utilize the Emergency Management Subject Matter Expert resource guide for Responder Safety and Health needs.

**Check ALL Functions that apply**

- Function #1: Identify responder safety and health risks.
- Function #2: Identify safety and personal protective needs.
- Function #3: Coordinate with partners to facilitate risk-specific safety and health training.
- Function #4: Monitor responder safety and health actions.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
14.6.1 Obtain the Subject Matter Expert Resource guide from the University of Nevada, Reno School of Medicine when complete.	Resource Guide	Q3
14.6.2 Utilize the resource guide as necessary.	E-mails to Subject Matter Experts	Q4



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**PHEP CAPABILITY # 15 : PHEP VOLUNTEER MANAGEMENT**

**\$77,651**

Planned Activity Type:  Build  Sustain  Scale Back  No Planned Activity

**Goal(s):**  
 1.1 The SERV-NV Program, Nevada’s Emergency System for Advance Registration of Volunteer Healthcare Professional (ESAR-VHP) Registry program, which Washoe County also utilizes, will continue to be used for registration of individuals interesting in becoming an MRC volunteer  
 2.1 Ensure that hospitals and healthcare facilities have procedures in place to contact the MRC program to utilize volunteers when needed i.e. emergency or other events.  
 3.1 Have MRC Volunteers work in a hospital or healthcare facility prior to an incident to allow them to assess their abilities. This will also allow both parties to become familiar with each other in advance of an emergency or incident.  
 4.1 Ensure the safe demobilization of MRC volunteers.

**Output(s):**  
 1.1 Additional number of volunteers that register through the SERV-NV program and select Washoe County MRC program.  
 2.1 The number of hospitals and healthcare facilities that enter into an agreement e.g. an MOU with the MRC program prior to needing the services of volunteers.  
 3.1 The number of hospitals and healthcare facilities that will let MRC members volunteer in their facility.  
 4.1 MRC Volunteers’ demobilization information in the Volunteer Management Plan and the MRC SOP.

**Objective(s): Written by Subgrantee**  
 1.1 By June 30, 2016, Washoe County will quantify how many MRC applications were completed through ESAR-VHP.  
 2.1 By June 30, 2016, Washoe County MRC program will provide information to the IHCC members to encourage those local hospitals and healthcare facilities to utilize MRC services. The objective is to garner their interest in entering into an MOU with the MRC.  
 3.1 By June 30, 2016, Washoe County MRC program will identify volunteering opportunities at local Northern Nevada hospitals and/or healthcare facilities.  
 4.1 Ensure that MRC Volunteers are knowledgeable about the demobilization process after participating in an incident or emergency.

**Check ALL Functions that apply**  
 **Function #1: Coordinate volunteers.**  
 **Function #2: Notify volunteers.**  
 **Function #3: Organize, assemble, and dispatch volunteers.**  
 **Function #4: Demobilize volunteers.**

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1.1 Washoe County will use various media outlets and community events to recruit new volunteers.	The number of registrations that occur for WC MRC	Q4
2.1 MRC coordinator will attend IHCC meetings and visit facilities to try to obtain MOUs with hospitals and healthcare facilities.	The number of hospitals and healthcare facilities that enter into MOU with the MRC program.	Q4

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3.1 MRC coordinator will identify volunteering opportunities in local Northern Nevada hospitals or healthcare facilities through IHCC and by visiting facilities.	The number of hospitals and healthcare facilities that will let MRC members volunteer in their facility.	Q4
4.1 MRC volunteers will be provided demobilization procedures as outlined in the MRC Standard Operating Procedures (SOP) and VMP during orientation and upon arriving to an incident or emergency.	The demobilization procedure as outlined in the MRC Standard Operating Procedures (SOP) and VMP.	Q4
<b>Objective(s): Written by Subgrantee</b> 2.2 Review and revise if needed MRC volunteers' correct "call down" procedures by conducting a "call down" exercise. 3.2 Prior to an incident or event have MRC volunteers participate in trainings that may be useful in healthcare/hospitals facilities or for emergencies.		
<b>Check ALL Functions that apply</b> <input type="checkbox"/> Function #1: Coordinate volunteers. <input checked="" type="checkbox"/> Function #2: Notify volunteers. <input checked="" type="checkbox"/> Function #3: Organize, assemble, and dispatch volunteers. <input type="checkbox"/> Function #4: Demobilize volunteers.		
<b>Activity</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
2.2 Ensure that that the current MRC call down procedure adequately supports mobilization (by needed health profession).	Emails and /or phone logs of MRC volunteers that participated in the call-down exercise.	Q4
3.2 Training opportunities for MRC volunteers will be made available in CPR, First Aid, Psychological Fist Aid and other topics to be identified.	Certificates of completion by MRC Volunteers and/or attendance sheets.	Q4

DD	AH	___
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DA	LA	___
Risk	DME	___

**Staff Report**  
**Board Meeting Date:** November 19, 2015

**TO:** District Board of Health

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

**SUBJECT:** **Approve Notice of Subgrant Award for the period August 1, 2015 through July 31, 2016 in the total amount of \$148,000 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity (ELC) Program – Building and Strengthening Epidemiology, Laboratory and Health Information System; Approve amendments totaling an increase of \$2,815 in both revenue and expense to the FY16 CDC ELC Grant Program, IO 10984; and if approved authorize the Chair to execute.**

**SUMMARY**

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

The Washoe County Health District received a Notice of Subgrant Award from the Division of Public and Behavioral Health for the period August 1, 2015 through July 31, 2016 in the total amount of \$148,000 in support of the Epidemiology and Laboratory Capacity Grant Program IO 10984. A copy of the Notice of Subgrant Award is attached.

**District Board of Health strategic priority:** Experience a low rate of communicable diseases.

BCC Strategic Objective supported by this item: Safe, secure and healthy communities.

**PREVIOUS ACTION**

The District Board of Health approved the FY15 Base ELC Grant Program Notice of Subgrant Award (IO 10984) on November 5, 2014.

**BACKGROUND**

The Nevada State Health Division has awarded the Epidemiology Program \$148,000 for the period August 1, 2015 through July 31, 2016. Funds will be used to support personnel, travel, and operating expenditures.

**FISCAL IMPACT**

This award was anticipated in the FY16 budget with total revenue of \$145,179 (\$126,060 direct and \$19,119 indirect). Should the Board approve this Notice of Grant Award, the total adopted FY16 budget will be **increased by \$2,815** by adjustments to the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO 10984	<b>Federal Revenue</b>	<b>\$ 2,815</b>
	701110 Base Salaries	\$ 2,553
	701300 Overtime	\$ 106
	705210 Retirement	\$ 855
	710509 Seminars & Meetings	\$ (400)
	710355 Books and Subscriptions	\$ (349)
	710529 Dues	\$ 50
	<b>Total Expenditures</b>	<b>\$ 2,815</b>

No budget adjustment is needed for the indirect revenue. This budget amendment will also require Board of County Commissioners approval.

**RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health Approve the Notice of Subgrant Award for the period August 1, 2015 through July 31, 2016 in the total amount of \$148,000 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity (ELC) Program – Building and Strengthening Epidemiology, Laboratory and Health Information System; Approve amendments totaling an increase of \$2,815 in both revenue and expense to the FY16 CDC ELC Grant Program, IO 10984; and if approved authorize the Chair to execute.

**POSSIBLE MOTION**

Move to Approve the Notice of Subgrant Award for the period August 1, 2015 through July 31, 2016 in the total amount of \$148,000 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity (ELC) Program – Building and Strengthening Epidemiology, Laboratory and Health Information System; Approve amendments totaling an increase of \$2,815 in both revenue and expense to the FY16 CDC ELC Grant Program, IO 10984; 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 #: 15105  
 Budget Account: 3219  
 Category: 16  
 GL: 8516  
9352116  
 Job Number: & 9332316

### NOTICE OF SUBGRANT AWARD

<b>Program Name:</b> Office of Public Health Informatics and Epidemiology Community Services		<b>Subgrantee Name:</b> Washoe County Health District (WCHD)		
<b>Address:</b> 4126 Technology Way, Suite #200 Carson City, NV 89706-2009		<b>Address:</b> 1001 East Ninth Street Reno, NV 89502		
<b>Subgrant Period:</b> August 1, 2015 through July 31, 2016		<b>Subgrantee's:</b> EIN: <u>88-6000138</u> Vendor #: <u>T40283400</u> Dun & Bradstreet: <u>073-786-998</u>		
<b>Purpose of Award:</b> This award is funded through the <i>Epidemiology and Laboratory Capacity (ELC) Program - Building and Strengthening Epidemiology, Laboratory and Health Information System</i> grant from the CDC. WCHD will use these funds to complete epidemiological surveillance and investigation activities in Washoe County, Nevada.				
<b>Region(s) to be served:</b> <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: Washoe County				
<b>Approved Budget Categories:</b>		<b>Disbursement of funds will be as follows:</b>		
1. Personne6l	\$ <u>123,979</u>	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>\$148,000.00</b> during the subgrant period.		
2. Travel	\$ <u>3,546</u>			
3. Operating	\$ <u>500</u>			
4. Other	\$ <u>850</u>			
5. Administration Fee/Indirect	\$ <u>19,125</u>			
<b>Total Cost: \$ <u>148,000</u></b>				
<b>Source of Funds:</b>		<b>% of Funds:</b>	<b>CFDA:</b>	<b>Federal Grant #:</b>
1. Centers for Disease Control & Prevention		33%	93.323	3U50CK000419-02S1
2. Centers for Disease Control & Prevention		67%	93.521	5U50CK000419-02
<b>Terms and Conditions:</b> In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations; 2. This award is subject to the availability of appropriate funds; and 3. The recipient of these funds agrees to stipulations listed in the incorporated documents.				
<b>Incorporated Documents:</b> Section A: Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement; Section E: Audit Information Request; and Section F: DPBH Business Associate Addendum				
		Signature	Date	
City Manager, Carson City				
Judy DuMonte Program Manager, ELC				
Julia Peek Deputy Administrator				
for Cody L. Phinney, MPH 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: Administrative Services Officer IV  
4150 Technology Way, Suite 300  
Carson City, NV 89706-2009***

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

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

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

<b>Goal 1: Cross-Cutting Epidemiology Capacity</b>			
<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
1. Senior Epidemiologist to oversee all ELC operations	a) Senior Epidemiologist will oversee all operation of the ELC activities within Washoe County Health District; provide assistance in communicable disease reporting, investigating, analysis, and follow-up. This position will work closely with the Division of Public and Behavioral Health to participate in more testing activities when more laboratories or hospitals are involved in ELR activities.	7/31/2016	1. WCHD will submit written progress reports within 30 days of close of the period but no less than quarterly and attach summary to each reimbursement request form.
2. Attend Quarterly Governance Team meetings	b) At least one ELC funded staff/or proxy will participate in the ELC Governance Team quarterly meetings to include 1 trip to southern Nevada for face to face team meeting.	2/28/2016	2. WCHD will submit written progress reports within 30 days of close of the period but no less than quarterly and attach summary to each request for reimbursement form.
3. Attend ELC Grantee meeting in Atlanta, GA	c) Senior Epidemiologist to attend the ELC Grantee meeting in Atlanta, GA	TBD	3. WCHD will submit written progress reports within 30 days of close of the period but no less than quarterly and attach summary to each request for reimbursement form.
<b>Goal 2: OutbreakNet</b>			
1. Attend the national InFORM conference.	a) Epidemiologist to attend the 2016 InFORM Conference.	TBD	1. WCHD will submit written progress reports within 30 days of close of the period but no less than quarterly and attach summary to each reimbursement request form.



**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 3U50CK000419-02S1 and 5U50CK000419-02 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of neither the Division nor Centers for Disease Control and Prevention."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 3U50CK000419-02S1 and 5U50CK000419-02 from Centers for Disease Control and Prevention.

Subgrantee agrees to adhere to the following budget:

<b>Category</b>	<b>Total cost</b>	<b>Details of expected expenses</b>
1. Personnel	\$ 123,979	<p>Epidemiologist - 1 FTE</p> <p>Base salary \$ 87,674</p> <p>Incentive \$ 1,350</p> <p>Overtime \$ 106</p> <p>Total Salary \$ 89,130</p> <p>Group Ins \$ 8,106</p> <p>Workmen's Comp \$ 462</p> <p>Unemployment Ins. \$ 100</p> <p>Retirement \$ 24,927</p> <p>Medicare \$ 1,254</p> <p>Total Fringe \$ 34,849</p> <p>Total Personnel \$ 123,979</p>
2. Travel	\$ 3,546	<p>In-State Travel: Attend the ELC Governance Team meeting in Las Vegas, NV – Flight estimated at \$237 round trip, per diem at \$64 per day x 1 day. Total \$301</p> <p>Out of State Travel: Attend the ELC Grantee meeting in Atlanta, GA - Estimated flight for 1 person at \$356 roundtrip, per diem rate of \$69 per day at 4 days, hotel estimated at \$138 per night for 3 nights, ground transportation at \$40. Total \$1,086</p> <p>Attend the 2016 CSTE Conference in Anchorage, Alaska on June 19 – 23, 2016. Estimated flight \$338 round trip, per diem at \$126 per day x 4 days, lodging at \$339 per night x3 nights, and registration fee of \$300 Total \$2,159</p>
3. Operating Supplies	\$ 500	Toner cartridges for printer to support program activities and general office supplies to support program activities.
4. Other	\$ 850	Books and subscriptions, dues, access to resource materials
5. Administration Fee/Indirect	\$ 19,125	14.84% of direct costs
<b>Total Cost</b>	<b>\$ 148,000</b>	

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

- Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

- Requests for Reimbursements will be submitted monthly and acquiesced no later than 15 days following the end of the month.
- The maximum available through subgrant is \$148,000;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional expenditure detail will be provided upon request to the Division.

Additionally, the Subgrantee agrees to provide:

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

**The Division agrees:**

- Provide reimbursements, not to exceed a total of \$96,561, for the entire subgrant period;
- To provide technical assistance, upon request from the Subgrantee;
- To provide prior approval of reports or documents to be developed;
- 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 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 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 Division of Public and Behavioral Health priorities, by removing it from this agreement through a subgrant amendment

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

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

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

**Request for Reimbursement**

HD#: 15105

Budget Account: 3219/16

GL: 8516

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

<b>Program Name:</b> Office of Public Health Informatics and Epidemiology Nevada Division of Public and Behavioral Health	<b>Subgrantee Name:</b> Washoe County Health District
<b>Address:</b> 4126 Technology Way, Suite #200 Carson City, NV 89706	<b>Address:</b> 1001 East Ninth Street Reno, NV 89502
<b>Subgrant Period:</b> August 1, 2015 through January 31, 2016	<b>Subgrantee's:</b> EIN: <u>88-6000138</u> Vendor #: <u>T40283400</u>

**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 Curent Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$123,979.00	\$0.00	\$0.00	\$0.00	\$123,979.00	0.0%
2 Travel	\$3,546.00	\$0.00	\$0.00	\$0.00	\$3,546.00	0.0%
3 Operating	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00	0.0%
4 Other	\$850.00	\$0.00	\$0.00	\$0.00	\$850.00	0.0%
5 Admin. Fee/Indirect	\$19,125.00	\$0.00	\$0.00	\$0.00	\$19,125.00	0.0%
<b>Total</b>	<b>\$148,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$148,000.00</b>	<b>0.0%</b>

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

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

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

**FOR DIVISION USE ONLY**

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

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

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

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

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

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD

SECTION E

**Audit Information Request**

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

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

2. Did your organization expend \$750,000 or more in all federal awards during your Organization's most recent fiscal year?  YES  NO
3. When does your organization's fiscal year end? \_\_\_\_\_
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  
NOTICE OF SUBGRANT AWARD**

**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**

---

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.

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

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

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

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

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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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> 4150 Technology Way, Suite 300 Carson City, NV 89706	Washoe County Health District Business Name
Phone: (775) 684-5975	1001 East Ninth Street Business Address
Fax: (775) 684-4211	Reno, NV 89502 Business City, State and Zip Code
	Business Phone Number
	Business Fax Number
_____ Authorized Signature	_____ Authorized Signature
Cody L. Phinney Print Name	_____ Print Name
Administrator, Division of Public and Behavioral Health Title	_____ Title
_____ Date	_____ Date

**Staff Report**  
**Board Meeting Date: November 19, 2015**

**TO:** District Board of Health

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

**SUBJECT:** Approve the abolishment of one vacant Permanent Part-time (.55FTE) Benefitted Advanced Practitioner of Nursing position (PC# 70002192); Approve Notice of Grant Award dated September 3, 2015 from the Department of Health and Human Services Public Health Service for the period June 30, 2015 through June 30, 2016 in the amount of \$938,780 (\$799,800 federal share and \$138,980 non-federal share) in support of the Family Planning Program Grant (IO-10025).

**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's Family Planning program received a Notice of Award from the Department of Health and Human Services, Public Health Service for the period June 30, 2015 to June 30, 2016 in the total amount of \$938,780. A copy of the Award is attached.

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

**PREVIOUS ACTION**

The District Board of Health approved last year's base Notice of Grant Award in the total amount of \$799,800 (federal share) on August 28, 2014.

**BACKGROUND**

The Permanent Part-time Advanced Practitioner of Nursing (APN) position has been vacant since April 30, 2015. Due to the increases in personnel costs (salaries, insurance and Public Employee Retirement System contributions), there is not sufficient funding to support the vacant APN. As such, we are requesting this position be abolished.

The Grant Award includes funding for personnel, travel and training, operating supplies, professional services, educational supplies, advertising and other expenses, including \$1,074 specifically for community outreach, planning meetings and program participation via use of incentives (including but

not limited to bus passes, taxi vouchers, gift certificates, educational outreach items, nutritious food and beverage, and gift cards).

### **FISCAL IMPACT**

There is no additional fiscal impact should the Board approve the abolishment of the vacant Advanced Practitioner of Nursing position (PC#70002192) and the Notice of Grant Award. As the FY16 budget in Internal Order 10025 was adopted with a total of \$799,800 in revenue (includes \$23,312 of indirect) and \$776,488 in expenditure authority, no budget amendment is necessary.

### **RECOMMENDATION**

Staff recommends that the District Board of Health approve the abolishment of one vacant Permanent Part-time (.55FTE) Benefitted Advanced Practitioner of Nursing position (PC# 70002192); Approve Notice of Grant Award dated September 3, 2015 from the Department of Health and Human Services Public Health Service for the period June 30, 2015 through June 30, 2016 in the amount of \$938,780 (\$799,800 federal share and \$138,980 non-federal share) in support of the Family Planning Program Grant (IO-10025).

### **POSSIBLE MOTION**

Move to approve the abolishment of one vacant Permanent Part-time (.55FTE) Benefitted Advanced Practitioner of Nursing position (PC# 70002192); Approve Notice of Grant Award dated September 3, 2015 from the Department of Health and Human Services Public Health Service for the period June 30, 2015 through June 30, 2016 in the amount of \$938,780 (\$799,800 federal share and \$138,980 non-federal share) in support of the Family Planning Program Grant (IO-10025).

1. DATE ISSUED MM/DD/YYYY 09/03/2015 | 2. CFDA NO. 93.217 | 3. ASSISTANCE TYPE Project Grant

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

Office of Grants Management

1101 Wootton Parkway  
Suite 550  
Rockville, MD 20852

NOTICE OF AWARD

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

1a. SUPERSEDES AWARD NOTICE dated 07/23/2015  
except that any additions or restrictions previously imposed remain  
in effect unless specifically rescinded

4. GRANT NO. 6 FPHPA096051-04-02 Formerly | 5. ACTION TYPE Post Award Amendment  
6. PROJECT PERIOD From 06/30/2012 Through 06/30/2016  
7. BUDGET PERIOD From 06/30/2015 Through 06/30/2016

8. TITLE OF PROJECT (OR PROGRAM)  
FY2012 Family Planning Services grant to serve the Washoe County area, including the Cities of Reno and Sparks, Nevada.

9a. GRANTEE NAME AND ADDRESS  
Washoe County Health District  
1001 E 9th St Bldg A  
Reno, NV 89512-2845

9b. GRANTEE PROJECT DIRECTOR  
Ms. Stacie Hardie  
1001 EAST 9TH STREET  
BUILDING B  
RENO, NV 89512-2845  
Phone: 775-328-2444

10a. GRANTEE AUTHORIZING OFFICIAL  
Mr. Kevin Dick  
1001 EAST 9TH STREET BUILDING B  
RENO, NV 89512-2845  
Phone: 775-328-2416

10b. FEDERAL PROJECT OFFICER  
Mr. David Miller-PO  
90 7th Street  
Suite 5-100  
OASH Region IX  
San Francisco, CA 94103  
Phone: 415-437-7984

ALL AMOUNTS ARE SHOWN IN USD

<b>11. APPROVED BUDGET (Excludes Direct Assistance)</b>	
I Financial Assistance from the Federal Awarding Agency Only	
II Total project costs including grant funds and all other financial participation <input checked="" type="checkbox"/>	
a. Salaries and Wages .....	486,606.00
b. Fringe Benefits .....	230,607.00
c. Total Personnel Costs .....	717,213.00
d. Equipment .....	0.00
e. Supplies .....	22,500.00
f. Travel .....	6,000.00
g. Construction .....	0.00
h. Other .....	145,074.00
i. Contractual .....	10,786.00
j. TOTAL DIRECT COSTS	901,573.00
k. INDIRECT COSTS	37,207.00
l. TOTAL APPROVED BUDGET	938,780.00
m. Federal Share	799,800.00
n. Non-Federal Share	138,980.00

<b>12. AWARD COMPUTATION</b>	
a. Amount of Federal Financial Assistance (from item 11m)	799,800.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	799,800.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	0.00
<b>13. Total Federal Funds Awarded to Date for Project Period</b>	<b>3,254,418.00</b>

<b>14. RECOMMENDED FUTURE SUPPORT</b> (Subject to the availability of funds and satisfactory progress of the project):			
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 5		d. 8	
b. 6		e. 9	
c. 7		f. 10	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

- a. DEDUCTION
- b. ADDITIONAL COSTS
- c. MATCHING
- d. OTHER RESEARCH (Add / Deduct Option)
- e. OTHER (See REMARKS)

e

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

- a. The grant program legislation
- b. The grant program regulations
- c. This award notice including terms and conditions, if any, noted below under REMARKS.
- d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS (Other Terms and Conditions Attached -  Yes  No)

This action corrects the Grantee Name and Address (box 9a).

All previous Terms and Conditions remain in effect, unless specifically removed.

GRANTS MANAGEMENT OFFICER: Alice M Bettencourt, Grants Management Officer

17. OBJ CLASS 41.51	18a. VENDOR CODE 1886000138A1	18b. EIN 886000138	19. DUNS 073786998	20. CONG. DIST. 02
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 5-3094509	b. FPHPA6051ANP	c. FPH70	d. \$0.00	e. 75-15-0359
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 09/03/2015
GRANT NO. 6 FPHPA096051-04-02	

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
06/30/2012	06/30/2012	Quarterly	07/30/2012
07/01/2012	09/30/2012	Annual	12/29/2012
07/01/2012	09/30/2012	Annual	12/29/2012
10/01/2012	12/31/2012	Quarterly	01/30/2013
01/01/2013	03/31/2013	Quarterly	04/30/2013
04/01/2013	06/30/2013	Quarterly	07/30/2013
07/01/2013	09/30/2013	Annual	12/29/2013
07/01/2013	09/30/2013	Annual	12/29/2013
10/01/2013	12/31/2013	Quarterly	01/30/2014
01/01/2014	03/31/2014	Quarterly	04/30/2014
01/01/2014	03/31/2014	Quarterly	04/30/2014
01/01/2014	03/31/2014	Quarterly	04/30/2014
04/01/2014	06/30/2014	Quarterly	07/30/2014
07/01/2014	09/30/2014	Annual	12/29/2014
10/01/2014	12/31/2014	Quarterly	01/30/2015
10/01/2014	12/31/2014	Quarterly	01/30/2015
01/01/2015	03/31/2015	Quarterly	04/30/2015
04/01/2015	06/30/2015	Quarterly	07/30/2015
07/01/2015	09/30/2015	Annual	12/29/2015
10/01/2015	12/31/2015	Quarterly	01/30/2016
01/01/2016	03/31/2016	Quarterly	04/30/2016
04/01/2016	06/30/2016	Final	09/28/2016

**CONTACTS**

1. For assistance on **grants administration** issues please contact: Robin Fuller, Grants Management Specialist, at (240) 453-8830, FAX (240) 453-8823, e-mail [robin.fuller@hhs.gov](mailto:robin.fuller@hhs.gov) or OASH Grants Management Office, 1101 Wootton Parkway, Suite 550, Rockville, MD 20852.



DD	CA	_____
DHO		_____ <i>kd</i> _____
DA	NA	_____
Risk	NA	_____

**Staff Report**  
**Board Meeting Date:** November 19, 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 Grant the Appeal of Loverde Builders and Dismiss Notice of Violation Citation No. 5464, Case No. 1176

**SUMMARY**

The Air Pollution Control Hearing Board (APCHB) made the recommendation to uphold the appeal requested by Loverde Builders and dismiss Notice of Violation Citation No. 5464 issued for a violation of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.107 (A) Asbestos Sampling and Notification. .

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

**PREVIOUS ACTION**

- On June 8, 2015, Air Quality Specialist Dugger issued Notice of Violation Citation No. 5464 for major violations of Section 030.107 (A) Asbestos Sampling and Notification.
- On July 14, 2015, Senior Air Quality Specialist Dennis Cerfoglio conducted a negotiated settlement meeting between Air Quality Management staff and Loverde Builders representatives. After a discussion explaining their options of either signing a memorandum of understanding or appealing the case to the Air Pollution Control Hearing Board, Mr. Seth Kielas made the decision to proceed to the Air Pollution Control Hearing Board for consideration.
- On July 14, 2015, AQMD received notification of appeal to the Air Pollution Control Hearing Board from Mr. Kielas, on behalf of Loverde Builders.
- October 6, 2015, the Air Pollution Control Hearing Board, with a vote of 3 to 1, recommended the appeal by Loverde Builders be granted and Notice of Violation No. 5464 be dismissed.

## **BACKGROUND**

On June 8, 2015, Air Quality Specialist II Suzanne Dugger received a complaint from Ms. Stephanie Racy-McIntyre of the Washoe County Building Department. Ms. Racy-McIntyre advised a full demolition had been performed of the residence located at 881 Lakeshore Blvd. in Incline Village, Nevada. The building permit application and associated plans submitted to the building department were for a renovation not a demolition.

During her investigation, Specialist Dugger was informed Loverde Builders had included an asbestos survey, which had been performed on the house, with the renovation plans submitted to the Washoe County Building Department. At the time of submittal, Loverde Builders was informed by the Washoe County Building Department that, as the scope of work to be performed was for a renovation, a demolition permit, and subsequent Acknowledgement of Asbestos Assessment, would not be required.

During the renovation, Loverde Builders made the determination the existing footings were in poor condition and changed the scope of work from a renovation to a full demolition. When the scope of work was revised from a renovation to a demolition, the Washoe County Building Department and AQMD should have been notified. Instead, the full demolition was discovered during an inspection by the Washoe County Building Department.

Based upon the failure to obtain an Acknowledgment of Asbestos Assessment and provide notification prior to the demolition of the residence at 881 Lakeshore Blvd. in Incline Village, Specialist Dugger issued Notice of Violation Citation No. 5464 for a major violation of Section 030.107 Hazardous Air Pollutants, Subsection (A) Asbestos Sampling and Notification.

## **APCHB**

On October 6, 2015, the Air Pollution Control Hearing Board convened to consider the appeal of Case No. 1176, Citation No. 5464. The case was presented by Air Quality Management staff with testimony from Mr. Kielas, representing Loverde Builders. Mr. Kielas stated he believed he did his due diligence by contacting the Building Department regarding any further permitting requirements to change the scope of the project from a renovation to a demolition. Mr. Harris then stated this is an issue of “detrimental reliance”; that the builder “believed, fairly, they were getting appropriate information.” After consideration of all of the facts the APCHB determined that the violation was administrative and had little potential for public exposure, a motion was made and approved to grant the appeal of Loverde Builders and recommend Notice of Violation Citation No. 5464, Case No. 1176 for violations of Section 030.107 (A), be dismissed. A copy of the APCHB meeting minutes are enclosed for reference.

## **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**

The APCHB recommends the District Board of Health grant the appeal and dismiss Notice of Violation Citation No. 5464.

### **ALTERNATIVE**

An alternative to upholding the APCHB recommendation as presented would include:

1. The District Board of Health may determine a violation of the regulations has occurred and uphold Citation No. 5464 and levy any fine in the range of \$0 to \$10,000.00 per day.

In the event the Board determines to not grant the appeal and change the penalty, the matter should be continued to allow Loverde Builders to be properly noticed.

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

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

1. "Move to grant the appeal and dismiss Citation No. 5464, Case No. 1176, as recommended by the Air Pollution Control Hearing."

Or

2. "Move to uphold Citation No. 5464, Case No. 1176, and levy a fine in the amount of (*range of \$0 to \$10,000*) per day for each violation, with the matter being continued to the next meeting to allow for Loverde Builders to be properly noticed."

DATE: September 1, 2015

TO: Air Pollution Control Hearing Board

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

SUBJECT: Loverde Builders Case No. 1176  
Citation No. 5464  
Agenda Item: 5. (a)

**Recommendation**

Air Quality Management Division (AQMD) Staff recommends Citation No. 5464 be upheld and a fine of \$2,162 be levied against Loverde Builders for failure to provide asbestos sampling and notification paperwork; and for failure to obtain a proper demolition permit prior to the demolition of a residence located at 881 Lakeshore Boulevard in Incline Village, Nevada. Failure to provide a valid asbestos survey and obtain a proper demolition permit are **major violations** of the Washoe County District Board of Health Regulations Governing Air Quality Management, specifically Section 030.105 National Emission Standards for Hazardous Air Pollutants (NESHAP), Subpart M - Asbestos, which is implemented through Section 030.107 Hazardous Air Pollutants.

**Recommended Fine: \$2,162.00**

**Background**

On June 8, 2015, Air Quality Specialist II Suzanne Dugger received a complaint from Ms. Stephanie Racy-McIntyre of the Washoe County Building Department. Ms. Racy-McIntyre advised a full demolition had been performed of the residence located at 881 Lakeshore Blvd. in Incline Village, Nevada. The building plans submitted to the building department were for a renovation not a demolition.

During her investigation Specialist Dugger determined Loverde Builders had provided Washoe County Building Department with an asbestos survey, which had been performed on the house, at the same time the renovation plans were submitted. At that time Loverde Builders was informed by the Washoe County Building Department that, as the scope of work to be performed was for a renovation, a demolition permit would not be required.

During the renovation the scope of work was revised from a renovation to a demolition; and AQMD Staff advised 'this was due to the footings being in poor repair.' When the scope of work was revised from a renovation to a demolition Washoe County Building Department should have been notified.

Due to the demolition of the residence at 881 Lakeshore Blvd. in Incline Village without first obtaining a demolition permit from AQMD a violation of Section 030.107 (Hazardous Air Pollutants), Subsection (A) (Asbestos Sampling and Notification), had occurred. Specialist II Dugger issued Notice of Violation No. 5464 to Loverde Builders.

### **Settlement**

On July 14, 2015, Senior AQ Specialist Dennis Cerfoglio conducted a negotiated settlement meeting, attended by AQ Specialist II Suzanne Dugger and Mr. Richard Loverde and Mr. Seth Kielas representing Loverde Builders. After consideration of all the facts in the case, Senior AQ Specialist Cerfoglio recommended Citation No. 5464 be upheld with a fine of \$1,410 for a **major violation** of the Washoe County District Health Department Regulations Governing Air Quality Management. At that time Mr. Kielas stated he would not sign the memorandum of understanding and he would be appealing this case to the Air Pollution Control Hearing Board for consideration. Mr. Kielas was informed he would have ten (10) days in which to appeal the settlement offer, otherwise the case would be forwarded to the District Board of Health for final determination.

On July 14, 2015, AQMD received an appeal form from Mr. Kielas requesting a hearing before the Air Pollution Control Hearing Board to consider this case.

### **Alternatives**

1. The Air Pollution Control Hearing Board may determine that no violation of the Regulations has taken place and dismiss Citation No. 5464.
2. The Board may determine to uphold Citation No. 5464 but levy any fine in the range of \$0 to \$10,000 per day

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Michael Wolf, Permitting and Enforcement Branch Chief  
Air Quality Management

CASE NO. 1176 – AS REVIEWED BEFORE THE AIR POLLUTION CONTROL HEARING BOARD

In Re: Appeal of LOVERDE BUILDERS )  
(Richard Loverde / Seth Kielas), 881 Lakeshore )  
Drive, Incline Village, 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  
LOVERDE BUILDERS**

At a Hearing of the Air Pollution Control  
Hearing Board at Wells Avenue at Ninth  
Street, Reno, Nevada  
October 6, 2015

PRESENT: Chairman David Rinaldi  
Member Richard Harris, JD, PhD  
Member Jeanne Rucker, REHS  
Member Joe Serpa  
Member Lee Squire  
Charlene Albee, Division Director, Air Quality  
Mike Wolf, Branch Chief, Permitting and Enforcement  
Dennis Cerfoglio, Senior Air Quality Specialist  
Suzanne Dugger, Air Quality Specialist II  
Janet Smith, CAP-OM, Administrative Secretary  
Leslie Admirand, Deputy District Attorney

ABSENT: Vice Chair Cathleen Fitzgerald, DEnv, PE  
Member Jim Kenney

**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 October 6, 2015, the Hearing Board for the referenced Regulations held a public hearing to consider all evidence and testimony concerning the appeal of **LOVERDE BUILDERS, 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 Loverde Builders (Richard Loverde and Seth Kielas), Case No. 1176, Citation No. 5464. Mr. Wolf advised Ms. Suzanne Dugger, Air Quality Specialist II, was notified by Ms. Stephanie Racy-McIntyre, Washoe County Building Department that the residence located at 881 Lakeshore Boulevard, Incline Village had been fully demolished although the permit issued by the Building Department was only for a renovation.

Mr. Wolf stated upon an investigation Ms. Dugger noted the structure had been totally demolished without obtaining the proper demolition notification from Air Quality Management, which is in violation of Section 030.107 (Hazardous Air Pollutants), Subsection A (Asbestos Sampling and Notification), 2., which stipulates: “Notice shall be required for any building demolition, including single family residential dwellings.”

Mr. Wolf stated Ms. Dugger confirmed with the office that a demolition notification had not been filed with the Air Quality Management Division; and therefore, issued a Notice of Violation to Loverde Builders.

In response to Mr. Rinaldi regarding the residence being exempt from the requirements, due to being a single family residence, Mr. Wolf advised renovations on a single family residence are exempt from the NESHAP (National Emissions Standards for Hazardous Air Pollutants) requirements for asbestos sampling and abatement; however, a demolition of the residence does require a demolition notification from Air Quality Management, as stipulated in the Regulations. Mr. Wolf stated the proper notification was not filed prior to the demolition of the residence.

In response to Mr. Rinaldi regarding the difference between renovation and demolition, Mr. Wolf stated because so many of the public will advise Staff ‘they are doing a demolition’ that Staff advises specific to Air Quality Management issues “demolition means to the ground”, which requires the notification. Mr. Wolf stated a renovation of a single family residence does not require the permits; however, demolition of a single family residence does.

In response to Mr. Rinaldi regarding what she observed, Ms. Suzanne Dugger, Air Quality Specialist II, being duly sworn, advised when she responded to the complaint she noted “the house was completely gone.” Mr. Rinaldi stated “that would qualify as a demolition.”

Mr. Harris stated item 2, of the Recommended Fine Calculation Worksheets notes “sampling for asbestos was negative”; therefore, he would question if that indicates there was no asbestos determined or no asbestos samples were tested.

In response to Mr. Harris, Mr. Wolf stated item 2 refers to the asbestos testing results which were negative.

Mr. Serpa stated the asbestos sampling and test results indicated there was no asbestos determined to be present or the whole building.

Mr. Rinaldi stated “in summary asbestos testing was performed and was negative”; however, the appellant “was supposed to [only] be performing a renovation and instead demolished” the entire structure and “failed to file a Notice of Demolition.”

Mr. Wolf stated during the negotiated settlement meeting Staff did offer a reduced fine amount; however, it was declined.

Mr. Rich Loverde, owner of Loverde Builders, being duly sworn, introduced Mr. Seth Kielas, Project Manager; and Mr. John Wood, Superintendent of the project. Mr. Loverde stated he has been “building in the Lake Tahoe area for twenty-five years, building in El Dorado, Placer and Washoe County.” Mr. Loverde stated he “has been a major builder building more than 100 homes.” Mr. Loverde stated this issue resulted due to some miscommunication from the day the project started to the day the Citation was issued.

In response to Mr. Rinaldi regarding the basis for the appeal being the recommended fine or the issuance of the Citation, Mr. Seth Kielas, Project Manager, being duly sworn, stated Loverde Builders “has a problem with both.”

Mr. Rinaldi stated the Regulations are specific and it “is known as to what is expected of the Building Departments.” Mr. Rinaldi stated Mr. Loverde just indicated he has had years of experience in the industry, therefore, he should be aware of the requirements specific to renovations and demolitions. Mr. Rinaldi stated being in the business for a number of years Loverde Builders has to be aware of the difference between a permit for a renovation and one for a demolition.

Mr. Kielas stated he submitted the plans to the Washoe County Building Department for the project at 881 Lakeshore Boulevard, Incline Village as a renovation. Mr. Kielas stated because Loverde Builders is experienced and does perform “a lot” of projects Loverde always performs asbestos assessments and has the asbestos abated prior to beginning projects. Mr. Kielas stated the asbestos survey is to ensure compliance with County Regulations and for safety of Loverde employees. Mr. Kielas stated, as noted, the testing results for this project indicated the residence was negative for asbestos.

Mr. Kielas stated the majority of the work Loverde is contracted to perform “is from the ground up”; that he obtained the Building Permit for this project as a renovation; that he personally obtained the

Permit and spoke with the planner. Mr. Kielas stated “he is accustomed to obtaining a demolition permit as he is in obtaining a building permit.”

Mr. Kielas stated when conferring with the Building Department he was advised he would only have to pay the fees for a building permit and not for a demolition permit; that he was further advised he could not “pull a demolition permit because it is included in the building permit.”

Mr. Kielas advised the asbestos survey was completed April 30, 2015; that he obtained the Building Permit and commenced construction. Mr. Kielas stated once construction commenced, and upon a review of the project, it was the consensus of the civil and the structural engineers “there were structural inadequacies to continue construction” as a renovation; that it would be necessary “for this to be a full demolition.” Mr. Kielas stated a copy of this informational report was forwarded to the Building Department indicating “if there is anything further we need to do please let us know.”

Mr. Kielas stated Loverde Builders” conducted the asbestos assessment, proceeded with the Building Department; and were then notified of the enforcement action.” Mr. Kielas reiterated the asbestos assessment was performed; that the necessary permit was obtained from the County Building Department; that the County Building Department advised a demolition permit was not necessary as “a separate building permit for the structure was not needed.” Mr. Kielas stated he forwarded a copy of that report to Ms. Dugger; that construction was proceeding when he was advised Loverde had “improperly filed and hadn’t switched over to enforcement.”

Mr. Kielas stated Loverde “did not have a project sign” posted; therefore, Ms. Dugger observed the project when she was in the area; that she stopped and was advised by an employee of Loverde that there was a building permit issued for the project. Mr. Kielas stated this is what resulted in the issuance of the Citation.

Mr. Kielas stated “when he spoke with the County [he believes it was Carolyn]”, he was advised the County “was just requesting that [Loverde Builders] file the notice after the fact.” Mr. Kielas stated Loverde submitted the notice with Air Quality Management and completed the documentation.

In response to Mr. Squire regarding the process, Mr. Kielas stated, “yes, it was a matter of timing.” Mr. Kielas stated Loverde Builders “prides itself on doing the right thing; that [Loverde] did the right thing from the start; that the notice was filed at the inappropriate time.” Mr. Kielas stated he apologizes for failing to file the proper notice; that this is “more about the principle; that having a fine on their record, regardless, is something [Loverde] takes very seriously.”

Mr. Rinaldi stated Mr. Kielas has reiterated “how experienced Loverde Builders is”; therefore, he would question why when the project was revised from a renovation to a demolition someone at Loverde Builders wasn’t aware it was necessary to obtain a Demolition Permit. Mr. Rinaldi stated from Mr. Kielas’ testimony it was Mr. Kielas’ understanding the demolition permit was included in the Building Permit.

Mr. Squire questioned if is it standard practice not to investigate obtaining a demolition permit when the scope of the project changed.

In response to Mr. Rinaldi and Mr. Squire, Mr. Kielas stated “the process varies by county, but that is the standard practice (to include the demolition permit within the remodel) permit in Washoe County.”

In response to Mr. Squire regarding Washoe County ‘considers a renovation as one thing and the demolition being separate’, Mr. Kielas stated in a remodel “they’re not separate.”

Mr. Squire stated “at some point Loverde Builders had to be aware this project was no longer a remodel but was a demolition.”

Mr. Kielas stated “yes, when it became apparent the project was no longer a remodel but a demolition”, Loverde filed the report with the County and requested “to let them know if there was something else they needed to do.”

Mr. Kielas stated he was asking for guidance from the County; that he believes the goal of the Regulation is to ensure there is no asbestos, or the discharging of asbestos or the illegal disposal of asbestos, which is why Loverde had the asbestos assessment performed. Mr. Kielas stated “it was the timing of notification.

In response to Mr. Rinaldi regarding the time frame, Mr. Wolf stated the demolition notification paperwork was submitted “after-the-fact” after Ms. Dugger’s investigation.

Ms. Dugger advised, as has been stated, the project began as a renovation with a building permit issued for a renovation; that when the project was changed to a demolition Loverde did not file the proper demolition notification with the Air Quality Management Division. Ms. Dugger stated during

her investigation she requested Loverde complete the NESHAP (National Emission Standard for Hazardous Air Pollutants), demolition notification for the record.

Mr. Rinaldi questioned if Loverde Builders was in violation of the Building Department's requirements when the Building Permit was issued for a renovation and then the structure was demolished.

Mr. Serpa stated Mr. Kielas advised the Hearing Board the Building Department was notified of the modification of the plans to a demolition; and questioned if there was anything else "Loverde needed to do." Mr. Serpa questioned if Loverde was advised "no" by the County.

Mr. Kielas stated "the County then requested more plans, more information; and switched the permitting over." Mr. Kielas stated Ms. Stephanie Racy-McIntyre, Building Department, forwarded an email to Charlene (Albee) in Air Quality, regarding the building permit being issued as a remodel and the structure then was demolished. Mr. Kielas stated Ms. Racy-McIntyre indicated the Building Department was notified of the demolition by the Nevada State Contractor's Board; that Ms. Racy-McIntyre advised Ms. Albee the Building Department would be generating a demolition permit for the record and that she had advised Loverde to contact Air Quality Management for asbestos abatement documentation, which Loverde did. Mr. Kielas stated the demolition notification was completed for the file.

Mr. Kielas stated when he discussed the issue with Ms. Dugger, she stated 'they told us to fine...'; that he questioned Ms. Dugger as to who made that statement. Mr. Kielas stated he contacted Ms. Racy-McIntyre and advised her Loverde "tried to do the right thing, they submitted the asbestos report, they pulled the permit; and then switched to a demolition." Mr. Kielas stated when the project was amended to a demolition the structural report was forwarded to the Building Department. Mr. Kielas stated Loverde was "following the Building Department's lead and were being pro-active as an asbestos assessment wasn't even required for the demolition which would be included in a residential remodel."

Mr. Harris questioned if Loverde Builders "had prior experience in going from a renovation to a demolition permit."

Mr. Loverde stated, Loverde Builders has demolished some houses before; that "he would submit there is a fine line between a remodel, renovation and demolition." Mr. Loverde provided a brief description of the project, advising the architects were anticipating using the foundation; that the

residence was taken down to the foundation, which was almost a demolition to get there, when it was determined the foundation was not suitable to hold the [proposed] 15,000 square foot house up.

Mr. Loverde stated Loverde Builders “was caught between a rock and hard spot”, as the question is “is it a demolition, is it a renovation or a remodel”; that “entirely it was pretty much like a brand new house.”

Mr. Rinaldi stated according to the original plans and from a layman’s perspective “if the structure is going all the way down to the foundation with the entire structure gone and there is only the foundation left that is a demolition.”

In response to Mr. Rinaldi, Mr. Kielas stated “that would have to be argued with the County as they do not characterize it as that.”

Mr. Serpa stated he recently participated in mediation on a project in which the definition of demotion was reviewed and it is not classified as a demolition until such time as the foundation is removed. Mr. Serpa stated “as long as there are the stem walls and foundation it is not a demolition.”

In response to Mr. Squire regarding the removal of and laying a new foundation, Mr. Kielas stated the previous foundation was removed and a new foundation placed.

Mr. Serpa stated that with the removal of the foundation and the placement of a new foundation classified this as a demolition.

Mr. Kielas stated, in response to Mr. Harris’ question regarding experience in a renovation being revised to a demolition project, this project would be the first one. Mr. Kielas stated, again he objects to being advised Air Quality Management was directed to fine Loverde Builders by the County; however, when he questioned “the County he was told ‘no’, the County just wanted the appropriate paper work to be filed.” Mr. Kielas stated, “this was in spite of the fact [Loverde] had done the asbestos assessment which is the whole heart of the Regulation.” Mr. Kielas stated there was miscommunication he believes “one side was calling for something the other side wasn’t necessarily” requesting; that it “is important to know [Loverde] is trying to do the right thing.”

In response to Ms. Rucker regarding Loverde Builders “relying on County Building Department to guide him”, Mr. Kielas stated he did rely on the Washoe County Building Department regarding the necessary paperwork.

In response to Ms. Rucker regarding the Washoe County Building Department’s obligation in advising applicants as to the process and requirements specific to Air Quality Management, Mr. Wolf stated Air Quality Management “is holding the Building Departments responsible” for the information provided to customers. Mr. Wolf stated AQM issued a warning to the City of Sparks for advising customers that filing a notification of demolition with Air Quality Management was not required for single family residences.

Mr. Wolf stated he compiled information, which he personally presented to all three (3) Building Departments, advising what the Regulations require and what “the expectations of the Air Quality Management Division are” in regard to demolitions of single family residences.

In response to Mr. Harris regarding when these presentations were done, Mr. Wolf advised it was last summer; that it was prior to Ms. Racy-McIntyre’s email regarding this case, as it was in the summer of 2014.

In response to Mr. Rinaldi regarding the impact of the presentation, Mr. Wolf stated he advised the Sparks City Manager should the City continue to ignore the requirements of the Regulations the Air Quality Management Division would issue a Notice of Violation to the City. Mr. Wolf reiterated the Regulations are specific to “you cannot issue a Building Permit for...”; therefore, there would be justification in issuing a Notice of Violation.

Mr. John Wood, Superintendent of the project, being duly sworn, questioned “if the County was aware of this”; that he also contacted the County Building Department to “ask about the asbestos.” Mr. Wood stated he was advised “because the house had been completely stripped down and remodeled in 2003/2004, was less than ten (10) years old and a single-family residence an asbestos report wasn’t required.” Mr. Wood stated it was the determination of Loverde Builders to have an asbestos-assessment performed although it wasn’t required. Mr. Wood stated he was further advised because the residence was less than ten (10) years old “there was no chance there was any asbestos used in the last ten (10) years.”

Mr. Wood stated in regard to this project “the foundation lines are exactly in the same lines as they were of the existing house.” Mr. Wood stated it was during the renovation it was determined the foundation would not be adequate for the proposed renovations.



In response to Mr. Wood, Mr. Wolf stated he did give this presentation to the Washoe County Building Department.

Mr. Serpa stated, as the asbestos assessment results were negative, there was no “public health issue”, it was a “matter of [not obtaining] the permit.”

In response to Mr. Serpa, Mr. Wolf advised Mr. Serpa is correct. Mr. Wolf stated Air Quality Management’s definition of “demolition is from Federal EPA, which is the removal of the mud-seal”. Mr. Wolf stated, Staff “had this conversation with Aspen Development Company regarding the Pyramid/McCarran exchange when taking the houses off the foundation; that as soon as the mud-seal is removed – that is a demolition.” Mr. Wolf stated the Air Quality Management Division’s directive “is to enforce the requirements of NESHAP [National Emission Standards for Hazardous Air Pollutants], AQM utilizes that definition.

Mr. Rinaldi stated in response to Mr. Serpa, the lack of a “public health hazard” should not be a consideration in determining if a violation occurred as the issue is the notification requirement. Mr. Rinaldi stated he can understand “where the confusion was with one agency attempting to police another agency.” Mr. Rinaldi stated he further understands the misinformation provided to the appellant; however, “an experience builder should have some knowledge” of the requirements; therefore, there is responsibility there for the appellant. Mr. Rinaldi stated he “would give them the benefit of the doubt.”

Mr. Harris stated this is an issue of “detrimental reliance”; that the builder “believed, fairly, they were getting appropriate information.” Mr. Harris stated there are a number of cases in which “when one requests information from an agency and receives information, which turns out to be wrong, it is an instance of detrimental reliance the court provides relief to the individual who has been given a Notice of Violation.” Mr. Harris stated “Loverde Builders reasonably did everything they could”; that this is an instance of “one of the strict liability tripwires, with the equity, in his mind, lying strictly with the appellant.

Ms. Rucker stated having been a regulator, she understands and appreciates the actions and testimony of the Air Quality Management Staff; however, she also understands the position of the appellant, who asked for direction and was provided misinformation by the Washoe County Building Department. Ms. Rucker stated with the demands for “one-stop-shopping” with applicants “going to the Building Departments and the Building Departments are supposed to know everything about the requirements of all the other agencies and provide good counsel.” Ms. Rucker stated she would recommend “in the future, the appellant should not stop with the Building Department, knowing all of

the various agencies involved.” Ms. Rucker stated she would recommend Loverde Builders contact the other agencies involved in the permitting process to ask “is there something we’re missing” in this process; that she is aware this “takes time and is labor intensive”; however, it would prevent this type of hearing in the future.

Mr. Squire stated he, too, understands the miscommunication; however, Loverde Builders indicated the company “is very prevalent”; therefore, “an all-around check should have been done to cover their responsibility.” Mr. Squire stated “he can see where, on both sides, this went wrong and became a big mess”; however, “with so many agencies involved” Loverde should have investigated further, as “a guess is not good enough.”

### **MOTION**

Mr. Harris moved that based upon the testimony and evidence presented, a violation of 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 **did not occur** and that it be recommended to the District Board of Health that the **appeal of LOVERDE BUILDERS, be upheld and Citation No.5464 , Case No. 1176, be dismissed.**

The motion was seconded by Mr. Serpa and carried for approval with Mr. Squire voting “no”.

Mrs. Janet Smith, CAP-OM, Recording Secretary, advised Mr. Rich Loverde, owner of Loverde Builders 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.

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DAVID RINALDI, CHAIRMAN  
AIR POLLUTION CONTROL HEARING BOARD

---

JANET SMITH, CAP-OM  
RECORDER



WASHOE COUNTY HEALTH DISTRICT  
 AIR QUALITY MANAGEMENT DIVISION  
 1001 EAST NINTH ST. • SUITE B171 • RENO NV 89512  
 (775) 784-7200



**NOTICE OF VIOLATION**

NOV 5464

DATE ISSUED: 6-17-2015

ISSUED TO: LOVERDE BUILDERS PHONE #: 530-581-5533 x.15

MAILING ADDRESS: P.O. BOX 5535 CITY/ST: TAHOE CITY ZIP: 96145

NAME/OPERATOR: SETH KIELAS PHONE #: \_\_\_\_\_

COMPLAINT NO. CMP 15-0078

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 6-17-2015 (DATE) AT 9:00 A.M. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- |  |   |
|--|---|
| <input type="checkbox"/> MINOR VIOLATION OF SECTION: | <input type="checkbox"/> MAJOR VIOLATION OF SECTION:            |
| <input type="checkbox"/> 040.030 __ DUST CONTROL     | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT           |
| <input type="checkbox"/> 040.055 __ ODOR/NUISANCE    | <input type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 __ DIESEL IDLING    | <input checked="" type="checkbox"/> 030.105 ASBESTOS/NESHAP     |
| <input type="checkbox"/> OTHER _____                 | <input type="checkbox"/> OTHER <u>030.107 (A)</u>               |

VIOLATION DESCRIPTION: ASBESTOS SAMPLING & NOTIFICATION FAILURE TO OBTAIN DEMO NOTIFICATION PRIOR TO PERFORMING DEMOLITION

LOCATION OF VIOLATION: 881 LAKESHORE DR. INCLINE VILLAGE, NV.

POINT OF OBSERVATION: FILE REVIEW

Weather: CLEAR Wind Direction From: N E S W

Emissions Observed: \_\_\_\_\_  
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

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

Signature [Signature]

**CITATION:** You are hereby notified that effective on 6-17-2015 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within COMPLETED hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

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

Signature: [Signature] Date: 6-17-2015

Issued by: [Signature] Title: AQS II

PETITION FOR APPEAL FORM PROVIDED

# Administrative Penalty Table

## Air Quality Management Division Washoe County Health District

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

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

### II. Major Violations - Section 020.040

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

### III. Major Violations - Section 030.107 Asbestos

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

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

Company Name Loverde Builders Inc  
 Contact Name Seth Kielas

Case 1176 NOV 5464 Complaint CMP15-0078

Violation of Section 030.107 (A) Asbestos Sampling and Notification

I. **Base Penalty as specified in the Penalty Table** = \$ 2000

II. **Severity of Violation**

A. **Public Health Impact**

1. **Degree of Violation**

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

Minor – 0.5 Moderate – 0.75 Major – 1.0 **Adjustment Factor** 1

**Comment:** Failure to obtain a NESHAP Demolition Notification

2. **Toxicity of Release**

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

**Comment:** Sampling for asbestos was neg.

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

Negligible – 1x Moderate – 1.5x Significant – 2x **Adjustment Factor** 1.0

**Comment:** Due to no asbestos

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

B. **Adjusted Base Penalty**

Base Penalty \$ 2000 x Adjustment Factor 1 = \$ 2000

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

Adjusted Penalty \$ 2000 x Number of Days or Units 1 = \$ 2000

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

D. **Economic Benefit**

Avoided Costs \$ 162 + Delayed Costs \$ 0 = \$ 162

**Comment:** Cost of Demo Notification

**Penalty Subtotal**

Adjusted Base Penalty \$ 2000 + Economic Benefit \$ 162 = \$ 2162

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

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%) - 0%

B. Mitigating Factors (0 – 25%) - 0%

1. Negotiated Settlement
2. Ability to Pay
3. Other (explain)

Comment \_\_\_\_\_

C. Compliance History

No Previous Violations (0 – 10%) - 0%

Comment \_\_\_\_\_

Similar Violation in Past 12 months (25 - 50%) + 0%

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

Similar Violation within past 3 year (10 - 25%) + 0%

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

Previous Unrelated Violation (5 – 25%) + 0%

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

Total Penalty Adjustment Factors – sum of A, B, & C 0%

IV. Recommended/Negotiated Fine

Penalty Adjustment:

$$\begin{array}{rcl}
 \$ \quad 2162 & \times & 0\% \\
 \hline
 \text{Penalty Subtotal} & & \text{Total Adjustment Factors} \\
 \text{(From Section II)} & & \text{(From Section III)} \\
 & & \text{Total Adjustment Value}
 \end{array}
 = \frac{0}{\quad}$$

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

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

Adjusted Penalty:

$$\begin{array}{rcl}
 \$ \quad 2162 & +/- & \$ \quad 0 \\
 \hline
 \text{Penalty Subtotal} & & \text{Total Adjustment Value} \\
 \text{(From Section II)} & & \text{(From Section III + Credit)} \\
 & & \text{Recommended/Negotiated} \\
 & & \text{Fine}
 \end{array}
 = \$ \quad 2160$$

Suzanne Dwyer  
Air Quality Specialist

7-14-2015  
Date

Dennis Cerofoglia  
Senior AQ Specialist/Supervisor

7-14-2015  
Date

AIR QUALITY MANAGEMENT DIVISION  
WASHOE COUNTY HEALTH DISTRICT  
PO Box 11130  
Reno, Nevada 89520-0027  
(775) 784-7200 Fax (775) 784-7225

**A PETITION TO THE HEARING BOARD**

PETITIONER: LOVERDE BUILDERS, Inc. PHONE: 530.581.5533 x 15

ADDRESS (MAILING): PO Box 5535 Tahoe City ZIP CODE: 96145  
CA

ADDRESS (PHYSICAL LOCATION): 705 North Lake Blvd Tahoe City, CA  
96145

EQUIPMENT OR PROCESS REGISTERED WITH CONTROL OFFICER?  
YES \_\_\_\_\_ NO \_\_\_\_\_

APPEAL OF ORDER \_\_\_\_\_  
APPEAL OF VIOLATION X  
REQUEST FOR VARIANCE \_\_\_\_\_

NOTICE OF VIOLATION RECEIVED: # 5464 DATE: 6/17/2015

REGULATION INVOLVED: SECTION: 030.107(A) ; Failure to obtain  
a demolition permit for a single family residence

BASIS FOR APPEAL/VARIANCE: Do not agree with the basis of the  
fine due to miscommunications between agencies

FILED BY:

Richard LOVERDE  
Name (Type or Print)

[Signature]  
Signature

President  
Title

7/14/15  
Date

COMPLAINT INVESTIGATION REPORT  
Washoe County Air Quality Management Division

Complaint Number: **CMP15-0078**

Complaint Status: ASSIGNED

Source of Complaint: CITIZEN

Complaint Type: ASBESTOS

Date Received: 06/05/2015

Time: 3:55:00 PM

Inspector: SDUGGER

Inspector Area: 3

Complaint Description: POSSIBLE DEMO WITHOUT PROPER ASBESTOS ACKNOWLEDGEMENT FORM

Address:

Location: 881 LAKESHORE BOULEVARD INCLINE VILLAGE

Parcel Number:

Related Permit Number: WC #15-033

Complainant:

STEPHANIE RACY-MCINTYRE  
COMMUNITY SERVICES - BLDG  
1001 E 9TH STREET  
RENO NV 89512  
328-3793

Responsible Party:

SETH KIELAS

530-581-5533, EX. 15<sup>15</sup>

Investigation:

On Monday, June, 8, 2015 AQS Dugger received a forwarded email complaint generated by Stephanie Racy-McIntyre of Washoe County Building Department. According to the email Ms. McIntyre sent, a demolition was performed at 881 Lakeshore Blvd., in Incline Village, Nv. The original scope of work to be performed at this single family residence was a renovation. Loverde Builders provide the Washoe County Building Department with an asbestos survey of the materials found in the residence. At this time due to the scope of work that was to be performed was a renovation, Loverde Building was informed by the Washoe County Building Department that a permit was not required because the scope of work was a renovation. Once the renovation was started, the scope of work changed from renovation to demolition due to the footings being in poor repair. At this point due to the change of the scope of work from renovation to demolition Loverde Building should have informed the Washoe County Building Department that the scope had changed. Due to the demolition of the residence located at 881 Lakeshore Blvd., in Incline Village, Nevada, without first notifying Washoe County Building Department or obtaining a Demolition Permit from the Washoe County Air Quality Management Division a violation of 030.107 (A) Asbestos Sampling and Notification has occurred. Notice of Violation #5464 was issued.

Enforcement Activities



Warning Citation.:  
NOV.....: 06/17/2015

Citation Number: 0  
NOV Number....: 5464  
Case Number.....: 0  
Amount.....: \$0.00  
  
Amount.....: \$0.00

Settlement.....:  
Appealed.....:  
Upheld.....:

Status Information

Initialized By.....: JSMITH  
Date Assigned.....: 06/05/2015

Completed Date...:  
Completed By.....:

**From:** Racy-McIntyre, Stephanie  
**Sent:** Friday, June 05, 2015 3:55 PM  
**To:** Albee, Charlene  
**Cc:** Jeppson, Don C; O'Connell, Laurence  
**Subject:** 881 LAKESHORE BLVD Incline Village / WC Permit #15-0334

Hi Charlene,

I forgot to send you the email last Monday regarding the tear down / rebuild in Incline. So the history is that this permit was submitted/reviewed/approved/issued as a remodel to existing with two additions. As it turns out, the contractor did a complete tear down which we discovered via a notice from the Nevada State Contractor's Board. We are going to generate a demo permit for the record and have informed them that they need to contact Air Quality for the Asbestos Abatement documentation.

Don Jeppson has spoken to the designer, Larry O'Connell has spoken to TRPA consultant and we are requiring revised plans. Please let me/us know if you need anything further from Building&Safety.

Thanks

*Stephanie Racy-McIntyre*  
*Building Permit Technician*  
*Washoe County Building & Safety*  
*(775) 328-3793 Office*  
*(775) 328-6132 Fax*  
*[sracy@washoecounty.us](mailto:sracy@washoecounty.us)*  
*1001 E Ninth St Bldg A Reno NV 89512*



## Dugger, Suzanne

---

**From:** Dugger, Suzanne  
**Sent:** Monday, June 15, 2015 7:19 AM  
**To:** [REDACTED]  
**Subject:** FW: 881 LAKESHORE BLVD Incline Village / WC Permit #15-0334

Good Morning Seth,

Per your request, here is the email that was forwarded to me from my division director, Charlene Albee and was told to follow up on. Please confirm with your office and with Peter or Dale from the architect's office as to who I will be writing the citation to. I would like to finalize the paper work on this issue this week. Any questions regarding this email please do not hesitate to call me at 775-772-7924.

### Suzanne Dugger

Air Quality Specialist II | Washoe County Air Quality Management | Washoe County Health District  
[sdugger@washoecounty.us](mailto:sdugger@washoecounty.us) | O: (775) 784-7217 | C: (775) 772-7924 | F: (775) 784-7225 |  
1001 E. Ninth St., Bldg. B, Reno, NV 89512

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

**WASHOE COUNTY  
HEALTH DISTRICT**



ENHANCING QUALITY OF LIFE

Public Health

Please consider the environment before printing this e-mail.

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**From:** Albee, Charlene  
**Sent:** Friday, June 05, 2015 3:58 PM  
**To:** Racy-McIntyre, Stephanie  
**Cc:** Jeppson, Don C; O'Connell, Laurence; Smith, Janet; Wolf, Mike; Dugger, Suzanne  
**Subject:** RE: 881 LAKESHORE BLVD Incline Village / WC Permit #15-0334

Hi Stephanie,

I believe you have provided all of the information needed for us to generate a complaint. We will write it up and assign it to the area inspector.

Thank you for letting us know. We'll make sure all of the asbestos paperwork is completed for your demo permit.

Hope you have a great weekend.

### Charlene Albee

Director | Air Quality Management Division | Washoe County Health District  
[calbee@washoecounty.us](mailto:calbee@washoecounty.us) | O: (775) 784-7211 | 1001 E. Ninth St., Bldg. B, Reno, NV 89512

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

**WASHOE COUNTY  
HEALTH DISTRICT**



ENHANCING QUALITY OF LIFE

Public Health



**ASBESTOS TEM LABORATORIES, INC.**

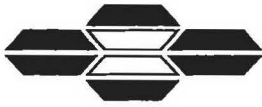
**EPA Method 600/R-93/116  
Polarized Light Microscopy  
Analytical Report**

**Report No. 129024**

1350 Freeport Blvd., Unit 104  
Sparks, NV 89431  
(775) 359-3377  
FAX (775) 359-2798

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

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ASBESTOS TEM LABORATORIES, INC



NVLAP Lab Code 200104-0

Jul-13-15

Mr. Larry Thir  
E.I.C.S.  
2900 Vassar Street, #503  
Reno, NV 89502

RE: LABORATORY JOB No

Polarized light microscopy analytical results for 4 bulk sample(s) with 2 sample split(s)  
Job Site: Woodside Village Apts #149  
Job No.: WV71315-2  
Report No.: 129024

Enclosed please find the bulk material analytical results for one or more samples submitted for asbestos analysis. The analyses were performed in accordance with EPA Method 600/R-93/116 or 600/M4-82-020 for the determination of asbestos in bulk building materials by polarized light microscopy (PLM). Please note that while PLM analysis is commonly performed on non-friable and fine grained materials such as floor tiles and dust, the EPA method recognizes that PLM is subject to limitations. In these situations, accurate results may only be obtainable through the use of more sophisticated and accurate techniques such as transmission electron microscopy (TEM) or X-ray diffraction (XRD).

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

Each sample is opened in a class 100 HEPA negative air hood. A representative sampling of the material is selected and placed onto a glass microscope slide containing a drop of refractive index oil. The glass slide is placed under a polarizing light microscope where standard mineralogical techniques are used to analyze and quantify the various materials present, including asbestos. The data is then compiled into standard report format and subjected to a thorough quality assurance check before the information is released to the client.

Please note all samples will be held for 3 months from the date of receipt unless otherwise requested by client.

Sincerely Yours,

Laboratory Analyst  
ASBESTOS TEM LABORATORIES, INC.

--- These results relate only to the samples tested and must not be reproduced, except in full, with the approval of the laboratory. This report must not be used to claim product endorsement by NVLAP or any other agency of the U.S. Government. ---



NVLAP Lab Code 200104-0

# POLARIZED LIGHT MICROSCOPY ANALYTICAL REPORT

EPA Method 600/R-93/116 or 600/M4-82-020

Contact: Mr. Larry Thir Address: E.I.C.S. 2900 Vassar Street, #503 Reno, NV 89502	Samples Indicated: 4 Reg. Samples Analyzed: 4 Split Layers Analyzed: 2 Job Site / No. Woodside Village Apts #149 WV71315-2	Report No. 129024 Date Submitted: Jul-13-15 Date Reported: Jul-13-15
--	--	--

SAMPLE ID	ASBESTOS % TYPE	OTHER DATA 1) Non-Asbestos Fibers 2) Matrix Materials 3) Date/Time Collected 4) Date Analyzed	DESCRIPTION
			FIELD LAB
1. Split A Lab ID # 875-02585-001A	<b>None Detected</b>	1) 1-5% Cellulose 2) 95-99% Calc, Paint, Other m.p. 3) _____ 4) Jul-13-15	Joint Compound / Surface Texture, Bedroom #1 East Wall Corner Texture-White
1. Split B Lab ID # 875-02585-001B	<b>None Detected</b>	1) 1-5% Cellulose 2) 95-99% Calc, Gyp, Other m.p. 3) _____ 4) Jul-13-15	Joint Compound / Surface Texture, Bedroom #1 East Wall Corner JointCom-White
2. Lab ID # 875-02585-002	<b>None Detected</b>	1) 1-5% Cellulose 2) 95-99% Calc, Paint, Other m.p. 3) _____ 4) Jul-13-15	Surface Texture, Bedroom #1 East Wall Center Texture-White
3. Split A Lab ID # 875-02585-003A	<b>None Detected</b>	1) 1-5% Cellulose 2) 95-99% Calc, Paint, Other m.p. 3) _____ 4) Jul-13-15	Surface Texture, Bedroom #1 West Wall Center Texture-White
3. Split B Lab ID # 875-02585-003B	<b>1-5% Chrysotile</b>	1) 1-5% Cellulose 2) 90-98% Calc, Paint, Other m.p. 3) _____ 4) Jul-13-15	Surface Texture, Bedroom #1 West Wall Center Texture-Off-White
4. Lab ID # 875-02585-004	<b>None Detected</b>	1) 1-5% Cellulose 2) 95-99% Calc, Paint, Other m.p. 3) _____ 4) Jul-13-15	Surface Texture, Living Room East Wall Texture-White
Lab ID #		1) _____ 2) _____ 3) _____ 4) _____	
Lab ID #		1) _____ 2) _____ 3) _____ 4) _____	
Lab ID #		1) _____ 2) _____ 3) _____ 4) _____	
Lab ID #		1) _____ 2) _____ 3) _____ 4) _____	

Limit of quantitation of method is estimated to be 1% asbestos using a visual area estimation technique. Split samples are inhomogeneous.

Laboratory Analyst   
Greg Hanes



# ASBESTOS TEM LABORATORIES, INC

1350 Freeport Blvd., Unit #104 \* Sparks, NV 89431 \* Ph: (775) 359-3377 \* Fax: (775) 359-2798  
Home office at: 830 Bancroft Way \* Berkeley, CA 94710 \* Ph: (510) 704-8930 \* Fax: (510) 704-8429

### \*\*\* BULK SAMPLE SUBMISSION FORM / CHAIN-OF-CUSTODY \*\*\*

Company: EICS HSTAP 2 hr 4 hr 8 hr 24 hr 2 Day 3 Day  
Address: 2900 VASSAR ST 303 Job Site: WOODSIDE VILLAGE APTS #149  
City-State-Zip: FRNB - 89502 Job No: WV71315-2 P.O. #: \_\_\_\_\_  
Contact Person: LARRY THIR Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Sample Number	Sample Description	Sample Location
1	JOINT Comp / SURF. TEX	BIR 1 E WALL CORNER
2	SURFACE TEX	BIR 1 E. WALL CENTER
3	" "	" W. WALL CENTER
4	" "	LIVING ROOM E. WALL

Special instructions: CALL 742-2794 @ E-MAIL

Relinquished by		Date / Time	Received by		Date / Time
Name/Company	<u>EICS</u>	<u>7-13-15</u>	Name/Company	<u>Sue Ehrlich, IATEM</u>	<u>7/13/15</u>
Signature	<u>[Signature]</u>	<u>12:45</u>	Signature	<u>Due Ehrlich</u>	<u>12:45 PM</u>
Name/Company			Name/Company		
Signature			Signature		



**ASBESTOS TEM LABORATORIES, INC.**

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

**Report No.: 129031**

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

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

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ASBESTOS TEM LABORATORIES, INC

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Jul/14/2015

Mr. Larry Thir  
E.I.C.S.  
2900 Vassar Street, #503  
Reno, NV 89502

RE: LABORATORY REPORT # 129031

Phase contrast microscopy analytical results for 2 air sample(s).  
Job Site: 4800 Kietzke Lane #149, Reno  
Job No.: AI71315-3

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

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

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

Please note all samples will be held for 3 months from the date of receipt unless otherwise requested by client.

Sincerely Yours,

A handwritten signature in black ink, appearing to read "Larry Thir", is written over a horizontal line.

Laboratory Analyst  
ASBESTOS TEM LABORATORIES, INC.

---

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

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

# PHASE CONTRAST MICROSCOPY ANALYTICAL REPORT

NIOSH 7400 Method

Page: 1 of 1

Contact: Mr. Larry Thir	Samples Submitted: 2	Report No.: 129031
Address: E.I.C.S. 2900 Vassar Street, #503 Reno, NV 89502	Samples Processed: 2	Date Submitted: Jul-14-15
	Job Site / No. 4800 Kietzke Lane #149, Reno AI71315-3	Date Reported: Jul-14-15

SAMPLE ID	FIBERS per CC	95% UCL	FIBERS per FIELDS	FIBERS per FILTER	LOCATION / DESCRIPTION
245. Lab ID # 875-02586-001	< 0.0021	< 0.0039	< $\frac{5.5}{100}$	< 1962	Area, Living Room <small>Volume(L) Pump Time(Min) Flow Rate(LPM)</small> 1300 130 10.00
443. Lab ID # 875-02586-002	< 0.0021	< 0.0038	< $\frac{5.5}{100}$	< 2452	Area, Bedroom #1 <small>Volume(L) Pump Time(Min) Flow Rate(LPM)</small> 1283.6 129 9.95
Lab ID #					<small>Volume(L) Pump Time(Min) Flow Rate(LPM)</small>
Lab ID #					<small>Volume(L) Pump Time(Min) Flow Rate(LPM)</small>
Lab ID #					<small>Volume(L) Pump Time(Min) Flow Rate(LPM)</small>
Lab ID #					<small>Volume(L) Pump Time(Min) Flow Rate(LPM)</small>
Lab ID #					<small>Volume(L) Pump Time(Min) Flow Rate(LPM)</small>
Lab ID #					<small>Volume(L) Pump Time(Min) Flow Rate(LPM)</small>
Lab ID #					<small>Volume(L) Pump Time(Min) Flow Rate(LPM)</small>
Lab ID #					<small>Volume(L) Pump Time(Min) Flow Rate(LPM)</small>

Detection Limit = 7 Fibers/MM2

Laboratory Analyst

Greg Hanes

ASBESTOS TEM LABORATORIES, INC.

1350 Freeport Blvd., Sparks, NV 89431

(775) 359-3377

*With Main Office in Berkeley, CA (510) 704-8930*

**E.I.C.S.**

2900 VASSAR ST. #503 RENO, NV 89502  
PHONE: (775) 786-2800 FAX: (775) 786-9599  
EMAIL: thir\_eics@hotmail.com

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

Analysis type: PCM Turnaround: 4 HR  
Job site: 4800 KIBTZKE LN #149 RENO  
Job no: AF 71315-3 P.O. #:  
Contact Person: WARRY THIR

Sample no.	Sample type	Time on	Time off	LPM on	LPM off	Location/Description
345	AREA	501	711	10	10	LIVING ROOM
443	AREA	503	712	9.9	10	B/R 1

Special instructions: CALL 742 2194 & e-mail

**RELINQUISHED BY**  
Name: WARRY THIR  
Signature: [Signature]  
Date/Time: 7/13/15 7:30 PM

**RECEIVED BY**  
Name/Company: Sue Ehrlich LATAM  
Signature: [Signature]  
Date/Time: 7/14/15 Drop Box 8:30AM

## FINDINGS OF FACT

At the hearing, the Board shall receive all relevant evidence and make written findings of fact as to whether:

1. The emissions occurring, or proposed to occur, do not endanger, or tend, to endanger health or safety of persons living in the Washoe County Health District:

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2. Compliance with these regulations would produce serious hardship on the petitioner without equal or greater benefits to the public:

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3. Owners of property in the general vicinity of the proposed emission would not be adversely affected by the emissions:

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(Use additional sheets if necessary)



**NOTICE OF VIOLATION**

NOV 5464

DATE ISSUED: 6-17-2015

ISSUED TO: LOVERDE BUILDERS PHONE #: 530-581-5533 X.15

MAILING ADDRESS: P.O. BOX 5535 CITY/ST: TAHOE CITY ZIP: 96161

NAME/OPERATOR: SETH KIELAS PHONE #: \_\_\_\_\_

COMPLAINT NO. CMP 15-0078

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 6-17-2015 (DATE) AT 9:00 A.M. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>MINOR VIOLATION OF SECTION:</b> | <input type="checkbox"/> <b>MAJOR VIOLATION OF SECTION:</b>     |
| <input type="checkbox"/> 040.030 __ DUST CONTROL            | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT           |
| <input type="checkbox"/> 040.055 __ ODOR/NUISANCE           | <input type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 __ DIESEL IDLING           | <input checked="" type="checkbox"/> 030.105 ASBESTOS/NESHAP     |
| <input type="checkbox"/> OTHER _____                        | <input type="checkbox"/> OTHER <u>030.107 (A)</u>               |

VIOLATION DESCRIPTION: ASBESTOS SAMPLING & NOTIFICATION FAILURE  
TO OBTAIN DEMO NOTIFICATION PRIOR TO PERFORMING DEMOLITION

LOCATION OF VIOLATION: 881 LAKESHORE DR. INCLINE VILLAGE, NV.

POINT OF OBSERVATION: FILE REVIEW

Weather: CLEAR Wind Direction From: N E S W

Emissions Observed: \_\_\_\_\_  
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

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

Signature \_\_\_\_\_

**CITATION:** You are hereby notified that effective on 6-17-2015 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within COMPLETED hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

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

Signature: Syanne Duggan Date: 6-17-2015

Issued by: \_\_\_\_\_ Title: AQS II

**PETITION FOR APPEAL FORM PROVIDED**

**EPA NESHAP**  
**Notification OF DEMOLITION AND RENOVATION**  
 FILL IN ALL NUMBERED BLANKS

14529

Operator Project #	Postmark	Date Received 6/15/2015	Notification Permit # ASB15-06067
1. TYPE OF NOTIFICATION (O=Original R= Revised C=Canceled) <b>O</b>			
2. FACILITY INFORMATION (Identify Owner, Removal Contractor, and Other Operator)			
OWNER NAME: <b>Michael Phelps</b>			
Address: <b>336 Fifth Green Ct.</b>			
City: <b>Incline Village</b>	State: <b>NV</b>	Zip: <b>89451</b>	
Contact Person: <b>Michael Phelps</b>			Tel: <b>985-890-5231</b>
REMOVAL CONTRACTOR: <b>Pombo Construction, Inc.</b>			
Address: <b>10705 E River St.</b>			
City: <b>Truckee</b>	State: <b>CA</b>	Zip: <b>96161</b>	
Contact Person: <b>Rodger Truce</b>			Tel: <b>530-587-4112</b>
OTHER OPERATOR/CONSULTANT: <b>General Contractor Loverde Builders, Inc.</b>			
Address: <b>PO Box 5535</b>			
City: <b>Tahoe City</b>	State: <b>CA</b>	Zip: <b>96161</b>	
Contact Person: <b>Seth Kleas</b>			Tel: <b>530-581-5533 x.15</b>
3. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=Emergency Renovation) <b>D</b>			
4. IS ASBESTOS PRESENT? (Yes/No) <b>No</b>			
5. Facility Description (Include Building Name, Number, and Floor or Room Number)			
Building Name: <b>Single Family Residential</b>			
Address: <b>881 Lakeshore Blvd.</b>			
City: <b>Incline Village</b>	State: <b>NV</b>	County: <b>WASHOE</b>	Zip Code: <b>89451</b>
On-Site Location: <b>881 Lakeshore</b>			
Building Size: <b>6,203 sqft</b>	# of Floors: <b>2</b>	Age in Years: <b>49</b>	
Present Use: <b>SFR</b>	Prior Use: <b>SFR</b>		
6. PROCEDURE INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ACM: <b>Bulk sampling completed by Environmental Inspection &amp; Control Services</b>			
7. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:			
1. Regulated ACM to be removed. <b>None</b>	Amount of RACM To Be Removed	Amount of Nonfriable ACM To Be Removed	
2. Category I ACM Not Removed. <b>JOB COMPLETED</b>		Cat I	Cat II
3. Category II ACM Not Removed. <b>5-19-2015</b>		Cat I	Cat II
*** Note material being removed to the right of measurement ***			
Pipes (Linear Ft.)	INITIALS <b>(SFR)</b>		
Surface Area (Square Ft.)			
Vol RACM off facility Component (Cubic Ft.)			
8. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: _____ Completed: _____			
Days Worked (circle) <b>(M T W T F)</b> *Sat *Sun Day Shift hours: <b>7:00 AM - 4:30</b> * Evening Shift Hours: <b>N/A</b>			
*Non-Standard Working Hours - additional \$103.00 per hour for AQM inspection			
9. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>05/06/2015</b> Completed: <b>05/19/2015</b>			

**COPY**

6-15-2015 NEVER INSPECTED SITE, DUE TO SUBMITAL OF A DEMO NOTIFICATION. NON



# Environmental Inspection & Control Services

April 30, 2015

## CLIENT

Pombo Construction  
P.O. Box 1102  
Truckee, CA 96160

## PROJECT LOCATION

881 Lakeshore Blvd.  
Incline Village, NV

## PURPOSE OF INSPECTION

Planned demolition

## REFERENCES

I A T L Certificate of Analysis 361998  
Exhibits A & B

## Background

EICS was engaged by the client to perform a comprehensive inspection and sampling for asbestos containing materials (acm) at the above noted location. The client indicated plans demolish the entire building. The age of the building is approximately 35 years. It had been completely remodeled approximately 10 years prior to the inspection. The inspection and sampling were performed on April 24, 2015 by Lawrence G. Thir, owner and senior hygienist of EICS. The home was not occupied at the time of inspection. Access was provided by the client.

## Inspection

I carefully inspected the home for suspect acm. Fourteen bulk samples of suspect acm were wetted and collected, using a clean sharp instrument. The samples were placed in individual sealed and labeled containers and logged on a chain of custody. They were packaged and sent via FED EX to International Asbestos Testing Laboratories in Mt. Laurel, NJ for analysis by polarized light microscopy using EPA method 600/R-93/116.

## Laboratory results

Sample no.	Location	Material	Asbestos content	Fri/NF
1.	Exter. S. side	Stucco	None det.	NA
2.	Roof N. side	Comp. shingle	None det.	NA
3.	Dining room ceiling	Wall surface tex.	None det.	NA
4.	Garage East wall	Wall surface tex.	None det.	NA
5.	Bedroom #3 wall	Wall surface tex.	None det.	NA
6.	Mas. Suite ba. linen closet	Wall surface tex.	None det.	NA
7.	Commun. Secur. Sys.room	Wall surface tex.	None det.	NA
8.	Garage hall	Wall surface tex.	None det.	NA
9.	Garage S. wall	Wall surface tex.	None det.	NA
10.	Garage N. wall	Wall surface tex.	None det.	NA
11.	Lower lvl. Bathrm. I	Wall surface tex.	None det.	NA
12.	Lower lvl. Game room	Wall surface tex.	None det.	NA
13.	Lower level gym	Wall surface tex.	None det.	NA
14.	Lower level game rm. clos.	Wall surface tex.	None det.	NA
15.				

## Discussion

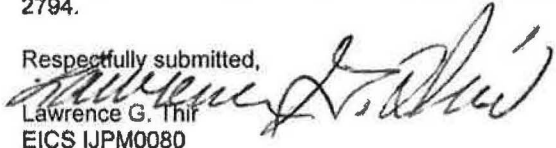
NV DEISH and USEPA recognize any building materials with asbestos content exceeding 1% as ACM. The above noted materials were found with no asbestos content. The building may be demolished with no precautionary measures for asbestos exposure.

### Limitation

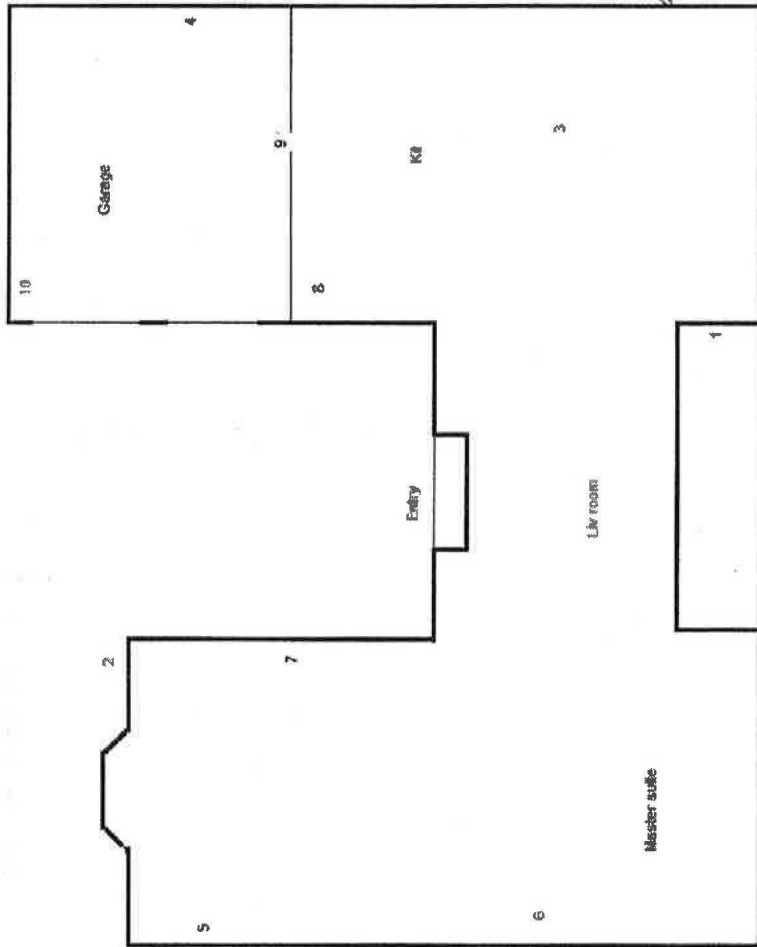
This report is limited to the building, discussed above. Destructive/invasive investigation was not performed. Subterranean investigation was not performed. No representation is made to presence or absence of asbestos containing material in any area not herein, indicated.

Thank you for the opportunity to be of service. If you have any questions, please call me at (775)786-2800 or 742-2794.

Respectfully submitted,

  
Lawrence G. Thir  
EICS IJPM0080

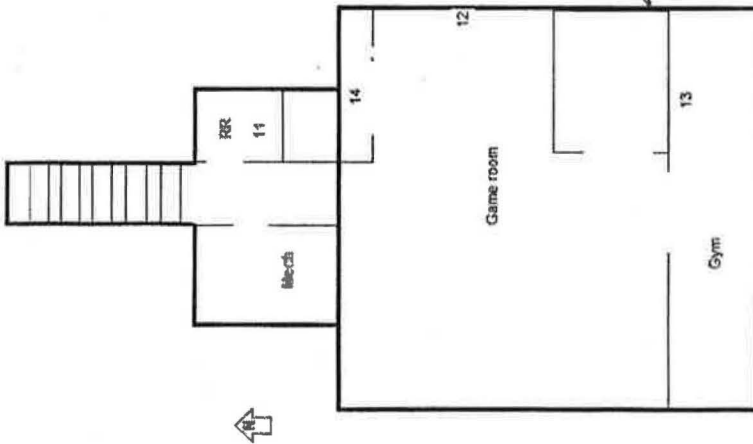




881 Lakeshore Blvd. Incline Village, NV  
Bulk sampling locations 1/24/15

*Lawrence G. Thur*  
Lawrence G. Thur  
EACS LP#100880

Exh B



881 Lakeshore Blvd, Indian Village, NV  
Bulk sampling conditions 4/24/15

*Lawrence G. Thir*  
Lawrence G. Thir  
EMCS 89400988

## CERTIFICATE OF ANALYSIS

<b>Client:</b> EICS 2900 Vassar Street #503 Reno, NV 89502	<b>Report Date:</b> 4/30/2015 <b>Report No.:</b> 361998 <b>Project:</b> 881 LakeshoreBlvd InclineVillage <b>Project No.:</b> AP42415-1
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### BULK SAMPLE ANALYSIS SUMMARY

Lab No.: 5608814	Description / Location: Grey Stucco			
Client No.: 1	S Side Exter.			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	1	Cellulose	99

Lab No.: 5608815	Description / Location: Black Shingle			
Client No.: 2	N Side Roof			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	15	Fibrous Glass	85

Lab No.: 5608816	Description / Location: White Texture			
Client No.: 3	Dining Room Ceiling			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

Lab No.: 5608817	Description / Location: White Texture			
Client No.: 4	Garage E Wall			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

**Accreditations:** NIST-NVLAP No. 101165-0 NY-DOH No. 11021 AIHA-LAP, LLC No. 100188  
*This confidential report relates only to those item(s) tested and does not represent an endorsement by NIST-NVLAP, AIHA or any agency of the U.S. government  
 This report shall not be reproduced except in full, without written approval of the laboratory.*

**Analytical Method:** US EPA 600/R-93/116 by Polarized Light Microscopy, (ELAP 198.1 where applicable)

**Comments:** Quantification at <0.25% by volume is possible with this method. (PC) Indicates Stratified Point Count Method performed. (PC-Trace) means that asbestos was detected but is not quantifiable under the Point Counting regimen. Analysis includes all distinct separable layers in accordance with EPA 600 Method. If not reported or otherwise noted, layer is either not present or the client has specifically requested that it not be analyzed (ex. analyze until positive instructions). Small asbestos fibers may be missed by PLM due to resolution limitations of the optical microscope. Therefore, PLM is not consistently reliable in detecting asbestos in non-fibrous organically bound (NOB) materials. Quantitative transmission electron microscopy (TEM) is currently the only method that can pronounce materials as non-asbestos containing.

**Analysis Performed By:** T. Barkley

**Approved By:** 

**Date:** 4/30/2015

Frank E. Ehrenfeld, III  
Laboratory Director

## CERTIFICATE OF ANALYSIS

Client: EICS  
2900 Vassar Street #503  
Reno, NV 89502

Report Date: 4/30/2015  
Report No.: 361998  
Project: 881 Lakeshore Blvd Incline Village  
Project No.: AP42415-1

### BULK SAMPLE ANALYSIS SUMMARY

Lab No.: 5608818 Description / Location: White Texture  
Client No.: 5 B/R 3 Wall

% Asbestos	Type	% Non-Asbestos Fibrous Material	Type	% Non-Fibrous Material
None Detected	None Detected	None Detected	None Detected	100

Lab No.: 5608819 Description / Location: White Texture  
Client No.: 6 Master Suite Ba. Linen Closet

% Asbestos	Type	% Non-Asbestos Fibrous Material	Type	% Non-Fibrous Material
None Detected	None Detected	None Detected	None Detected	100

Lab No.: 5608820 Description / Location: White Texture  
Client No.: 7 Commun./Secur. System Room

% Asbestos	Type	% Non-Asbestos Fibrous Material	Type	% Non-Fibrous Material
None Detected	None Detected	None Detected	None Detected	100

Lab No.: 5608821 Description / Location: White Texture  
Client No.: 8 Garage Hall

% Asbestos	Type	% Non-Asbestos Fibrous Material	Type	% Non-Fibrous Material
None Detected	None Detected	None Detected	None Detected	100

Accreditations: NIST-NVLAP No. 101165-0 NY-DOH No. 11021 AIHA-LAP, LLC No. 100188  
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Analytical Method: US EPA 600/R-93/116 by Polarized Light Microscopy, (ELAP 198.1 where applicable)

Comments: Quantification at <0.25% by volume is possible with this method. (PC) Indicates Stratified Point Count Method performed. (PC-Trace) means that asbestos was detected but is not quantifiable under the Point Counting regimen. Analysis includes all distinct separable layers in accordance with EPA 600 Method. If not reported or otherwise noted, layer is either not present or the client has specifically requested that it not be analyzed (ex. analyze until positive instructions). Small asbestos fibers may be missed by PLM due to resolution limitations of the optical microscope. Therefore, PLM is not consistently reliable in detecting asbestos in non-friable organically bound (NOB) materials. Quantitative transmission electron microscopy (TEM) is currently the only method that can pronounce materials as non-asbestos containing.

Analysis Performed By: T. Barkley

Date: 4/30/2015

## CERTIFICATE OF ANALYSIS

Client: EICS  
2900 Vassar Street #503  
Reno, NV 89502

Report Date: 4/30/2015  
Report No.: 361998  
Project: 881 Lakeshore Blvd Incline Village  
Project No.: AP42415-1

### BULK SAMPLE ANALYSIS SUMMARY

Lab No.: 5608822 Description / Location: White Texture  
Client No.: 9 Garage S Wall

% Asbestos	Type	% Non-Asbestos Fibrous Material	Type	% Non-Fibrous Material
None Detected	None Detected	None Detected	None Detected	100

Lab No.: 5608823 Description / Location: White Texture  
Client No.: 10 Garage N Wall

% Asbestos	Type	% Non-Asbestos Fibrous Material	Type	% Non-Fibrous Material
None Detected	None Detected	None Detected	None Detected	100

Lab No.: 5608824 Description / Location: White Texture  
Client No.: 11 Lower Level Bathroom Wall

% Asbestos	Type	% Non-Asbestos Fibrous Material	Type	% Non-Fibrous Material
None Detected	None Detected	None Detected	None Detected	100

Lab No.: 5608825 Description / Location: White Texture  
Client No.: 12 Lower Level Game Room

% Asbestos	Type	% Non-Asbestos Fibrous Material	Type	% Non-Fibrous Material
None Detected	None Detected	None Detected	None Detected	100

Accreditations: NIST-NVLAP No. 101165-0 NY-DOH No. 11021 AIHA-LAP, LLC No. 100188

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Analytical Method: US EPA 600/R-93/116 by Polarized Light Microscopy, (ELAP 198.1 where applicable)

Comments: Quantification at <0.25% by volume is possible with this method. (PC) Indicates Stratified Point Count Method performed. (PC-Trace) means that asbestos was detected but is not quantifiable under the Point Counting regimen. Analysis includes all distinct separable layers in accordance with EPA 600 Method. If not reported or otherwise noted, layer is either not present or the client has specifically requested that it not be analyzed (ex. analyze until positive instructions). Small asbestos fibers may be missed by PLM due to resolution limitations of the optical microscope. Therefore, PLM is not consistently reliable in detecting asbestos in non-friable organically bound (NOB) materials. Quantitative transmission electron microscopy (TEM) is currently the only method that can pronounce materials as non-asbestos containing.

Analysis Performed By: T. Barkley

Date: 4/30/2015

## CERTIFICATE OF ANALYSIS

**Client:** EICS  
2900 Vassar Street #503  
Reno, NV 89502

**Report Date:** 4/30/2015  
**Report No.:** 361998  
**Project:** 881 Lakeshore Blvd Incline Village  
**Project No.:** AP42415-1

### BULK SAMPLE ANALYSIS SUMMARY

**Lab No.:** 5608826      **Description / Location:** White Texture  
**Client No.:** 13      Lower Level Gym

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

**Lab No.:** 5608827      **Description / Location:** White Texture  
**Client No.:** 14      Lower Level Game Room Closet

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

**Accreditations:** NIST-NVLAP No. 101165-0      NY-DOH No. 11021      AIHA-LAP, LLC No. 100188  
*This confidential report relates only to those item(s) tested and does not represent an endorsement by NIST-NVLAP, AIHA or any agency of the U.S. government  
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**Analytical Method:** US EPA 600/R-93/116 by Polarized Light Microscopy, (ELAP 198.1 where applicable)

**Comments:** Quantification at <0.25% by volume is possible with this method. (PC) Indicates Stratified Point Count Method performed. (PC-Trace) means that asbestos was detected but is not quantifiable under the Point Counting regimen. Analysis includes all distinct separable layers in accordance with EPA 600 Method. If not reported or otherwise noted, layer is either not present or the client has specifically requested that it not be analyzed (ex. analyze until positive instructions). Small asbestos fibers may be missed by PLM due to resolution limitations of the optical microscope. Therefore, PLM is not consistently reliable in detecting asbestos in non-friable organically bound (NOB) materials. Quantitative transmission electron microscopy (TEM) is currently the only method that can pronounce materials as non-asbestos containing.

**Analysis Performed By:** T. Barkley

**Date:** 4/30/2015



EICS, LLC

2900 Vassar St. #503  
Reno, NV 89502

# Invoice

Date	Invoice #
4/29/2015	4434

Bill To
POMBO CONSTRUCTION P.O. BOX 1102 TRUCKEE, CA 96160

P.O. No.	Terms	Due Date
881 LAKESHORE ...	Net 30	5/29/2015

Item	Description	Qty	Rate	Serviced	Amount
LIMITED ASB...	PRE-DEMOLITION ASBESTOS INSPECTION, BULK SAMPLING, FED EX, 14 PLM LAB ANALYSES, REPORT	1	695.00		695.00
<b>Total</b>					\$695.00

Phone #	Fax #
775 786-2800	775 786-9599



# CASE PACKET ORDER

Negotiated Settlement _____	Date _____	Amount \$ _____
Appealed to APCHB _____	Variance _____	

CASE 1176 NOV 5464 Complaint CMP15-0078

APCHB Meeting Sept. 1, 2015 DBOH Meeting \_\_\_\_\_

INFORMATION	YES/NO
Recommendation Letter	Yes DC
NOV and/or Stop Work Order	Yes DC
MOU or Appeal	Yes DC
Administrative Penalty Table and Recommended Fine Calculation Worksheet	Yes DC
Permit	No DC
Permits Plus Complaint Report	Yes DC
Supporting Documents <i>Pictures, Regulations, Letters, etc.</i>	Yes DC
Chronology <i>(prior NOV's/Complaints)</i>	No DC
License & Zoning Information	
Notes:	

Contact (include Title):	<u>Seth Kielas</u>
Company:	<u>Loverde Builders</u>
Delivery Address:	<u>P.O. Box 5535</u> <u>Tahoe City California 96145</u>
Phone Number(s):	<u>530-581-5533 EXT. 15</u>
Alternate Contact:	_____

  
 \_\_\_\_\_  
 BRANCH CHIEF'S SIGNATURE

DD	AH	___
DHO	___	KD ___
DA	LA	___
Risk	NA	___

**STAFF REPORT**  
**BOARD MEETING DATE: November 19, 2015**

**TO:** District Board of Health

**FROM:** Laurie Griffey, Administrative Assistant I / HR Representative  
775-328-2403, [lgriffey@washoecounty.us](mailto:lgriffey@washoecounty.us)

**SUBJECT:** Review, approve and adopt the proposed Washoe County Health District Employee Policy Manual updates for Fiscal Year 16.

---

**SUMMARY**

The Washoe County Health District Employee Policy manual provides additional guidance to staff and ensures administrative compliance with operational policies and procedures, established by the District Board of Health and County Commissioners, governing employees.

**District Health Strategic Objective supported by this item:**  
Strengthen WCHD as an innovative, high- performing organization.

**PREVIOUS ACTION**

The District Board of Health last reviewed and accepted the Washoe County Health District's Employee Policy Manual in its entirety on January 24, 2013.

The District Board of Health previously reviewed and accepted the Washoe County Health District's Employee Policy Manual in its entirety on September 24, 2009.

**BACKGROUND**

A comprehensive review of the manual was initiated; some policies were updated and several new policies have been added. The revised manual represents an intensive review of Human Resource and Fiscal policies and procedures and provides employees with guidance on these issues.

The revised manual has been discussed and reviewed by the following individuals:

- Washoe County District Health Officer
- Washoe County Health District Administrative Health Services Officer
- Washoe County Health District Division Directors
- The Deputy District Attorney assigned to the Washoe County Health District.

The Washoe County Health District Employee Policy Manual provides more in-depth information to employees on existing County and Health District policies and procedures in a central location for easy access and reference.

A comprehensive administrative review of the policy manual will be conducted on a bi-annual basis. The policy manual will be kept current with the inclusion of new or revised policies as soon as they are accepted by the District Board of Health.

Upon approval by the District Board of Health, an electronic version of the manual will be placed on the Health District's employee intranet site and an electronic copy will be sent to each employee with an acknowledgement form for the employee to sign. The acknowledgement form indicates the employee has read, understands and agrees to abide by the Washoe County Health District Employee Policy Manual and the policies referenced therein. Acknowledgement forms will be maintained in the employee's personnel file.

### **FISCAL IMPACT**

Should the Board approve the Washoe County Health District Employee Policy manual, there will be no fiscal impact to the adopted Fiscal Year 16 budget.

### **RECOMMENDATION**

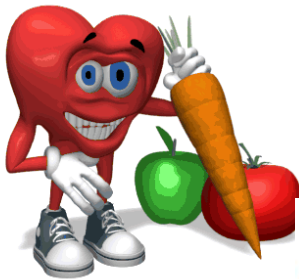
Staff recommends the District Board of Health review, approve and adopt the proposed Washoe County Health District Employee Policy manual updates for Fiscal Year 16.

### **POSSIBLE MOTION**

Move to approve and adopt the Washoe County Health District Employee Policy manual updates for Fiscal Year 16.

# WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE



## WASHOE COUNTY HEALTH DISTRICT EMPLOYEE POLICY MANUAL

Accepted by the District Board of Health  
January 24, 2013

Proposed Changes 2015 for FY16  
Presented to Board: November 19, 2015

**Washoe County Health District Employee Policy Manual**  
**Record of Policy Manual Changes**  
**All Update/Changes are in RED**

<b>Item #</b>	<b>Status</b>	<b>Change</b>	<b>Date Submitted</b>
1	Updated	Introduction and Legal Notice	4/13/15
2	Update	Accident and Injury Reporting	3/18/15
3	Add	Alternative Work Schedule	4/8/15
4	Add	Animals in Health Building	6/23/15
5	Updated	Cash Handling	4/30/15
6	Updated	Code of Ethical Standards	4/9/15
7	Updated	Contact – External Agencies/Departments	4/8/15
8	Updated	Incompatible Activities	7/17/15
8	Add	Jury Duty	5/27/15
9	Updated	Licensure/Certification/Registration Renewal Process	4/14/15
10	New	Media Policy	9/25/15
11	Updated	Meeting Policy - Smoke Free	4/10/15
12	Updated	Personal Electric or Electronic Use	3/18/15
13	Updated	Photocopying	4/29/15
14	Update	Recording of Time – Time Cards	4/13/15
15	Add	Refund Policy	5/15/13
16	Updated	Signature - Contracts	3/18/15
17	Updated	Termination of Service	4/23/15
18	Updated	Use of County Vehicles	5/27/15
19	Removed	Part of Appendix A – Removed - Full List of HR Policies	4/13/15
20	Add	Under Appendix C - WCHD Evacuation Procedure WCHD Active Shooter Procedure WCHD Emergency Action Plan	4/24/15

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# INTRODUCTION AND LEGAL NOTICE

## Introduction

The Washoe County Health District Employee Policy Manual is intended to provide general information about departmental policies.

## Legal Notice

The policies and statements contained herein may include information taken from other original source documents such as the Washoe County Code and the Agreements, which exist between Washoe County and the recognized Employee Associations. This manual does not alter the provisions of the Code or the Agreements in any way, nor does it affect the relationships defined therein. Therefore, these and other pertinent source documents should be consulted for complete and up-to-date versions of the policies and statements set forth in this Policy Manual.

This document supersedes all prior Health District Employee Policy Manuals. This Policy Manual is subject to change at any time. Employees will be notified of new policies and policy updates upon acceptance. A current copy of the Policy Manual also can be located on the Washoe County Health District website.

Washoe County Policies **are discussed with employees** attending Washoe County New Employee Orientation through Washoe County Human Resources. **Washoe County Health District employees are required to read multiple policies when hired and the link to the Human Resources website is included in Appendix B of this manual.**

**Updated 4/13/15**



# ACCIDENT AND INJURY REPORTING

## DESCRIPTION:

### I. Personal Injury:

If any occupationally related injury or illness results in:

- Absence from work
  - Necessity for transfer to another job or termination of employment
  - Loss of consciousness
  - Restriction of work or movement
  - Medical treatment of any kind, including first aid
1. The employee shall report the incident to the Supervisor and complete the C-1 “Notice of Injury or Occupational Disease” form immediately; (located on eww.health under Forms & Info, HR Forms & Info, Risk Management forms [http://eww/health/files/hr/Notice-of-Injury-or-Occupational-Disease-\(C-1\).pdf](http://eww/health/files/hr/Notice-of-Injury-or-Occupational-Disease-(C-1).pdf)).
  2. The employee and Supervisor will sign and date the form;
  3. The Supervisor shall complete the “Supervisor’s Report of Injury form”; (located on eww.health under Forms & Info, HR Forms & Info, Risk Management forms [http://eww/health/files/hr/Supervisors-Report-of-Injury-\(C-2\).pdf](http://eww/health/files/hr/Supervisors-Report-of-Injury-(C-2).pdf)) and forward both forms to the Division Director for review and signature;
  4. The Division Director will be responsible for ensuring both forms are forwarded to the Washoe County Health District’s Personnel Representative within 24 hours of the injury/illness;
  5. The Washoe County Health District’s Personnel Representative completes the C-3 “Employer’s Report of Industrial Injury” forms, and notifies the District Health Officer (DHO), acting District Health Officer or Administrative Health Services Officer (AHSO). The DHO or AHSO will initial the form to show they have been made aware of the situation. The Personnel Representative will forward all three forms to Risk Management within three (3) calendar days of injury.

In the event of death, regardless of the time between injury and death, or the length of the illness, the Supervisor shall be responsible for the completion of all required paperwork in steps 1 – 3.

### II. Liability and Property Loss:

If one or more of the following occurs:

- Personal injury to a non-employee
- Damage to property of others (non-vehicle)
- Damage to County property (non-vehicle)
- Incidents which may result in liability to the Department

## ACCIDENT AND INJURY REPORTING (CONTINUED)

1. The employee shall report the incident to the Supervisor; and within one (1) business day of the incident, complete and submit the Saf-7 “Washoe County Liability and Property Loss Report” form; (located on eww.health under Forms & Info, HR Forms & Info, Risk Management forms [http://eww.health/files/hr/Washoe-County-Liability-Property-Loss-Report-Form-\(Saf%207\).pdf](http://eww.health/files/hr/Washoe-County-Liability-Property-Loss-Report-Form-(Saf%207).pdf) ) and submit it to the Division Director, through their Supervisor;
2. The Division Director shall submit the form to the Washoe County Health District’s (WCHD) Personnel Representative within two (2) business days of the incident.
3. The Health District Personnel Representative will have the form reviewed and initialed by the District Health Officer or Administrative Health Services Officer and will send the form and/or advise Risk Management within 3 days of the incident.

### III. Vehicle Accident:

An Employee driving any vehicle (County, rental, or personal), who is involved in an accident during the course of assigned duties shall:

1. Immediately notify the appropriate law enforcement agency for investigation at the scene, regardless of the extent of damage; if local law enforcement will not respond and a County vehicle is involved, advise dispatch a County vehicle was involved and request they dispatch a Deputy Sheriff to the scene to do a report. (Risk Mgmt. needs this report);
2. After notifying law enforcement contact your immediate Supervisor and give a preliminary verbal report; if Supervisor is unavailable, call the Washoe County Health District emergency line (328-2461) and give a preliminary verbal report to the **Office Support Specialist in Health Administration or the WCHD Personnel Representative**;
3. Within one (1) business day, the employee must complete the Saf-5 “Washoe County Vehicle Accident Report” form and submit it to the **Office Support Specialist in Health Administration or the WCHD’s Personnel Representative**, through his/her Supervisor and Division Director; (form located on eww.health under Forms & Info, HR Forms & Info, Risk Management forms [http://eww.health/files/hr/WC-Vehicle-Accident-Report-Form-\(Saf-5\).pdf](http://eww.health/files/hr/WC-Vehicle-Accident-Report-Form-(Saf-5).pdf) );
4. Accidents involving non-County vehicles when law enforcement does not respond: Employee should obtain, complete and file the Nevada Department of Motor Vehicles “Driver’s Report of Traffic Accident SR-I: form and submit a copy to the **Office Support Specialist in Health Administration or the WCHD Personnel Representative** (NV DMV SR-1 form located at <http://www.dmvnv.com/pdf/forms/sr1.pdf> );
5. Do not sign any form(s) or materials presented by the insurance carrier(s) of the opposing party. All such materials are to be forwarded to the District Health Officer, who will advise Risk Management.

Updated 3/18/15

# ALTERNATIVE WORK SCHEDULES - NEW

## DESCRIPTION:

Washoe County Health District evaluates each request for an Alternative / Compressed Work Schedule individually. Alternative Schedules are to enhance public service and are granted at the sole discretion of the employer (must be approved by District Health Officer) and are not an employee entitlement. Alternative/Compressed work schedules can be discontinued at any time by management.

### **I. Purpose**

Washoe County is dedicated to excellence in public service. The purpose of this policy is to provide flexibility in work schedules to meet the business needs of Washoe County. Each department should determine if the Alternative Work Schedule Program would be effective in meeting their business needs. Participation in Washoe County's Alternative Work Schedule Program is at the sole discretion of the employer and not an employee entitlement. It should be understood that not every job is adaptable to an alternative work schedule. This policy provides an effective business tool to enhance public service and employee performance. This policy also provides new opportunities for efficiency, potential expanded hours for customer service and a possible recruiting tool to attract new talent.

Nothing in this policy superseded NRS, Washoe County Code, Labor Agreements and FLSA regulations.

### **II. Eligibility**

Every department may, upon approval of their department head, provide alternative work schedules to employees. Each participating department shall determine which alternative work schedules, if any, are available for employees. Such determinations shall be made based upon the business needs, staffing and coverage requirements, etc.

Individual employees may be permitted, with the consent of their supervisor and the approval of appropriate management, to work alternative schedules. Approval of alternative work schedules for individual employees will be based upon consideration of the employee's job performance, office operating requirements, employee's attendance and timeliness, and any disciplinary issues. Certain positions may not be eligible for an alternative work schedule due to program needs or the job duties assigned to the position. Every employee working an alternative work schedule shall do so in accordance with a written agreement, approved by the department head, the immediate supervisor and the employee. Probationary employees may be eligible for alternative work schedules, in special circumstances, with the approval of the department head.

### **III. Policy & Form**

The Washoe County Alternative Work Schedule Policy is located on the County website; <http://www.washoecounty.us/humanresources/Policies/policiesfullisting.php>.

All Health District employees are to use the Washoe County Alternative Work Schedule form and attach a memo explaining the benefits and impacts the alternative schedule will have on the program.

**Added 4/8/15**

## ANIMALS IN HEALTH BUILDING - NEW

### DESCRIPTION:

**The Health District does not allow animals in our facility; it does allow Service Animals, and service animal trainees in accordance with “Americans with Disabilities Act,” Title III.**

**Pets should be left at home.**

**According to AB157 effective October 1, 2015 - The definition of a “Service Animal” will include a dog or miniature horse, which is individually trained to do work or perform tasks for the person with a disability. Service animals are allowed to accompany people with disabilities in all areas where members of the public are allowed to go.**

**ADA information ([http://www.ada.gov/service\\_animals\\_2010.htm](http://www.ada.gov/service_animals_2010.htm)).**

**Staff may ask two questions to determine if it is a service animal – see below:  
According to NRS 651.075**

**2. A place of public accommodation may:**

**(a) Ask a person accompanied by an animal:**

- (1) If the animal is a service animal or service animal in training; and**
- (2) What tasks the animal is trained to perform or is being trained to perform.**

**What kind of animal is that? The answer should be “service”.**

**OR: is your dog a service animal required because of a disability? Answer should be yes. YOU MUST NOT ASK WHAT THE DISABILITY IS.**

**Service animals in training are also welcome.**

**What service/task/work has it been trained to provide?**

- o Examples of such work or tasks include guiding people who are blind, alerting people who are deaf, pulling a wheelchair, alerting and protecting a person who is having a seizure, reminding a person with mental illness to take prescribed medications, calming a person with Post Traumatic Stress Disorder (PTSD) during an anxiety attack, or performing other duties. Service animals are working animals, not pets. The work or task a dog has been trained to provide must be directly related to the person’s disability. Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA. Petting a cat or dog reduces blood pressure, however having high blood pressure is not a disability, and the animal hasn’t been trained to lower blood pressure, it’s a byproduct of petting a dog or cat. Same for anxiety disorders, ADHD, etc.**

**Added 6/2/15**

# **AUTHORITY: HEALTH OFFICER TO APPROVE DIVISIONAL AND PROGRAMMATIC PROTOCOLS AND POLICIES**

## **DESCRIPTION:**

- I. The District Health Officer shall conduct an administrative review of the Divisional Policy and Protocol manuals on an annual or bi-annual basis as required. Upon completion of the review the District Health Officer will sign both the review and approval cover documents, which will contain other appropriate approval signatures, including Consulting Medical Directors as required. The District Health Officer will provide a summary of all Protocol and Policy Manuals reviewed to the District Board of Health to allow the Board to review any specific policy or protocol, and to ask questions.

**Added – 5/14/12**

# **AUTHORITY: HEALTH OFFICER TO REVIEW AND APPROVE NEW AND CONTINUING GRANT APPLICATIONS AFTER CONDUCTING A PRE-APPLICATION ASSESSMENT**

## **DESCRIPTION:**

### **Pre-Application Assessment**

A pre-application assessment evaluates the following factors and should be done in consultation with the Administrative Health Services Officer and District Health Officer (DHO).

Pre-Application Assessment shall be done in advance of the submission of the Grant Application for new and continuing grants.

#### Financial Factors:

- Total anticipated project cost (including: reimbursable and non-reimbursable costs and costs associated with sub-granting)
- Match requirements and sources
- Program income considerations
- Staffing requirements (including salary and benefits increases for multi-year grants)
- Plan for sustaining/terminating the program in the event of loss of grant funding or end of the grant term

#### Programmatic Factors:

- Alignment with the Washoe County Health District mission and County strategic priorities
- Community and service delivery benefits
- Provision or expansion of services to address critical needs as determined by DHO
- Department's capacity to administer the requirements of the grant

### **Application Request to Submission Form**

All Washoe County Health District grant applications must be approved by the Administrative Health Services Officer and District Health Officer or the District Board of Health prior to application. Board approval for applications is only necessary when required by the granting agency. The District Health Officer's and Administrative Health Services Officer's approval are appropriate for all other grant applications.

On-going grants that have been approved by the District Board of Health during the budget process are exempt from the "Request to Submit" (form prescribed by the Grants Administrator) procedure, unless there are material changes to the award. In the event of changes, those not reviewed during the budget process, shall be submitted to the Administrative Health Services Officer. The Administrative Health Services Officer will consider the changes to the award and determine if the changes are material and require a Request to Submit for approval by the District Health Officer.

New grant applications will require the "Request to Submit" form be completed and sent through the appropriate approval process. No funding can be obligated or spent until the DBOH approves the grant, retroactively if necessary.

**Added 5/14/12**

(Updated per instructions from DBOH 5/24/12 meeting (Agenda #13))

# CASH HANDLING

## **DESCRIPTION:**

All employees who handle cash or participate in fiscal transactions shall annually read the Washoe County Ordinances on cash handling and the Washoe County Internal Controls Procedures Manual. Upon completion of the review of the above documents, employees will sign an acknowledgement form which shall be sent to the Administrative Health Services for retention.

## **PROCESS FOR HANDLING INCOMING COUNTY FUNDS:**

- **All funds must be accounted for and kept in a secure location.**
- **All funds taken in by an employee/division must be processed for deposit and turned into Administrative Health Services (AHS) in a timely manner (within 1 business day).**
- **Administrative Health Services will do a combined deposit of all funds on the following business day.**
- **A Daily Cash Receipt form must be completed by each employee/division for all funds accepted by that employee into that division in the form of cash, check, credit card or coins. The Daily Cash Receipt form must be signed by the person counting the funds and completing the form.**
- **All funds must be double counted within the division in which they are accepted prior to being sent to Administrative Health Services for deposit.**
  - **The person doing the double count must reconcile the cash register receipt or computer printouts with the Daily Cash Receipt form and the actual funds or credit slips to ensure accuracy.**
  - **The person doing the double count is required to run a calculator tape of all entries on the Daily Cash Receipt (DCR) form and attach the calculator tape to the DCR form. Then run a calculator tape of the cash, coins, checks and/or credit receipts to ensure all items are recorded accurately on the DCR form. This calculator tape is to be attached to the Cash, checks and/or Credit Card receipts. The totals on the calculator tapes should match the total on the top of the DCR form as well as the Cash Register receipt or computer printout.**
  - **Once all items have been double counted (funds counted, calculator tapes run and all totals verified) the person who did the double count signs the second line on the Daily Cash Receipt form documenting they have verified the accuracy of the funds and documents.**
- **All employees are to follow the County's overall process for Cash Handling.**

Updated 4/30/15

## CELL PHONE POLICY

### **DESCRIPTION:**

All employees who are issued a County/Health District cell phone must read and sign the WCHD Cell Phone Policy located on the Health District website; (located on [www.health](http://www.health.washoe.gov) under Forms & Info, Policies, Procedures and Protocols) or obtain a copy from the Health District HR Personnel Representative.

Cell phones are to be used for County/Health District business only. They are not to be used for personal use except in an emergency situation as outlined in section #2 of the Cell Phone Policy.

Individually signed cell phone policy acknowledgement forms are to be submitted to the Health District HR Personnel Representative and placed in the employees personnel file.

**Added 10/12/12**



# CODE OF ETHICAL STANDARDS

Wording updated to NRS 2013 version

## DESCRIPTION: NRS 281A.400

A code of ethical standards is hereby established to govern the conduct of public officers and employees:

1. A public officer or employee shall not seek or accept any gift, service, favor, employment, engagement, emolument or economic opportunity which would tend improperly influence a reasonable person in **the public officer's or employee's** position to depart from the faithful and impartial discharge of **the public officer's or employee's** public duties.
2. A public officer or employee shall not use **the public officer's or employee's** position in government to secure or grant unwarranted privileges, preferences, exemptions or advantages for **the public officer or employee,** any business entity in which he has a significant pecuniary interest, or any person to whom **the public officer or employee** has a commitment in a private capacity to the interests of that person. As used in this subsection, **"unwarranted" means without justification or adequate reason:**
3. A public officer or employee shall not participate as an agent of government in the negotiation or execution of a contract between the government and any **business entity** in which **the public officer or employee** has a significant pecuniary interest.
4. A public officer or employee shall not accept any salary, retainer, augmentation, expense allowance or other compensation from any private source for the performance of **the public officer's or employee's** duties as a public officer or employee.
5. If a public officer or employee acquires, through **the public officer's or employee's** public duties or relationships, any information which by law or practice is not at the time available to people generally, **the public officer or employee** shall not use the information to further a **significant** pecuniary interests of **the public officer or employee** or any other person or business entity.
6. A public officer or employee shall not suppress any governmental report or other **official** document because it might tend to affect unfavorably a **significant** pecuniary interest of **the public officer or employee.**
7. **Except for State Legislators who are subject to the restrictions set forth in subsection 8, a public officer or employee** shall not use governmental time, property, equipment or other facility to benefit a **significant personal or pecuniary interest of the public officer or employee.** This subsection does not prohibit:
  - (a) A limited use of governmental property, equipment or other facility for personal purposes if:

## CODE OF ETHICAL STANDARDS (CONTINUED)

- (1) The public officer or employee who is responsible for, and has authority to authorize the use of such property, equipment, or other facility, has established a policy allowing the use or that the use is necessary as a result of emergency circumstances;
  - (2) The use does not interfere with the performance of the public officer's or employee's public duties;
  - (3) The cost or value related to the use is nominal; and
  - (4) The use does not create the appearance of impropriety;
  - (b) The use of mailing lists, computer data, or other information lawfully obtained from a governmental agency which is available to members of the general public for nongovernmental purposes; or
  - (c) The use of telephones or other means of communication if there is not a special charge for that use. If a governmental agency incurs a cost as a result of a use that is authorized pursuant to this subsection, or would ordinarily charge a member of the general public for the use, the public officer or employee shall promptly reimburse the cost or pay the charge to the governmental agency.
8. A State Legislator shall not:
- (a) Use governmental time, property, equipment, or other facility for a nongovernmental purpose or for the private benefit of the State Legislator or any other person. This paragraph does not prohibit:
    - (1) A limited use of state property and resources for personal purposes if:
      - (I) The use does not interfere with the performance of the State Legislator's public duties;
      - (II) The cost or value related to the use is nominal; and
      - (III) The use does not create the appearance of impropriety;
    - (2) The use of mailing lists, computer data, or other information lawfully obtained from a governmental agency, which is available to members of the general public, for nongovernmental purposes; or
    - (3) The use of telephones or other means of communication if there is not a special charge for that use.
  - (b) Require or authorize a legislative employee, while on duty, to perform personal services or assist in a private activity, except:
    - (1) In unusual and infrequent situations where the employee's service is reasonably necessary to permit the State Legislator or legislative employee to perform that person's official duties; or
    - (2) Where such service has otherwise been established as legislative policy.
9. A public officer or employee shall not attempt to benefit a significant personal or pecuniary interest of the public officer or employee through the influence of a subordinate.
10. A public officer or employee shall not seek other employment or contracts through the use of the public officer's or employee's official position.

Updated 4/9/15

## CONTACT – EXTERNAL AGENCIES/DEPARTMENTS

### DESCRIPTION:

Any employee acting as a representative of the Washoe County Health District shall notify the Supervisor and Division Director prior to any work related contact of officials outside the Washoe County Health District. Such officials shall include:

- Board of Health Members
- County Manager
- City Manager
- Elected Officials
- State Health Division Administrator
- State Health Officer

The Division Director shall advise the District Health Officer of the reason(s) for the contact, and the District Health Officer shall determine who shall make the contact.

If an employee is contacted directly by one of the above officials, that contact shall be reported as soon as possible to the Supervisor and Division Director, who shall notify the District Health Officer.

Administrative Health Services is the Washoe County Health District liaison to Washoe County for the services noted below.

Other than contacting Human Resources regarding direct employee disciplinary actions, all other contact with Washoe County Departments shall be coordinated through Administrative Health Services. Such departments shall include (but are not limited to):

- Comptroller
- Human Resources – other than contacting Human Resources regarding direct employee disciplinary actions; all other contact shall be coordinated through Administrative Health Services.
- Manager’s Office – other than contacting Community Relations which is done through the Office of the District Health Officer/Public Health Communications; all other contact shall be coordinated through Administrative Health Services.
- Community Services Department – (i.e., facilities management)
- Purchasing
- Risk Management
- Technology Services/WINnet

Office of the District Health Officer is the Washoe County Health District liaison to Washoe County for all Community Relations.

Routine, work-related contact by employees with other local government department heads, may take place without obtaining advance authorization.

Updated 4/8/15

# CUSTOMER CONDUCT, RIGHTS AND SUSPENSION

## **DESCRIPTION:**

A Customer Conduct Policy, Customer/Client Rights Under the Discrimination and Harassment Policy and a Customer Suspension Policy have been created to outline the acceptable conduct of customers and customer's rights along with a process for suspending a customer's privileges.

The policies are available under the forms section of this manual and posted on the Washoe County Health District intranet under <http://eww/health/forms/wcdhd/polproc.php>.

Employees should review and be aware of the policies and follow the "Staff Actions Steps" below.

## **Staff Action Steps for Customer Conduct Policy Violation**

1. Staff should ask the customer to please discontinue their action or behavior that is not in compliance with our Customer Conduct Policy.
2. Should this not work, let the customer know that they are violating the policy, and provide he or she with a copy of the Customer Conduct Policy.
3. If the customer has any questions or concerns, or continues their actions or behaviors, notify a Supervisor.
4. The Supervisor may discuss the situation with the customer, reiterating the policy violation. If necessary, security may be notified.
5. If the customer is unable to comply with the policy, the Supervisor shall let the customer know that his or her Health District privileges may be suspended, as stated in the **WCHD Customer Suspension Policy**.

## **Staff Action Steps for WCHD Customer/Client Discrimination and Harassment Policy –**

For use when customers state they have been discriminated or harassed by Health District staff

1. Immediately notify their Supervisor or Division Director of the customer's complaint.
2. The Supervisor will provide the customer with a copy of the WCHD. Customer/Client Discrimination and Harassment Complaint Form, for the client to complete.
3. The Supervisor shall collect the form from the customer, and make a copy for the client to retain.
4. Provide original complaint form to the District Health Officer for review and investigation.

For more information regarding the above policies, please refer to the WCHD Policy Manual.

**Added 10/31/12**

## **HEALTH DISTRICT SERVICES TO STAFF AND THEIR FAMILIES**

### **DESCRIPTION:**

Families of staff receive services under the same conditions that apply to the general public. If the service allows for a sliding fee scale, the family member must qualify according to the same criteria that apply to the general public. Staff will not qualify their family member for services at a reduced cost; this must be done by another staff member. This policy also applies to District Board of Health family members.

When a staff member experiences acute symptoms of illness, appropriate care and testing will be provided, according to Department capabilities, and the individual will be referred to a private health care provider.

Work required immunizations or lab testing will continue to be provided to employees at no charge. Required physical examinations will be performed at District expense, through a designated outside contractor.

**Approved prior to 2012**

# INCOMPATIBLE ACTIVITIES

**DESCRIPTION: Washoe County Code,  
Sections 5.334 through 5.339 (January 2009)**

5.334 Full-time service required: Each employee shall, during his hours of duty as an employee and subject to such other laws, rules or regulations as pertain thereto, devote his full-time attention and efforts to County employment. A full-time employee may not engage in additional part-time work for the County.  
[§1, Ord. No. 729; A Ord. No. 828]

5.335 Incompatible activities: Prohibition. Employees shall not engage in any employment, activity or enterprise which has been determined to be inconsistent, incompatible or in conflict with their duties as Washoe County officers and employees, or with the duties, functions or responsibilities of their appointing authorities or departments by which they are employed.  
[§158, Ord. No. 213]

5.337 Incompatible activities: Specific prohibitions. Employees shall not engage in any employment, activity or enterprise which is inconsistent, incompatible or in conflict with their duties as Washoe County officers and employees, or with the duties, functions or responsibilities of their appointing authorities or departments by which they are employed, including but not limited to:

1. Except for the limited use authorized in section 5.340, the use for private gain or advantage of the County's time, facilities, equipment and supplies.
2. The use for private gain or advantage of a badge, uniform, prestige or influence of their County positions of employment.
3. The receipt or acceptance by employees of any money or other consideration from anyone other than the County for the performance of an act which the employees would be required or *Washoe County Code Supplement 12 January 2009 CHAPTER 5 - ADMINISTRATION AND PERSONNEL Page 5-101* expected to render in the regular course of hours of their County employment or as a part of their duties as employees.
4. The performance of an act in other than their capacity as employees, which act may later be subject, directly or indirectly, to control, inspection, review, audit, or enforcement by such employees or the department by which they are employed.

[§158, Ord. No. 213; A Ord. Nos. 492, 1053]

5.339 Incompatible activities: Designation. Each appointing authority may determine and describe in writing additional specific activities which, for employees under his jurisdiction, will be considered inconsistent, incompatible, or in conflict with their duties as employees, and shall provide a copy to each such employee.  
[§159, Ord. No. 213; A Ord. No. 492]

**Determination of incompatible activities is made by the District Health Office**

## INCOMPATIBLE ACTIVITIES cont.

Health District employees who take or teach a class, which is not required as part of their job duties and which requires their absence during normally scheduled work hours shall seek advance written approval from their Supervisor, Division Director and the District Health Officer, and are required to cover the absence with annual or personal leave, comp time, or a flex schedule.

Employees, who are taking or teaching a class required by their job, do not need to utilize personal leave or flex schedules, but are required to seek advanced approval from their Supervisor, and Division Director.

Employees who are required to take classes to maintain licensure of any kind are required to offset or use leave unless law, ordinance or contract requires otherwise, but are still required to seek advanced written approve from their supervisor and Division Director and the District Health Officer.

In all cases, management (Supervisor, Division Director and/or District Health Officer) has the sole discretion to approve or deny the request and whether the employee will be required to use leave or flex time based on the needs of the Department, the impacts on the department, employee scheduling, the availability of leave, employee work performance, and any other factors deemed relevant.

The request must be in written or e-mail form. In order to be considered, the request must be within the following guidelines:

- Hours during regular scheduled work hours must be managed to minimize impact to the Health District.
- Hours requested must be offset with either flex schedule work hours during the same work week or employee must use annual or comp time leave.
- If the class is on-going, must reapply for permission each semester.

The supervisor will review the request with the employee, and if approved, forwarded the request to the Division Director and District Health Officer for final review and approval.

### **MOONLIGHTING:**

Any employee who wishes to work outside of the Washoe County Health District must not be engaged in incompatible activities and such work shall not interfere with the ability of the employee to perform their Health District responsibilities. Public Health District employees have responsibilities to respond to public health emergencies and work outside of the Health District cannot interfere with the employee's responsibilities during a public health emergency.

Any employee who wishes to work outside of the Washoe County Health District must have prior approval from the District Health Officer before doing so.

## **INCOMPATIBLE ACTIVITIES cont.**

- Employee is to submit a request for permission to work outside of the Health District to the District Health Officer through their supervisor and Division Director.
- The letter or memo should state:
  1. Employee's name, position, division (within Health District) and program, along with a list of their primary duties at the Health District.
  2. Name of company, job title, list of duties and hours for the position desired outside of the Health District.
  3. Dates and hours of proposed 2nd job (if available) Example: Seasonal (weekends Oct – Dec) or Summer May – Aug (lifeguard at water park 6-9p.m).
  4. Employee must specify that the 2nd job will not impact their availability or overall ability to perform their duties at the Health District in anyway.

As indicated above – employees shall not engage in any employment activities or enterprise which may be determined to be inconsistent, incompatible or in conflict with their duties as a Washoe County officer or employee.

An employee can also not accept money or other consideration for the performance of an act which the employee would be required or expected to render in the regular course of hours of their County employment or as a part of their duties as a Health District employee.

**Updated 7/17/15**



## **JURY DUTY - NEW**

### **DESCRIPTION:**

**NRS 6.190 Jury Duty Item #4** – Each summons to appear for jury duty must be accompanied by a notice to the employer of the person summoned. The notice must inform the employer that the person has been summoned for jury duty and must include a copy of the provisions of subsections 1, 2 and 3. **The person summoned, if the person is employed, shall give the notice to his or her employer at least 3 days before the person is to appear for jury duty.**

**County Code 5.269 Leave of Absence Item #4** – A leave of absence with pay must be granted to any employee who is required by law to appear or serve as a witness or juror in a case before a grand Jury or tribunal of the United States Government, the State or Nevada or a political subdivision thereof, or when subpoenaed to give a deposition that is related to his employment. The employee must be paid his regular salary while on leave of absence, but must remit to his department head for deposit in the county general fund, all fees which he receives as a witness, juror or when subpoenaed to give a deposition on job-related matters. The Employee may retain amounts received as reimbursement for mileage and per diem. Court leave must not be charged against the employee's vacation credit.

All Health District Employees must notify their supervisor of their receipt of a jury summons and submit a copy of the card/letter or document that indicates what date the employee is to report to jury duty to their supervisor at least 3 days prior to the date they are to report for jury duty.

**Added 5/27/15**

# LEAVE WITHOUT PAY

## **DESCRIPTION:**

Pursuant to Washoe County Code 5.269, the District Health Officer may grant a leave of absence (leave without pay) for 30 working days or less, per employee, per calendar year. Leave without pay taken pursuant to the provisions of the Family and Medical Leave Act (described in Washoe County Code 5.270) is considered separate.

Leave without pay used to create an alternate/adjusted schedule will only be granted in conjunction with an approved alternate schedule request.

Employees must submit an “Application for Leave/Overtime Authorization” form prior to the date of use. The form shall be submitted to the Washoe County Health District’s Personnel Representative, through their Supervisor and Division Director.

The Washoe County Health District’s Personnel Representative will confirm the employee’s eligibility, and forward to the District Health Officer for final approval.

**Approved prior to 2012**

# LICENSURE/CERTIFICATION/REGISTRATION RENEWAL PROCESS

## DESCRIPTION:

It is a professional responsibility and a legal requirement, for any employee whose position requires an active license, certificate, or registration to maintain a current one on file at all times.

All personnel whose position requires a license, certificate, or registration will provide a copy to their Supervisor on or before the expiration date of the previous one. The Supervisor will forward a copy of the license, certificate, or registration to the WCHD HR Personnel Representative for tracking purposes.

If an employee fails to provide a copy of his or her license, certificate, or registration they will be removed from the work schedule and unable to return until they have provided a copy of their current active license, certificate, or registration. Failure to maintain a required license, certificate, or registration may result in disciplinary action up to and including termination.

**Example:** In accordance with the Washoe County Job Specifications the following positions require a license, certificate or registration:

- District Health Officer (if physician)
- All Nursing positions (RN, LPN, APN, Nursing Supervisor, etc.)
- Community Health Nutritionist
- Environmental Health Specialist (all levels)
- Positions working in the Lab (certification as an Office Lab Assist)
- EPI Center Director (if practicing physician)
- Licensed Engineer (all levels)
- Vector Borne Disease Specialist / Vector Control Coordinator

## REFERENCES

Washoe County Job Specifications  
Nevada Nurse Practice Act  
WCNA Contract

**Updated 4/14/15**

## **LONG DISTANCE TELEPHONE CALLS**

### **DESCRIPTION:**

Long distance telephone calls shall be for Washoe County Health District business only. All long distance telephone calls should be made on the employee's assigned telephone line.

Collect calls to the Washoe County Health District are acceptable from employees on travel status.

**Approved prior to 2012**

# **MEDIA POLICY – NEW**

## **DESCRIPTION: Media Contact Procedure**

Employees of the Washoe County Health District (WCHD) are required to adhere to all Washoe County Codes and Policies, and the WCHD Media Policy which govern traditional and nontraditional media.

The WCHD Media Policy applies to emergency, traditional, non-traditional, paid, non-paid, and earned media encounters for the purpose of public information and education, public relations, marketing, media relations, and the dissemination of public health information to maximize the WCHD ability to successfully manage factors such as the content, consistency, timing, and frequency of messaging.

## **DEFINITIONS:**

### **Emergency:**

Emergency Media refers to any media contact needed as a result of unexpected, serious, public health or agency occurrences or situations urgently requiring prompt action.

### **Traditional Media (Time-honored media forms)**

Traditional Media refers to newspapers, magazines, television, radio, billboards, mass transit bus signs, bus shelters, movie advertising, mobile truck advertising, and direct mail.

### **Non-traditional Media (Media forms not bound by tradition - advanced, contemporary, nonconventional, radical)**

Non-traditional Media refers to social media and social media sites including, but not limited to, blogs, mobile applications, Twitter, Facebook, YouTube, Flickr, LinkedIn, MySpace, etc.

### **Paid Media Advertising (Media placement gained by payment)**

Paid Media Advertising is any form of communication that is gained by payment. Paid Media Advertising may include traditional and non-traditional media.

## **MEDIA POLICY (CONTINUED)**

### **Non-Paid Media**

#### **Earned Media (Acquired as a result of previous effort, action, or payment)**

Earned Media refers to favorable publicity gained through previous promotional efforts and may include publicity gained through editorial influence.

#### **Public Service Announcements (Without charge)**

Public Service Announcements, also known as PSAs, are messages in the public interest disseminated by the media without charge, with the objective of raising awareness and/or changing public attitudes and behavior towards a social issue.

### **Proactive Encounters**

Proactive communication refers to any communication initiated with the media by the WCHD and may include, but is not limited to:

- News releases (these provide information to media outlets)
- Media advisories (these are often used in conjunction with a news release about an event or activity, such as the flu immunization kick-off event or a press conference, and they serve as an invitation to media representatives to attend)
- Advertising campaigns
- Public service announcements
- Community calendar items
- Announcements/acknowledgements (e.g., of employees, partnerships, etc.)
- Phone calls and/or e-mails to pitch a story
- Website and social media postings
- Press conferences and other events for which media attention is determined to be beneficial

### **Reactive Encounters**

Reactive communication pertains to information provided in response to inquiries or social media postings that can be received from a variety of sources, including:

- Reporters
- Writers, including free-lancers
- News anchors

## **MEDIA POLICY (CONTINUED)**

- Producers
- Editors
- Assignment editors/managers
- News directors
- Still/video photographers
- Websites
- Bloggers

Reactive responses can be provided through a variety of mechanisms, including:

- News releases - Appendix A- Sample News Release.
- Media advisories - Appendix B – Sample Media Advisory.
- Written media statements, position papers, Letters to the Editor, opinion pieces
- Providing comments – in person, over the phone, via email
- Participation in interviews – in person, over the phone, via email
- Participation in panel discussions
- Press conferences, briefings, WCHD-coordinated special events
- Social media comments, including blogs
- Any interactions which can be attributed to WCHD and documented by media representatives via writing, audio/video/still recording or live broadcast.

### **ADMINISTRATIVE PROCEDURES:**

#### **I. General**

##### **A. All communication with the media shall be coordinated as follows:**

- **Proactive** communication on behalf of the WCHD **shall** be approved by Division/District management and the WCHD PIO prior to its initiation/distribution. Division Directors or Program Supervisors may authorize staff to make routine website and social media content postings without PIO approval, however, WCHD website structure or design layout and/or changes to the WCHD Home Page must be approved by the PIO or the District Health Officer prior to initiation.

## MEDIA POLICY (CONTINUED)

- **Reactive** communication messages **should** be approved by the PIO, prior to responding, with any substantive comment and, before a commitment to respond is made. If the PIO is not available, then Division Director or District Health Officer should be contacted for direction.
- B. Every effort will be made to respond to legitimate media inquiries within a reasonable time frame – usually within 30 – 60 minutes after receipt of inquiry depending upon ability to validate inquiry and prepare the appropriate response and/or spokesperson.
- C. Every effort will be made to post or distribute approved press releases, media advisories, blogs, and social media posts through the Washoe County website and appropriate social media channels within a reasonable timeframe, particularly if it is in response to a public health emergency, crisis or agency occurrence, usually within 1 – 2 hours following approval.\*\*
- D. In the absence of the PIO or designee, the Washoe County Health District Department System Specialists may be required to distribute/post such information to the media, the website, and social media platforms.
- E. The PIO will help determine if, and/or ensure that:
  - The WCHD is the appropriate agency to initiate communication with, or respond to, a media inquiry
  - Key WCHD messages are identified
  - Message development is consistent with similar, previous, and forthcoming WCHD messages and inter-divisional efforts and, if not, changes are appropriately explained
  - WCHD messages are coordinated with or approved by impacted WCHD divisions, other involved agencies, organizations, or departments as needed prior to being provided to the media
  - The most appropriate WCHD subject matter expert serves as the spokesperson for the identified topic or issue, depending upon availability



## **MEDIA POLICY (CONTINUED)**

- Language interpreters are appropriate, needed and available
- The WCHD is in compliance with all federal and state patient/client privacy regulations (e.g., HIPAA)
- The media deadline can be met
- The spokesperson and media representative both have received appropriate preparation
- WCHD employees and clients are protected from unwarranted and/or inappropriate contact from the media.

F. Whenever possible the PIO (or designee) will distribute press releases, media advisories, blogs, and social media posts through the Washoe County website and appropriate social media channels. In the absence of the PIO and/or in times when emergency media contacts are required to respond to a public health crisis or agency occurrence, Washoe County Health District Department System Specialists may be required to distribute/post such information.

G. To ensure compliance with federal and state patient/client privacy regulations, any WCHD client/patient participating in an interview, video or still photo shoot must sign a consent form prior to the interview, video or photo shoot taking place. See Appendix E – Consent and Release Form (available on the WCHD intranet).

H. The *Associated Press (AP) Style Manual* is the primary reference tool to be used when developing written communication for the media.

### **II. Media Access**

A. When interacting with WCHD employees for the purpose of interviews, news gathering or news-related photography or videography (excluding events open to the public) media representatives shall be escorted by the PIO or a designated staff member who will facilitate the interview, news gathering and/or recording session.

B. The PIO shall attempt to attend all in-person and phone interviews. The PIO shall review written responses to inquiries before they are provided to the requesting media representative.

## **MEDIA POLICY (CONTINUED)**

### **III. Documentation of Media Encounters**

#### **A. Proactive**

To ensure awareness of media encounters and potentially widespread news coverage, a copy of appropriate proactive media communication may be distributed by the PIO to:

- All County employees
- All WCHD employees
- District Board of Health members
- Washoe County, Reno, Sparks, Nevada State government officials
- Other appropriate individuals outside of the WCHD with vested interest in the topic and/or with whom subsequent communication needs to be coordinated.

#### **B. Reactive**

For each reactive media encounter, a media contact form must be completed. See Appendix E – Media Contact Form. The Media Contact Form, like the Consent Form, is also found in the Forms section of the WCHD intranet. The PIO, spokesperson, photographed person, or interviewed person can complete this documentation, as long as it is known who will take responsibility for this action for any given encounter. This completed electronic form is distributed automatically to:

- Interviewee/spokesperson
- District Health Officer
- Administrative Assistant to the District Health Officer
- WCHD Division Directors
- Administrative Health Services Administrative Assistant I
- Administrative Secretary Supervisors (to inform support staff, who might receive related calls)
- WCHD PIO(s)
- District Board of Health Members

## **MEDIA POLICY (CONTINUED)**

Once received, the PIO or person completing the form shall forward it separately via email to any WCHD employee referred to in the encounter and other appropriate individuals within and outside of the WCHD (e.g., County Communications Manager, County PIO, and state-level PIOs) who have a vested interest in the topic and/or with whom subsequent communication needs to be coordinated.

### **IV. Monitoring Media Coverage**

A. Whenever possible, coverage resulting from proactive and reactive media contact should be monitored by the PIO for things such as breadth and depth of coverage, positioning of the story, need to modify subsequent messaging, and, especially, accuracy.

B. Whenever appropriate, coverage of the story may be provided for feedback sessions, follow-up-training, and archival purposes, and distributed via hard or electronic copy as needed to:

- Interviewee/spokesperson
- District Health Officer
- WCHD Division Directors
- District Board of Health Members
- Health District PIO(s)
- Any Health District employee quoted and/or listed as part of the encounter
- Other appropriate individuals within and outside of the WCHD (e.g., County Communications Manager and PIO, state-level PIOs) who have a vested interest in the topic and/or with whom subsequent communication needs to be coordinated.

### **V. Access to Health District PIOs**

It is the goal of the WCHD to streamline incoming media requests as much as possible.

## **MEDIA POLICY (CONTINUED)**

### **VI. Procedure Review and Revision**

The District Health Officer or designee shall initiate review of the Media Contact Policy when deemed appropriate.

*\*\* In some emergency cases it may be necessary to coordinate release of information after regular business hours and in conjunction with dissemination of information using communication systems of partner agencies, such as the State of Nevada Department of Emergency Management, the Nevada Department of Health and Human Services Division of Public and Behavioral Health, the Washoe County Regional Emergency Operations Center, and the Washoe County School District.*

New (revised whole procedure) 9/25/15

## **MEETING POLICY: SMOKE FREE**

### **DESCRIPTION:**

In an effort to reduce the serious health hazards caused by exposure to secondhand smoke, all meetings and conferences hosted or sponsored by the Washoe County Health District shall be held in a 100% smoke-free facility. Exceptions to this Smoke Free policy can only be granted by the District Health Officer (DHO).

Policy approved by District Board of Health 1/24/13.

**Updated 4/10/15**

## **PERSONAL APPEARANCE**

### **DESCRIPTION:**

As an employee of the Washoe County Health District, it is important to project a professional image of Washoe County as an organization and a public service entity. A professional attitude towards attire is essential to establish and maintain this image and a dress code that is appropriate to the work environment must be followed.

If you are conducting office business, attending or conducting meetings, seminars, or conferences, where you are representing the Washoe County Health District or Washoe County in an official capacity, you are expected to represent the office in a professional manner and dress appropriately for conducting such business. Remember: know your audience, honor the dignity of the Washoe County Health District who you represent, and dress accordingly.

It is important that you are well groomed, neat, and correctly attired for your job function. Clothes and footwear should always be:

- Clean
- Neat
- Pressed as appropriate
- In good repair
- Selected to provide adequate physical coverage to ensure safety and a business-like appearance
- Free of statements, advertising or adornments that may be offensive or violate the “Washoe County Discrimination and Harassment Policy”

Management reserves the right to determine appropriateness of clothing. It is suggested that, if you question the suitability of an item of clothing, do not wear it until you clear it with your Supervisor. If an employee is determined to be wearing inappropriate clothing, management will take action on a case-by-case basis.

**Approved prior to 2012**

# **PERSONNEL ELECTRIC OR ELECTRONIC USE (PEEU)**

**DESCRIPTION:**

Employees are limited on the personal use of County or personal electric or electronic devices during work time. Personal business should be conducted on non-work hours.

Due to the potential hazards and the increase in power usage; employees are not allowed to utilize space heaters, fans, or other electronic devices not specifically approved or provided by the County.

The use of lap tops, note pads, note books, I-Pad, phones, and other electronic devices (whether personal or County owned), for non-business purposes during business hours shall be in compliance with the Washoe County internet and Intranet Acceptable Use Policy. According to the Washoe County Internet and Intranet Acceptable Use Policy approved by the Board of County Commissioners and amended by ordinance #1343 effective July 22, 2002; which references NRS 281.481(7) and Washoe County Code section 5.340:

- <http://www.washoecounty.us/repository/files/13/Internet%20and%20Intranet%20Acceptable%20Use%20Policy%20June%2028%202011.pdf>
- [http://www.co.washoe.nv.us/clerks/files/pdfs/County\\_code/CompleteCode.pdf](http://www.co.washoe.nv.us/clerks/files/pdfs/County_code/CompleteCode.pdf)

**Washoe County is not responsible for the loss or damage of any personal property or equipment. Employees who choose to bring personal property or equipment onto the County property or in County vehicles do so at their own risk.**

Updated 3/18/15

## **PERSONNEL RECORDS UPDATES**

### **DESCRIPTION:**

Each employee is responsible for reporting any changes of record (e.g., address, telephone number, marital status, insurance beneficiary, military status, etc.) to the Washoe County Health District's Personnel Representative to keep all personnel records current.

Each employee shall be requested by their division's Administrative Liaison to validate/update contact information on a quarterly basis to maintain the department's emergency contact list.

**Approved prior to 2012**



# PHOTOCOPYING

## DESCRIPTION:

The appropriate program or division code will be used when making copies.

Bulk copies should be processed through the Washoe County Reprographics Department, whenever possible.

Copies being made for customers who are waiting should take priority over all other copy jobs.

Use of copy machines, computers and other equipment fall under the **County Code 5.340 Ownership of county computer system; de minimis use of county property, equipment or other county facilities authorized; restrictions and prohibitions.** See full County Code at <http://www.washoecounty.us/clerks/cco/code/Chapter005.pdf>

### **5.340 Item 2-4**

2. The board of county commissioners authorizes the limited use for personal purposes by county officers and employees of county property, equipment or other facility if:

- (a) The use does not interfere with the performance of public duties including duties of both the officer/employee and other county staff, or interfere with the provision of county services;
- (b) The cost or value related to the use is nominal; and
- (c) The use does not create the appearance of impropriety.

This section does not prohibit the use of mailing lists, computer data or other information lawfully obtained from a county agency which is available to members of the general public for nongovernmental purposes. Further, this section does not prohibit the use of telephones and electronic mail (e-mail) if there is not a special charge for that use. If there is a special charge for that use, then the use is not prohibited but the officer or employee must reimburse the cost or pay the charge to the county in accordance with subsection 3 below, unless the use is made necessary because the officer or employee is attending to county business.

3. Except as provided in subsection 2 above, if the county incurs a cost as a result of a use that is authorized hereunder, or if the county would ordinarily charge a member of the general public for the use, the county officer or employee shall reimburse the cost or pay the charge to the county.

4. Except as otherwise provided herein, a county officer or employee shall not use any county time, property, equipment, or other facility to benefit that officer's or employee's private business interests. This prohibition includes, but is not limited to: selling products for private business, solicitation related to private business or personal interests, mass mailings, keeping private business accounts, or similar uses.

Also see Washoe County Internet and Intranet Acceptable Use Policy concerning de minimis use.

[http://www.washoecounty.us/humanresources/files/hrfiles/TS Internet and Intranet Acceptable Use Policy 6 28 %202011.pdf](http://www.washoecounty.us/humanresources/files/hrfiles/TS_Internet_and_Intranet_Acceptable_Use_Policy_6_28_%202011.pdf)

Updated 4/29/15

# RECORDING OF TIME – APPLICATION FOR LEAVE/OVERTIME AUTHORIZATION

## DESCRIPTION:

### Leave:

When leave is anticipated, an employee must receive authorization in advance using the instrument required within their division. In case of emergency, verbal approval for the use of leave shall be obtained from the Supervisor.

### Public Meetings, Committees, or Organizations:

Employees requesting to attend public meetings or participate as members of committees or organizations during work hours shall submit their written request through the Supervisor and Division Director for approval. The request shall indicate the times, inclusive dates, and reason(s) for the request. The Division Director or designee shall determine whether the request is work related. If the request is not work related, the employee shall submit an “Application for Leave/Overtime Authorization” form through the Supervisor and Division Director or District Health Officer for approval.

### Employee Association Activities:

Release time for Employee Association Activities shall be granted in accordance with the Agreements between Washoe County and the recognized Employee Associations. An employee requesting time shall complete an “Application for Leave/Overtime Authorization” form and shall submit the form through the Supervisor and Division Director to the District Health Officer for approval.

### Overtime:

Overtime should be authorized in advance. In all cases where overtime is necessary, it shall be authorized by the responsible Supervisor before being worked, approved or liquidated by the subordinate employee, unless emergency prevents prior approval. The authorization will include the type of compensation to be received by the employee.

**Approved prior to 2012**

## RECORDING OF TIME - TIMECARDS

### DESCRIPTION:

Each employee is responsible for the timely submittal of an accurate and complete timecard thru the ESS Portal. **Payroll Dept. recommends employees enter their time daily (when payroll system is open) to reduce the amount of missing hours if there is an unexpected absence.**

Each Supervisor/Division Director or designee shall review the timecard for accuracy prior to approval; verifying that timecards have been entered for all of their staff and released by internal WCHD payroll deadlines. Inaccurate timecards will be returned to the employee.

The Health District's timecard deadline is 5 p.m. on Thursday of the week prior to payday. All time must be entered, released and approved by the Supervisor prior to 5p.m. Due to holidays payroll deadlines may be adjusted; employees will be notified of earlier payroll deadlines via e-mail.

Supervisor/Division Director or designee is responsible for ensuring all timecards for their staff are entered. If an employee is on leave and their timecard has not been entered, the Supervisor may submit a request to the Health District Personnel Representative to have the employee's time entered. (Request must include employee's name, dates, hours, breakdown of accounts the hours are to be encoded to etc.).

If a full-time **or permanent part-time** employee fails to complete their time card, annual Leave will be encoded by the department's personnel representative **if the supervisor is unable to provide information on time worked.** If Annual Leave is not available in the employee's leave bank, other leave types may be used to fulfill the minimum time requirements for the employee if available. If there is not enough time available Leave Without Pay (LWOP) will be entered.

Seasonal or intermittent hourly employees do not have minimum time requirements established in ESS. If the employee fails to enter their timecard; their Supervisor should follow up with the employee. If no time is entered, no paycheck is issued. Any time that is worked but not entered will need to be entered during the next pay period.

If a Supervisor fails to approve an employee's time card, the department's personnel representative can approve the requisite number of hours to give the employee their budgeted hours for the pay period. Compensatory time earned, overtime, mileage reimbursement, etc. must be approved in SAP by the employee's Supervisor or designated substitute. Approval for these categories of compensation **is generally not** delegated to the department's personnel representative. If a Supervisor or designated substitute is experiencing SAP approval/program issues, they may request assistance with the approval of the extra compensation after they have verified the validity of the entries and provided written approval to the department's personnel representative.

**Updated 4/13/15**

## **REFUND POLICY - NEW**

### **DESCRIPTION:**

## **WASHOE COUNTY HEALTH DISTRICT REFUND POLICY**

### **PURPOSE:**

It is the purpose of this policy to establish a refund policy for the Washoe County Health District (WCHD).

### **PROCEDURES:**

In order to request a refund, a written request must be submitted utilizing the Request for Refund document on WCHD's website (under "Fees").

<http://www.washoecounty.us/health/refund-policy.html>

The request must be mailed, faxed, e-mailed, or delivered to the WCHD:

Washoe County Health District  
1001 E. 9<sup>th</sup> Street  
Reno, NV 89512

Fax (775) 784-7225 Air Quality Management

Fax (775) 328-6176 Environmental Health Services

Fax (775) 328-3750 Community & Clinical Health Services

[healthweb@washoecounty.us](mailto:healthweb@washoecounty.us)

All refund requests will be subject to a deduction for work actually performed by, or other direct expenses incurred by, WCHD prior to receiving the refund request. The cost of actual work performed will be estimated using the same costs that established the fee.

Requests for refunds will not be honored for any work accomplished prior to the request being received in writing.

Annual permit fees are non-refundable upon the first day of the renewal period (i.e., a May 1<sup>st</sup> renewal that is paid will not be refunded if requested on or after May 1<sup>st</sup>). Prior to the renewal period, refunds will be subject to a deduction for work actually performed by, or other direct expenses incurred by, WCHD prior to receiving the refund request.

Late fees are non-refundable.

Requests for refunds will not be honored if requested 180 days or more after date of payment.

Refunds for incorrect payments or payments that exceed the stated fee will be refunded in full.

## **REFUND POLICY CONT.**

### **DESCRIPTION:**

Refunds for amounts less than \$5.00 will not be paid per Washoe County Code 15.435 and NRS 354.220-354.240.

Refunds will be processed per the noted methods:

- Refunds made by check could take up to 3-4 weeks to process
- Refunds will only be issued to the party that originally issued payment.
- No cash refunds will be processed unless an established policy or procedure exists for the operational unit. Refunds for cash payments will be processed immediately and refunded by check.
- Refunds for payments made by check will be refunded by check after the original payment check has cleared.
- Refunds for payments made by credit card will be refunded as a credit back to the original card only. The WCHD does not keep credit card information on file. If the customer cannot be reached a check will be issued. If the customer can be reached, but the original credit card is no longer active, a check will be issued.
- Refunds for payments made by debit card will be refunded by check.

**Adopted by the District Board of Health  
February 28, 2013**

**Added 5/15/13**

## SIGNATURES - CONTRACTS

### DESCRIPTION:

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 to \$100,000 would require the approval of the Chair of the Board of Health or their designee. Contracts amounts over \$100,000 must be approved by the District Board of Health. The term of such agreements may not exceed the period for which funds have been appropriated and are available. In the event of an emergency, the Health Officer may execute an interim agreement in excess of \$100,000 to ensure continuation of essential services, provided the agreement is brought before the Board of Health at its next regular meeting for ratification and extension of its term. (Approved by the District Board of Health 6/26/14 #13)

The District Health Officer is not authorized to sign Interlocal or Cooperative Agreements. All Interlocal and Cooperative Agreements must be signed by the Chairman of the District Board of Health.

Employees are **not** authorized to sign contracts of any amount for any purpose on behalf of the Washoe County Health District. Contracts are defined in the Washoe Health District Contracts Administrative Procedure.

Updated 3/18/15

## **SIGNATURES - CORRESPONDENCE**

### **DESCRIPTION:**

The District Health Officer or his designee shall sign all official Washoe County Health District correspondence to:

- District Board of Health Members
- Washoe County Manager
- City Managers
- State Health Division Administrator
- State Health Officer
- Elected officials
- Other local government official

Division Directors or their designees may sign routine correspondence to those individuals noted above (except District Board of Health Members) if it does not involve a statement of Washoe County Health District policy, or address personnel or fiscal matters. A copy of such correspondence shall be provided to the District Health Officer.

**Approved prior to 2012**

## TERMINATION OF SERVICES

### DESCRIPTION:

Prior to termination of service with Washoe County Health District, an employee should give at least two weeks written notice. Per Washoe County Code 5.295, failure to give at least 2 weeks written notice constitutes cause for denial of future employment with Washoe County. Once written notice is received from an employee, the original shall be sent to the Washoe County Health District's Personnel Representative.

When an employee terminates service with the Washoe County Health District, the employee shall turn in all District equipment, supplies, keys, and identification cards to their Supervisor, Division Director, or designee

The employee shall report to the Washoe County Health District's Personnel Representative prior to the last day of employment to complete all required personnel documents. **Employees voluntarily leaving employment or retiring must submit a written letter of resignation or sign the Employee Certification of Resignation form in advance.**

SAP processing of the termination/transfer will not be completed until the Personnel Representative has received all required personnel documents **and the supervisor has verified all equipment, ID badges, keys and property have been turned in.** Failure by an employee to complete all required steps may delay final leave bank payouts.

Updated 4/23/15



# USE OF COUNTY VEHICLES

## DESCRIPTION:

**County vehicles should always be used when performing inspections of any kind and when performing job related duties where a fine or citation may be issued during normally scheduled working hours.**

**Private automobiles should only be used when county vehicles are not available and for attendance of meetings, trainings etc., or when an employee is responding to an after hour's incident.**

**County Vehicles should always be used before the use of private automobiles. County vehicles shall be used for official business only, and shall be driven only by employees.**

County vehicles may be used for lunch if an employee is in the field and the lunch location is proximate to where the employee's job duties require them to be, or if there is an official business purpose for the lunch. Passengers are restricted to other employees or individuals on official business. All non-employees must sign a County Waiver of Liability (see Personnel Representative or Risk Management for form) before riding in a County vehicle. All waivers must be turned into the Health District Personnel Representative.

Employees driving County vehicles shall:

- Have a valid driver's license.
- Provide verification of same to the Washoe County Health District's Personnel Representative.
- Comply with the County's relevant policies and procedures, (e.g., defensive driving policy, use of safety belts, service station, vehicle maintenance, motor pool, and parking of vehicles).
- Comply with all traffic regulations.
- Pay for parking tickets and moving violations.
- Secure the vehicle, valuables, and equipment during routine stops.
- Lock the vehicle at the end of the workday in an area designated by the County.
- Be responsible for keeping vehicles clean.
- Report any and all damage immediately to their supervisor and complete the appropriate accident reports. See process under Accident & Injury Reporting. Pictures should be taken if possible to show extent of the damage, submit pictures with the accident report to Administrative Health Services.
- Report any mechanical issues to Equipment Services in a timely manner.

Updated 5/27/15

## APPENDIX

### Appendix A: HR Related Documents

- Washoe County Code, Chapter 5 – Administration and Personnel:  
<http://www.washoecounty.us/clerks/cco/code/Chapter005.pdf>
- Health District Infection and Bloodborne Pathogen Exposure Control Plan:  
<http://eww/health/files/CCHS/Infection-Control-and-BBP-Exposure-Control-Manual-2013.pdf>
- Labor Relation/Employee Association Contracts:  
<http://www.co.washoe.nv.us/humanresources/laborrelations.html>
- Washoe County Internet and Intranet Acceptable Use Policy:  
<http://www.washoeCounty.us/repository/files/13/Internet%20and%20Intranet%20Acceptable%20Use%20Policy%20June%2028%202011.pdf>
- Washoe County Human Resources - Policy, Procedure, and Forms  
<http://www.washoecounty.us/humanresources/Policies/policiesfullisting.php>

**REMOVED Full List of HR links (4/13/15) all documents can be located via HR link above.**

### Appendix B: Financial

- Washoe County Code, Chapter 15; County Finances, Purchasing:  
<http://www.washoecounty.us/clerks/cco/code/Chapter015.pdf>
- Washoe County Accounts Payable Procedure Manual:  
<http://eww/comptroller/Accounts Payable/Accounts Payable Manual files/Accounts%20Payable%20Manual.doc>
- Washoe County Internal Control Procedures Manual:  
<http://eww/comptroller/Administration/WC%20Internal%20Controls%2096V2.pdf>
- Washoe County Grant Management Policy Manual  
<http://wctrain/winnet/User%20Procedures/Financial/Grants/Grants.htm>

## APPENDIX

### Appendix C: Plans

- **Health District Emergency Management Plan:**  
<http://eww/health/files/WCDHD/Washoe-County-Health-District-Department-Emergency-Management-Plan.pdf>
- **Washoe County Complex Evacuation Policy and Procedures:**  
<http://eww/health/files/polproc/County-Complex-Evacuation-Policy-&-Procedures.pdf>
- **Washoe County Health District Evacuation Procedure (2014):**  
<http://eww/health/emergency-info.php>
- **Washoe County Health District Active Shooter (10/22/14):**  
<http://eww/health/emergency-info.php>
- **Washoe County Health District Emergency Action Plan:**  
<http://eww/health/files/WCDHD/WCHD-Emergency-Action-Plan-Oct-2014.pdf>

### Appendix D: Forms & Policies

- **Customer Conduct Policy (Washoe County Health District Policy)**  
<http://eww/health/files/polproc/WCHD-Customer-Conduct-Policy.pdf>
- **Customer/Client Rights (Discrimination and Harassment)**  
<http://eww/health/files/polproc/WCHD-Cust-Client-Discrimination-Harassment.pdf>
- **Customer Suspension Policy (Washoe County Health District Policy)**  
<http://eww/health/files/polproc/WCHD-Cust-Suspension-Policy.pdf>

## **WASHOE COUNTY HEALTH DISTRICT CUSTOMER CONDUCT POLICY**

So that all persons may enjoy the services of the Washoe County Health District, individuals visiting or using Health District services must and are expected to comply with the following:

1. Customers must comply with all federal, state, and local laws, codes, ordinances, and policies (NRS 203.119: Commission of act in public building or area interfering with peaceful conduct of activities.)
2. Customers will not engage in behavior that could compromise the safety of themselves or others.
3. Customers will not engage in any behavior which directly or indirectly violates or restricts the rights of other customers to use the Health District or the ability of Health District personnel to serve the public.
4. Customers shall respect the rights of other customers and Health District staff by refraining from behaving in a manner which reasonably can be expected to disturb others. Instances of such inappropriate behaviors include, but are not limited to, harassing other customers or Health District staff, causing the discomfort of another person by staring or following another person about the building, engaging in noisy or boisterous activities, or entering restricted areas.
5. Customers whose bodily hygiene is offensive so as to interfere with other customers' use of the Health District shall be required to leave the building.
6. Customer shall not lie down, doze, or sleep in any area of the Health District buildings.
7. Customers shall not damage Health District materials, furniture, equipment, or other Health District property.
8. Customers shall not bring a weapon into or possess a weapon in the Health District building. This prohibition does not apply to law enforcement officers carrying service weapons in accordance with their departmental policies.
9. The sale or possession of alcoholic beverages or illegal drugs is prohibited in the Health District building.
10. Soliciting donations of money or anything of value and selling or taking orders for anything of value in the Health District building is prohibited by County Code 80.520.
11. The use of skateboards, bicycles, scooters, and rollerblades is prohibited in the Health District building. Bicycles are to be parked in designated areas outside of the Health District building. Law enforcement officers may be exempt from this rule.
12. Shopping carts, bedrolls and multiple or cumbersome carrying cases are prohibited in the Health District building but may be secured outside.

## Washoe County Health District

### Customer/Client Rights Under the Discrimination and Harassment Policy

It is the policy of the Washoe County Health District to comply with the requirements of Title VI of the Civil Rights Act of 1964 (78 Stat. 252, 42 U.S.C. 2900d et seq.) and in particular section 601 of such Act which provides that no person in the United States shall, on the grounds of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. Regulations implementing this Act have been issued by the Secretary of Health and Human Services (45 CFR part 80) and the Environmental Protection Agency (40 CFR part 7).

The Washoe County Health District treats all complaints of discrimination or harassment seriously, and all employees and customers are expected to be candid and truthful during the investigation and to make a good faith effort in participating in the resolution of such complaints.

Upon filing a complaint of discrimination or harassment, the District Health Officer will immediately initiate an investigation to gather facts regarding the complaint. To the extent feasible, the Washoe County Health District will protect the confidentiality of discrimination and/or harassment allegations, providing information to only those with a need to know. The Washoe County Health District cannot guarantee complete confidentiality because the Washoe County Health District must conduct an effective investigation. The investigation shall be completed as quickly as practicable in light of the need to conduct an investigation which is accurate and fair to all persons involved.

No action will be taken against a customer for complaining or providing information related to a complaint, whether a violation of this policy is proven or not. Washoe County Health District will not retaliate against a customer for filing a complaint or providing information related to a complaint and will not tolerate nor permit retaliation by management, employees, or coworkers.

Nothing in this policy abrogates a person's rights or remedies, including due process rights to the extent applicable, as provided by contract, county code, state or federal law, or the United States Constitution.

#### **Definitions**

For the purposes of this policy, the following definitions will apply.

**Discrimination:** Any action that has adverse effect on an individual or group of individuals because of their race, color, religion, sex, sexual orientation, national origin, age, or disability as legally defined by federal and/or state law.

**Harassment:** Includes, but is not limited to making disparaging remarks, gestures, or other actions based upon a legally protected class, designed to defame the character or question the integrity of protected individuals or groups; or such conduct that has the purpose or effect of unreasonably interfering with a customer's/client's services or creating an intimidating, hostile, or offensive office/clinic environment.

**Employees:** Public officers and individuals employed by Washoe County Health District, except persons rendering services to the County or its township on a fee, retainer, or contract basis.

**Customer/Client:** Persons seeking and/or obtaining services provided by the Washoe County Health District.

Customer/Client Discrimination and Harassment Complaint Procedure

Every customer/client is entitled to receive services in an environment free from prohibited discrimination or harassment.

**Investigation Process**

The discrimination or harassment investigation will be conducted by the District Health Officer and proceed as follows:

1. Specific details will be obtained dealing with who, what, where, how often, who else, time, place, history, contemporaneous events, and reports.
2. A chronology of events will be prepared and confirmed with complainant.
3. Other persons may be interviewed.
4. The investigation will be limited to obtaining sufficient information for decision making. Every attempt will be made to complete the investigation within 30 working days.
5. Every attempt will be made to remain objective.
6. Evidence will be collected and evaluated to identify any inconsistencies between the people interviewed about the allegations, circumstances, location, dates, and times, etc. Re-interviewing people may be necessary to clarify previous statements and/or determine what the basis is for inconsistency.
7. A written summary of the investigation, including the evidence used to determine the merit of each allegation, will be prepared. The written summary (record) and all supporting material will be maintained as a confidential record.
8. The District Health Officer may also make recommendations based on findings of the investigation. Any such recommendations made will also be maintained as a confidential record.
9. The District Health Officer will make a final determination based upon facts gathered through the investigation and take appropriate action regarding resolution of the case. The District Health Officer's written resolution of the complaint shall be maintained as a confidential record.
10. If the findings from the investigation disclosed that the Washoe County Health District Customer/Client Discrimination and Harassment Policy have been violated, the District Health Officer shall take appropriate corrective action and advise the complainant.
11. All documentation will be marked confidential and filed in a secure place within the Washoe County Health District Administrative Health Services Division.
12. The District Health Officer will follow up with the complainant to insure that the prohibited behavior has stopped and that he/she is not receiving reprisal actions.

Customers/clients always have the option to file a complaint with the appropriate state or federal agency.

**VIOLATION OF THE WASHOE COUNTY HEALTH DISTRICT  
CUSTOMER CONDUCT POLICY  
MAY RESULT IN THE SUSPENSION OF HEALTH DISTRICT  
PRIVILEGES**

**CUSTOMER SUSPENSION POLICY**

Suspension of Health District customers is an option used when customers exhibit or engage in behavior that violates the Customer Conduct Policy. This option is used infrequently as most customers respond to requests for compliance and management uses this procedure as a last resort measure. However, there is a small customer segment that exhibits extremely aggressive, discourteous and assaultive behavior. Therefore, it is sometimes necessary to suspend Health District privileges in these situations. Should client services be suspended, the Health District will not “medically abandon” a client. The District Health Officer and applicable Division Director may exercise their judgment and discretion regarding these situations.

- Health District management may exercise his/her judgment and discretion to suspend a customer’s Health District privileges. The length of suspension will depend upon the seriousness and frequency of the infraction(s) and may extend for a period of up to one year.
- Customers have the right to appeal a suspension of services. The appeal must be submitted in writing and must be received by the Washoe County Health District within seven (7) calendar days after the suspension of services has been issued. Requests for appeal, including a rationale for appeal, must be submitted **in writing** to:

Washoe County Health District  
Attn: District Health Officer  
P.O. Box 11130  
1001 E. Ninth Street, Building B  
Reno, Nevada 89520-0027

The request for appeal may also be submitted via fax, to (775) 328-3752.

The District Health Officer shall investigate and respond within 30 business days.

**APPROVED: January 24, 2013**

**REVISED: October 26, 2015**

DD	CC	_____
AHSO	AH	_____
DHO	KD	_____
DA		_____

**Staff Report**  
**Board Meeting Date:** November 19, 2015

**TO:** District Board of Health

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

**SUBJECT:** Public Hearing – Proposed approval and adoption of a revision to the Health District Fee Schedule, specific to the addition of the Regional Technology Fee for Air Quality Management and Environmental Health Services, collection to commence once the Accela Regional License & Permit platform is available for public use.

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**SUMMARY**

The Washoe County District Board of Health must approve any changes to the Health District Fee Schedule.

**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.

October 22, 2015. The District Board of Health adopted the Business Impact Statement with a finding that the proposed Regional Technology Fee does not impose a direct and significant economic burden on a business; nor 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.

## **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.

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 to be 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.

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. 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 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 post card notice included a web site link to a Potential Impact to a Business report (included in the Business Impact Statement adopted by the Board on October 22, 2015) 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.

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 were included in the previously adopted Business Impact Statement.

### **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 costs 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 a revision to the Health Department Fee Schedule, specific to the addition of the Regional Technology Fee for Air Quality Management and Environmental Health Services, collection to commence once the Accela Regional License & Permit Platform is available for public use.

### **POSSIBLE MOTION**

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

“Move to approve and adopt a revision to the Health Department Fee Schedule, specific to the addition of the 4% Regional Technology Fee for Air Quality Management and Environmental Health Services, collection to commence once the Accela Regional License & Permit Platform is available for public use.”

DD	AH
DHO	<i>KD</i>
DA	LA
Risk	N/A

**Staff Report**  
**Board Meeting Date:** November 19, 2015

**TO:** District Board of Health

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

**SUBJECT:** Review, discussion and approval of Business Impact Statements regarding Washoe County Health District Air Quality Management and Environmental Health Proposed Fees, with a finding that the proposed Air Quality Management and Environmental Health fees do not impose a direct and significant economic burden on a business, and do not directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of Proposed Fees for December 17, 2015 at 1:00 pm.

**SUMMARY**

The Washoe County District Board of Health must approve 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

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

**PREVIOUS ACTION**

On April 25, 2013 the Board approved the current Fee Schedule.

On April 23, 2015 the Board approved additional fees for the Environmental Health and Air Quality Management Fee schedules.

On July 23, 2015 the Board directed staff to update Environmental Health Services and Air Quality Management fees to include the most current salaries, benefits, indirect costs rates, and other operating expenses, present the updated fees to the community and bring back to the Board the fees for consideration and possible adoptions.

**BACKGROUND**

Methodology

During a review of the Fee Schedules it was identified that there are numerous expenses not currently being accounted for. Ongoing expenses such as vehicle usage, operating supplies, and support staff directly involved with programmatic activities, are currently omitted from Washoe

County Health District Air Quality Management (AQM) and Environmental Health Services (EHS) fees. As a cost recovery measure staff have identified different fee methodologies utilized by other jurisdictions and have developed a new fee methodology for AQM and EHS.

The fee methodology currently being used includes the following calculations:

- Certified average amount of staff time it takes to perform the activities associated with the fee, including salaries and benefits
- A portion of technology supply expenses (Environmental Health only)
- A percentage of the indirect costs are applied based on the approved Indirect Cost Rate Agreement (prepared with a federally-approved methodology by an independent contract for Washoe County and the Health District)
- Total fee is rounded to the nearest dollar (except late fees)

The proposed fee methodology includes the following calculations:

- Certified average amount of staff time it takes to perform the activities associated with the fee, utilizing fiscal year 2016 salaries and benefits
- Direct expenses:
  - vehicle expenses,
  - operating supplies,
  - office supplies,
  - technology,
  - required staff training,
  - credit card fees,
  - etc.
- Proportionate amount of staff time that directly supports the permitting process and has not already been included in the fee or indirect costs
- Proportionate amount of programmatic staff time spent on administrative tasks
- Proportionate amount of programmatic staff accrued benefits
- Indirect costs are applied based on the approved Indirect Cost Rate Agreement (prepared with a federally-approved methodology by an independent contract for Washoe County and the Health District)
- Total fee is rounded to the nearest dollar (except late fees)

Health District indirect costs include Health Administration, Divisional leadership and a portion of front office staff. The Health District is also charged an indirect rate for Washoe County services. Some of these expenses include a percentage of Human Resources, Technology Services, the District Attorney, Facilities, and retiree health benefits.

The proposed fee methodology does not include cost recovery for activities and supplies that are considered necessary for public health outreach and safety not tied to a specific permit type. For example food disease outbreak investigations and mosquito abatement staff time and related vehicle use and supplies, are not included in the new methodology.

This methodology, when possible, is applied for each program, for a total of five program expense rates in Environmental Health Services and two in Air Quality Management.

### Additional changes to existing fees

Staff reviewed the current fee justifications and identified fees that needed more extensive analysis.

A specific time study was established for front office staff in Environmental Health Services to more accurately account for time spent processing Temporary Foods and Temporary Invasive Body Decoration permits, both of which did not previously include front office staff time.

Staff time was reduced for Vector – Parcel Map Review (sewer available/not available) and School Kitchen Permit. The Senior Licensed Engineer position was removed and replaced with the Licensed Engineer position.

Staff time was increased for Septic Disposal – On site plan review only, Septic Disposal – On site construction plan review permit, Septic Disposal – On site abandonment connect to sewer, Septic Disposal – Water well construction permit, and Septic Disposal – Water well abandonment permit IBD Temporary Permit.

The word Sewage was replaced with the word Septic to help reduce confusion among the public and updated language clarified the Underground Storage Tank New Construction and Remodel/Upgrade fees.

### New Fees

The following new fees were added or adapted from previous fees to align the Fee Schedule with the Regulations of the Washoe County District Board of Health Governing Food Establishments adopted by the District Board of Health on May 28, 2015.

- Mobile Unit/Service Area
- Outdoor Food Establishment
- Portable Unit for Service of Food/Service Area
- Vending
- Change of Service Area
- Exemption from inspection – Initial Review
- Exemption from Inspection – Annual
- HACCP Plan – Initial Review
- Operational Plan – Initial Review

A New Facility/Changes of Ownership PACC/RV Park (per hour) fee was added for when an inspection of every hotel room or RV park is required due to a change of ownership.

### Public Notice

On September 11, 2015 postcards were mailed to 5,154 affected permit holders and businesses, giving notice of proposed fee changes and offering multiple methods of providing comment. Notice was published in the Reno Gazette Journal and the proposed fees were posted on the Health District website.

Public Workshops were held on September 29, 2015 at Noon and September 30, 2015 at 5:30 pm. The workshops were held at the Washoe County Health District. A total of 17 community members attended the workshops. The sign in sheets and PowerPoint are attached. In addition individual meetings were held with the Health District Land Users Working Group hosted by Builder's Association of Northern Nevada, and with the Chamber of Commerce Business Advocacy Committee. The fee changes were covered by local news programs and stories aired on television and radio a total of 27 times from September 29 through October 6.

### Community Feedback

Business impact statements have been prepared in accordance with NRS 237.090 and are attached. When appropriate, fees for similar services that were similarly calculated and received similar public comment were prepared as a joint Business Impact Statement.

Comments were accepted at the workshops, through an online comment form located on the Health District website, through e-mail, via the phone, and mail. The majority of comments were received at the workshops. The three written comments received are attached. Specific comments are included in the Business Impact Statements.

General themes of community feedback for the overall fee increases included:

- It is a rough time for business right now with multiple jurisdictions increasing fees and/or taxes
- Why can't the general fund continue to support the permitting process?
- It makes sense why the Health District is making these changes, but (community members) don't like them

The majority of feedback requested that the fees be implemented in phases. While some community members requested that the fees not be phased in as it makes it more difficult for providing quotes to customers, other community members, especially the temporary food permit holders, indicated a strong desire for a lengthy phase in period.

### Fee Updates

Staff is recommending automatic annual adjustments to all Environmental Health Services and Air Quality Management fees based on Consumer Price Index (CPI), Western Regional with a full recalculation of fees every five years.

### **FISCAL IMPACT**

There is no fiscal impact of accepting the Business Impact Statements.

Should the Board approve all proposed new fees, it is anticipated that the Air Quality Division will have an increase in annual revenue of approximately \$645,000 and the Environmental Health Division will have an increase of approximately \$1,655,000.

### **RECOMMENDATION**

Staff recommends that the District Board of Health approve the Business Impact Statements regarding Washoe County Health District Air Quality Management and Environmental Health Proposed Fees, with a finding that the proposed Air Quality Management and Environmental Health fees do not impose a direct and significant economic burden on a business, and do not directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of Proposed Fees for December 17, 2015 at 1:00 pm.

### **POSSIBLE MOTION**

Move to approve the Business Impact Statements regarding Washoe County Health District Air Quality Management and Environmental Health Proposed Fees, with a finding that the proposed Air Quality Management and Environmental Health fees do not impose a direct and significant economic burden on a business, and do not directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of Proposed Fees for December 17, 2015 at 1:00 pm.



The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Air Quality Management fee increases.

1. The following constitutes a description of the number 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 association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Announcements of the proposed fee changes were posted in the Reno Gazette Journal and informational postcards were sent to each current permit holder describing the process. The proposed fees were posted on the Health District website and an online public comment form was developed. Two public workshops were held to solicit feedback and individual meetings were held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada, and the Chamber of Commerce.

2. The estimated economic effect of the proposed rule on businesses, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse effects: The AQM fees are increasing 70-93%.

Beneficial effects: It is estimated that this increase will add an additional \$639,714 dollars per year to pay the costs of processing AQM applications, conducting related reviews and making related inspections.

Direct effects: The passage of the fee increase will directly increase the fees paid by businesses for AQM permits and will result in additional money for permitting activities.

Indirect effects: The increasing of AQM fees is sure to have indirect effects; however, at this time those effects cannot be quantified.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, 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 business could pay a lower fee or fine*).

The District Board of Health (DBOH) considered raising fees during the economic downturn to keep up with an increase in expenses related to services provided but chose to postpone the majority of the proposed increases due to input received from the business community. In 2013, the District Board of Health commissioned a fundamental review of the Health District from the national Public Health Foundation. The review found that the Health District was financially unsustainable and was not properly recovering costs for services. The review provided recommendations for both cost control and cost recovery. The DBOH accepted the Fundamental Review Report in February of 2014, and approved a plan to implement recommendations contained in the review in March 2014. The proposed fees are a result of those efforts. DBOH has requested that phasing the implementation of the proposed fee increases be considered at the time of their adoptions.

The fee increases are necessary in order to recover the costs of the services for which the fees are charged and in order for the Health District to achieve a financially sustainable position.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: There is no increase in anticipated annual cost as the work is already being conducted.
5. The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: \$ 639,714 annually.
6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover expenses related to staff completing AQM permit activities.

7. The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary:

The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

8. The following constitutes an explanation of the reasons for the conclusions regarding the impact of the proposed rule on businesses: While the percentage increase proposed for the fees is significant, the cost of the existing fees is relatively low and businesses have only borne a portion of the actual cost of services for a number of years. After reviewing the comments, arguments and data provided the proposed fee increase does not impose a direct and significant economic burden upon a business, nor does it directly restrict the formation, operation or expansion of a business. The proposed fee increases are necessary to recover costs associated with the regulation and oversight of these permits which promotes health and safety in the community.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.



Kevin Dick, District Health Officer

November 6, 2015

Date

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Air Quality Management – Title V fee increases.

1. The following constitutes a description of the number 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 association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Announcements of the proposed fee changes were posted in the Reno Gazette Journal and informational postcards were sent to each current permit holder describing the process. The proposed fees were posted on the Health District website and an online public comment form was developed. Two public workshops were held to solicit feedback and individual meetings were held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada, and the Chamber of Commerce.

Written comments were received from a permit holder requesting a reduced fee for renewal application. AQM Staff do not believe this is an option because there is not a significant difference in the work required for a renewal as compared to a new application. Title V application fees are resubmitted every five years.

2. The estimated economic effect of the proposed rule on businesses, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse effects: The AQM Title V fees are increasing 59%.

Beneficial effects: It is estimated that this increase will add an additional \$25,918 dollars over 5 years to pay the costs of processing Title V applications, conducting related reviews and making related inspections.

Direct effects: The passage of the fee increase will directly increase the fees paid by businesses for AQM Title V permits and will result in additional money for Title V permitting and compliance activities.

Indirect effects: The increasing of AQM Title V fees is sure to have indirect effects; however, at this time those effects cannot be quantified.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, 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 business could pay a lower fee or fine*).

The District Board of Health (DBOH) considered raising fees during the economic downturn to keep up with an increase in expenses related to services provided but chose to postpone the majority of the proposed increases due to input received from the business community. In 2013, the District Board of Health commissioned a fundamental review of the Health District from the national Public Health Foundation. The review found that the Health District was financially unsustainable and was not properly recovering costs for services. The review provided recommendations for both cost control and cost recovery. The DBOH accepted the Fundamental Review Report in February of 2014, and approved a plan to implement recommendations contained in the review in March 2014. The proposed fees are a result of those efforts. DBOH has requested that phasing the implementation of the proposed fee increases be considered at the time of their adoptions.

The fee increases are necessary in order to recover the costs of the services for which the fees are charged and in order for the Health District to achieve a financially sustainable position.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: There is no increase in anticipated annual cost as the work is already being conducted.

5. The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: \$ 25,918 over five years.
6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover expenses related to staff completing AQM Title V permit activities.
7. The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary:

The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

8. The following constitutes an explanation of the reasons for the conclusions regarding the impact of the proposed rule on businesses: While the percentage increase proposed for the fees is significant, the cost of the existing fees is relatively low and businesses have only borne a portion of the actual cost of services for a number of years. After reviewing the comments, arguments and data provided the proposed fee increase does not impose a direct and significant economic burden upon a business, nor does it directly restrict the formation, operation or expansion of a business. The proposed fee increases are necessary to recover costs associated with the regulation and oversight of these permits which promotes health and safety in the community.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.



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Kevin Dick, District Health Officer

November 6, 2015

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Date

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Environmental Health Services (EHS) Childcare and School Inspection fee increases.

1. The following constitutes a description of the number 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 association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Announcements of the proposed fee changes were posted in the Reno Gazette Journal and informational postcards were sent to each current permit holder describing the process. The proposed fees were posted on the Health District website and an online public comment form was developed. Two public workshops were held to solicit feedback and individual meetings were held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada, and the Chamber of Commerce.

2. The estimated economic effect of the proposed rule on businesses, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse effects: The EHS Childcare and School Inspection fees are increasing 131-139%.

Beneficial effects: It is estimated that this increase will add an additional \$41,184 dollars per year to pay the costs of processing EHS Childcare and School Inspection applications, conducting related reviews and making related inspections.

Direct effects: The passage of the fee increase will directly increase the fees paid by businesses for EHS Childcare and School Inspection and will result in additional money for inspection activities.

Indirect effects: The increasing of EHS Childcare and School Inspection fees is sure to have indirect effects; however, at this time those effects cannot be quantified.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, 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 business could pay a lower fee or fine*).

The District Board of Health (DBOH) considered raising fees during the economic downturn to keep up with an increase in expenses related to services provided but chose to postpone the majority of the proposed increases due to input received from the business community. In 2013, the District Board of Health commissioned a fundamental review of the Health District from the national Public Health Foundation. The review found that the Health District was financially unsustainable and was not properly recovering costs for services. The review provided recommendations for both cost control and cost recovery. The DBOH accepted the Fundamental Review Report in February of 2014, and approved a plan to implement recommendations contained in the review in March 2014. The proposed fees are a result of those efforts. DBOH has requested that phasing the implementation of the proposed fee increases be considered at the time of their adoptions.

The fee increases are necessary in order to recover the costs of the services for which the fees are charged and in order for the Health District to achieve a financially sustainable position.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: There is no increase in anticipated annual cost as the work is already being conducted.
5. The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: \$ 41,184 annually (\$28,980 from Schools, and \$12,204 from Childcare).
6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover expenses related to staff completing EHS Childcare and School Inspection activities.

7. The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary:

The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

8. The following constitutes an explanation of the reasons for the conclusions regarding the impact of the proposed rule on businesses: While the percentage increase proposed for the fees is significant, the cost of the existing fees is relatively low and businesses have only borne a portion of the actual cost of services for a number of years. After reviewing the comments, arguments and data provided the proposed fee increase does not impose a direct and significant economic burden upon a business, nor does it directly restrict the formation, operation or expansion of a business. The proposed fee increases are necessary to recover costs associated with the regulation and oversight of these permits which promotes health and safety in the community.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.



Kevin Dick, District Health Officer

November 6, 2015

Date

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Environmental Health Services (EHS) Development Review fee increases.

1. The following constitutes a description of the number 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 association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Announcements of the proposed fee changes were posted in the Reno Gazette Journal and informational postcards were sent to each current permit holder describing the process. The proposed fees were posted on the Health District website and an online public comment form was developed. Two public workshops were held to solicit feedback and individual meetings were held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada, and the Chamber of Commerce.

2. The estimated economic effect of the proposed rule on businesses, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse effects: The EHS Development Review fees are increasing 111-123%.

Beneficial effects: It is estimated that this increase will add an additional \$88,640 dollars per year to pay the costs of processing EHS Development Review applications, conducting related reviews and making related inspections.

Direct effects: The passage of the fee increase will directly increase the fees paid by businesses for EHS Development Reviews and will result in additional money for Development activities.

Indirect effects: The increasing of EHS Development Review fees is sure to have indirect effects; however, at this time those effects cannot be quantified.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, 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 business could pay a lower fee or fine*).

The District Board of Health (DBOH) considered raising fees during the economic downturn to keep up with an increase in expenses related to services provided but chose to postpone the majority of the proposed increases due to input received from the business community. In 2013, the District Board of Health commissioned a fundamental review of the Health District from the national Public Health Foundation. The review found that the Health District was financially unsustainable and was not properly recovering costs for services. The review provided recommendations for both cost control and cost recovery. The DBOH accepted the Fundamental Review Report in February of 2014, and approved a plan to implement recommendations contained in the review in March 2014. The proposed fees are a result of those efforts. DBOH has requested that phasing the implementation of the proposed fee increases be considered at the time of their adoptions.

The fee increases are necessary in order to recover the costs of the services for which the fees are charged and in order for the Health District to achieve a financially sustainable position.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: There is no increase in anticipated annual cost as the work is already being conducted.
5. The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: \$ 88,640 annually.
6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover expenses related to staff completing EHS Development Review activities.

7. The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary:

The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

8. The following constitutes an explanation of the reasons for the conclusions regarding the impact of the proposed rule on businesses: While the percentage increase proposed for the fees is significant, the cost of the existing fees is relatively low and businesses have only borne a portion of the actual cost of services for a number of years. After reviewing the comments, arguments and data provided the proposed fee increase does not impose a direct and significant economic burden upon a business, nor does it directly restrict the formation, operation or expansion of a business. The proposed fee increases are necessary to recover costs associated with the regulation and oversight of these permits which promotes health and safety in the community.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.



Kevin Dick, District Health Officer

November 6, 2015

Date



The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Environmental Health Services (EHS) Food Service Establishment fee changes and increases.

1. The following constitutes a description of the number 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 association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted.*)

Announcements of the proposed fee changes were posted in the Reno Gazette Journal and informational postcards were sent to each current permit holder describing the process. The proposed fees were posted on the Health District website and an online public comment form was developed. Two public workshops were held to solicit feedback and individual meetings were held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada, and the Chamber of Commerce.

Comments received were focused on the high increases and changes to the Mobile Food permit now requiring a Servicing Area permit. Some permit holders currently use another permitted facility as their servicing area.

2. The estimated economic effect of the proposed rule on businesses, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse effects: The EHS Food Service Establishment fees are increasing 37-174%.

Beneficial effects: It is estimated that this increase will add an additional \$831,789 dollars per year to pay the costs of processing EHS Food Service Establishment applications, conducting related reviews and making related inspections.

Direct effects: The passage of the fee increase will directly increase the fees paid by businesses for EHS Food Service Establishment permits and will result in additional money for permitting activities.

Indirect effects: The increasing of EHS Food Service Establishment fees is sure to have indirect effects; however, at this time those effects cannot be quantified.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, 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 business could pay a lower fee or fine.*)

The District Board of Health (DBOH) considered raising fees during the economic downturn to keep up with an increase in expenses related to services provided but chose to postpone the majority of the proposed increases due to input received from the business community. In 2013 the District Board of Health commissioned a fundamental review of the Health District from the national Public Health Foundation. The review found that the Health District was financially unsustainable and was not properly recovering costs for services. The review provided recommendations for both cost control and cost recovery. The DBOH accepted the Fundamental Review Report in February of 2014, and approved a plan to implement recommendations contained in the review in March 2014. The proposed fees are a result of those efforts. DBOH has requested that phasing the implementation of the proposed fee increases be considered at the time of their adoptions.

The fee increases are necessary in order to recover the costs of the services for which the fees are charged and in order for the Health District to achieve a financially sustainable position.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: There is no increase in anticipated annual cost as the work is already being conducted.

5. The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: \$831,789 annually.
6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover expenses related to staff completing EHS Food Service Establishment permit activities.
7. The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary:

The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

8. The following constitutes an explanation of the reasons for the conclusions regarding the impact of the proposed rule on businesses: While the percentage increase proposed for the fees is significant, the cost of the existing fees is relatively low and businesses have only borne a portion of the actual cost of services for a number of years. After reviewing the comments, arguments and data provided the proposed fee increase does not impose a direct and significant economic burden upon a business, nor does it directly restrict the formation, operation or expansion of a business. The proposed fee increases are necessary to recover costs associated with the regulation and oversight of these permits which promotes health and safety in the community.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.



Kevin Dick, District Health Officer

November 6, 2015

Date

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Environmental Health Services (EHS) Invasive Body Decoration (IBD) fee increases.

1. The following constitutes a description of the number 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 association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Announcements of the proposed fee changes were posted in the Reno Gazette Journal and informational postcards were sent to each current permit holder describing the process. The proposed fees were posted on the Health District website and an online public comment form was developed. Two public workshops were held to solicit feedback and individual meetings were held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada, and the Chamber of Commerce.

Public comment was received from one permit holder stating that the fees are too high and that part time permit holders should pay a lower fee.

2. The estimated economic effect of the proposed rule on businesses, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse effects: The EHS IBD fees are increasing 132-174%.

Beneficial effects: It is estimated that this increase will add an additional \$6,750 dollars per year to pay the costs of processing EHS IBD applications, conducting related reviews and making related inspections.

Direct effects: The passage of the fee increase will directly increase the fees paid by businesses for EHS IBD and will result in additional money for inspection activities.

Indirect effects: The increasing of EHS IBD fees is sure to have indirect effects; however, at this time those effects cannot be quantified.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, 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 business could pay a lower fee or fine*).

The District Board of Health (DBOH) considered raising fees during the economic downturn to keep up with an increase in expenses related to services provided but chose to postpone the majority of the proposed increases due to input received from the business community. In 2013, the District Board of Health commissioned a fundamental review of the Health District from the national Public Health Foundation. The review found that the Health District was financially unsustainable and was not properly recovering costs for services. The review provided recommendations for both cost control and cost recovery. The DBOH accepted the Fundamental Review Report in February of 2014, and approved a plan to implement recommendations contained in the review in March 2014. The proposed fees are a result of those efforts. DBOH has requested that phasing the implementation of the proposed fee increases be considered at the time of their adoptions.

The fee increases are necessary in order to recover the costs of the services for which the fees are charged and in order for the Health District to achieve a financially sustainable position.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: There is no increase in anticipated annual cost as the work is already being conducted.
5. The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: \$ 6,750 annually.

6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover expenses related to staff completing EHS IBD activities.
7. The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary:

The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

8. The following constitutes an explanation of the reasons for the conclusions regarding the impact of the proposed rule on businesses: While the percentage increase proposed for the fees is significant, the cost of the existing fees is relatively low and businesses have only borne a portion of the actual cost of services for a number of years. After reviewing the comments, arguments and data provided the proposed fee increase does not impose a direct and significant economic burden upon a business, nor does it directly restrict the formation, operation or expansion of a business. The proposed fee increases are necessary to recover costs associated with the regulation and oversight of these permits which promotes health and safety in the community.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.



Kevin Dick, District Health Officer

November 6, 2015

Date

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Environmental Health Services (EHS) Mobile Home or Recreational Vehicle Park fee increases.

1. The following constitutes a description of the number 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 association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Announcements of the proposed fee changes were posted in the Reno Gazette Journal and informational postcards were sent to each current permit holder describing the process. The proposed fees were posted on the Health District website and an online public comment form was developed. Two public workshops were held to solicit feedback and individual meetings were held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada, and the Chamber of Commerce.

2. The estimated economic effect of the proposed rule on businesses, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse effects: The EHS Mobile Home or Recreational Vehicle Park fees are increasing 127-132%.

Beneficial effects: It is estimated that this increase will add an additional \$15,180 dollars per year to pay the costs of processing EHS Mobile Home or Recreational Vehicle Park applications, conducting related reviews and making related inspections.

Direct effects: The passage of the fee increase will directly increase the fees paid by businesses for EHS Mobile Home or Recreational Vehicle Park and will result in additional money for inspection activities.

Indirect effects: The increasing of EHS Mobile Home or Recreational Vehicle Park fees is sure to have indirect effects; however, at this time those effects cannot be quantified.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, 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 business could pay a lower fee or fine*).

The District Board of Health (DBOH) considered raising fees during the economic downturn to keep up with an increase in expenses related to services provided but chose to postpone the majority of the proposed increases due to input received from the business community. In 2013, the District Board of Health commissioned a fundamental review of the Health District from the national Public Health Foundation. The review found that the Health District was financially unsustainable and was not properly recovering costs for services. The review provided recommendations for both cost control and cost recovery. The DBOH accepted the Fundamental Review Report in February of 2014, and approved a plan to implement recommendations contained in the review in March 2014. The proposed fees are a result of those efforts. DBOH has requested that phasing the implementation of the proposed fee increases be considered at the time of their adoptions.

The fee increases are necessary in order to recover the costs of the services for which the fees are charged and in order for the Health District to achieve a financially sustainable position.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: There is no increase in anticipated annual cost as the work is already being conducted.
5. The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: \$ 15,180 annually.

6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover expenses related to staff completing EHS Mobile Home or Recreational Vehicle Park activities.
7. The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary:

The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

8. The following constitutes an explanation of the reasons for the conclusions regarding the impact of the proposed rule on businesses: While the percentage increase proposed for the fees is significant, the cost of the existing fees is relatively low and businesses have only borne a portion of the actual cost of services for a number of years. After reviewing the comments, arguments and data provided the proposed fee increase does not impose a direct and significant economic burden upon a business, nor does it directly restrict the formation, operation or expansion of a business. The proposed fee increases are necessary to recover costs associated with the regulation and oversight of these permits which promotes health and safety in the community.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.



Kevin Dick, District Health Officer

November 6, 2015

Date

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Environmental Health Services (EHS) Pool and Spa fee increases.

1. The following constitutes a description of the number 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 association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Announcements of the proposed fee changes were posted in the Reno Gazette Journal and informational postcards were sent to each current permit holder describing the process. The proposed fees were posted on the Health District website and an online public comment form was developed. Two public workshops were held to solicit feedback and individual meetings were held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada, and the Chamber of Commerce.

2. The estimated economic effect of the proposed rule on businesses, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse effects: The EHS Pool and Spa fees are increasing 107-142%.

Beneficial effects: It is estimated that this increase will add an additional \$137,634 dollars per year to pay the costs of processing EHS Pool and Spa applications, conducting related reviews and making related inspections.

Direct effects: The passage of the fee increase will directly increase the fees paid by businesses for EHS Pool and Spa permits and will result in additional money for permitting activities.

Indirect effects: The increasing of EHS Pool and Spa fees is sure to have indirect effects; however, at this time those effects cannot be quantified.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, 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 business could pay a lower fee or fine*).

The District Board of Health (DBOH) considered raising fees during the economic downturn to keep up with an increase in expenses related to services provided but chose to postpone the majority of the proposed increases due to input received from the business community. In 2013, the District Board of Health commissioned a fundamental review of the Health District from the national Public Health Foundation. The review found that the Health District was financially unsustainable and was not properly recovering costs for services. The review provided recommendations for both cost control and cost recovery. The DBOH accepted the Fundamental Review Report in February of 2014, and approved a plan to implement recommendations contained in the review in March 2014. The proposed fees are a result of those efforts. DBOH has requested that phasing the implementation of the proposed fee increases be considered at the time of their adoptions.

The fee increases are necessary in order to recover the costs of the services for which the fees are charged and in order for the Health District to achieve a financially sustainable position.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: There is no increase in anticipated annual cost as the work is already being conducted.
5. The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: \$ 137,634 annually.
6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover expenses related to staff completing EHS Pool and Spa permit activities.

7. The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary:

The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

8. The following constitutes an explanation of the reasons for the conclusions regarding the impact of the proposed rule on businesses: While the percentage increase proposed for the fees is significant, the cost of the existing fees is relatively low and businesses have only borne a portion of the actual cost of services for a number of years. After reviewing the comments, arguments and data provided the proposed fee increase does not impose a direct and significant economic burden upon a business, nor does it directly restrict the formation, operation or expansion of a business. The proposed fee increases are necessary to recover costs associated with the regulation and oversight of these permits which promotes health and safety in the community.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.



Kevin Dick, District Health Officer

November 6, 2015

Date



The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Environmental Health Services (EHS) Public Accommodations fee changes and increases.

1. The following constitutes a description of the number 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 association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Announcements of the proposed fee changes were posted in the Reno Gazette Journal and informational postcards were sent to each current permit holder describing the process. The proposed fees were posted on the Health District website and an online public comment form was developed. Two public workshops were held to solicit feedback and individual meetings were held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada, and the Chamber of Commerce.

No comments were received on changing the Change of Owner fee to a per hour fee.

2. The estimated economic effect of the proposed rule on businesses, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse effects: The EHS Public Accommodations fees are increasing 132-134%.

Beneficial effects: It is estimated that this increase will add an additional \$26,970 dollars per year to pay the costs of processing EHS Public Accommodations applications, conducting related reviews and making related inspections. This projection does not include the new hourly Change of Ownership fee as it is difficult to anticipate when that service will be requested.

Direct effects: The passage of the fee increase will directly increase the fees paid by businesses for EHS Public Accommodations and will result in additional money for Public Accommodations activities.

Indirect effects: The increasing of EHS Public Accommodations fees is sure to have indirect effects; however, at this time those effects cannot be quantified.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, 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 business could pay a lower fee or fine*).

The District Board of Health (DBOH) considered raising fees during the economic downturn to keep up with an increase in expenses related to services provided but chose to postpone the majority of the proposed increases due to input received from the business community. In 2013, the District Board of Health commissioned a fundamental review of the Health District from the national Public Health Foundation. The review found that the Health District was financially unsustainable and was not properly recovering costs for services. The review provided recommendations for both cost control and cost recovery. The DBOH accepted the Fundamental Review Report in February of 2014, and approved a plan to implement recommendations contained in the review in March 2014. The proposed fees are a result of those efforts. DBOH has requested that phasing the implementation of the proposed fee increases be considered at the time of their adoptions.

The fee increases are necessary in order to recover the costs of the services for which the fees are charged and in order for the Health District to achieve a financially sustainable position.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: There is no increase in anticipated annual cost as the work is already being conducted.
5. The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: \$ 26,970 annually.

6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover expenses related to staff completing EHS Public Accommodations activities.
7. The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary:

The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

8. The following constitutes an explanation of the reasons for the conclusions regarding the impact of the proposed rule on businesses: While the percentage increase proposed for the fees is significant, the cost of the existing fees is relatively low and businesses have only borne a portion of the actual cost of services for a number of years. After reviewing the comments, arguments and data provided the proposed fee increase does not impose a direct and significant economic burden upon a business, nor does it directly restrict the formation, operation or expansion of a business. The proposed fee increases are necessary to recover costs associated with the regulation and oversight of these permits which promotes health and safety in the community.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.



Kevin Dick, District Health Officer

November 6, 2015

Date

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Environmental Health Services (EHS) Septic fee increases.

1. The following constitutes a description of the number 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 association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Announcements of the proposed fee changes were posted in the Reno Gazette Journal. Permits for Septic systems are only obtained when a community member needs to build near a septic system, or install, abandon, or modify a septic system so there are no ongoing permit holders to notify. The local businesses that specialize in Septic systems were notified. The proposed fees were posted on the Health District website and an online public comment form was developed. Two public workshops were held to solicit feedback and individual meetings were held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada, and the Chamber of Commerce.

Public comment received concerning the level of increase for the Septic Disposal-On site plan review, and On site construction plan review/permit was not in favor of the increases.

2. The estimated economic effect of the proposed rule on businesses, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse effects: The EHS Septic fees are increasing 127-413%.

Beneficial effects: It is estimated that this increase will add an additional \$61,634 dollars per year to pay the costs of processing EHS Septic applications, conducting related reviews and making related inspections.

Direct effects: The passage of the fee increase will directly increase the fees paid by businesses for EHS Septic Reviews and permits and will result in additional money for Septic activities.

Indirect effects: The increasing of EHS Septic fees is sure to have indirect effects; however, at this time those effects cannot be quantified.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, 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 business could pay a lower fee or fine*).

The District Board of Health (DBOH) considered raising fees during the economic downturn to keep up with an increase in expenses related to services provided but chose to postpone the majority of the proposed increases due to input received from the business community. In 2013, the District Board of Health commissioned a fundamental review of the Health District from the national Public Health Foundation. The review found that the Health District was financially unsustainable and was not properly recovering costs for services. The review provided recommendations for both cost control and cost recovery. The DBOH accepted the Fundamental Review Report in February of 2014, and approved a plan to implement recommendations contained in the review in March 2014. The proposed fees are a result of those efforts. DBOH has requested that phasing the implementation of the proposed fee increases be considered at the time of their adoptions.

The fee increases are necessary in order to recover the costs of the services for which the fees are charged and in order for the Health District to achieve a financially sustainable position.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: There is no increase in anticipated annual cost as the work is already being conducted.

5. The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: \$ 61,634 annually.
6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover expenses related to staff completing EHS Septic activities.
7. The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary:

The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

8. The following constitutes an explanation of the reasons for the conclusions regarding the impact of the proposed rule on businesses: While the percentage increase proposed for the fees is significant, the cost of the existing fees is relatively low and businesses have only borne a portion of the actual cost of services for a number of years. After reviewing the comments, arguments and data provided the proposed fee increase does not impose a direct and significant economic burden upon a business, nor does it directly restrict the formation, operation or expansion of a business. The proposed fee increases are necessary to recover costs associated with the regulation and oversight of these permits which promotes health and safety in the community.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.



Kevin Dick, District Health Officer

November 6, 2015

Date

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Environmental Health Services (EHS) Temporary Food Permit fees.

1. The following constitutes a description of the number 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 association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Announcements of the proposed fee changes were posted in the Reno Gazette Journal and informational postcards were sent to each current permit holder describing the process. The proposed fees were posted on the Health District website and an online public comment form was developed. Two public workshops were held to solicit feedback and individual meetings were held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada, and the Chamber of Commerce.

Comments regarding the increases were not supportive and many businesses asked for alternative permitting structures including an annual temporary food permit and different fee structures for local and out of town businesses. The WCHD is unable to implement these ideas due to NRS and NAC restrictions.

A phased in approach to the fees was requested by multiple temporary food permit holders.

Negative comments regarding the proposed elimination of the non-profit temporary food permits were received by a for-profit organization, however, no feedback was received from a non-profit organization.

2. The estimated economic effect of the proposed rule on businesses, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse effects: The EHS Temporary Food Permit fees are increasing 185-297%.

Beneficial effects: It is estimated that this increase will add an additional \$229,743 dollars per year to pay the costs of processing EHS Temporary Food applications, conducting related reviews and making related inspections.

Direct effects: The passage of the fee increase will directly increase the fees paid by businesses for EHS Temporary Food permits and will result in additional money for permitting activities.

Indirect effects: The increasing of EHS Temporary Food Permit fees is sure to have indirect effects; however, at this time those effects cannot be quantified.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses ad a statement regarding whether any, and if so which, 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 business could pay a lower fee or fine*).

The District Board of Health (DBOH) considered raising fees during the economic downturn to keep up with an increase in expenses related to services provided but chose to postpone the majority of the proposed increases due to input received from the business community. In 2013, the District Board of Health commissioned a fundamental review of the Health District from the national Public Health Foundation. The review found that the Health District was financially unsustainable and was not property recovering costs for services. The review provided recommendations for both cost control and cost recovery. The DBOH accepted the Fundamental Review Report in February of 2014, and approved a plan to implement recommendations contained in the review in March 2014. The proposed fees are a result of those efforts. DBOH has requested that phasing the implementation of the proposed fee increases be considered at the time of their adoptions.

The fee increases are necessary in order to recover the costs of the services for which the fees are charged and in order for the Health District to achieve a financially sustainable position.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: There is no increase in anticipated annual cost as the work is already being conducted.
5. The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: \$229,743 annually.
6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover expenses related to staff completing EHS Temporary Food permit activities.
7. The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary:

The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

8. The following constitutes an explanation of the reasons for the conclusions regarding the impact of the proposed rule on businesses: While the percentage increase proposed for the fees is significant, the cost of the existing fees is relatively low and businesses have only borne a portion of the actual cost of services for a number of years. After reviewing the comments, arguments and data provided the proposed fee increase does not impose a direct and significant economic burden upon a business, nor does it directly restrict the formation, operation or expansion of a business. The proposed fee increases are necessary to recover costs associated with the regulation and oversight of these permits which promotes health and safety in the community.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.



Kevin Dick, District Health Officer

November 6, 2015

Date

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Environmental Health Services (EHS) Underground Storage Tank (UST) fee increases.

1. The following constitutes a description of the number 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 association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Announcements of the proposed fee changes were posted in the Reno Gazette Journal and informational postcards were sent to each current permit holder describing the process. The proposed fees were posted on the Health District website and an online public comment form was developed. Two public workshops were held to solicit feedback and individual meetings were held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada, and the Chamber of Commerce.

2. The estimated economic effect of the proposed rule on businesses, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse effects: The EHS UST fees are increasing 134%.

Beneficial effects: It is estimated that this increase will add an additional \$21,110 dollars per year to pay the costs of processing EHS UST applications, conducting related reviews and making related inspections.

Direct effects: The passage of the fee increase will directly increase the fees paid by businesses for EHS UST permits and will result in additional money for UST activities.

Indirect effects: The increasing of EHS UST fees is sure to have indirect effects; however, at this time those effects cannot be quantified.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, 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 business could pay a lower fee or fine*).

The District Board of Health (DBOH) considered raising fees during the economic downturn to keep up with an increase in expenses related to services provided but chose to postpone the majority of the proposed increases due to input received from the business community. In 2013, the District Board of Health commissioned a fundamental review of the Health District from the national Public Health Foundation. The review found that the Health District was financially unsustainable and was not properly recovering costs for services. The review provided recommendations for both cost control and cost recovery. The DBOH accepted the Fundamental Review Report in February of 2014, and approved a plan to implement recommendations contained in the review in March 2014. The proposed fees are a result of those efforts. DBOH has requested that phasing the implementation of the proposed fee increases be considered at the time of their adoptions.

The fee increases are necessary in order to recover the costs of the services for which the fees are charged and in order for the Health District to achieve a financially sustainable position.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: There is no increase in anticipated annual cost as the work is already being conducted.
5. The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: \$ 21,110 annually.
6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover expenses related to staff completing EHS UST activities.

7. The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary:

The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

8. The following constitutes an explanation of the reasons for the conclusions regarding the impact of the proposed rule on businesses: While the percentage increase proposed for the fees is significant, the cost of the existing fees is relatively low and businesses have only borne a portion of the actual cost of services for a number of years. After reviewing the comments, arguments and data provided the proposed fee increase does not impose a direct and significant economic burden upon a business, nor does it directly restrict the formation, operation or expansion of a business. The proposed fee increases are necessary to recover costs associated with the regulation and oversight of these permits which promotes health and safety in the community.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.



Kevin Dick, District Health Officer

November 6, 2015

Date



The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Environmental Health Services (EHS) Vector fee increases.

1. The following constitutes a description of the number 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 association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Announcements of the proposed fee changes were posted in the Reno Gazette Journal and informational postcards were sent to each current permit holder describing the process. The proposed fees were posted on the Health District website and an online public comment form was developed. Two public workshops were held to solicit feedback and individual meetings were held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada, and the Chamber of Commerce.

2. The estimated economic effect of the proposed rule on businesses, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse effects: The EHS Vector fees are increasing 25-75%.

Beneficial effects: It is estimated that this increase will add an additional \$42,816 dollars per year to pay the costs of processing EHS Vector applications, conducting related reviews and making related inspections.

Direct effects: The passage of the fee increase will directly increase the fees paid by businesses for EHS Vector permits and will result in additional money for permitting activities.

Indirect effects: The increasing of EHS Vector fees is sure to have indirect effects; however, at this time those effects cannot be quantified.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, 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 business could pay a lower fee or fine*).

The District Board of Health (DBOH) considered raising fees during the economic downturn to keep up with an increase in expenses related to services provided but chose to postpone the majority of the proposed increases due to input received from the business community. In 2013, the District Board of Health commissioned a fundamental review of the Health District from the national Public Health Foundation. The review found that the Health District was financially unsustainable and was not properly recovering costs for services. The review provided recommendations for both cost control and cost recovery. The DBOH accepted the Fundamental Review Report in February of 2014, and approved a plan to implement recommendations contained in the review in March 2014. The proposed fees are a result of those efforts. DBOH has requested that phasing the implementation of the proposed fee increases be considered at the time of their adoptions.

The fee increases are necessary in order to recover the costs of the services for which the fees are charged and in order for the Health District to achieve a financially sustainable position.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: There is no increase in anticipated annual cost as the work is already being conducted.
5. The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: \$ 42,816 annually.
6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover expenses related to staff completing EHS Vector permit activities.

7. The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary:

The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

8. The following constitutes an explanation of the reasons for the conclusions regarding the impact of the proposed rule on businesses: While the percentage increase proposed for the fees is significant, the cost of the existing fees is relatively low and businesses have only borne a portion of the actual cost of services for a number of years. After reviewing the comments, arguments and data provided the proposed fee increase does not impose a direct and significant economic burden upon a business, nor does it directly restrict the formation, operation or expansion of a business. The proposed fee increases are necessary to recover costs associated with the regulation and oversight of these permits which promotes health and safety in the community.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.



Kevin Dick, District Health Officer

November 6, 2015

Date

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Environmental Health Services (EHS) Waste Management fee increases.

1. The following constitutes a description of the number 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 association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Announcements of the proposed fee changes were posted in the Reno Gazette Journal and informational postcards were sent to each current permit holder describing the process. The proposed fees were posted on the Health District website and an online public comment form was developed. Two public workshops were held to solicit feedback and individual meetings were held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada, and the Chamber of Commerce.

2. The estimated economic effect of the proposed rule on businesses, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse effects: The EHS Waste Management fees are increasing 80-100%.

Beneficial effects: It is estimated that this increase will add an additional \$33,211 dollars per year to pay the costs of processing EHS Waste Management applications, conducting related reviews and making related inspections.

Direct effects: The passage of the fee increase will directly increase the fees paid by businesses for EHS Waste Management permits and will result in additional money for permitting activities.

Indirect effects: The increasing of EHS Waste Management fees is sure to have indirect effects; however, at this time those effects cannot be quantified.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, 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 business could pay a lower fee or fine*).

The District Board of Health (DBOH) considered raising fees during the economic downturn to keep up with an increase in expenses related to services provided but chose to postpone the majority of the proposed increases due to input received from the business community. In 2013, the District Board of Health commissioned a fundamental review of the Health District from the national Public Health Foundation. The review found that the Health District was financially unsustainable and was not properly recovering costs for services. The review provided recommendations for both cost control and cost recovery. The DBOH accepted the Fundamental Review Report in February of 2014, and approved a plan to implement recommendations contained in the review in March 2014. The proposed fees are a result of those efforts. DBOH has requested that phasing the implementation of the proposed fee increases be considered at the time of their adoptions.

The fee increases are necessary in order to recover the costs of the services for which the fees are charged and in order for the Health District to achieve a financially sustainable position.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: There is no increase in anticipated annual cost as the work is already being conducted.
5. The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: \$ 33,211 annually.
6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover expenses related to staff completing EHS Waste Management permit activities.

7. The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary:

The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

8. The following constitutes an explanation of the reasons for the conclusions regarding the impact of the proposed rule on businesses: While the percentage increase proposed for the fees is significant, the cost of the existing fees is relatively low and businesses have only borne a portion of the actual cost of services for a number of years. After reviewing the comments, arguments and data provided the proposed fee increase does not impose a direct and significant economic burden upon a business, nor does it directly restrict the formation, operation or expansion of a business. The proposed fee increases are necessary to recover costs associated with the regulation and oversight of these permits which promotes health and safety in the community.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.



Kevin Dick, District Health Officer

November 6, 2015

Date

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Environmental Health Services (EHS) Water System fee increases.

1. The following constitutes a description of the number 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 association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Announcements of the proposed fee changes were posted in the Reno Gazette Journal and informational postcards were sent to each current permit holder describing the process. The proposed fees were posted on the Health District website and an online public comment form was developed. Two public workshops were held to solicit feedback and individual meetings were held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada, and the Chamber of Commerce.

2. The estimated economic effect of the proposed rule on businesses, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse effects: The EHS Water System fees are increasing 95-114%.

Beneficial effects: It is estimated that this increase will add an additional \$15,300 dollars per year to pay the costs of processing EHS Water System applications, conducting related reviews and making related inspections.

Direct effects: The passage of the fee increase will directly increase the fees paid by businesses for EHS Water Systems and will result in additional money for inspection activities.

Indirect effects: The increasing of EHS Water System fees is sure to have indirect effects; however, at this time those effects cannot be quantified.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, 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 business could pay a lower fee or fine*).

The District Board of Health (DBOH) considered raising fees during the economic downturn to keep up with an increase in expenses related to services provided but chose to postpone the majority of the proposed increases due to input received from the business community. In 2013, the District Board of Health commissioned a fundamental review of the Health District from the national Public Health Foundation. The review found that the Health District was financially unsustainable and was not properly recovering costs for services. The review provided recommendations for both cost control and cost recovery. The DBOH accepted the Fundamental Review Report in February of 2014, and approved a plan to implement recommendations contained in the review in March 2014. The proposed fees are a result of those efforts. DBOH has requested that phasing the implementation of the proposed fee increases be considered at the time of their adoptions.

The fee increases are necessary in order to recover the costs of the services for which the fees are charged and in order for the Health District to achieve a financially sustainable position.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: There is no increase in anticipated annual cost as the work is already being conducted.
5. The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: \$ 15,300 annually.
6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover expenses related to staff completing EHS Water System activities.

7. The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary:

The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

8. The following constitutes an explanation of the reasons for the conclusions regarding the impact of the proposed rule on businesses: While the percentage increase proposed for the fees is significant, the cost of the existing fees is relatively low and businesses have only borne a portion of the actual cost of services for a number of years. After reviewing the comments, arguments and data provided the proposed fee increase does not impose a direct and significant economic burden upon a business, nor does it directly restrict the formation, operation or expansion of a business. The proposed fee increases are necessary to recover costs associated with the regulation and oversight of these permits which promotes health and safety in the community.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.



Kevin Dick, District Health Officer

November 6, 2015

Date

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Environmental Health Services (EHS) Water Well fee increases.

1. The following constitutes a description of the number 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 association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Announcements of the proposed fee changes were posted in the Reno Gazette Journal. Permits for Water Wells are only obtained when a community member needs to drill, abandon, or modify a water well so there are no ongoing permit holders to notify. The local businesses that drill Water Wells were notified.

The proposed fees were posted on the Health District website and an online public comment form was developed. Two public workshops were held to solicit feedback and individual meetings were held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada, and the Chamber of Commerce.

2. The estimated economic effect of the proposed rule on businesses, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse effects: The EHS Water Well fees are increasing 128-315%.

Beneficial effects: It is estimated that this increase will add an additional \$102,443 dollars per year to pay the costs of processing EHS Water Well applications, conducting related reviews and making related inspections.

Direct effects: The passage of the fee increase will directly increase the fees paid by businesses for EHS Water Systems and will result in additional money for inspection activities.

Indirect effects: The increasing of EHS Water Well fees is sure to have indirect effects; however, at this time those effects cannot be quantified.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, 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 business could pay a lower fee or fine*).

The District Board of Health (DBOH) considered raising fees during the economic downturn to keep up with an increase in expenses related to services provided but chose to postpone the majority of the proposed increases due to input received from the business community. In 2013, the District Board of Health commissioned a fundamental review of the Health District from the national Public Health Foundation. The review found that the Health District was financially unsustainable and was not properly recovering costs for services. The review provided recommendations for both cost control and cost recovery. The DBOH accepted the Fundamental Review Report in February of 2014, and approved a plan to implement recommendations contained in the review in March 2014. The proposed fees are a result of those efforts. DBOH has requested that phasing the implementation of the proposed fee increases be considered at the time of their adoptions.

The fee increases are necessary in order to recover the costs of the services for which the fees are charged and in order for the Health District to achieve a financially sustainable position.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: There is no increase in anticipated annual cost as the work is already being conducted.
5. The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: \$ 102,443 annually.

6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover expenses related to staff completing EHS Water Well activities.
7. The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary:

The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

8. The following constitutes an explanation of the reasons for the conclusions regarding the impact of the proposed rule on businesses: While the percentage increase proposed for the fees is significant, the cost of the existing fees is relatively low and businesses have only borne a portion of the actual cost of services for a number of years. After reviewing the comments, arguments and data provided the proposed fee increase does not impose a direct and significant economic burden upon a business, nor does it directly restrict the formation, operation or expansion of a business. The proposed fee increases are necessary to recover costs associated with the regulation and oversight of these permits which promotes health and safety in the community.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.



Kevin Dick, District Health Officer

November 6, 2015

Date





October 15, 2015

Ms. Erin Dixon  
Washoe County Health District  
Administrative Health Services  
1001 E. Ninth Street, 2<sup>nd</sup> Floor  
Reno, NV 89520

Re: Business Impact Statement - Environmental Health Services Division and Air  
Quality Management Division Proposed Fee Increases

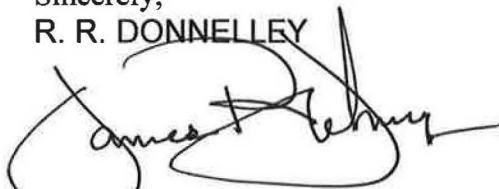
Dear Ms. Dixon:

RR Donnelley (RRD) operates a gravure printing facility located at 14100 Lear Blvd,  
Reno, NV, and is currently a Title V facility located in Washoe County.

It is not uncommon for Air Quality jurisdictions to differentiate fees between a new  
application and a renewal. We'd ask that Washoe County consider a separate fee for a  
renewal in your proposed fee schedule. We would suggest that a renewal fee of 10% to  
20% of the fee for an original application would be appropriate. Such a differentiation  
would appear to be consistent with your activity based approach given a renewal requires  
less work than an initial Air Quality permit.

Your consideration in the matter is much appreciated.

Sincerely,  
R. R. DONNELLEY

A handwritten signature in black ink, appearing to read "James R. Johnson", written over a large, stylized circular flourish.

James R. Johnson  
Vice President of Manufacturing

Cc: S. Bartlett  
B. Staab


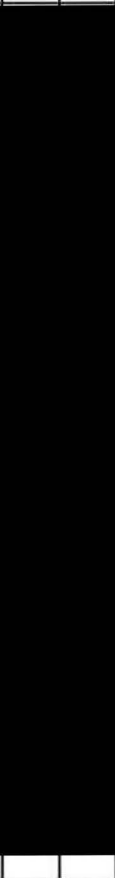
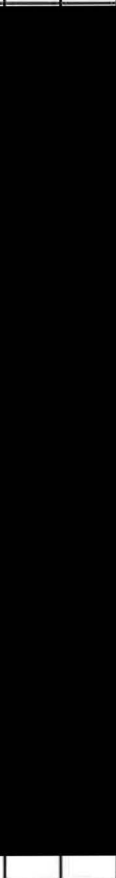
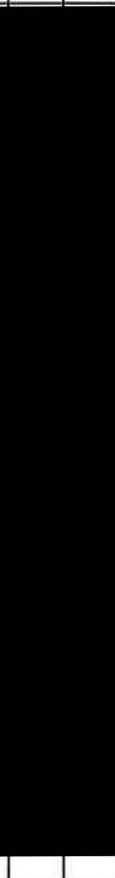
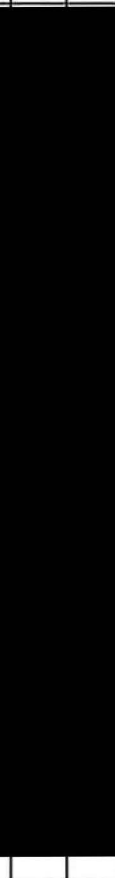
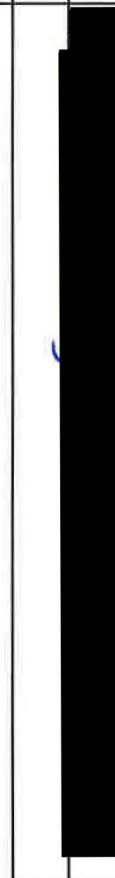
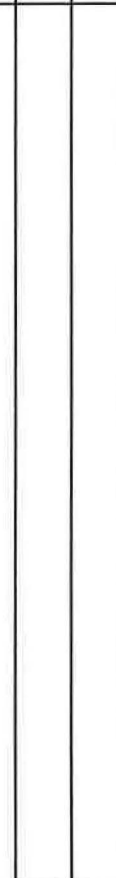
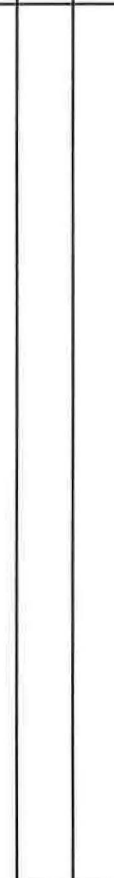
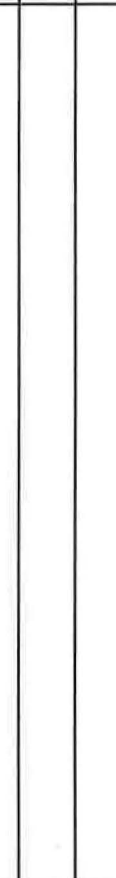

## Received via online comment form 10/28/15 3:01pm

Name	Nevada Chapter Associated General Contractors
Email	<a href="mailto:noreply@washoecounty.us">noreply@washoecounty.us</a>
Email Unrequired	[REDACTED]
Phone	[REDACTED]
Health Fee Name	Various proposed fees under Environmental Health and Air Quality
Comment	<p>Thank you for the opportunity to provide comment on the proposed Washoe County Health Department fee increases. AGC represents more than 250 general contractor, subcontractor, professional and associate members throughout Washoe County. After reviewing the proposed fee increases and justification documents, AGC requests that you consider the following concerns:</p> <p>The proposed fee increases are significant and are scheduled to be enacted in a very short time frame. Ranging from 73 percent to 413 percent, these fees will increase the cost of construction in Washoe County. The industry is coming out of one of the worst recessions in recent memory and it will be difficult to absorb these costs. AGC requests that the fee increases be applied in annual increments to allow the industry to prepare for the higher cost of doing business in Washoe County.</p> <p>Several of the fees include the cost of an on-site visit. AGC believes the justification for any on-site visit requires clarification. For example, the fee for dust control plan review is \$71 plus \$127.32 per hour per acre. Due to the per acre charge, the fee increases dramatically. The justification document does not indicate why it costs more to visit a 10 acre site vs. a 5 acre site.</p> <p>Finally, AGC believes that it is important that appropriate fees are established that benefit the community while supporting development. We request that the Washoe County Health District establish a committee of stakeholders to monitor and review these fees, similar to the way the Building Enterprise Fund Advisory Committee monitors building department fees.</p> <p>Once again, we appreciate the opportunity to comment on the proposed fee increases. Please do not hesitate to contact me at [REDACTED] if you have any questions.</p> <p>Brian Reeder Nevada Chapter AGC</p>

## Received via online comment form 10/27/15 3:19pm

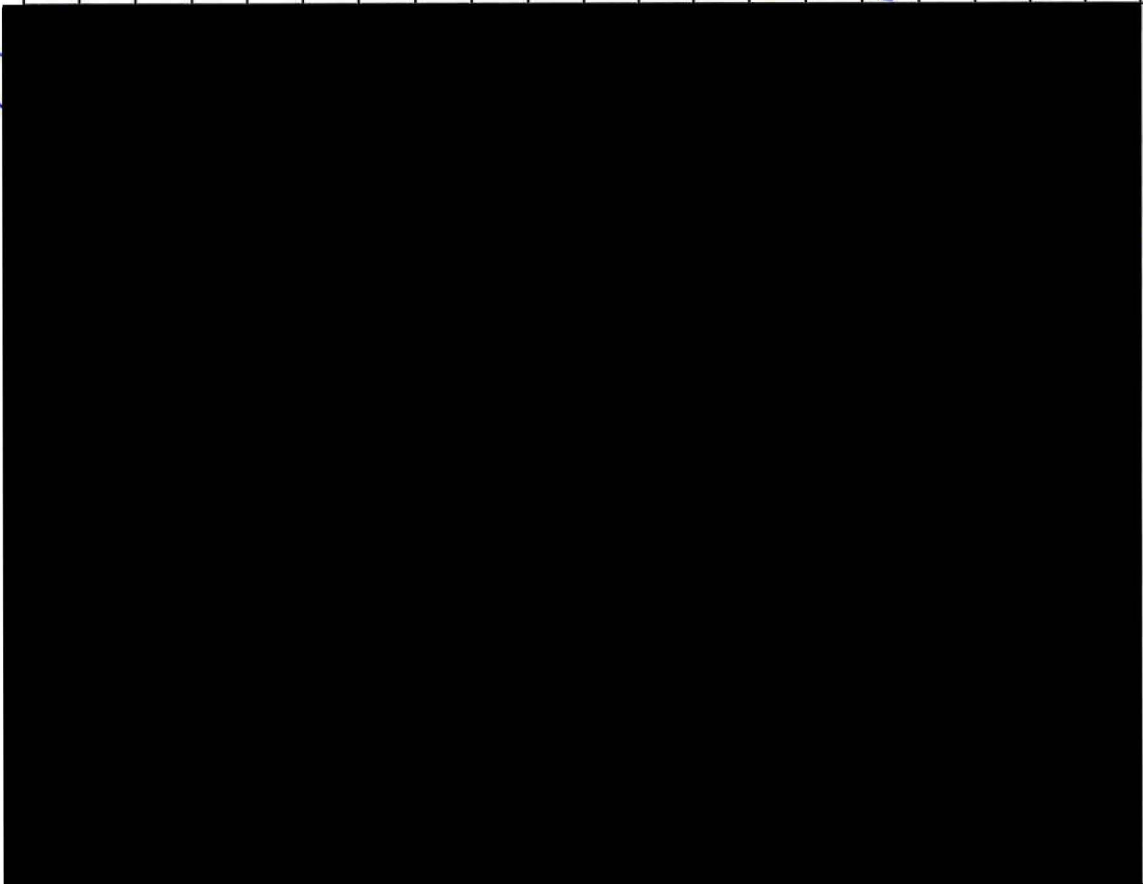
Name	Robb Wong
Email	<a href="mailto:noreply@washoecounty.us">noreply@washoecounty.us</a>
Email Unrequired	[REDACTED]
Phone	[REDACTED]
Health Fee Name	Environmental Health fee increases
Comment	<p>In regards to the proposed Washoe County Health Department fee increases, we have several concerns.</p> <ol style="list-style-type: none"><li>1. These fee increases are significant in size. The increases range from 75% to 413%. These are extreme increases with little notice given. We were first made aware of the proposed increases only two months prior to their proposed effective date. We have multiple projects that have already been budgeted and contracted which these increased will affect. If these enormous fee increases are going to happen, we would prefer to see a gradual increase over time rather than such large jumps all at once on short notice.</li><li>2. The amount of time given for administrative labor seems to vary from 1 to 2 hours for each and every type of permit. As these fees will be followed shortly by a "technology fee" which is intended to increase efficiency, why is so much time proposed for administration?</li><li>3. When will these fees be reviewed again? The fees seem to be based off of current data or averages for current projects, but when will the data be reassessed for accuracy? What if the fees are ultimately over-charging relative to actual expense? These fees should not be considered to be a revenue source, and a timeline for required review of the increased fees should be scheduled.</li><li>4. We would like to provide a specific example of one fee that impacts several of our current projects. The new proposed fee for septic system review is \$1,025 (increasing from the current \$200). This fee is for the review of an existing septic system when you are proposing a project that does not require reconstruction or modification of the existing system. For example, we have a project that is reconfiguring the interior layout of an existing home with a septic system. The modifications to the home will not result in any modifications being required to the septic system. However, the Health Department is proposing \$1,025 in fees to cover in-office review of the existing septic system, site visit to review the existing septic system, and two hours of administrative time to process the permit. All of this time spent and fees charged to review a septic system that would have been permitted by the Health Department prior to its original construction and inspected by the Health Department during its original construction. Why would this existing system need to be reviewed again both on paper and on-site? This is hugely inefficient and unnecessary. If fees are proposed to be increased so drastically, we think that at the same time processes and the overall efficiency of how the Health Department operates needs to be reviewed.</li><li>5. As a second example, we have recently permitted a new single family residence that requires an on-site sewage disposal system. The fees for this currently are \$656. The proposed new fees would be \$2,053, and increase of 213%. The breakdown of fees shows 4 hours for plan check on the system and 5.25 hours for inspections. For the same project, the building department will charge \$1346.56 and building fees of \$2693.12. So, with the proposed fee increase, the septic system, which is just a single small component of the project, costs about half of what the entire building does for plan check and inspections. A customer ends up spending over \$2,000 in fees on a septic system that only costs about \$8,000 to install, versus \$4,000 in fees for the remaining \$450,000 of the project. Is there a more efficient way for the plan checks to happen? For example, why is a site visit necessary during plan check? I don't think building, planning, or fire departments are making site visits as a part of plan check. Can any of the inspections be combined?</li></ol>

WCHD Fees Workshop - Wednesday, September 30th - 5:30pm

Name	Agency	Email Address
Lisa Sorenson 5-0774100	Nugget Airlines Robert Nugget Airlines Resort	
Stephen Vanlyke Toy Macaluso	Stephen Mobile Distrib WCHD	
CHARLENE HUBB David Mc Lind	WCHD - ADM WCHD - EHS	
James English BDS SACK	WCHD - EHS "	
Annette Fevany Brian Becker	" ATIS Asc	
LEA TAUCHEN	RETAIL ASSOC OF UV	
		
		
		
		

WCHD Fees Workshop - Tuesday, September 29th - Noon


Name	Agency	Email Address
LARRY CHESLEY	WASHINGTON COUNTY Knoxville Commission	
Steve Howell	U.S.F.S	
ANNA BELLE MONT	USFS	
Shirley Spensler	Shirley's Farmers' Markets	
LAUREL BUCIUS	HYPACHTS RESVO	
DOROTHY JOHNSON	East Tennessee Hike	
PETER RATHMAN	BI'S BARBECUE CO	
Seay Bloxham	JB Dog House	
Marianna Askley	Kids Club Learning Center	
CHARIENE ALBEE	WCHD - AGRV	
K DE SACK	11 ENVU	
MIKE WOLF	WE AOWD	
STEPHANIE BARTHELT	REDONNELLEY	
Julie Hunter	AGVND	
Amathevan	AFS	
Charles Street	Cooper's	
Ed Goodrich	SOOT-N-SM	
Tom Shaffer	WCHD	
David McDaniel	WCHD	
Cony MacCallus	WCHD	



us

# Washoe County Health District

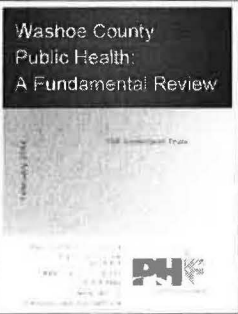
Workshops - Proposed Fees  
September 29 & 30, 2015



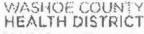
## District Board of Health




## History

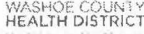


- *Washoe County Public Health: A Fundamental Review*
  - 24 Recommendations
  - Based on 12 Domains of Public Health Agency Accreditation
- Washoe County District Board of Health
  - Directed staff to secure full cost recovery when possible
- Accela Regional License and Permits project



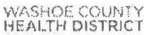
## Timeline

- District Board of Health
  - July 23, 2015
- Community Input
  - Postcards, Newspaper, Press Release, Online feedback
  - Workshops
    - September 29 & 30, 2015
  - Individual meetings with business groups
- District Board of Health
  - November 19, 2015 – Notice (Business Impact Statements)
  - December 17, 2015 – Vote
- Implementation




## Fee Methodology

<p><b>Proposed:</b></p> <ul style="list-style-type: none"> <li>▪ Staff time                     <ul style="list-style-type: none"> <li>▪ To complete activity (i.e.: inspection)</li> <li>▪ Earned leave time</li> <li>▪ Administrative tasks</li> <li>▪ Required training</li> </ul> </li> <li>▪ Expenses by Program                     <ul style="list-style-type: none"> <li>▪ Vehicles, office &amp; operating supplies, technology, supervisor, support staff, etc.</li> </ul> </li> <li>▪ Indirect costs                     <ul style="list-style-type: none"> <li>▪ Office space, electricity, Human Resources, District Attorney, IT Support, etc.</li> </ul> </li> <li>▪ Rounded to nearest dollar</li> <li>▪ Update annually                     <ul style="list-style-type: none"> <li>▪ CPI, West Region</li> </ul> </li> </ul>	<p><b>Current:</b></p> <ul style="list-style-type: none"> <li>▪ Staff time                     <ul style="list-style-type: none"> <li>▪ To complete activity</li> </ul> </li> <li>▪ Expenses                     <ul style="list-style-type: none"> <li>▪ Portion of technology supplies (EHS only)</li> </ul> </li> <li>▪ Indirect costs                     <ul style="list-style-type: none"> <li>▪ Portion</li> </ul> </li> <li>▪ Rounded to nearest dollar</li> </ul>
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## Air Quality Management

- Updated staff positions
- Two Program Expenses Rates
  - Air Quality Management- General
  - Title V Program
- No new fees



**Environmental Health Services**  
(part 1 - staff)

- Updated Staff Time
  - Sr. Licensed Engineer/now Licensed Engineer
- Environmental Health Specialist &/or Front Office Staff
  - Temporary Food
  - Temporary Invasive Body Decoration
  - Water Well Construction Permit
  - Water Well Abandonment Permit
  - School Kitchen Permit
  - Septic Disposal – On site plan review only
  - Septic Disposal – On site construction plan review/permit
  - Vector Parcel Map (sewer available/not available)

WASHOE COUNTY  
HEALTH DISTRICT

**Environmental Health Services**  
(part 2 – program expense)

- 5 Program Expense Rates
  - Food Program
  - Safe Drinking Water Program
  - Solid Waste Program
  - Vector Program
  - General Environmental

WASHOE COUNTY  
HEALTH DISTRICT

**Environmental Health Services**  
(part 3 – fee changes)

- Renamed Fee
  - Sewage to Septic
- Replaced Fee
  - Water Well Domestic Well Deepening Permit
  - Septic Disposal – On site Tank Replacement and Abandonment
- Updated Fee
  - UST New Construction
  - UST Remodel/Upgrade

WASHOE COUNTY  
HEALTH DISTRICT

**Environmental Health Services**  
(part 4 – new fees)

- New Fees
  - New Facility/Change of Ownership PACC/RV Park (per hour)
  - Food
    - Mobile Unit/Service Area
    - Outdoor Food Establishment
    - Portable Unit for Service of Food/Service Area
    - Vending
    - Change of Service Area
    - Exemption from Inspection – Initial Review
    - Exemption from Inspection – Annual
    - HACCP Plan – Initial Review
    - Operational Plan – Initial Review

WASHOE COUNTY  
HEALTH DISTRICT

**Proposed Fee Changes**

- <https://www.washoecountyus/health/fees/index.php>
- [www.WashoeCountyus/Health](http://www.WashoeCountyus/Health)
- [www.WashoeCountyus/Health/Fees/Index.php](http://www.WashoeCountyus/Health/Fees/Index.php)

WASHOE COUNTY  
HEALTH DISTRICT

**Contact Information:**

Bob Sack  
Division Director, Environmental Health Services  
(775) 328-2644      [bsack@washoecounty.us](mailto:bsack@washoecounty.us)

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

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

WASHOE COUNTY  
HEALTH DISTRICT



DD	NA	_____
DHO	<i>kd</i>	_____
DA	NA	_____
Risk	NA	_____

**STAFF REPORT**  
**BOARD MEETING DATE: November 19, 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 October, Fiscal Year 2016

**SUMMARY**

The first four months of fiscal year 2016 (FY16) ended with a cash balance of \$1,595,800. Total revenues were \$5,805,910 which was 29.6% of budget and an increase of \$752,571 compared to fiscal year 2015 (FY15). With 33.3% of the fiscal year completed 31.2% of the expenditures have been spent for a total of \$6,640,064 up \$159,394 compared to FY15.

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

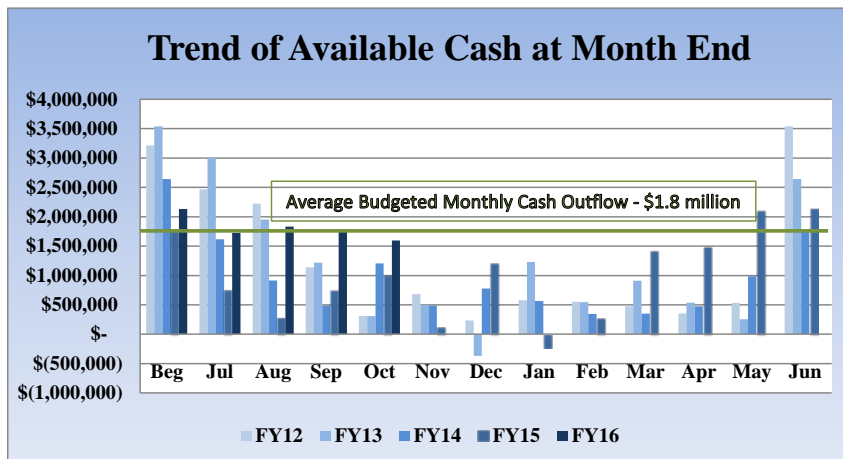
**PREVIOUS ACTION**

Fiscal Year 2016 Budget was adopted May 18, 2015.

**BACKGROUND**

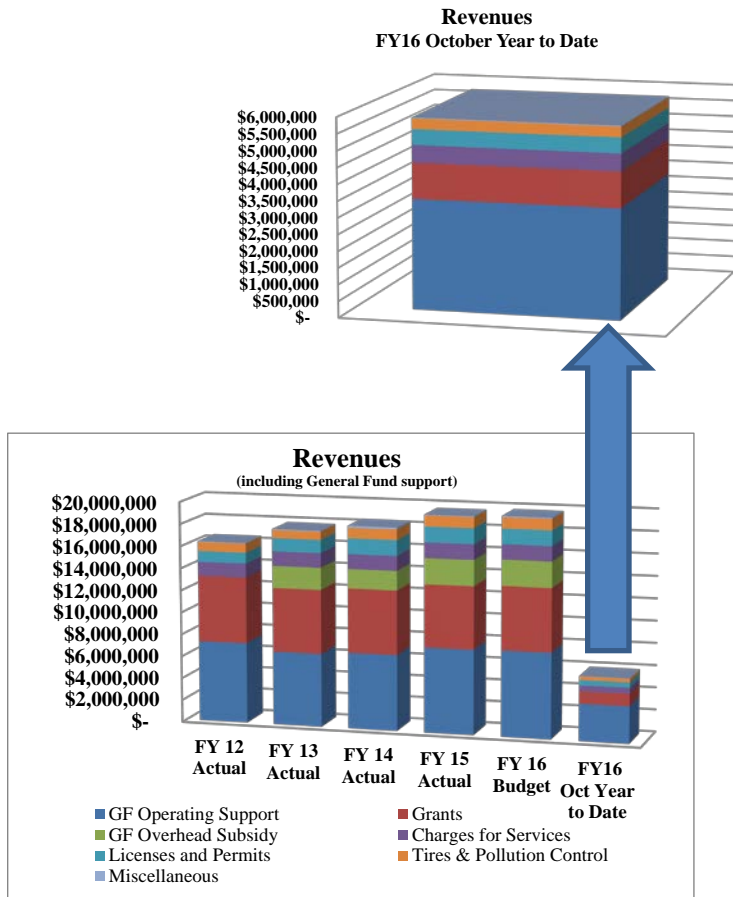
**Review of Cash**

The available cash at the end of the fourth month of fiscal year 2016 was \$1,595,800 which was 9.8% less 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.



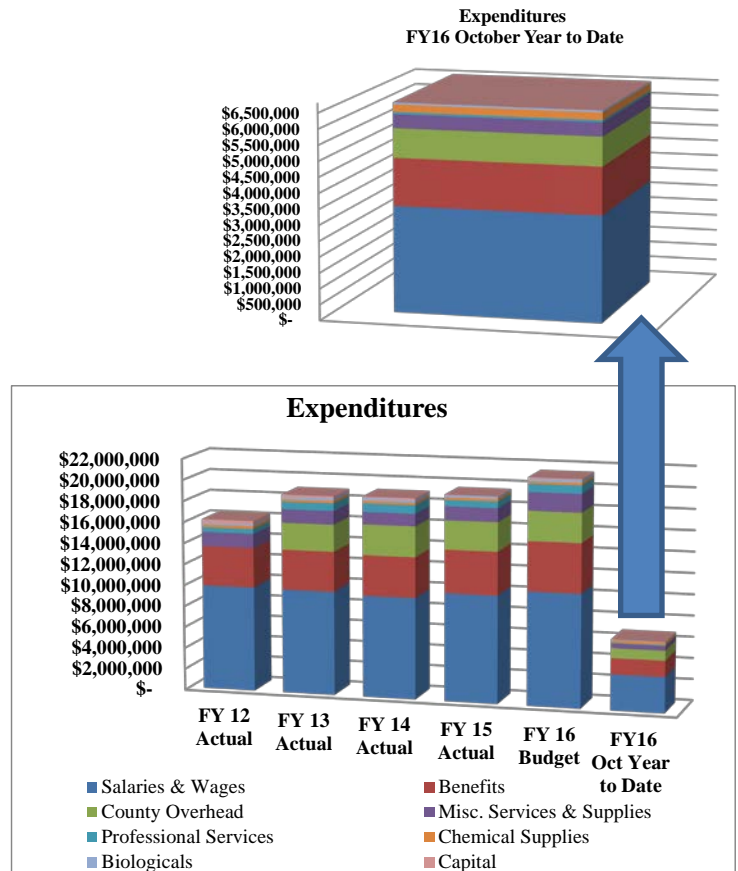
Note: December FY13 negative cash is due to 50%, \$1.3million, of the County Overhead being charged in December with just 8.3%, \$719,000, of the County Support being transferred to the fund. January FY15 no County General Fund support was transferred to the Health Fund leading to a negative cash situation.

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



Total year to date **revenues** of \$5,805,910 were up \$752,571, 14.9%, from the same time last fiscal year and were 29.6% of budget. The revenue categories that were up over last fiscal year are as follows: licenses and permits by \$34,002, 7.7%; charges for services by \$135,473, 34.1%; tire and pollution control funding up \$16,045, 5.2%; fines and forfeitures received \$500; miscellaneous revenue up \$11,197, 102.3%; and, the County General Fund transfer was up \$753,904 for year to date October, 2016. Federal and state grant revenues are down \$198,550 compared to the prior year mostly due to the timing of grant reimbursement billings.

The total year to date **expenditures** of \$6,640,064 increased by \$159,394, 2.5%, compared to the same time frame for last fiscal year 2015. Salaries and benefits expenditures for the first four months of FY16 were \$4,901,782 up \$115,069, 2.4%, over the prior year. Salaries and benefits are 74.5% of total expenditures. Services and supplies expenditures of \$1,738,283 were up \$52,286. The single largest services and supplies increase is the \$58,081 expenditure paid to the Regional Permit Fund for the Health Districts share of the Accela regional subscription cost. There were no capital expenditures for the four months of the FY16 fiscal year.



**Review of Revenue and Expenditures by Division**

The County General Fund support is the single largest source of revenue for the four months at \$3,358,952 and 33.3% of budget. EHS has received the largest percent of revenue compared to budget of 36.0% and \$95,050 additional funding compared to FY15. CCHS is at 23.5% of budget and up \$58,328 over FY15. AQM is up \$8,909 compared to last year. EPHP is down \$163,692 over last year due to grant funding reimbursements not being received in October. Due to new grant funding for Ebola preparedness the EPHP 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.

With 33.3% of the fiscal year completed the total expenditures were \$6,640,064 which is 31.2% of budget and up \$159,394 over last fiscal year mainly due to the increase in labor costs from the employee labor negotiations and the cost of the new regional permitting system annual subscription. ODHO spent \$183,566 of the division budget and 10.8% over FY15 due to the filling of a vacant position. AHS has spent \$334,477 of the budget and is down \$79,790 over last year due to an employee retirement payout of accrued benefits. AQM spent \$844,681 of the division budget and has increased \$52,731, 6.7% over last fiscal year. CCHS has spent \$2,236,081 of the division budget and is down \$39,251 over last year. EHS spent \$2,239,932 of the division budget and has increased \$78,428 over last year. EPHP expenditures were \$801,327 and up \$78,428 over FY15 due to the increase in staff for the expanded EMS program.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2011/2012 through October 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)	October Year to Date	Adjusted Budget	October 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	41	-	111	-	170.3%
AQM	1,966,492	2,068,697	2,491,036	2,427,471	643,033	2,255,504	651,942	28.9%	1.4%
CCHS	3,706,478	3,322,667	3,388,099	3,520,945	789,285	3,610,928	847,613	23.5%	7.4%
EHS	1,755,042	1,828,482	1,890,192	2,008,299	615,315	1,972,876	710,365	36.0%	15.4%
EPHP	1,670,338	1,833,643	1,805,986	1,555,508	400,618	1,729,897	236,926	13.7%	-40.9%
GF support	7,250,850	8,623,891	8,603,891	10,000,192	2,605,048	10,076,856	3,358,952	33.3%	28.9%
<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>\$ 5,053,339</b>	<b>\$ 19,646,061</b>	<b>\$ 5,805,910</b>	<b>29.6%</b>	<b>14.9%</b>
<b>Expenditures</b>									
ODHO	-	-	-	481,886	165,608	515,468	183,566	35.6%	10.8%
AHS	1,202,330	1,366,542	1,336,740	1,096,568	414,267	1,021,350	334,477	32.7%	-19.3%
AQM	1,955,798	2,629,380	2,524,702	2,587,196	791,950	3,223,296	844,681	26.2%	6.7%
CCHS	6,086,866	6,765,200	6,949,068	6,967,501	2,275,332	7,372,877	2,236,081	30.3%	-1.7%
EHS	4,848,375	5,614,688	5,737,872	5,954,567	2,110,613	6,539,945	2,239,932	34.3%	6.1%
EPHP	2,084,830	2,439,602	2,374,417	2,312,142	722,899	2,621,636	801,327	30.6%	10.8%
<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>\$ 6,480,670</b>	<b>\$ 21,294,570</b>	<b>\$ 6,640,064</b>	<b>31.2%</b>	<b>2.5%</b>
<b>Revenues (sources of funds) less Expenditures:</b>									
ODHO	-	-	-	(481,886)	(165,608)	(515,468)	(183,566)		
AHS	(1,202,322)	(1,333,088)	(1,248,810)	(1,096,417)	(414,226)	(1,021,350)	(334,366)		
AQM	10,694	(560,683)	(33,666)	(159,725)	(148,917)	(967,792)	(192,739)		
CCHS	(2,380,389)	(3,442,533)	(3,560,969)	(3,446,555)	(1,486,047)	(3,761,949)	(1,388,468)		
EHS	(3,093,333)	(3,786,206)	(3,847,680)	(3,946,268)	(1,495,298)	(4,567,069)	(1,529,567)		
EPHP	(414,492)	(605,958)	(568,431)	(756,634)	(322,282)	(891,739)	(564,401)		
GF Operating	7,250,850	8,623,891	8,603,891	10,000,192	2,605,048	10,076,856	3,358,952		
<b>Surplus (deficit)</b>	<b>\$ 171,008</b>	<b>\$ (1,104,577)</b>	<b>\$ (655,666)</b>	<b>\$ 112,707</b>	<b>\$ (1,427,331)</b>	<b>\$ (1,648,509)</b>	<b>\$ (834,154)</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 October, Fiscal Year 2016.

**POSSIBLE MOTION**

Move to acknowledge receipt of the Health District Fund Financial Review for October, Fiscal Year 2016.

Attachment:  
Health District Fund financial system summary report

Run by: AHEENAN  
 Run date: 11/05/2015 08:07:06  
 Report: 400/ZS16

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

Period: 1 thru 4 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	
422503 Environmental Permits	46,317-	18,182-	28,135-	39	46,317-	9,645-	36,672-	21
422504 Pool Permits	97,000-	17,154-	79,846-	18	97,000-	14,916-	82,084-	15
422505 RV Permits	11,000-	3,303-	7,697-	30	11,000-	3,881-	7,119-	35
422507 Food Service Permits	509,823-	146,899-	362,924-	29	420,000-	139,706-	280,294-	33
422508 Wat Well Const Perm	30,000-	16,253-	13,747-	54	30,000-	12,151-	17,849-	41
422509 Water Company Permits	5,000-	3,878-	1,122-	78	5,000-	4,731-	269-	95
422510 Air Pollution Permits	477,443-	175,032-	302,412-	37	474,103-	181,479-	292,624-	38
422511 ISDS Permits	75,000-	35,565-	39,436-	47	75,000-	24,666-	50,334-	33
422513 Special Event Permits	90,000-	48,024-	41,976-	53	105,000-	40,696-	64,304-	39
422514 Initial Applic Fee	31,000-	11,271-	19,729-	36	31,000-	9,687-	21,313-	31
* Licenses and Permits	1,372,583-	475,560-	897,023-	35	1,294,420-	441,558-	852,862-	34
431100 Federal Grants	5,211,847-	1,011,946-	4,199,901-	19	5,271,536-	1,090,739-	4,180,797-	21
431105 Federal Grants - Indirect	291,791-	65,637-	226,155-	22	235,667-	71,126-	164,541-	30
432100 State Grants	209,951-	13,839-	196,112-	7	311,068-	128,007-	183,061-	41
432105 State Grants-Indirect	15,457-	1,074-	14,383-	7	16,026-	1,173-	14,853-	7
432310 Tire Fee NRS 444A.090	468,548-	237,034-	231,514-	51	468,548-	225,303-	243,245-	48
432311 Pol Ctrl 445B.830	550,000-	86,085-	463,915-	16	318,667-	81,771-	236,896-	26
* Intergovernmental	6,747,595-	1,415,615-	5,331,980-	21	6,621,513-	1,598,119-	5,023,393-	24
460162 Services to Other Agencies	28,421-		28,421-					
460500 Other Immunizations	89,000-	14,588-	74,412-	16	89,000-	10,686-	78,315-	12
460501 Medicaid Clinical Services	8,200-	16,436-	8,236	200	8,200-	507-	7,693-	6
460503 Childhood Immunizations	20,000-	4,918-	15,082-	25	20,000-	4,341-	15,660-	22
460504 Maternal Child Health								
460506 Tuberculosis	4,100-	2,380-	1,721-	58	4,100-	2,317-	1,783-	57
460509 Water Quality		354-	354					
460510 IT Overlay	35,344-	11,712-	23,632-	33	35,344-	10,896-	24,448-	31
460511 Birth and Death Certificates	470,000-	175,485-	294,516-	37	480,000-	148,930-	331,070-	31
460512 Duplication Service Fees		111-	111					
460513 Other Health Service Charges	10,167-	7,578-	2,589-	75				
460514 Food Service Certification	18,000-		18,000-		18,000-	7,033-	10,967-	39
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	1,450-	8,026-	6,576	554	1,750-	18,522-	16,772	1,058
460517 Influenza Immunization	7,000-		7,000-		7,000-	53-	6,948-	1
460518 STD Fees	21,000-	6,046-	14,954-	29	21,000-	4,220-	16,780-	20
460519 Outpatient Services		1,469-	1,469					
460520 Eng Serv Health	50,000-	23,026-	26,974-	46	50,000-	9,849-	40,151-	20
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-	7,468-	12,532-	37	20,000-	2,841-	17,159-	14
460524 Family Planning	32,000-	13,657-	18,343-	43	32,000-	10,265-	21,735-	32
460525 Plan Review - Vector	42,000-	22,098-	19,902-	53	42,000-	10,642-	31,358-	25
460526 Plan Review-Air Quality	60,804-	15,367-	45,437-	25	57,889-	13,016-	44,873-	22
460527 NOE-AQM	116,984-	48,106-	68,878-	41	116,984-	43,671-	73,313-	37
460528 NESHAP-AQM	99,333-	27,569-	71,764-	28	99,333-	29,827-	69,506-	30

Run by: AHEENAN  
 Run date: 11/05/2015 08:07:06  
 Report: 400/ZS16

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

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 Variation: 1/ 118

Period: 1 thru 4 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-	19,654-	31,682-	38	51,336-	15,624-	35,712-	30
460530 Inspector Registr-AQ	2,162-	98-	2,064-	5	2,162-	607-	1,555-	28
460531 Dust Plan-Air Quality	142,403-	90,392-	52,011-	63	142,403-	40,229-	102,174-	28
460532 Plan Rvw Hotel/Motel	2,530-	462-	2,068-	18		2,530-	2,530	
460533 Quick Start								
460534 Child Care Inspection	8,514-	4,034-	4,480-	47	8,514-	3,722-	4,792-	44
460535 Pub Accomod Inspectn	19,000-	7,891-	11,109-	42	19,000-	6,254-	12,746-	33
460570 Education Revenue								
* Charges for Services	1,361,248-	533,139-	828,109-	39	1,329,615-	397,666-	931,949-	30
471265 Illegal Dumping		500-	500					
* Fines and Forfeitures		500-	500					
483000 Rental Income						41-	41	
484000 Donations,Contributions		700-	700					
484050 Donations Federal Pgm Income	37,550-	9,775-	27,775-	26	37,550-	9,565-	27,985-	25
484195 Non-Govt'l Grants					55,988-		55,988-	
484197 Non-Gov. Grants-Indirect	11,631-	2,459-	9,172-	21	5,125-		5,125-	
485100 Reimbursements	38,599-	9,210-	29,389-	24				
485121 Jury Reimbursements								
485300 Other Misc Govt Rav						1,341-	1,341	
* Miscellaneous	87,780-	22,144-	65,637-	25	98,663-	10,947-	87,716-	11
** Revenue	9,569,206-	2,446,958-	7,122,248-	26	9,344,211-	2,448,291-	6,895,920-	26
701110 Base Salaries	9,697,568	3,050,960	6,646,608	31	9,204,374	3,049,634	6,154,740	33
701120 Part Time	398,206	118,728	279,478	30	408,927	133,975	274,952	33
701130 Pooled Positions	375,376	154,440	220,936	41	510,064	146,257	363,808	29
701140 Holiday Work	4,319	811	3,507	19	4,319	1,507	2,811	35
701150 xcContractual Wages								
701200 Incentive Longevity	167,215	1,637	165,578	1	155,100	496	154,604	0
701300 Overtime	64,157	28,851	35,305	45	62,798	25,643	37,155	41
701403 Shift Differential	300	79	221	26				
701406 Standby Pay								
701408 Call Back	1,000	594	406	59	1,000		1,000	
701412 Salary Adjustment	51,380-		51,380-		131,434		131,434	
701413 Vac Payoff/Sick Pay-Term	49,515	21,993	27,522	44		79,863	79,863-	
701417 Comp Time	7,603	1,105	6,498	15		11,796	11,796-	
701500 Merit Awards								
* Salaries and Wages	10,713,878	3,379,198	7,334,680	32	10,478,015	3,449,170	7,028,845	33
705110 Group Insurance	1,605,208	576,572	1,028,636	36	1,452,108	472,463	979,644	33
705210 Retirement	2,864,088	871,333	1,992,755	30	2,508,521	790,154	1,718,367	31
705215 Retirement Calculation								
705230 Medicare April 1986	142,748	46,469	96,280	33	134,798	47,269	87,529	35
705320 Workmens Comp	69,143	23,048	46,095	33	68,214	22,596	45,618	33
705330 Unemploy Comp	15,483	5,161	10,322	33	15,179	5,060	10,119	33
705360 Benefit Adjustment					21,855		21,855	

Run by: AHEENAN  
 Run date: 11/05/2015 08:07:06  
 Report: 400/ZS16

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

Period: 1 thru 4 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	1,522,583	3,174,087	32	4,200,674	1,337,542	2,863,132	32
710100 Professional Services	682,324	59,665	622,658	9	687,734	67,157	620,577	10
710105 Medical Services	9,621	1,052	8,569	11	9,323	2,178	7,146	23
710108 MD Consultants	71,612	9,868	61,745	14	83,908	8,250	75,658	10
710110 Contracted/Temp Services	7,279	649	6,630	9	31,581	9,172	22,409	29
710119 Subrecipient Payments								
710200 Service Contract	171,856	36,768	135,088	21	120,720	38,285	82,434	32
710205 Repairs and Maintenance	24,189	2,743	21,446	11	5,538	2,841	2,697	51
710210 Software Maintenance	16,607	9,900	6,707	60	18,083	9,363	8,720	52
710300 Operating Supplies	152,799	29,652	123,147	19	118,636	21,374	97,262	18
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	10,162	19,898	34	25,625	8,608	17,017	34
710350 Office Supplies	36,777	10,817	25,960	29	59,144	8,663	50,481	15
710355 Books and Subscriptions	6,364	2,110	4,254	33	8,059	1,349	6,710	17
710360 Postage	26,055	6,829	19,226	26	23,150	5,449	17,701	24
710361 Express and Courier	850	16	834	2	510	124	386	24
710391 Fuel & Lube	100	5	95	5	100		100	
710400 Payments to Other Agencies								
710412 Do Not Use								
710500 Other Expense	43,416	2,373	41,043	5	28,429	3,326	25,103	12
710502 Printing	28,365	7,339	21,026	26	22,171	5,321	16,851	24
710503 Licenses & Permits	6,470	920	5,550	14	6,331	1,915	4,416	30
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	2,427	7,328	25	11,295	3,447	7,849	31
710508 Telephone Land Lines	36,040	10,757	25,283	30	42,650	11,521	31,129	27
710509 Seminars and Meetings	53,367	8,091	45,276	15	50,633	6,943	43,691	14
710512 Auto Expense	11,541	2,329	9,212	20	14,665	2,036	12,629	14
710514 Regulatory Assessments	18,500	8,665	9,835	47	11,920	9,319	2,601	78
710519 Cellular Phone	13,709	3,945	9,764	29	15,117	4,543	10,574	30
710529 Dues	8,325	4,085	4,240	49	11,867	2,982	8,885	25
710535 Credit Card Fees	12,107	5,238	6,868	43	12,665	5,374	7,291	42
710546 Advertising	187,922	11,128	176,794	6	346,208	13,722	332,485	4
710551 Cash Discounts Lost		223	223-			69	69-	
710563 Recruitment						301	301-	
710577 Uniforms & Special Clothing	9,900		9,900		12,350	1,301	11,049	11
710585 Undesignated Budget					90,642		90,642	
710598 Telecomm Charge-out contra								
710600 LT Lease-Office Space	79,703	31,405	48,298	39	109,115	33,205	75,910	30

Run by: AHEENAN  
 Run date: 11/05/2015 08:07:06  
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Washoe County  
 Plan/Actual Rev-Exp 2-yr (FC)

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 Variation: 1/ 118

Period: 1 thru 4 2016  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*

Fund: 202 Health Fund  
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Accounts	2016 Plan	2016 Actuals	Balance		2015 Plan	2015 Actual	Balance	
710620 LT Lease-Equipment								
710703 Biologicals	242,868	62,526	180,342	26	203,743	75,768	127,975	37
710714 Referral Services								
710721 Outpatient	93,462	29,565	63,897	32	96,370	19,234	77,136	20
710872 Food Purchases	2,255	160	2,095	7	4,889	117	4,771	2
711010 Utilities								
711020 Water/Sewer								
711100 ESD Asset Management	66,552	21,244	45,308	32	66,526	21,983	44,543	33
711113 Equip Srv Replace	38,039	8,431	29,608	22	27,586	9,012	18,575	33
711114 Equip Srv O & M	62,441	31,963	30,477	51	41,538	14,635	26,903	35
711115 Equip Srv Motor Pool					5,000		5,000	
711117 ESD Fuel Charge	47,382	16,775	30,607	35	48,591	19,282	29,309	40
711119 Prop & Liab Billings	75,992	25,331	50,661	33	74,502	24,834	49,668	33
711210 Travel	145,143	24,834	120,309	17	222,874	34,387	188,487	15
711300 Cash Over Short								
711399 ProCard in Process		23	23-			680	680-	
711400 Overhead - General Fund	2,795,882	931,961	1,863,921	33	2,741,061	913,687	1,827,374	33
711504 Equipment nonCapital	135,448	10,889	124,559	8	100,055	32,327	67,729	32
* Services and Supplies	5,720,061	1,680,201	4,039,860	29	5,868,891	1,685,996	4,182,895	29
781004 Equipment Capital	105,880		105,880		381,454	7,961	373,493	2
781007 Vehicles Capital					25,000		25,000	
* Capital Outlay	105,880		105,880		406,454	7,961	398,493	2
** Expenses	21,236,489	6,581,982	14,654,507	31	20,954,034	6,480,670	14,473,364	31
621001 Transfer From General	10,076,856-	3,358,952-	6,717,904-	33	10,000,192-	2,605,048-	7,395,144-	26
* Transfers In	10,076,856-	3,358,952-	6,717,904-	33	10,000,192-	2,605,048-	7,395,144-	26
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-	3,300,871-	6,717,904-	33	10,000,192-	2,605,048-	7,395,144-	26
*** Total	1,648,509	834,154	814,355	51	1,609,632	1,427,331	182,301	89



## Staff Report

**Board Meeting Date:** November 19, 2015

**TO:** District Board of Health  
**FROM:** Kevin Dick, District Health Officer  
775.328.2416, kdick@washoecounty.us  
**SUBJECT:** Presentation, discussion and possible approval for the authority to be delegated to the Chair to make the decision and cast the vote for any NALBOH elections on behalf of the District Board of Health.

---

### **SUMMARY**

Staff recommends the Board consider authority be delegated to the Chair to make the decision and cast the vote for any NALBOH elections on behalf of the District Board of Health.

**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.

### **PREVIOUS ACTION**

No previous action has taken place.

### **BACKGROUND**

Currently, the entire Board works together during regularly-scheduled meetings to decide on and appoint or elect an individual to an open position on the NALBOH Board. The Board is entitled to one vote during these elections. Staff recommends that authority be delegated to the Chair and that the Chair be authorized to cast a vote on behalf of the Board.

### **FISCAL IMPACT**

There is no additional fiscal impact to the FY16 budget should the Board approve staff recommendation.

### **RECOMMENDATION**

Staff recommends the authority be delegated to the Chair to make the decision and cast the vote for any NALBOH elections on behalf of the District Board of Health.

### **POSSIBLE MOTION**

Should the Board approve staff recommendation, a possible motion would be “Move that the authority be delegated to the Chair to make the decision and cast the vote for any NALBOH elections on behalf of the District Board of Health.”

DD	NA	___
DHO	___	___
DA	NA	___
Risk	NA	___

**Staff Report**  
**Board Meeting Date: November 19, 2015**

**TO:** District Board of Health

**FROM:** Laurie Griffey, Admin Assist I/HR Rep  
775-328-2403, [lgriffey@washoecounty.us](mailto:lgriffey@washoecounty.us)

**THROUGH:** Kitty Jung, DBOH Chair

**SUBJECT:** Review and Approval of the District Health Officer's Annual Performance Evaluation Results and Possible Approval of a 5% Wage Increase, retroactive to his annual evaluation date of October 24, 2015.

**SUMMARY**

The Washoe County District Board of Health conducts an annual performance evaluation of the Washoe County District Health Officer prior to, or as near as possible to, the anniversary / evaluation dates of October 24<sup>th</sup>, as approved by the District Board of Health meeting on April 24, 2014; and approves all wage and salary adjustments for the District Health Officer position. We recommend the approval of the 2015 District Health Officer's Performance Evaluation as presented and approval of a five percent (5%) wage increase for the District Health Officer, retroactive to his evaluation date of October 24, 2015; to keep the position in alignment with other County Unclassified Management positions.

**District Health Strategic Objective supported by this item:** Strengthen WCHD as an innovative, high-performing organization by ensuring equitable treatment of staff.

**Washoe County Strategic Objective supported by this item:** Valued, engaged employee workforce.

**PREVIOUS ACTION**

On October 22, 2015, the District Board of Health reviewed the District Health Officer's 2015 Performance Evaluation results from the 360 electronic evaluation conducted in October 2015. Thirty (30) individuals were invited to participate, 20 completed the on-line survey (5 were Board of Health Members, 3 were Division Director level, 11 were peer level and 1 person chose not answer the relationship questions (1 & 2). The majority of responses in each category indicated Mr. Dick "Meets or Exceeds Expectations".

The Board discussed the possibility of a five percent (5%) wage adjustment (merit) and chose to continue the item to the November 2015 meeting; when Chair Jung could be present to provide input on the possible five percent (5%) wage increase.

On September 24, 2015, the District Board of Health approved the use of the electronic 360 evaluation process for the District Health Officer's 2015 Performance Evaluation, as well as the questions to be used and the list of 30 individuals to be invited to participate in the District Health Officer's annual performance evaluation.

On October 23, 2014, the Washoe County District Board of Health conducted the Washoe County District Health Officer's (Mr. Dick) annual performance evaluation. The Board accepted the performance evaluation as presented, set goals for the coming year and approved a five percent (5%) wage increase effective October 24, 2014.

On August 23, 2012, the Washoe County District Board of Health approved the elimination of the wage and benefits concessions (approx. 7%) effective July 2, 2012, and reinstated merit increases and career incentive payments for the District Health Officer position. This was in alignment with the Board of County Commissioners July 24, 2012, decision that approved the elimination of wage and benefit concession effective July 2 2012, and reinstate merit increases and career incentive payment for the County Manager, Assistant County Manager, appointed department heads, non-represented division managers, Chief Deputies and the Undersheriff.

On June 28, 2012, the Washoe County District Board of Health conducted the Washoe County District Health Officer's (Dr. Iser) annual performance evaluation. The District Board of Health accepted the electronic evaluation results; and in alignment with the Board of County Commissioners decision on June 12, 2012, they agreed to approved wage and benefit concession adjustments from 5% to 4.5% continuing through June 30, 2013, and discontinued health cost benefit contributions for the County Manager, Assistant County Manager, appointed Department Heads and non-represented Division Managers.

## **BACKGROUND**

The Washoe County District Board of Health conducts the annual performance evaluation of the Washoe County District Health Officer, prior to, or as near as possible to, the anniversary / evaluation dates of October 24<sup>th</sup>, as approved by the District Board of Health at their meeting of April 24, 2014. The District Board of Health reviews and discusses the performance evaluation information and the previous year's goals. The District Board of Health either approves and accepts the evaluation results as is, or asks the District Health Officer additional clarifying questions. Upon completion of the evaluation review the District Board of Health votes to accept the performance evaluation as presented, or as adjusted by the board; adjustments are noted in the record. Upon approval and acceptance of the Performance Evaluation, the District Board of Health discusses possible goals for the coming year and possible adjustments to the compensation package of the District Health Officer. The Chair and District Health Officer usually discuss possible compensation adjustments prior to the performance evaluation meeting and the Chair presents the recommendation to the Board. The Board discusses the proposed compensation adjustments and votes to accept the proposed compensation or an adjusted compensation as determined by the Board.

The District Board of Health has the ability to determine salary/compensation for the District Health Officer position. The employment agreement between the District Board of Health and Mr. Kevin Dick, approved at the January, 23, 2014, regularly scheduled meeting; states under Section 4 Item B – “Employee’s annual salary may be adjusted as follows, by a vote of the Board:

- A) A cost of living adjustment consistent with any cost-of-living adjustment provided to other unclassified management employees of Washoe County; and/or,
- B) The Board may adjust the annual salary of the Employee by increasing the base salary until the maximum of the salary range is reached.”

Upon approval by the District Board of Health, a letter will be drafted to the Washoe County Human Resource Department advising them Mr. Dick’s annual performance evaluation has been conducted in open meeting and will outline any compensation adjustment approved by the board.

A wage (merit) increase compensates employees for the additional knowledge and experience gained over the year. Regular County employees (up to and including unclassified Division Directors) receive an annual five percent (5%) merit increase until they reach the top of their pay range. Mr. Dick is not at top of the District Health Officer pay range and a five percent (5%) increase will not put him at the top of the range.

#### **FISCAL IMPACT**

There would be no additional fiscal impact. The approved FY16 budget anticipated and included funding for the five percent (5%) wage increase for the District Health Officer position.

#### **RECOMMENDATION**

**Recommend to approve the District Health Officer’s Annual Performance Evaluation Survey Results and approval of a five percent (5%) Wage Increase, retroactive to his annual evaluation date of October 24, 2015.**

#### **POSSIBLE MOTION**

**Should the Board agree with staff’s recommendation a possible motion would be: Move to approve the District Health Officer’s Annual Performance Evaluation Survey Results and approve a five percent (5%) Wage Increase, retroactive to his annual evaluation date of October 24, 2015.**

**WASHOE COUNTY**  
**HEALTH DISTRICT**  

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**ENHANCING QUALITY OF LIFE**

**2015 District Health Officer's Annual Performance Evaluation**

**Mr. Kevin Dick**

**Presented by the District Board of Health**  
**Thursday, October 22, 2015**

**Summary**  
**2015 District Health Officer Performance Evaluation - Mr. Kevin Dick**

Question	1	How Long Work with Kevin	Response	Response
		Less than 1 yr	5.3%	1
		1-2 yrs	42.1%	8
		Over 2 yrs	52.6%	10

Question	2	Relationship to DHO	Answer Options	Response Percent	Response Count
			District Board of Health Member	26.3%	5
			Division Director or Admin Health	15.8%	3
			Peer from an Outside Agency	57.9%	11

Question	3	LEADERSHIP	Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
			Sets an effective example of high	12	7	0	1	20
			Inspires trust and confidence with	13	7	0	0	20
			Functions as an effective leader	15	5	0	0	20
			Values staff, helps staff develop a	9	6	0	5	20
			Develops a talented team and	8	9	0	3	20

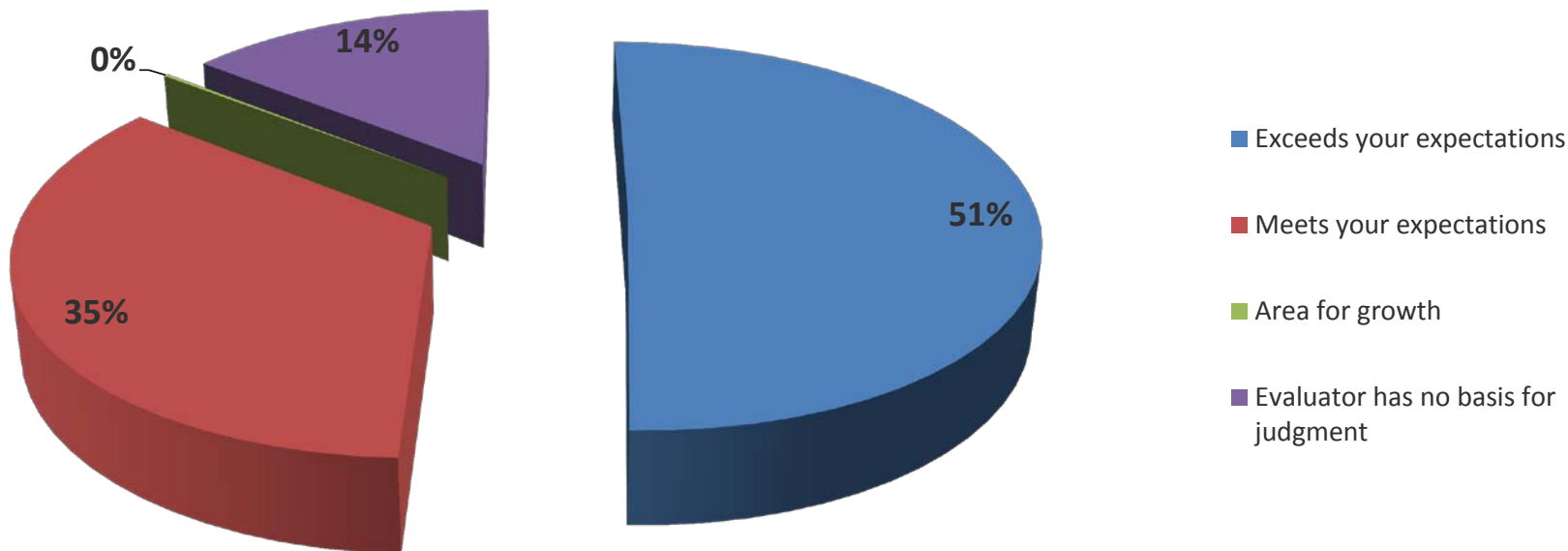
Question	4	COMMUNICATION	Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
			Practices timely and effective	11	7	0	2	20
			Speaks and writes logically,	11	9	0	0	20
			Delivers logical and well-	10	9	0	1	20
			Encourages and uses feedback	11	8	0	1	20

Question	5	COMMUNITY RELATIONS	Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
			Effectively represent the Health	16	3	0	0	19
			Has a successful working	5	9	0	5	19
			Has a successful working	13	5	1	0	19
			Encourages and considers	9	9	0	1	19
			Strives to maintain citizen	8	7	0	4	19

Question	6	INTERGOVERNMENTAL RELATIONS	Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
			Accessible to leadership of other	14	5	0	0	19
			Effectively represents and	11	6	0	2	19
			Effectively communicates and	11	6	0	2	19
			Appropriately considers the	9	7	0	3	19
			Ensures that the Health District is	11	7	0	1	19

Question	7	DISTRICT BOARD OF HEALTH RELATIONS	Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
			Effectively implements the	5	6	0	7	18
			Disseminates complete and	5	5	0	8	18
			Responds well to requests,	5	6	0	7	18
			Provides support to the board's	7	4	0	7	18
			Facilitates the board's decision	6	4	0	8	18

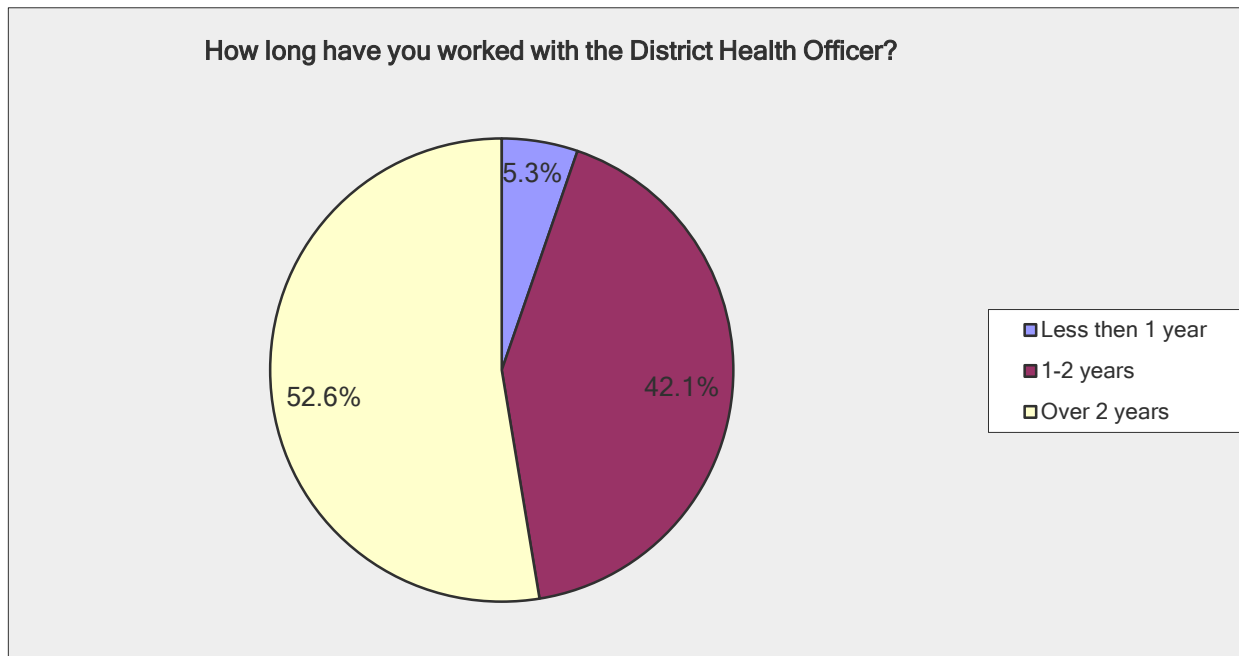
### Kevin Dick's 2015 Overall Performance Evaluation Results



OVERALL PERFORMANCE RATING FOR QUESTIONS 3-7		Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment
	SUMMERY	9.32	6.44	0.04	2.64
	Percentage %	50.54%	34.92%	0.22%	14.32%

## Kevin Dick's 2015 District Health Officer Evaluation Question 1

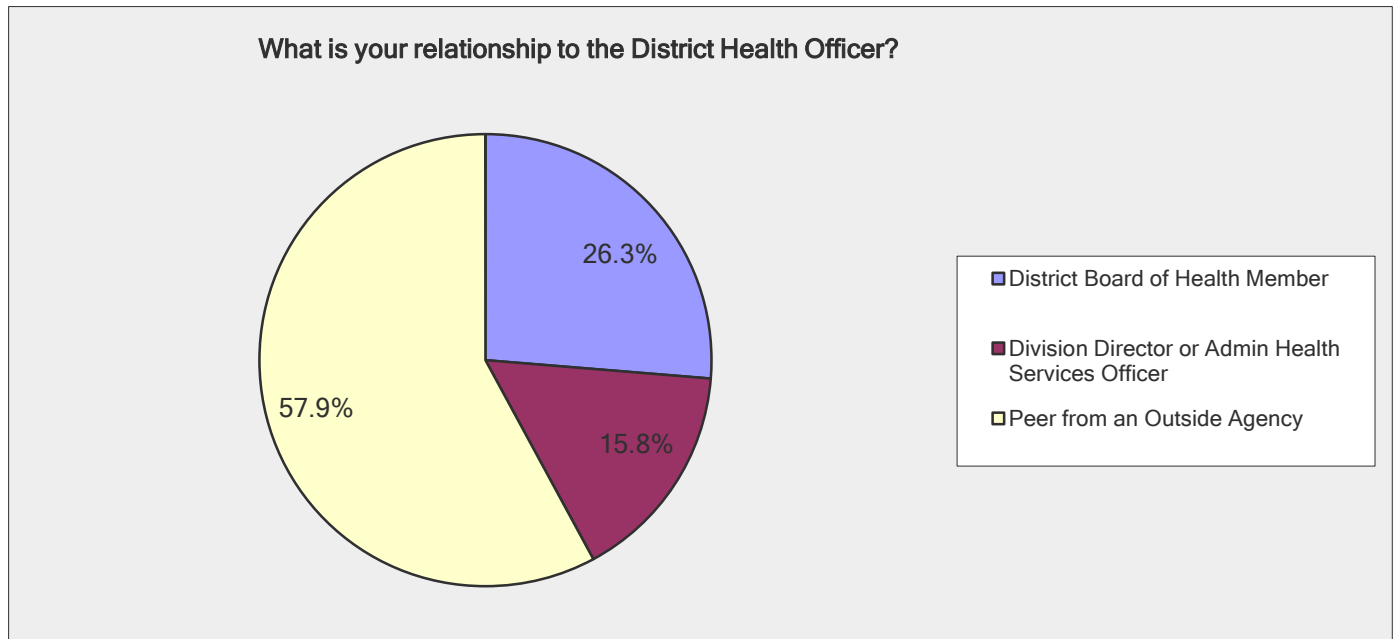
How long have you worked with the District Health Officer?		
Answer Options	Response Percent	Response Count
Less than 1 year	5.3%	1
1-2 years	42.1%	8
Over 2 years	52.6%	10
<i>answered question</i>		<b>19</b>
<i>skipped question</i>		<b>1</b>





## Kevin Dick's 2015 District Health Officer Evaluation Question 2

What is your relationship to the District Health Officer?		
Answer Options	Response Percent	Response Count
District Board of Health Member	26.3%	5
Division Director or Admin Health Services Officer	15.8%	3
Peer from an Outside Agency	57.9%	11
<i>answered question</i>		<b>19</b>
<i>skipped question</i>		<b>1</b>



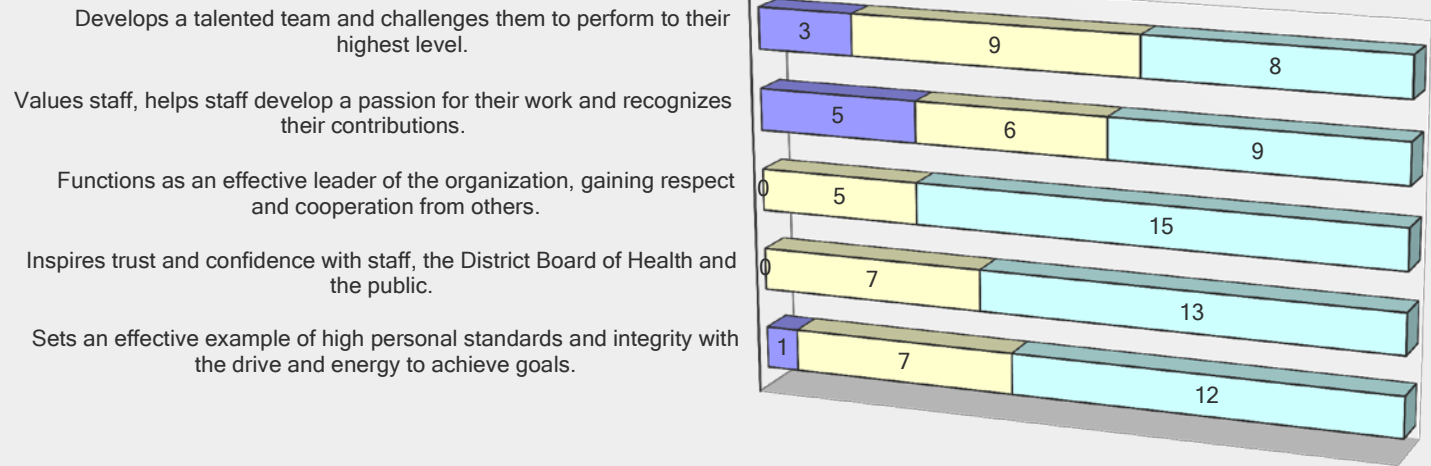
### Kevin Dick's 2015 District Health Officer Evaluation Question 3

#### LEADERSHIP

Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
Sets an effective example of high personal standards and integrity with the drive and energy to achieve goals.	12	7	0	1	20
Inspires trust and confidence with staff, the District Board of Health and the public.	13	7	0	0	20
Functions as an effective leader of the organization, gaining respect and cooperation from others.	15	5	0	0	20
Values staff, helps staff develop a passion for their work and recognizes their contributions.	9	6	0	5	20
Develops a talented team and challenges them to perform to their highest level.	8	9	0	3	20
Additional comments regarding Leadership:					4
<i>answered question</i>					<b>20</b>
<i>skipped question</i>					<b>0</b>

Number	Response Date	Additional comments regarding Leadership:
1	Oct 12, 2015 10:43 PM	Always willing to step up in a public health emergency
2	Oct 12, 2015 10:25 PM	Kevin inherited a lot of dysfunction and lack of accountability. The culture is changing and it's because of his leadership.
3	Sep 30, 2015 6:54 PM	I greatly appreciate Kevin's leadership and management skills. I enjoy working for him and with him.
4	Sep 29, 2015 11:43 PM	Kevin has raised the visibility of the Health District in a very positive way.

## LEADERSHIP



- "Evaluator has no basis for judgment"
- "Area for growth"
- "Meets your expectations"
- "Exceeds your expectations"

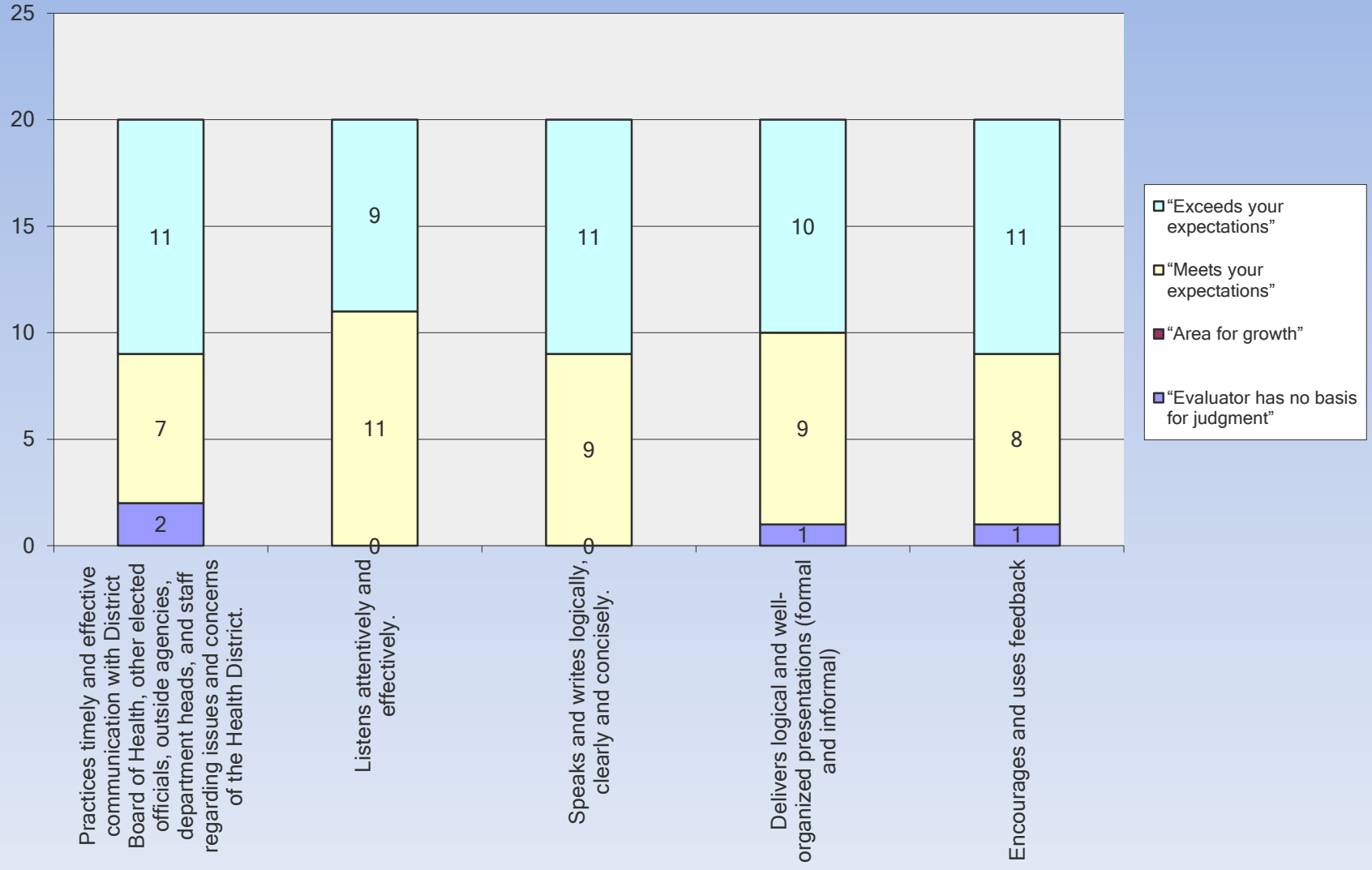
## Kevin Dick's 2015 District Health Officer Evaluation Question 4

### COMMUNICATION

Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
Practices timely and effective communication with District Board of Health, other elected officials, outside agencies, department heads, and staff regarding issues and concerns of the Health District.	11	7	0	2	20
Listens attentively and effectively.	9	11	0	0	20
Speaks and writes logically, clearly and concisely.	11	9	0	0	20
Delivers logical and well-organized presentations (formal and informal)	10	9	0	1	20
Encourages and uses feedback	11	8	0	1	20
Additional comments regarding Communication:					1
<i>answered question</i>					<b>20</b>
<i>skipped question</i>					<b>0</b>

Number	Response Date	Additional comments regarding Communication:
1	Sep 30, 2015 6:54 PM	I have observed Kevin to communicate clearly and effectively. And particularly enjoy that he expects my feedback of his performance, and I know that he genuinely respects my input and point of view.

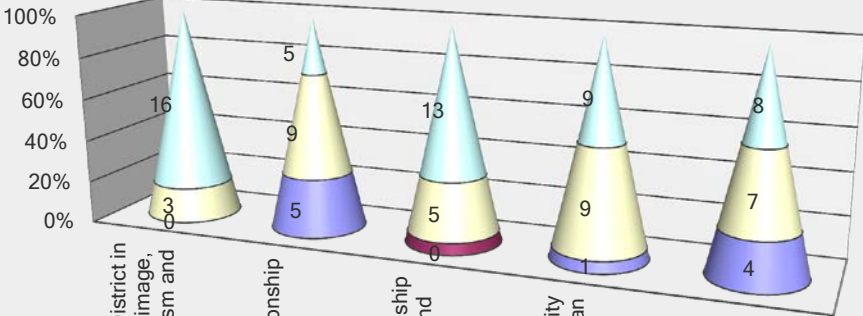
# COMMUNICATION



## Kevin Dick's 2015 District Health Officer Evaluation Question 5

COMMUNITY RELATIONS					
Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
Effectively represent the Health District in public; projects a positive public image, based on courtesy, professionalism and integrity.	16	3	0	0	19
Has a successful working relationship with the news media.	5	9	0	5	19
Has a successful working relationship with community stakeholders and community organizations.	13	5	1	0	19
Encourages and considers community input on issues the Health District can impact.	9	9	0	1	19
Strives to maintain citizen satisfaction with Health District services.	8	7	0	4	19
Additional comments regarding Community Relations:					1
<i>answered question</i>					<b>19</b>
<i>skipped question</i>					<b>1</b>
Number	Response Date	Additional comments regarding Community Relations:			
1	Sep 30, 2015 6:55 PM	Kevin works hard to be inclusive of vested parties, and transparent with his plans and interactions. He sets a great example of how to lead.			

### COMMUNITY RELATIONS



Effectively represent the Health District in public; projects a positive public image, based on courtesy, professionalism and integrity.

Has a successful working relationship with the news media.

Has a successful working relationship with community stakeholders and community organizations.

Encourages and considers community input on issues the Health District can impact.

Strives to maintain citizen satisfaction with Health District services.

- "Exceeds your expectations"
- "Meets your expectations"
- "Area for growth"
- "Evaluator has no basis for judgment"

## Kevin Dick's 2015 District Health Officer Evaluation Question 6

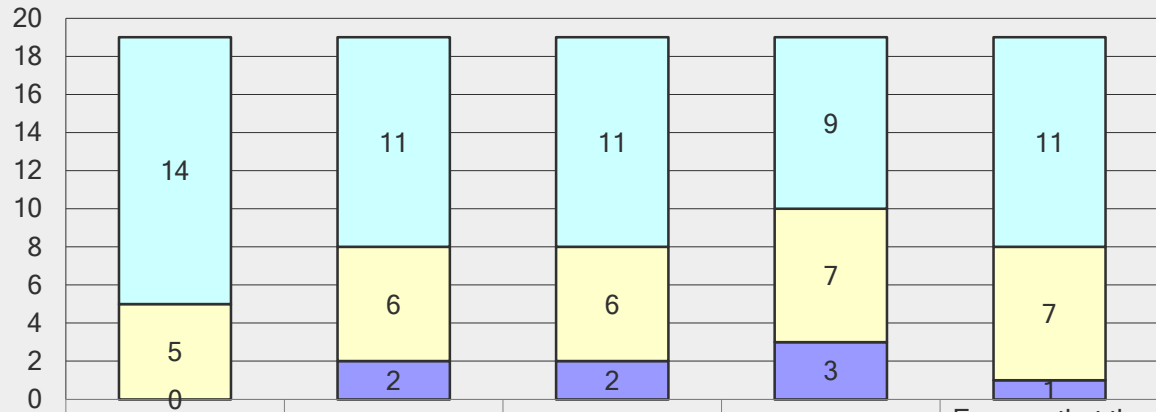
### INTERGOVERNMENTAL RELATIONS

Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
Accessible to leadership of other agencies and jurisdictions; displays appropriate diplomacy and tact in relationships with other agencies and jurisdictions.	14	5	0	0	19
Effectively represents and promotes the Health District with other jurisdictions and agencies in the region and state.	11	6	0	2	19
Effectively communicates and coordinates with other jurisdictions and agencies in the region and state.	11	6	0	2	19
Appropriately considers the impact Health District projects and programs have on other jurisdictions and agencies in the region.	9	7	0	3	19
Ensures that the Health District is represented and is appropriately involved in projects and programs sponsored by other jurisdictions and agencies that have impact on the Health District and/or that the Health District can impact.	11	7	0	1	19
Additional comments regarding Community Relations:					2
<i>answered question</i>					<b>19</b>
<i>skipped question</i>					<b>1</b>

Number	Response Date	Additional comments regarding Community Relations:
1	Oct 12, 2015 10:27 PM	Great job collaborating with Renown and other stakeholders for the Community Health Improvement Plan and our forum with the Fed.
2	Sep 30, 2015 6:59 PM	In my observations, Kevin has done the best job of any DHO in repairing, building and maintaining intergovernmental relationships. He does an excellent job of promoting that public health is an investment.



## INTERGOVERNMENTAL RELATIONS



<p>Accessible to leadership of other agencies and jurisdictions; displays appropriate diplomacy and tact in relationships with other agencies and jurisdictions.</p>	<p>Effectively represents and promotes the Health District with other jurisdictions and agencies in the region and state.</p>	<p>Effectively communicates and coordinates with other jurisdictions and agencies in the region and state.</p>	<p>Appropriately considers the impact Health District projects and programs have on other jurisdictions and agencies in the region.</p>	<p>Ensures that the Health District is represented and is appropriately involved in projects and programs sponsored by other jurisdictions and agencies that have impact on the Health District and/or that the Health District can...</p>
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□ "Exceeds your expectations"	14	11	11	9	11
□ "Meets your expectations"	5	6	6	7	7
■ "Area for growth"	0	0	0	0	0
■ "Evaluator has no basis for judgment"	0	2	2	3	1

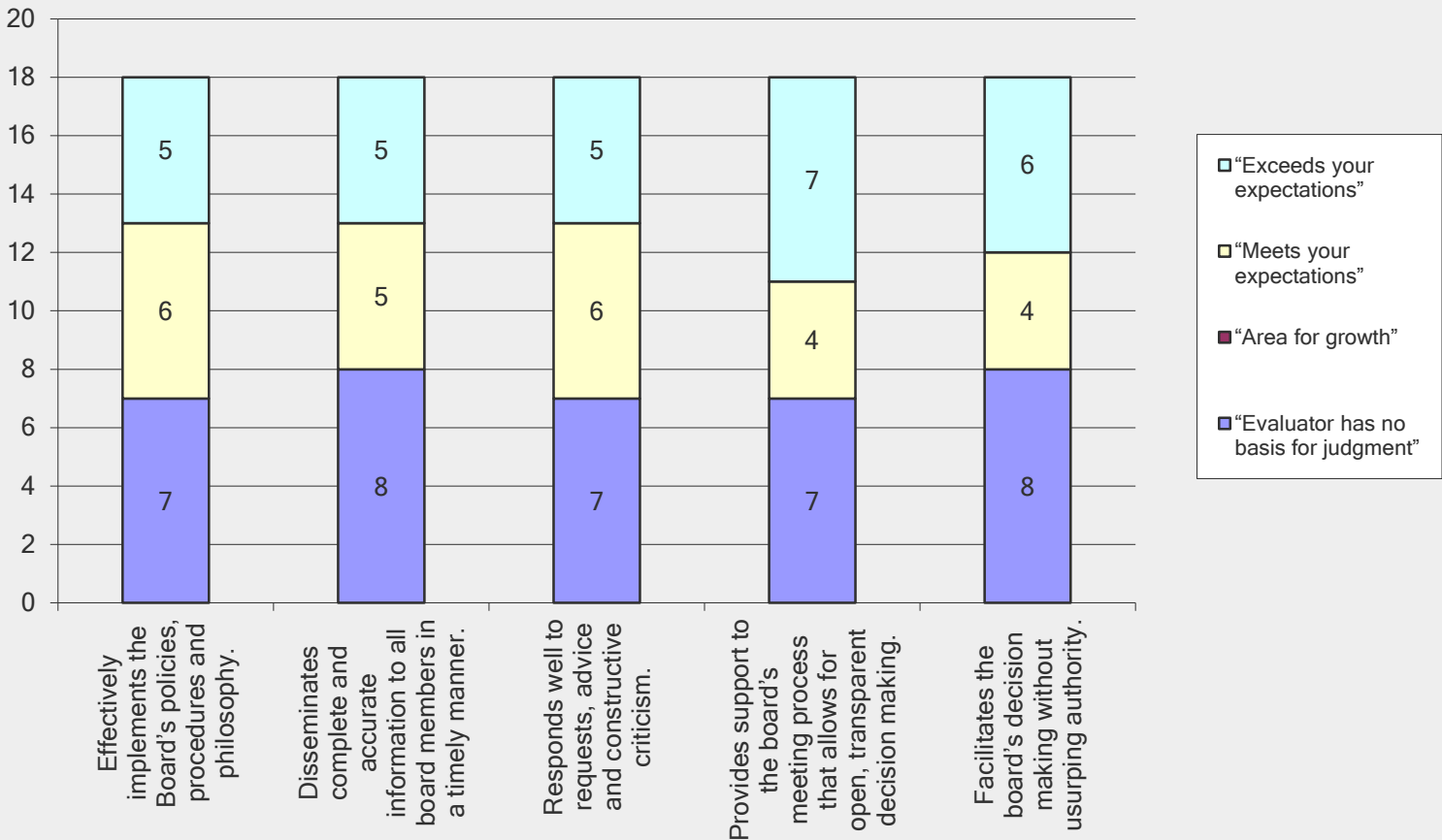
## Kevin Dick's 2015 District Health Officer Evaluation Question 7

### DISTRICT BOARD OF HEALTH RELATIONS

Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
Effectively implements the Board's policies, procedures and philosophy.	5	6	0	7	18
Disseminates complete and accurate information to all board members in a timely manner.	5	5	0	8	18
Responds well to requests, advice and constructive criticism.	5	6	0	7	18
Provides support to the board's meeting process that allows for open, transparent decision making.	7	4	0	7	18
Facilitates the board's decision making without usurping authority.	6	4	0	8	18
Additional comments regarding District Board of Health Relations:					1
<i>answered question</i>					<b>18</b>
<i>skipped question</i>					<b>2</b>

Number	Response Date	Additional comments regarding District Board of Health Relations:
1	Sep 30, 2015 6:59 PM	Kevin balances Board requests and expectations with skill and diplomacy, working with and guiding Board members to the best possible outcomes for the public and public health.

## DISTRICT BOARD OF HEALTH RELATIONS



**AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT**  
**BOARD MEETING DATE: November 19, 2015**

**DATE:** November 4, 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. Keep it Clean – Know the Code



November 1<sup>st</sup> marked the beginning of the 2015-2016 “Know the Code” Burn Code Program. Since 1987, the Air Quality Management Division (AQMD) has promoted a green, yellow, red burn code as a control measure to reduce emissions from fireplaces, woodstoves, and pellet stoves during wintertime weather inversions. Wood burning in the Truckee Meadows accounts for almost 50% of wintertime fine particulate matter (PM2.5). In 2012, the program was rebranded to “Keep it Clean. Know the Code”.

The Truckee Meadows wintertime air pollution season runs from November 1<sup>st</sup> through the end of February. A combination of cold temperatures, calm winds, and strong temperature inversions in addition to wood combustion results in increased concentrations of PM2.5 which can increase rapidly and occasionally exceed EPA’s health based ambient air quality standards. Long-term exposure to elevated levels of PM2.5 found in smoke has been linked to decreased lung function, aggravated asthma, and development of chronic respiratory disease in children, nonfatal heart attacks, and premature death in people with heart or lung disease. Children are especially sensitive to smoke because their respiratory systems are still developing and they breathe more air per pound of body weight than adults.

AQMD staff have reviewed and updated the process for delivering the daily burn codes through social media (Facebook and Twitter), EnviroFlash emails, OurCleanAir.com, and the Air Quality Hotline at (775) 785-4110. Additionally, staff regularly meets with our partners at the National Weather Service - Reno Office to make sure the most up to date weather information is utilized when forecasting the daily burn code.

A press release was issued on October 29, 2015 to encourage citizens to be prepared for the Know the Code season by:

- Knowing the Code – go to OurCleanAir.com to sign up for daily Burn Code updates.
- Upgrading to cleaner equipment through the AQMD's woodstove exchange program.
- Keeping it Clean with an annual chimney inspection and cleaning since cleaner chimneys produce less smoke and increase efficiency which saves money by using less wood.
- Burning Wisely by using only dry, seasoned wood in smaller fires with a generous air supply.

The Know the Code Program applies to the burning of all solid fuels, including wood, pellets and fire logs, in homes located in specific areas in southern Washoe County. For more information such as the ZIP Codes affected by the Burn Code, the health risks associated with breathing fine particulate matter, and how the Burn Code is enforced, visit OurCleanAir.com.

b. RenOpen Streets Event



On Saturday, October 17, 2015, the first ever Open Streets event in Nevada, RenOpen Streets, took place in Washoe County. Open Streets is part of the international Cyclovia movement that is aimed at promoting healthy, vibrant communities, physical activity and clean air. 1.6 miles of streets were closed to vehicle traffic and opened to the community for walking, biking, dancing and playing in the streets. The first annual RenOpen Streets was a smoke/vape free and low waste event. There were in excess of 40 vendors along the route that provided activities to the public and information to promote health. Some of the activities included jump roping, fencing and Qi Gong.

The RenOpen Streets committee estimated a total of 1,121 people attended the event. It was estimated 70% walked, 24% cycled, 1% skated, and 5% chose another form of transportation when participating along the route. More than 40% of the participants biked or walked to the event. According to the 2015 RenOpen Streets survey, more than 60% of participants visited a new business along the route of which they were not previously aware. Additionally, of those surveyed, 54% spent more than \$10 at the event, only 14% spent nothing.

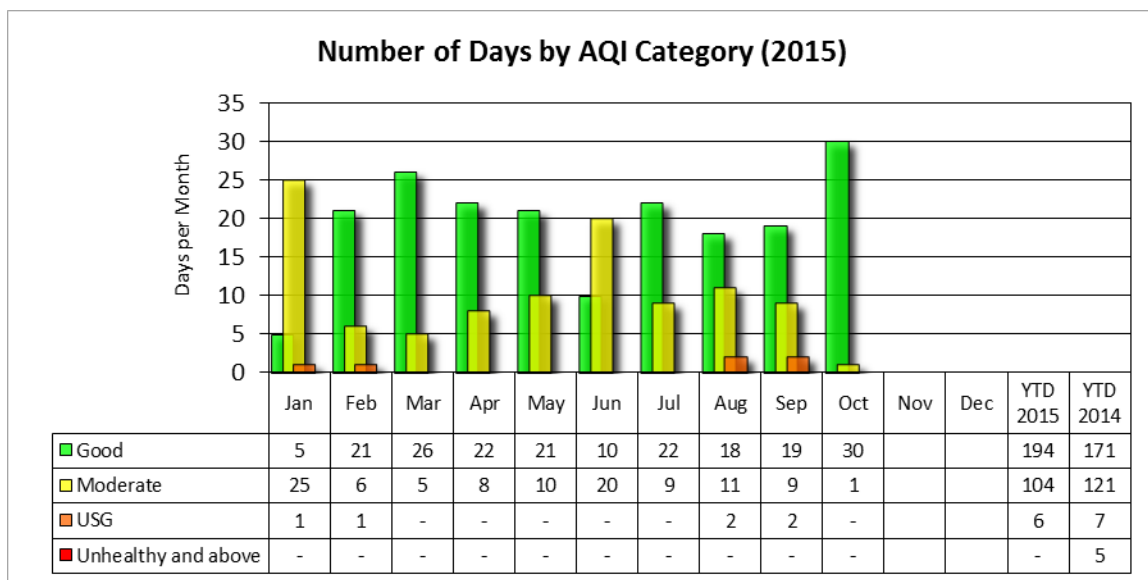
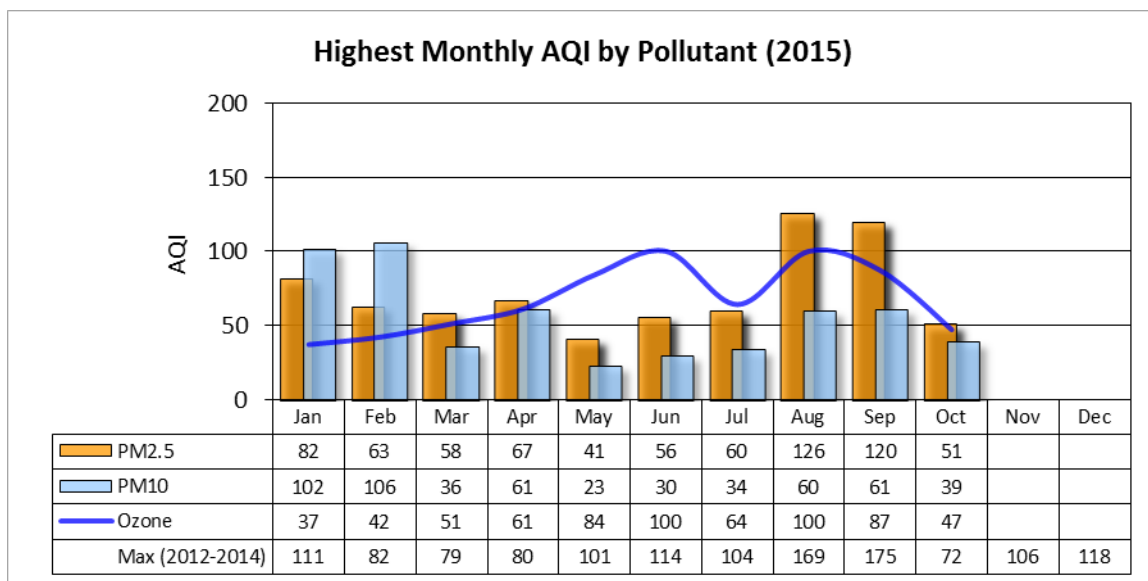


The event was made possible by the partnership between the Washoe County Health District and the Reno Bike Project with title sponsorship from Renown and sponsorship from RTC, Abbi Agency, City of Reno, RGJ, Laughing Planet, New Belgium, and This is Reno.

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 October. 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 were no exceedances of any National Ambient Air Quality Standard (NAAQS) during October.

On September 30, 2015, the Environmental Protection Agency published a proposed rule to redesignate the Truckee Meadows to "Attainment" for the 24-hour PM10 NAAQS. Attainment is expected to be official in late 2015 or early 2016. This comes after decades of air quality planning and community support. Wintertime during the 1970's and 80's was typified by strong temperature inversions trapping particulates in the Truckee Meadows. Pollution levels frequently exceeded the health-based PM10 standard. The AQMD developed a State Implementation Plan (SIP) that identified and applied Best Available Control Measures to the largest sources of PM10. These categories included residential wood combustion, paved roads, street sanding, street sweeping, and construction/grading projects. You still see these control strategies working today - Know the Code lets us know when air pollution levels are rising and when we should cut back on wood burning. Public Works Departments pre-treat streets with a brine solution before storms that reduces the amount of sand put on the roads. They also use state of the art street sweepers to pick up the sand. Water trucks help keep dust down at construction sites. All of these strategies help keep the air healthy for us to breathe.

Now that the Environmental Protection Agency has strengthened the 8-hour ozone NAAQS from 75 to 70 ppb, here is an overview of upcoming milestones:

- 2016: AQMD will recommend initial "Attainment" or "Non-Attainment" designations.
- 2017: EPA will formally designate areas as "Attainment" or "Non-Attainment".
- 2018: Ozone Infrastructure State Implementation Plan (I-SIP) will be adopted and submitted to EPA. (An I-SIP is required regardless of designations.)
- 2020: Marginal Non-Attainment areas must improve air pollution levels to meet the 70 ppb NAAQS. (Washoe County will likely be in this category.)
- 2020/21: Attainment State Implementation Plan due to EPA. (Deadline depends on "Non-Attainment" classification.)

While federal control measures (i.e., motor vehicle tailpipe standards, Clean Power Plan, green house gas initiatives) and local control strategies (i.e., smog check program, idle reduction regulation) are expected to improve NO<sub>x</sub> and VOC emissions, AQMD will continue to collaborate with the community to implement voluntary programs. Programs such as Employee Trip Reduction and Safe Routes to School are critical to reduce car trips and vehicle miles traveled.

Daniel K. Inouye  
Chief, Monitoring and Planning



b. Permitting & Enforcement

Type of Permit	2015		2014	
	October	YTD	October	Annual Total
<b>Renewal of Existing Air Permits</b>	83	1110	85	1328
<b>New Authorities to Construct</b>	2	96	19	133
<b>Dust Control Permits</b>	9 (53 acres)	131 (1727 acres)	4 (27 acres)	114 (1172 acres)
<b>Wood Stove Certificates</b>	34	354	34	322
<b>WS Dealers Affidavit of Sale</b>	18 (6 replacements)	87 (57 replacements)	27 (17 replacements)	105 (80 replacements)
<b>WS Notice of Exemptions</b>	734 (6 stoves removed)	6445 (30 stoves removed)	712 (6 stoves removed)	7143 (63 stoves removed)
<b>Asbestos Assessments</b>	82	914	74	862
<b>Asbestos Demo and Removal (NESHAP)</b>	25	54	21	199

Staff reviewed thirty-eight (38) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Enforcement staff continues to assist TMWRF with developing facility maintenance policies that are consistent with district regulations.

Staff conducted forty-four (44) stationary source inspections and fifty-one (51) gas station inspections in October 2015. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2015*		2014	
	October	YTD	October	Annual Total
Asbestos	3	21	3	27
Burning	1	6	0	9
Construction Dust	2	30	5	53
Dust Control Permit	1	5	4	20
General Dust	5	44	10	52
Diesel Idling	0	1	0	3
Odor	2	24	0	16
Spray Painting	0	7	1	8
Permit to Operate	0	9	2	31
Woodstove	2	12	2	12
<b>TOTAL</b>	<b>16</b>	<b>159</b>	<b>27</b>	<b>231</b>
NOV's	October	YTD	October	Annual Total
Warnings	0	18	7	41
Citations	0	8	1	11
<b>TOTAL</b>	<b>0</b>	<b>26</b>	<b>8</b>	<b>52</b>

\*Discrepancies in totals between monthly reports can occur due to data entry delays.

Mike Wolf  
 Chief, Permitting and Enforcement

**COMMUNITY & CLINICAL HEALTH SERVICES DIRECTOR STAFF REPORT**  
**BOARD MEETING DATE: November 19, 2015**

**DATE:** November 6, 2015  
**TO:** District Board of Health  
**FROM:** Steve Kutz, RN, MPH  
775-328-6159; skutz@washoecounty.us  
**SUBJECT:** Divisional Update, Program Reports

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**1. Divisional Update – CDC Public Health Associate Program (PHAP)**



L-R: Rudy Perez, Julie Baskin, Pita Gomez, Tai Osunlu

CCHS has been the fortunate recipient of Public Health Associates (PHAs) for three consecutive years, having two PHAs for two year assignments for each of these years. PHAs provide valuable assistance to assigned programs, working with various programs on outbreak coverage, working on and initiating projects with in programs, all while learning real-world public health experience. Below are brief biographies and updates from our four current PHAs:

Julie Baskin studied biological warfare in the Army, received a Bachelor of Arts degree in Geography from California State University East Bay, and puts it to good use by

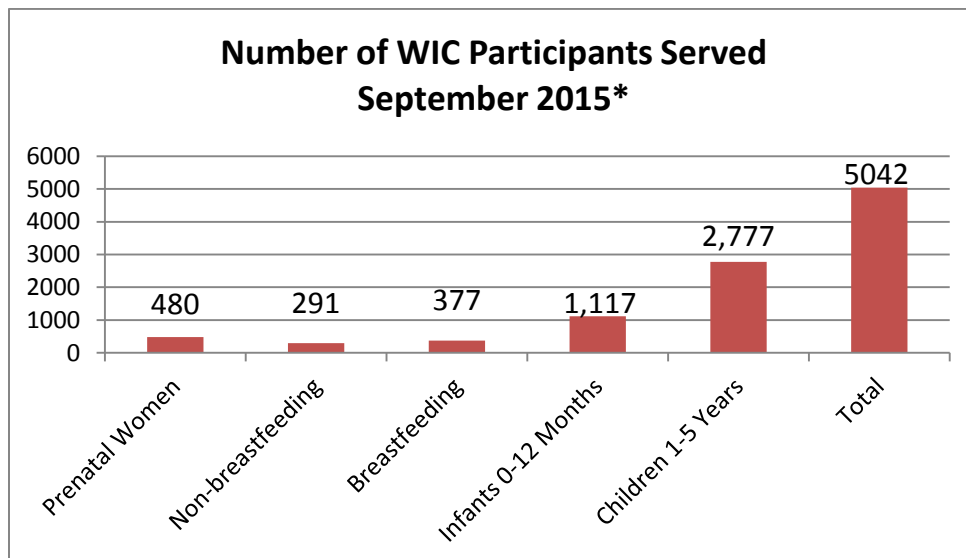
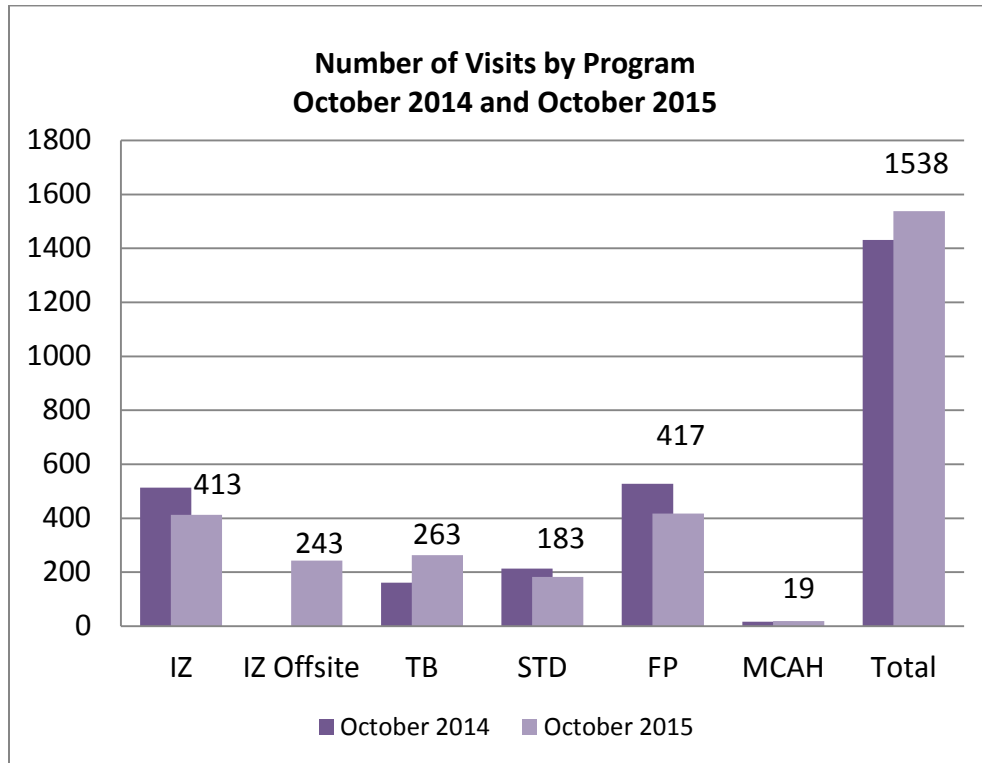
traveling. Julie enjoys how public health provides the opportunity to connect many disciplines of study. She spent her first year with CCHS in the immunization program, assisting with off-site clinics which provided vaccinations to underserved communities in addition to assisting the public at the clinic on-site. In her first year she learned that immunizations, while complicated, are essential in establishing a healthy community. Julie's second year assignment is in the TB Program and finds it a bit daunting. However, she is looking forward to the challenge of working on implementing awareness about the disease.

Pita Gomez is a second-year PHA that is currently assigned to the Sexual Health Program. She received her Bachelors of Arts degree in Anthropology and Public Health from Haverford College in Pennsylvania. Pita currently assists disease intervention specialists (DIS) in documenting, assigning, notifying, and investigating positive STD cases. Additionally, she assists in STD/HIV off-site testing events by conducting rapid HIV tests, creating risk-reduction plans with clients, providing rapid HIV test results, and collecting urine samples to send for further STD testing. This hands-on experience has been a great starting point for Pita's future career in public health.

Rudy Perez is a first-year PHA with a Bachelor's degree in Sociology. He previously worked as a lifeguard for the City of Los Angeles for 5 years. He is currently assigned to the Sexual Health Program for the Health District. This new field of Public Health will be a great experience for him as he looks forward in helping reduce the spread of STD/HIV in the community.

Tai Osunlalu is currently assigned to the Chronic Disease Prevention Program. He worked as Health Educator at Maricopa County Department of Public Health, Phoenix, Arizona. Tai has a Bachelor of Science degree in Public Health and currently pursuing his Masters in Public Health. Tai is working on tobacco prevention and cessation in the LGBT community during his first year, and will be assigned to the Immunization Program for year two.

a. Data/Metrics –



\*It takes a full month after the last day of the reporting month for final caseload counts as WIC clinics operate to the end of the month and participants have 30 days after that to purchase their WIC foods.

Changes in data can be attributed to a number of factors – fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables, all which may affect the availability of services.

## 2. Program Reports – Outcomes and Activities

- a. **Sexual Health** – Rebecca Gonzales attended Sexually Transmitted Disease (STD) Intensive training in Boston the week of November 9, 2015.

Rebecca Koster will be retiring from the Washoe County Health District and the Sexual Health program on November 30, 2015 after 15 years of service with CCHS.

The Sexual Health team will be meeting with Sexual Health Program Medical Consultant Dr. Steven Zell on November 20, 2015, to review complicated syphilis cases and to discuss how to better manage community providers who are not following CDC recommendations regarding testing and/or treatment of clients with STDs appropriately, as well as reporting issues with a few providers, which is required by Nevada Revised Statute 441A.

As a result of client feedback staff will begin offering free (offsite) HIV/STD testing during the evening hours beginning in November. The testing will be offered the third Wednesday of every month.

- b. **Immunizations** – Flu vaccine was provided at the Family Health Festival at Little Flower Church on October 21, 2015, in partnership with Kids to Seniors Korner. A total of 78 participants received their seasonal flu vaccine.

As of October 30, 2015 a total of 13 recertification trainings on flu vaccine administration have been provided for local fire departments in partnership with EPHP.

Staff participated in training with the Nevada State Immunization Program on the use of data loggers for continuous temperature monitoring for vaccine transport.

- c. **Tuberculosis Prevention and Control Program** – Staff hosted the TB Cohort Review on November 17, 2015. The team reviewed eight cases of active disease which occurred in 2014, including one inter-jurisdictional case identified at a large event in Northern Nevada.
- d. **Family Planning/Teen Health Mall** – The Family Planning Competitive Grant application is due January 11, 2016. To complete the application staff is in the process of completing the needs assessment, which includes client focus groups, key informant interviews and an update of data related to the community's needs for family planning services.

- e. **Chronic Disease Prevention Program (CDPP)** – Staff celebrated the successful RenOpen Streets event with AQM and other community partners. This was the program's first Smoke Free Outdoor Event. Staff also participated in the Nevada Tobacco Prevention Coalition's annual strategic planning session and provided a presentation of our program activities at the quarterly meeting of the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease.
  
- f. **Maternal, Child and Adolescent Health (MCAH)** – On October 11, 2015, Jan Houk presented Fetal Infant Mortality Review (FIMR) at the Day of Remembrance for fetal and infant loss, as the original keynote speaker was unable to attend. Jan Houk and the four Public Health Associates will be attending the March of Dimes 2015 Women's Health Symposium on November 7, 2015. This event will be video-conferenced in Reno and will focus on removing the barriers from Maternal and Infant health disparities. Jan Houk will present on the Washoe County FIMR program at the 2015 Nevada Health Conference on November 9, 2015, in Las Vegas. To date, FIMR has only been implemented in Washoe County; however community members from Southern Nevada have expressed an interest in the program. Maternal Child Health (MCH) program continues to receive referrals on children with elevated blood lead levels. A recent case revealed extremely high levels of lead in the interior house paint. MCH staff is working closing with Environmental Health Services on this issue.
  
- g. **Special Supplemental Nutrition Program for Women, Infants and Children** – The WIC program recently had a site review from the State WIC office, and has received the final report. The report identified several areas of excellence which included "Excellent Customer Service" and interaction with participants using participant centered skills, overall welcoming atmosphere, teamwork, excellent breastfeeding support, and a less than 10% no show rate as recommended by State WIC office. There were a few findings from the site review, and staff are working on corrective action to address these findings. State staff also observed and acknowledged WIC staff clearly going above and beyond to accommodate walk-in appointments and late arrivals. Our WIC program was also instrumental in identifying a change to the State wide WIC-MIS system accepting and flagging low hemoglobin results and appropriate follow up with participants.

WIC received final approval of the "Local Agency Nutrition Services Plan" from the State WIC office.

WIC was recently able to collaborate on short notice with Catholic Charities of Northern Nevada & the St. Vincent's Programs on national program "Cooking Matters". Cooking Matters helps families to shop for and cook healthy meals on a budget, as part of "Share

Subject: CCHS Division Director's Report

Date: November 19, 2015

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Our Strength's, No Kid Hungry campaign". WIC participants attended a class designed to help single parents, mothers on WIC, low income families, seniors and others learn how to shop and cook on a tight budget. Each participant received a free cookbook, literature on nutrition and grocery store shopping/layout, and a \$10 Walmart gift card to get them started.

WIC also collaborated with community partners to promote WIC at the "Get Healthy, Get Covered" fair on Sunday, November 1st, at the Boys & Girls Club of Truckee Meadows. This outreach had numerous exhibitors to promote health insurance enrollment in Nevada Health Link/Health Care.gov.

Congratulations to Janet Piette, WIC Supervisor, who successfully passed the "International Board of Certified Lactation Consultant's Exam". This certification ensures her ability to assist mothers with more complicated breastfeeding problems.



DD	BS	_____
DHO	_____	_____
DA	NA	_____
Risk	NA	_____

**Staff Report**  
**Board Meeting Date: November 19, 2015**

**DATE:** November 6, 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, Waste Management and EHS Inspections / Permits / Plan Review.

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**DIVISION UPDATE**

- The recruitment process for Environmental Health Specialist Trainees has started. First round interviews were conducted and follow up interviews are scheduled. The Division hopes to have two new staff members in place prior to the start of 2016.

**PROGRAM UPDATES**

**Food**

- Staff began work on the following activities related to the food regulation implementation strategic plan:
  - The new food regulations include a provision to clarify permitting criteria for vending machine operations. Vending machines that dispense non-potentially hazardous foods will now be exempt by definition and all vending machines that dispense potentially hazardous foods must maintain a permit to operate. In an effort to determine which currently permitted vending machine operations qualify for the exemption, and which vending machine operations must maintain a health permit, a notification letter and application was developed and sent to all vending machine operations. Additionally, a new permitting system was developed for all vending machine operations requiring a health permit.
  - Staff added a Food Safety topic to the County News email subscription. They are in the process of developing a mechanism to encourage food establishment operators to subscribe to receive information on resources related to the new food regulation requirements.
  - Staff continues to receive, review and approve Hazard Analysis Critical Control Point (HACCP) plans for food establishments conducting special processes.
- Two staff members attended the 2015 Pacific Region Retail Food Seminar. Attendance provided the opportunity to interact with and share food safety ideas, news and information with professionals from other regulatory jurisdictions, industry and academia.

- Staff prepared and submitted applications for the Association of Food and Drug Officials (AFDO) administered Retail Program Standards Grant Program. The program provides funds for the completion of projects and training to enhance conformance with the Retail Program Standards.
- **Special Events –**
  - There were 122 permits issued for Temporary Foods for the month of October.
  - The Italian Festival was the largest event with 65 permitted temporary foods, including 37 sauce cookers. There were 85 inspections conducted over a 2-day period for the event.
  - The following weekend the Chili Cook-Off was in town at the Grand Sierra Resort. There were 23 permits issued and 29 inspections completed for the event. The International Chili Society intends on bringing the event back to Reno for 2016.

### **IBD**

- The IBD program staff is finishing routine inspections for the calendar year 2015. Staff is on track to have all inspections completed by the first of December.
- The new IBD regulations are going through final review and edit by EHS staff, and will then be forwarded to legal for review in November.

### **Land Development**

- The plan submittals picked up for the past month in plans and inspections for the Land Development program. Cross-training staff is still a priority and is being included whenever time allows and staff available.
- Staff has spent much of October completing Sanitary Surveys of Public Water Systems as required for the Interlocal Agreement with the Nevada Division of Environmental Protection (NDEP).
- The Riverbelle Mobile Home Park is still being served by a temporary water system. A water project for a permanent installation of a water line to connect the old well that has been reconditioned is anticipated to be submitted prior to November 11, 2015. This project will require additional inspections and review. This is due to the multiple layers of infrastructure that must be addressed in order to connect the existing well to the existing VOC treatment unit and clean and disinfect the existing storage tanks as well.
- Based on feedback from the land user's group, developed as a result of the Health District's fundamental review process, staff met with the Builders Association of Northern Nevada (BANN) at their request and gave a two hour presentation. The topics covered some of the plan review and submittal, fees, and concerns from the development community regarding the fees and how they are calculated. BANN would like to have additional discussions with staff to help educate the development community on the Health District's role in plan review and to discuss ways to approach project submittals for residential septic and well construction.
- Staff members are currently working on multiple projects to streamline some of the plan review and plan intake processes. The intent is to streamline as much as possible to be able to better work with the contractors and homeowners submitting plans.

### Vector-Borne Disease

- The Amazon detention basins located on North Virginia Street are getting closer to resolution concerning the standing water at these facilities. With a Landscape Maintenance Association (LMA) in place, the owner of the common area proposed applying a pesticide product upon our inspection of the basins when colonized with mosquitoes. This proposed solution is in conflict with our licensing through the Nevada Department of Agriculture. Staff's suggestion to the Project Manager is the installation of a bubbler unit. The idea behind this is the Program views these basins as ponds because they are holding water. The Program's design criterion for ponds is aeration. Aeration provides water movement on the water surface, preventing the stratification of the water column and improves water quality, eliminating the insect issue. With the bubbler system, algae would not form, decaying smells would not occur, and there would be less vegetation growth which eliminates insects; all due to having sufficient oxygen on the water surface.
- Staff reviewed 27 civil (building) plans during the month of October. One project requesting a Certificate of Occupancy (C of O) failed due to not meeting the Program's design criteria for their project.

### Waste Management

- The Contract between KTMB and WCHD is continuing to assist in cleanup efforts throughout the community. One project which benefited from the funding was the Truckee Cleanup Day on September 26, 2015.
- The Program assisted the City of Reno in the cleanup of one home with two dumpsters which was condemned by the Code Enforcement.
- As part of reviewing the program against the principles of the fundamental review process the Health District underwent, the program recently discontinued the issuance of Waste Releases for non-municipal solid waste generated by Washoe County residents and/or businesses which were direct hauled to the Lockwood Regional Landfill. It was determined the waste profiling system in place to examine and review waste streams ensured Washoe County residents and businesses did not transport or dispose of unacceptable wastes in the landfill. By eliminating the issuances of these permits residents and businesses are now able to remove a redundant step of review to dispose of waste at the local landfill and be on the same level playing field as those who reside and work outside of Washoe County.

### **EHS 2015 Inspections/Permits/Plan Review**

	JAN 2015	FEB 2015	MAR 2015	APR 2015	MAY 2015	JUN 2015	JUL 2015	AUG 2015	SEP 2015	OCT 2015	Mo. Avg
Child Care	5	11	5	16	9	9	14	13	22	4	11
Complaints	49	53	77	73	72	121	123	132	119	98	92
Food	404	543	536	394	412	441	451	337	429	492	444
General*	63	103	108	109	315	159	162	376	152	172	172
Plan Review (Commercial Food/Pool/Spa)	19	10	13	8	42	19	24	16	8	37	20
Plan Review (Residential Septic/Well)	46	57	45	48	46	62	42	44	44	62	50
Residential Septic/Well Inspections	33	76	86	85	86	72	94	72	66	93	76
Temporary Food/Special Events	26	46	60	72	168	346	221	327	831	186	234
Well Permits	8	12	11	13	14	11	9	12	14	15	12
Waste Management	8	21	32	16	15	16	8	6	7	17	12
<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>1,176</b>	<b>1,124</b>

\* **General Inspections Include:** Invasive Body Decorations; Mobile Homes/RVs; Public Accommodations; Pools; Spas; RV Dump Stations; and Sewage/Wastewater Pumping.



# KEEP TRUCKEE MEADOWS BEAUTIFUL

P.O. Box 7412, Reno, NV 89510-7412 | 775-851-5185 ph | 775-851-5182 fax | KTMB.org

Jim English  
Washoe County Health District  
P.O. Box 11130  
Reno, NV 89520

October 22, 2015

Dear Jim,

I am so excited to share with you that on September 26, 2015, we had the largest, most successful Truckee River Cleanup Day in our history! We simply could not have done it without you. Thanks to the support of the Washoe County Health District, over 1,000 volunteers removed 42 tons of trash and invasive weeds, and conducted beautification projects along twenty miles of the Truckee River, including river tributaries.

### Result highlights, thanks to your support:

- 1,016 volunteers engaged (including over 350 youth)
- 909 bags of trash removed
- 3,200 bags of invasive weeds cleared
- 148 storm drains stenciled
- 132 trees wrapped for protection from beavers
- 85 graffiti tags removed from park property

The Washoe County Health District's contribution to this event helped to engage a record number of residents as well as a record number of youth this year. This cleanup is so much more than just removing trash; it inspires our community members - young and old - to take pride in, protect, and become stewards of our Truckee River.

On behalf the KTMB Board of Trustees, KTMB staff and the thousands of residents who frequent the Truckee River each day, thank you for supporting the 2015 Truckee River Cleanup Day and for keeping the Truckee Meadows beautiful!

Sincerely,

Christi Cakiroglu  
Executive Director



Volunteers in action  
during the 2015  
Truckee River  
Cleanup Day

*Keep Truckee Meadows Beautiful (KTMB) is a nonprofit dedicated to creating a cleaner, more beautiful region through education and active community involvement since 1989.*

Tax ID: 88-0254957

**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS  
DIVISION DIRECTOR STAFF REPORT  
BOARD MEETING DATE: November 19, 2015**

**DATE:** November 10, 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 continued to be busy with the viral gastroenteritis outbreaks in schools and childcare facilities. Many schools were closed for the fall break and this seems to have helped. Out of 19 public schools with outbreaks there are currently 5 in which the incidence of disease has not returned to baseline levels. One private school and 4 childcare facilities experienced outbreaks and all of these have returned to baseline.

**Escherichia coli 0157:H7** – Staff are investigating an outbreak of Escherichia coli 0157:H7. To date 8 cases have been laboratory confirmed and several others are pending in the lab. Escherichia coli (E. coli) bacteria normally live in the intestines of people and animals. Most E. coli are harmless and actually are an important part of a healthy human intestinal tract. However, some E. coli are pathogenic, meaning they can cause illness, either diarrhea or illness outside of the intestinal tract. The types of E. coli that can cause diarrhea can be transmitted through contaminated water or food or through contact with animals or persons.

Case patients have been interviewed to identify places where they had recently eaten. Several of them listed a restaurant in common. This facility has become a focus of investigation. Staff are identifying, excluding, and testing ill employees. Staff are also interviewing cases and non-ill controls in an effort to statistically implicate a food item or ingredient that may be associated with the illness.

**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.

For the week ending October 31, 2015 (CDC Week 43) 12 participating sentinel providers reported a total of 100 patients with influenza-like-illness (ILI). The percentage of persons seen with ILI by the 12 providers was 1.7% (100/5,833) which is below the regional baseline of 2.6%. During week 42, the percentage of visits to U.S. sentinel providers due to ILI was 1.3%. This percentage is below the national baseline of 2.1%. On a regional level, the percentage of outpatient visits for ILI ranged from 0.6% to 3.1%.

**Public Health Preparedness (PHP) –**

**Medical Reserve Corp (MRC) –** MRC volunteers helped to staff the international Remote Access Medical (RAM) program in Carson City from October 16 – 15. During this event, dental, vision and medical services were provided at no charge with no eligibility or ID requirements. RAM has been profiled on 60 Minutes and ABC's Night-Line. Hundreds of individuals benefitted from RAM services.

The Washoe County MRC program teamed up with the Washoe County Sheriff's Office Citizen Group Child ID program on October 29 and provided Identification information to 343 parents and guardians. The Child ID program makes this information available to families so that when children are reported missing descriptive information e.g. DNA, fingerprints etc. can quickly and accurately be made available to authorities.

**Isolation and Quarantine –** The Public Health Emergency Response Coordinator (PHERC) for healthcare reached out to the Health Law and Policy Institute for guidance on an Isolation and Quarantine Bench Book. Washoe County's draft bench book is modeled after the Southern Nevada Health District bench book. However, after consultation with subject matter experts the program has decided to revise the bench book to increase the robustness of the county's capability to appropriately respond to an isolation and quarantine situation. PHP staff has developed an outline for the bench book utilizing the guidebook provided by the Health Law and Policy Institute and four other states which the guidebook reference. Staff is currently identifying gaps and will be working closely with Health District's assigned Deputy DA for guidance as the program moves forward on this project.

**Infectious Disease Assessment –** The Healthcare PHERC in collaboration with a local hospital and REMSA participated in an infectious disease assessment from the Centers for Disease Control and Prevention. The assessment took place at the hospital and an improvement plan will be developed in November to mitigate the gaps identified during the assessment.

**Fire Vaccination Trainings -** PHP staff has completed the first round of Fire Vaccination trainings with the three fire agencies. This training allows fire personnel to maintain their endorsement to provide influenza vaccinations in a POD. Over 80 personnel have completed the training to date. There are two additional sets of available training, 4 trainings in November and 5 trainings in December.

**Personal Protective Equipment -** PHP staff is working with the Reno Police Department, Sparks Police Department, the Washoe County Sheriff's office, and the Washoe County School District to purchase personal protective equipment (PPE) for law enforcement officers. This PPE will increase the safety of law enforcement first responders in dealing with individuals who may have a communicable disease, such as Ebola.

**Jurisdictional Risk Assessment (JRA)** - PHP staff have completed data collection for the jurisdictional risk assessment (JRA). The JRA is an analysis tool that will assist the program with identifying potential hazards, vulnerabilities, and risks to the public health, healthcare, and mental/behavioral health systems within Washoe County. The completed tool will provide Washoe County Health District an analysis of public health preparedness gaps and the results can be used for planning and mitigation strategies in the realm of public health and healthcare preparedness. PHP staff are now working on developing a report to present to the Inter-Hospital Coordinating Council.

**Norovirus Outbreak Support** - The Health Educator worked closely with Epi staff to create an informational brochure containing general information on how individuals can protect themselves and others from Norovirus. In addition, the Health Educator researched and compiled exclusion information from various counties and states to serve as a discussion point after the outbreak is closed. The Health Educator also worked alongside Epi and EHS staff to create a video discussing the spread of germs and the importance of proper hand hygiene. Upon completion, this video will be utilized within the schools to educate teachers, students, and staff members the importance of hand hygiene in mitigating illnesses, such as Norovirus.

**Emergency Medical Services (EMS) –**

The EMS Advisory Board convened on October 23, 2015. The agenda was comprised of a variety of items, including the FY14/15 Quarter 4 data report, the Annual Report for FY 14/15, an update on the revisions to the response zones within the REMSA Franchise service area map, a review of the program's investigation procedures and a request to present to the Councils and Board of County Commissioners on the program's accomplishments as well as current and future projects.

The EMS Advisory Board also heard a presentation on Omegas and the proposed alternative response plan for 9-1-1 calls that are determined low-acuity, non-emergency calls through the Emergency Medical Dispatch (EMD) process. The Board motioned to continue the discussion of Omegas until the jurisdictions have an agreement in place with REMSA that addresses the concerns of all agencies.

EMS staff met with Fire Chief Hames and Battalion Chief Adkins of Storey County Fire Protection District on October 27, 2015. This introductory meeting was scheduled to provide them with more information about the EMS Oversight Program and how we may be able to partner in the future. The meeting included several topics and SCFPD has agreed to submit any calls they respond to in Washoe County. This partnership will bring additional illumination on calls that occur in Wadsworth and the eastern portions I-80.

The EMS Coordinator and PHP staff are collaboratively organizing an evacuation tabletop exercise for Rosewood Rehabilitation Center. The facility identified the need to exercise their evacuation plans as well as the possibility of using the evacuation system in the Mutual Aid Evacuation Annex (MAEA). The final planning meeting was held on October 28, 2015 and the tabletop is scheduled for November 17, 2015.

On November 2, 2015 the EMS Coordinator met with staff from CCHHS and East Fork Fire Protection District to organize the agenda and presentations for the regional Med Surge meeting

scheduled on November 19, 2015. At the upcoming meeting individuals from Region 2 (which includes seven Nevada counties) will discuss the development of a regional plan for medical surge, hospital evacuation and hospital MCIs.

On November 4, 2014 the EMS Coordinator observed a tabletop exercise held at the Reno-Sparks Tribal Health Center. The tabletop was focused on emergency management and response elements of an active assailant. Staff was able to gain a better understanding of the role the WCHD may have if a disaster occurs on tribal lands.

EMS staff held a Multi-Casualty Incident Plan (MCIP) Workshop on November 5, 2015 to gather community partners to discuss possible updates and changes to the MCIP during this revision cycle. There were several great suggestions for improvement of the plan; a sub-committee of fire, EMS and law enforcement will be established to edit the ICS language throughout the plan.

**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%
October 2015	91%	95%	92%	100%	94%	92%
<b>YTD</b>	<b>92%</b>	<b>96%</b>	<b>96%</b>	<b>100%</b>	<b>96%</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
October 2015	8:39	14:24	19:14	N/A*

\*There were 5 or less calls per month in Zone D, therefore a statistically meaningful 90<sup>th</sup> percentile analysis cannot be conducted. However, no calls in Zone D exceeded the 30:59 time requirement.



**Performance with NFPA Standards – October 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.

	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	<b>5200</b>	<b>100.0%</b>	<b>4898</b>	<b>94.2%</b>	<b>5133</b>	<b>98.7%</b>	<b>5173</b>	<b>99.5%</b>	<b>27</b>	<b>0.5%</b>
Priority 1	1927	37.1%	1804	93.6%	1902	98.7%	1918	99.5%	<b>9</b>	<b>0.5%</b>
Priority 2	2234	43.0%	2134	95.5%	2207	98.8%	2222	99.5%	<b>12</b>	<b>0.5%</b>
Priority 3	923	17.8%	856	92.7%	911	98.7%	919	99.6%	<b>4</b>	<b>0.4%</b>
Priority 9	116	2.2%	104	89.7%	113	97.4%	114	98.3%	<b>2</b>	<b>1.7%</b>

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 Assignment within 90 seconds		Number and % of calls with Assignment within 120 seconds		Number and % of calls with Assignment over 120 seconds	
All calls	<b>5200</b>	<b>100.0%</b>	<b>4921</b>	<b>94.6%</b>	<b>5033</b>	<b>96.8%</b>	<b>167</b>	<b>3.2%</b>
Priority 1	1927	37.1%	1836	95.3%	1875	97.3%	52	2.7%
Priority 2	2234	43.0%	2105	94.2%	2159	96.6%	75	3.4%
Priority 3	923	17.8%	870	94.3%	888	96.2%	35	3.8%
Priority 9	116	2.2%	110	94.8%	111	95.7%	5	4.3%

This chart shows the time lapse between the call being answered in the REMSA Dispatch center and an ambulance being assigned to the call.

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: November 19, 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, HeartSafe Communities, Health District Interlocal Agreement, Other Events and Activities and Health District Media Contacts

Community Health Improvement Plan (CHIP)

Action plans are being finalized for the CHIP in relation to the four priority health issues addressed in the CHIP (Access to Healthcare and Social Services, Behavioral Health, Food Security, and K-12 Education). The action plans include goals, objectives, performance measures, and strategies to improve the health and well-being of Washoe County residents related to the four priority health areas. The CHIP is currently being developed, and a solid draft of the plan will be reviewed by the CHIP Steering Committee on December 10<sup>th</sup>. Final edits will be made to the CHIP in December following the Steering Committee review.

Truckee Meadows Healthy Communities (TMHC)

Truckee Meadows Healthy Communities held a two-hour breakfast event on November 4<sup>th</sup> to review progress made since the Community Health Needs Assessment was present at the January 2015 conference. Cherie Jamason with the Food Bank of Northern Nevada presented information regarding a new funding opportunity for our community; Sara Dinga presented information related to the Community Health Improvement Plan; and Oscar Delgado with Renown Health presented information related to the 89502 Family Health Festivals. A keynote speaker and former UNR graduate, Romi Hall, East Bay Asian Local Development Corporation, presented the success of her community’s efforts that are similar to ours. 100 community partners from all sectors attended the event. Dr. John Packham wrote a column about TMHC and the event which ran in the November 8 Reno Gazette Journal, <http://www.rgj.com/story/opinion/columnists/2015/11/05/packham-washoe-county-building-culture-health/75229976/>.

HeartSafe Community

Nevada Project Heartbeat of the State of Nevada Emergency Medical Services has an initiative to designate cities, towns, and communities as HeartSafe Communities. HeartSafe Communities

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is a program designed to promote survival from sudden out-of-hospital cardiac arrest. It is a general concept focused upon strengthening the “chain of survival” as described by the American Heart Association; it recognizes and stimulates efforts by individual communities to improve their system for preventing sudden cardiac arrest (SCA) from becoming irreversible death I am inviting the local EMS and public safety agencies to work collaboratively together to implement the measures needed to obtain the HeartSafe Community designation for the Truckee Meadows.

#### Health District Interlocal Agreement

I took the opportunity to discuss potential changes to the 15 day time period to terminate the Health District Interlocal agreement with the City and County Managers prior to the EMS Advisory meeting on October 23. They did not feel it was a priority to address any changes to the Interlocal Agreement establishing the Health District at this time.

#### Other Events and Activities

Attended REMSA Board meeting on October 23.

Participated in the EMS Advisory Board meeting held October 23.

Participated in TMHC 89502 Subcommittee meetings on October 27 and November 19.

Attended the American Public Health Association annual meeting in Chicago November 1-4.

Participated in a TMHC AHEAD Grant meeting on November 13.

Attended Washoe County Department Heads meeting on November 18.

I met with the Division Directors and Supervisors on November 5 and with the Division Directors on November 18. I meet regularly with the Division Directors and ODHO staff on an individual basis.

**Health District Media Contacts: October 13 - November 3, 2015**

<b>DATE</b>	<b>MEDIA</b>	<b>REPORTER</b>	<b>STORY</b>
10/29/2015	KTVN CH2 - CBS Reno	Amanda Ketchledge	Burn Code season begins - Inouye
10/26/2015	KRNV CH4 - NBC Reno	Jaime Hayden	Gastrointestinal outbreak - Goatley-Seals
10/23/2015	KUNR 88.7 FM - NPR Reno	Anh Lay	Gastrointestinal outbreak - Ulibarri
10/23/2015	KKOH 780 AM - CNN Reno	Jim Fannon	Gastrointestinal outbreak - Ulibarri
10/23/2015	KTVN CH2 - CBS Reno	Mike Rogers	Gastrointestinal outbreak - Ulibarri
10/23/2015	KOLO CH8 - ABC Reno	Terri Russell	Gastrointestinal outbreak - Ulibarri
10/23/2015	KRNV CH4 - NBC Reno	David Jacobs	Gastrointestinal outbreak - Ulibarri
10/23/2015	Reno Gazette Journal	Trevon Milliard	Gastrointestinal outbreak - Ulibarri
10/20/2015	KRNV CH4 - NBC Reno	Jaime Hayden	Gastrointestinal outbreak - Ulibarri/Todd
10/15/2015	Reno Gazette Journal	Brian Duggan	Classic vehicle emissions - Inouye
10/15/2015	KRNV CH4 - NBC Reno	Van Tieu	Influenza - Shore
10/15/2015	Reno Gazette Journal	Mike Higdon	RenOpen Streets - Hunter
10/14/2015	KOLO CH8 - ABC Reno	Paul Harris	Gastrointestinal outbreak - Ulibarri
10/14/2015	KRNV CH4 - NBC Reno	Van Tieu	Gastrointestinal outbreak - Ulibarri
10/13/2015	NBC News - New York	Emily Shapiro	Gastrointestinal outbreak - Ulibarri

**Press Releases/Media Advisories/Editorials/Talking Points**

10/28/2015    Press Release    PIO Ulibarri    Know the Code Burn Code season begins

**Social Media Postings (48)**

Facebook	PIO Ulibarri	Norovirus can spread rapidly
Facebook	PIO Ulibarri	Review cleaning and prevention of Norovirus Guidelines
Facebook	PIO Ulibarri	Precautions to protect employees from contracting norovirus
Facebook	PIO Ulibarri	Truckee Meadows Health Festival is Wednesday, October 21
Facebook	PIO Ulibarri	Free Food Safety trainings and workshops
Facebook	PIO Ulibarri	Outbreak of illness at Spanish Springs Elementary School
Facebook	PIO Ulibarri	Latest update on our GI outbreaks in Washoe County
Facebook	PIO Ulibarri	Latest update on our GI outbreaks...
Facebook	PIO Ulibarri	Urban Bears - Keeping Nevada's Bears WILD is a must-see video
Facebook	PIO Ulibarri	Reno Housing Project joins in Smoke Free Living video
Facebook	PIO Ulibarri	Keep It Clean. Know the Code Burn Code Program starts Sunday

Facebook	PIO Ulibarri	Norovirus cases have slowed due to Fall Break
Facebook	AQMD Schneider	Forecast for Reno/Sparks, NV: Nov 2
Facebook	AQMD Schneider	Burn Code: Green. It is OK to burn for the next 24 hours
Facebook	AQMD Schneider	Forecast for Reno/Sparks, NV: Nov 1
Facebook	AQMD Schneider	Burn Code: Green. It is OK to burn for the next 24
Facebook	AQMD Schneider	Forecast for Reno/Sparks, NV: Oct 31
Facebook	AQMD Schneider	Burn Code: Green. It is OK to burn for the next 24
Facebook	AQMD Schneider	Forecast for Reno/Sparks, NV: Oct 30
Facebook	AQMD Schneider	Forecast for Reno/Sparks, NV: Oct 29
Facebook	AQMD Schneider	Washoe County Health District: cover photo
Facebook	AQMD Schneider	Washoe County Health District: Air Quality Management
Division shared		
Facebook	AQMD Schneider	Washoe County Health District: Air Quality Management
Division shared		
Facebook	AQMD Schneider	Forecast for Reno/Sparks, NV: Oct 28 Good (Green)
Facebook	AQMD Schneider	The #KeepItClean #KnowTheCode Burn Code program begins
Nov. 1st		
Facebook	AQMD Schneider	Washoe County Health District: Air Quality Management
Division shared		
Facebook	AQMD Schneider	Forecast for Reno/Sparks, NV: Oct 27
Facebook	AQMD Schneider	Forecast for Reno/Sparks, NV: Oct 26
Facebook	AQMD Schneider	Forecast for Reno/Sparks, NV: Oct 25
Facebook	AQMD Schneider	Particles in wood smoke affect your health
Facebook	AQMD Schneider	Forecast for Reno/Sparks, NV: Oct 24
Facebook	AQMD Schneider	Forecast for Reno/Sparks, NV: Oct 23
Facebook	AQMD Schneider	Forecast for Reno/Sparks, NV: Oct 22
Facebook	AQMD Schneider	Forecast for Reno/Sparks, NV: Oct 21
Facebook	AQMD Schneider	Forecast for Reno/Sparks, NV: Oct 20
Facebook	AQMD Schneider	The #KeepItClean #KnowTheCode Burn Code season begins
Facebook	AQMD Schneider	Forecast for Reno/Sparks, NV: Oct 19
Facebook	AQMD Schneider	Forecast for Reno/Sparks, NV: Oct 18
Facebook	AQMD Schneider	Forecast for Reno/Sparks, NV: Oct 17
Facebook	AQMD Schneider	Forecast for Reno/Sparks, NV: Oct 16
Facebook	AQMD Schneider	Learn about air quality and how to #KeepItClean
Facebook	AQMD Schneider	We will be among the many participants at #RenOpenStreets
Facebook	AQMD Schneider	Eastern Sierra Chapter - Air & Waste Management Association
Facebook	AQMD Schneider	Forecast for Reno/Sparks, NV: Oct 15
Facebook	AQMD Schneider	Clean Cities is coming back to Reno-Tahoe!
Facebook	AQMD Schneider	Forecast for Reno/Sparks, NV: Oct 14
Facebook	AQMD Schneider	Forecast for Reno/Sparks, NV: Oct 13
Facebook	AQMD Schneider	Forecast for Reno/Sparks, NV: Oct 12

## Fundamental Review Recommendation Status

Legend:

November 19, 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.	CCHS services reviewed, new fees adopted October 22, 2015

## 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. Repeat in 2018 per approved Significant Board Activities schedule
	<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. Working collaboratively with NDPBH and SNHD regarding 2017 Legislative session priorities
	<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